Community Services Reimbursement Rate Commission
Mental Hygiene Administration, Catonsville, Maryland
January 14, 2014
MINUTES

Present

Commissioners: Jillian Aldebron (Chair), Patsy Blackshear; Katherine Humber; Jeff Richardson
Public: Herb Cromwell (CBH), Brian Hepburn, M.D., Marion Katsereles

Absent
Kia Brown

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1. Proceedings

The meeting was called to order at 6:10 p.m. The agenda and Nov. 6 minutes were approved as presented.

2. CSRRC 2013 Annual Report - next steps

The CSRRC submitted its report on Nov. 26. By statute, the Department has 30 days to respond; it is now 49 days and the Commission has not received a response. Apparently, both MHA and DDA have drafted responses but these are stuck in the approval process in DHMH.

On Dec. 19, DHMH finally confirmed receipt and use of the weighted average cost structure sent by the CSRRC on July 23 for preparation of its budget proposal. The CSRRC has still not received the spreadsheets showing the calculations by budget line. The chair will request this from DHMH on Jan. 15, after the Governor's budget is made public to avoid withholding based on "executive privilege.'

Commissioners expressed their continuing disappointment and frustration with the lack of cooperation from DHMH, which at this point is jeopardizing the ability of the Commission to fulfill its statutory duties this year. There was a suggestion that the Commission suspend its activities until it gains the necessary cooperation. Ensuing discussion determined that this was not an option under the statutory scheme, and that the only other alternative would be for all commissioners to resign. One commissioner immediately offered resignation but was asked to hold off on a decision pending the results of Commission action (see "Decisions" below). It was noted that the CSRRC under its prior authorization had similar problems with DHMH—at the time, it was a budget cut that left the Commission without expert resources. As a result, the chair and others resigned, and no further meetings were held.

3. Update on Web-based data collection system

Behavioral Health informed the CSRRC chair that on August 22 it obtained the agreement of Thomas Kim to work with IT services to develop a web platform for electronic submission of

financial and salary information from MHA and DDA funded providers. Work on this project has been bogged down by inaction from IT and insufficient follow up from Behavioral Health. As of this date, the system is not completed. Because the submission of financial and salary information was held back in anticipation of the new system, the CSRRC finds itself unable to assess the amount of work or methodology needed for analysis, which makes it impossible to contract for these services.

Moreover, although DDA sent out its request for cost reports with the statutory Dec. 31 deadline, it has refused to provide the CSRRC with the list of providers required to report, the reports received, or a list of those outstanding. Finally, DDA has been nonresponsive to the Commission's request for a liaison. Since Frank Kirkland left in late spring, there has been no participation at CSRRC meetings (except for one meeting attended by Alvarez & Marsal) and no one to work with on the data collection system.

It should be noted that the services of Jenny Howes at MHA has been invaluable in moving work on this project as far as it has.

4. Options for 2014 analysis and reporting

Once the online data collection system is operable, training for MHA and DDA providers will be needed. The system will be totally secure. It is impossible at this juncture to foresee a contract with a vendor or determine the availability of options without having a functional system and seeing the cost report data. It should be noted that the new system includes a cost report developed for MHA providers by the CSRRC.

5. Update from DDA and MHA

No representative from DDA was present to provide an update.

Brian Hepburn provided an update from MHA:

- The MHA FY2015 budget for community-based providers (Medicaid) has gone over to MMA. Nonetheless, the weighted average cost structure has been used to update rates. MHA will continue to consult with MMA regarding these services because MHA has the clinical expertise that MMA lacks at this point.

- ADAA has been merged administratively with MHA. Still waiting for the legislation to come out on new requirements for providers.

Decisions:

Commissioners agreed to resign if further attempts to get a response from DHMH fail:

1. Formal letter to Deputy Secretary asking for response to annual report and other necessary data, as well as assignment of a DDA liaison and quick action on the data collection system.

2. Chair request for a meeting with relevant House and Senate members to brief them on the untenable position of the Commission in light of insufficient cooperation from DHMH. Once meeting dates are set, other commissioners will be advised so that they can also attend if available.

Chair will do a final test of the Web platform for the MHA salary survey by the end of the week. It is hoped that other parts of the system will have progressed and be ready for testing by then.

The one commissioner who expressed the immediate intention to resign will wait for a response to the above, particularly considering the important contribution that the Commission is making by having promoted the institution of a web-based data collection system.

Adjournment: Meeting adjourned at 6:50 p.m.

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