

Community Support Steering Committee Sub-Group  
Comprehensive Provider

September 23, 2009

1:00-3:00

Dix Campus. McBride Building, Terry Stelle Conference Room

**Attendees:**

Dick Oliver	Mark Grimaldi	Lisa Jackson
Starleen Scott-Robbins	Dave Peterson	Yvonne French
Melvin Nowling	Khalil Nassar	Bill Painter
Mary Hooper	Margaret Stargell	Tad Clodfelter
Mike Rhodes	Beverly Stolarick	Dexter Mitchell
Richard Anderson	John Stephens	Tim Hall
Lauren Durant	Duane Helder	

**Welcome:** Dick Oliver, DMH/DD/SAS, LME Systems Performance Team Leader welcomed everyone.

**Task of Sub-Group:** Define Comprehensive Provider by determining the array of services and related infrastructure characteristics that would be required to be eligible for that designation.

**Review Deliverables:** During the last Comprehensive Provider Sub-Group meeting on September 16, 2009 the group was to send additional comments. The Division reviewed the comments and is utilizing the feedback in creating a document to be reviewed in the October 1, 2009 Community Support Steering Committee meeting.

- **Three year accreditation:** The group discussed possible scenarios regarding a transition period. A transition period for those providers who are already providing services with a one year accreditation. New providers will be required to have a three year accreditation within one year of enrollment. Substance Abuse providers wanted an amendment to last weeks minutes regarding the three year accreditation. They report that 90 percent of Substance Abuse providers received a three year accreditation from CARF.

- **Service Array:** We went from three or more Community Intervention Services (CIS) to a combination of four core services and two additional services. There was discussion about diagnostic assessment being added as a core service. There was discussion about moving outpatient out of the basic/core benefits and making it one of the additional services. There was discussion about DWI not being an enhanced service and having short and long term treatment attached. We need additional discussion regarding substance abuse providers.

There were very few comments regarding affiliations. Affiliations may be especially helpful during transitions. There was concern from the group with making med management and case management a requirement for rural areas. When we define comprehensive we need to be careful about using the term continuum. The child service array does not have a continuum at this time. The continuum and service provision will be discussed with Dr. Michael Lancaster Chief of Clinical Policy at the Division of Mental Health, Developmental Disabilities and Substance Abuse Services.

- **Staffing:** There were comments regarding the requirement of full time employees (FTEs). Psychiatrist, Clinical Director, Training Coordinator, and Quality Improvement. The group discussed ways in which we could be sure that a provider is financially sound. Having a Clinical Director that knows the agency services is important. A rationale to have more than one Director in various key positions would be because the agency is in multiple areas of the state. There was discussion about the training coordinator being a FTE and whether this service could be provided by a supervisor.
- **Provide Medicaid and State Funded Services:** The group accepts that this is an expectation but question the legality of the requirement.
- **Meet the term of the contract:** The division has developed a contract for Comprehensive Provider.
- **Performance Bond:** Discussed the use with new providers or providers that are failing?

- **Relationship / agreement with primary care:** The group agreed that this is an acceptable expectation. The division did not receive any comments regarding this expectation.
- **Regional Team:** It was suggested that a regional team made up of LME, DMH and DMA staff will review documents submitted by the provider for corporate verification. The DMH and DMA staff will conduct interviews with the Medical and Clinical Director of each agency applying for Corporate verification to become a Comprehensive Provider. There was discussion about requiring several LMEs from each area to be on the verification team.

A draft identifying the standards for a Comprehensive Provider will be compiled by the close of business on September 29, 2009.