

REGIONAL MANAGEMENT GROUP MEETING

Date: February 25, 2011

Time: 9:00 a.m.

Attendees: Tom Geib, Mike Gilmore, Tom Maynard, Cindy Kemp, George Braunstein, Max Del Rio, Cindy Koshatka, Justin Lux, Barbara Martinez, Carolyn Castro-Donlan.

Recorders: Cindy Koshatka, Justin Lux

Call to Order: Tom Geib called the meeting to order at 9:00 a.m.

Notes: Notes from the January 28, 2011 meeting were approved.

Handouts: Agenda, RMG Meeting Notes (January 28, 2011), Regional Utilization Management Report, FY11 HPR II Regional Funds Budget Status, HPR2 LIPOS Budget Projections, RMG Meetings Follow-Up List, Email Encryption, RDAP for February 23, 2011, AVATAR summary of NVMHI Revenue for FY10 and FY11 YTD.

TOPIC	DISCUSSION	REC/ACTIONS	RESPONSIBLE PARTY	FOLLOW-UP/DATE
<p>Planning</p>	<p><u>Crisis Intervention Center:</u> Inova plan will not be ready for implementation until December 2011. They need to establish ground rules with other hospitals and inform police about bringing MH consumers to this new location. Plan includes medical screening and on-site prescreeners. Consider restructuring our LIPOS funding. Regional planning will continue so an interim plan is available by July 2011. Each CSB will state their concerns about this model so April RMG meeting will include a discussion about what we need to do. NVMHI is safety net for public and private sector; they need to articulate who they will or will not take.</p> <p><u>Regional ID Planning:</u> The state is preparing an RFP process. P. Caldwell and A. Wooten are having discussions about the Braddock Road Group Home. Behavioral specialists are needed to develop our capacity.</p>	<p>Send concerns to C. Koshatka Discussion re: model Presentation of Inova model Discussion re: NVMHI admissions</p>	<p>EDs EDs Inova RMG</p>	<p>By March 7 3/18/11 4/29/11 3/18/11</p>
<p>Updates</p>	<p><u>Encryption:</u> Multiple options are being reviewed at the state and regional/local levels.</p>	<p>Invite C. Pumphrey to next RMG meeting</p>	<p>J. Lux</p>	<p>3/18/11</p>

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<p>Updates (cont.)</p>	<p><u>Youth funding:</u> Amendments with Dominion Hospital, Fairfax Hospital, and Poplar Springs Hospital are being pursued because of our existing LIPOS contracts with them. Bed purchase is not in place yet.</p> <p><u>NVCC MOA:</u> C. Kemp is getting feedback from her attorney.</p> <p><u>ID-MH SOP:</u> An integrated MH/ID approach for consumers in crisis is needed. Explore whether on-call ID consultation can become available. HER may allow crisis plans for all ID consumers.</p> <p><u>RDAP funding:</u> Table of funded plans is provided to RMG on quarterly basis.</p> <p><u>DBHDS review of NVMHI:</u> Arrest protocols were reviewed. Cap on NGRI transfers to NVMHI was not acceptable to DBHDS.</p> <p><u>Meeting Follow-up List:</u> Three items deleted.</p>	<p>Followup with hospitals</p> <p>Pending</p> <p>SOP is being reviewed by Emergency and Aftercare managers, ID Directors, and CRT. Final version will be presented for RMG signatures.</p>	<p>C. Koshatka B. Martinez</p> <p>C. Kemp</p> <p>C. Koshatka</p>	<p>ASAP</p> <p>ASAP</p> <p>4/29/11</p>
<p>Budget</p>	<p><u>LIPOS Budget Projections:</u> Surplus is expected.</p> <p><u>Regional budget:</u> Reviewed. No major changes from last month.</p> <p><u>Revenue offset:</u> For FY10, NVMHI brought in \$3.2M from Medicaid, Medicare, commercial insurance, and TDOs. This revenue does not stay with NVMHI.</p> <p><u>Medicaid for CRT:</u> Minimal reimbursement, approximately \$750 for FY11.</p> <p><u>PHP funding:</u> Approx. \$14,000 has been spent. At the time that this funding became available, RMG requested a review when the amount reached \$25,000</p>	<p>Explore Medicaid revenues.</p> <p>Bring to RMG when funding reaches \$25,000.</p>	<p>C. Koshatka</p> <p>J. Lux</p>	<p>Ongoing</p>

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Data	<p><u>Highlights of UM Report:</u></p> <ul style="list-style-type: none"> • 53 LIPOS admissions; 40% transfers to NVMHI • 68 NVMHI admissions; for January, 53% of admissions were TDO, 40% had insurance. 97% occupancy. One ID admission. • 77 CSU admissions; in January, 69% occupancy. 60% diversion, 33% step-down. 75% had planned discharge • 216 commitment hearings. 30 TDOs out of region. 			
Round Robin	<p><u>Fairfax:</u> Budget cut is \$1.2M; no salary increase. G. Braunstein will be on leave for next 2 weeks.</p> <p><u>Arlington:</u> New medical director on 6/6/11. Arlington will piggy-back on Fairfax pharmacy contract. Hired consultants for children's services and nursing studies. VACSB conference on May 3-6: Leading Dynamic Change.</p> <p><u>Loudoun:</u> Census verified a higher population than had been estimated in the past. Budget will allow for salary increases.</p> <p><u>NVMHI:</u> Quarterly forum to review 13 bed reduction, including how to redeploy staff. Medical director is taking on more tasks because of a recent hiring of psychiatrist.</p> <p><u>Alexandria:</u> Staff get salary increases but will pay more toward their benefits. NVRC will host annual CSA meeting on March 9.</p> <p><u>Prince William:</u> Regional contracts mandate that all CSBs respond similarly to rate increases. Fairfax will increase rate by 3% on 7/1/11; this increase causes issues for other CSBs. New ID group homes are impacting CSB care coordinators' caseloads; two new staff were added to budget and will be funded through Medicaid revenues.</p> <p><u>Region:</u> ICRT managed by Fairfax is reaching the end of</p>			

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	the RFP process.			

Adjournment: The meeting was adjourned at 11:30 a.m. The next meeting will be on March 18, 2011 in Suite 275 in Chantilly.

Items for next meeting: CIC updates, Encryption, MH-ID SOP, NVCC MOA

Julie M. Parkhurst

Recorder

3/18/11
Date

Tom Hill

Chair

3/18/11
Date