

STATE OF WEST VIRGINIA
THIRTEENTH JUDICIAL CIRCUIT
OFFICE OF THE COURT MONITOR
STATE CAPITOL COMPLEX
BUILDING 6, ROOM 850
CHARLESTON, WEST VIRGINIA 25305



LOUIS H. BLOOM
JUDGE

DAVID G. SUDBECK
COURT MONITOR

“SPECIAL” MEETING OF THE PARTIES

In E.H., et al., v. Khan Martin, et al.

TUESDAY MARCH 9, 2010

MINUTES

PRESENT: Jennifer Wagner, Charles Dunn, Teresa Brown, Joshua Martin, Cindy Beane, Belle Manjong, Vickie Jones, David G. Sudbeck, Sheila Kelly, dan connery

I. REVIEW/COMMENT STATE PLAN AMENDMENT (MHC)

David Sudbeck stated that the Judge received a copy of the state plan amendment. Jennifer Wagner asked if the definition of medical necessity would change with the new state plan language. Cindy Beane explained that if the state plan amendment is approved by CMS, all Medicaid members will be entitled to the same level of behavioral health services if they meet the same definition of medical necessity, which is not changed from the current definition. Providers will continue to be required to obtain prior authorization for most behavioral health services but there will be no distinction between Basic, Enhanced and Traditional Medicaid members with regard to their eligibility for behavioral health services. Cindy Beane also explained that the amendment was submitted on or around February 24, 2010. The timeline for the processing of the request by CMS is 90 days from the date of submittal with the possibility of a “freeze” by CMS at any given time, should they have questions. David Sudbeck inquired of both Parties whether this would resolve the issue, if approved. It was agreed that the issue would be resolved upon approval. Until approval both parties agreed to share updated information on the status of the proposal.

II. TBI WAIVER TIMELINES (ESTABLISH)

Please see the completed Process Steps for TBI Waiver Timelines document for final date establishment. Cindy is concerned that substantial time will be required to complete the policies and

procedures necessary for the submission of the waiver to CMS, particularly in light of BMS staff shortages and the necessity to focus at the same time on renewal of the MR/DD and the Aged and Disabled Waivers. David offered the assistance of the Office of the Court Monitor and Sheila will get with Cindy next week to identify some policies and procedures that she may be able to write for BMS in draft.

III. REPORT ON COMMITMENT PROCESS

Sheila Kelly presented her final report on the commitment process. The report contains approximately 16 recommendations, one of which is that all centers utilize the Presteria tracking system for commitments. Her feeling is that providers are somewhat resistant to this recommendation for a variety of reasons. She shared some data with the Parties that Presteria was able to produce in January, using their data system. Vickie Jones stated that BHHF is working on trying to collect relevant data automatically and hope to have a system in place by July 1, 2010. Sheila said that she had reviewed the data systems with Glen Calvin and she felt that the Presteria system may have some data elements that were not available in the BHHF system (that would be useful to Centers for internal tracking and management). The Parties will look at the recommendations contained in the report and talk about implementation methods at the next meeting in April.

Sheila indicated that now that she has legal access to clinical data, she will begin making visits and interviewing patients. Meetings have already been scheduled with UHC and Riverpark next week. She is in the process of writing privacy policies for the Office of the Court Monitor and will be obtaining access to state hospital records through Vista.

IV. OTHER

Clinical Services Management (CSM) sent an email requesting some clarification on the alterations in the contract that were suggested by the Department. This email was distributed by David Sudbeck. Cindy Beane suggested that since the Mountain Health Choices issue has probably been resolved, focus of CSM can shift more directly to utilization management. Both Cindy and Sheila felt that CSM had misunderstood some of the language with regard to review of reports in the Department's request. APS already generates the requested reports and CSM would not be expected to create them, only to review them. Neither of them felt that a review of the reports would require up to 60 hours of additional contract time. The Parties agreed that a telephone conference with CSM may serve to clarify the issues and reduce anxieties on the part of CSM.

Vickie Jones stated that the issue of advance payment for CSM has become a bit complicated because of DOA Purchasing requirements. The DHHR is exploring two options: to designate the Office of the Court Monitor as a quasi-governmental agency or to utilize BMS purchasing exemptions. She agreed to e-mail some information to Cindy Beane for further examination. David Sudbeck stated that there is a May 1, 2010 deadline for completion of the work of CSM and emphasized the need for rapid action on both contractual and purchasing issues. Jennifer pointed out that there is a little bit of time built into the schedule for the parties to consider the recommendations and that perhaps that time could be collapsed a bit in order for CSM to have more time to work.

The group agreed to keep the scheduled meeting in April on the calendar and to use that meeting to discuss the recommendations contained in the commitment report as well as to stay on track with the CSM and TBI waiver issues.