## MHA/ValueOptions® Maryland Provider Quality Committee Meeting Minutes

## ValueOptions® Maryland 1099 Winterson Road, Suite 200 Linthicum, MD 21090 Friday, December 13, 2013 10:00 am to 11:30 am

**In attendance:** Daryl Plevy, Zereana Jess-Huff, Guy Reese, Jarrell Pipkin, Jamie Miller, Mike Drummond, Herb Cromwell, Robert Canosa, Helen Lann, Greg Burkhardt, Tammy Fox, Jenny Howes, Marian Bland, Karl Steinkraus, Elma Alston, Sharon Jones, Patricia Adegbenle and Trexavier Gayles. **Telephonically:** Edgar Wiggins, Andrene Jackson, Kari Jennings, Dawn Beckett, Lakia Branch, Kim Perkins, Susan Wilkoff, Lavina Thompson, Carol Jones, and Mary Brassard

Topics & Discussion	Follow-Up Actions
<ul> <li>Review and approval of Draft Minutes</li> <li>October minutes were approved.</li> </ul>	
MHA/ValueOptions® Maryland Announcements	
<ul> <li>MHA UPDATE-</li> <li>Public Assistance to Adults Program - Herb Cromwell - Marian stated that the DHR has revised their policy regarding the applications. The following changes have been made: *Section 2 added home care certification to the form</li> <li>*Value Options should be put at the bottom of the form under Placement Approved by:</li> <li>*Protected living arrangement to Section 3 (if VO approved the placement then Section 3 does not need to be filled out)</li> </ul>	
ValueOptions® Update- Karl	
<ul> <li>New Staff Introductions         <ul> <li>Tre Gayles: Administrative Assistant</li> <li>Sharon Jones: Provider Relations Representative 1</li> <li>Patricia Adegbenle: Provider Relations Representative 2</li> </ul> </li> </ul>	

• CRISP – Working with them to develop a program to give information out to the provider community in regards to CRISP either through a Webinar or a Regional Forum presentation. The program will allow them to inform you of when a consumer is in the emergency room or in-patient. They do not carry information for Mental Health and Substance Abuse due to privacy reasons. ~Trainings should be done some time in January 2014.	
Provider Issues	
<ul> <li>Recent VO webinar on RRP auths Is MHA instructing VO to restrict access to RRP, particularly for people for whom maintenance of community tenure is an appropriate goal? Also hearing the gap between person-centered planning and PRP/RRP auth review is widening. Jamie stated that we need a document to create a bridge between the priority population diagnosis and the rehab needs of the individual. It is not about limiting authorizations and admissions or decreasing our RRP number, it's about making sure that the documentation is there for all of the consumers that are in RRP. Daryl stated that what is needed for the medical necessity criteria is something clinical.</li> <li>Obstacles to hospital discharge Folks without Medicare Part B are not being provided GZ status and thus can't get OMHC treatment; state hospitals are apparently not doing pre-discharge SSA applications as we thought MHA had instructed them to do many months ago; community providers report not being able to get timely response from CFAP staff and this needs MHA attention Marian confirmed that they are submitting applications to SSA, however, they are working on a way to expedite and clear all glitches from the process. Marian further stated that some consumers' Medicare Part A is being discontinued and they are not sure of the reason behind the change. MHA trying to find out more information. Herb suggested that a temporary solution be put in place where they could be in Gray Zone status so that they can at least get PAC services. This would provide the RRPs involved with the outlook that they can provide services with the possibility of ultimately getting retro Medicaid for rehab.</li> </ul>	Training from webinar will be posted on the website very soon for reference.

- What is behind the recent alert re provider participation in QHPs? Is DHMH willing to intervene with the MD Health Exchange and Maryland Insurance Administration to address likely problems with paneling, credentialing etc? – Herb Cromwell – Daryl says that this was really an effort to understand community readiness. She does not have a sense that we will be getting intimately involved in attempting to manage what private insurance companies are doing in the sense of setting up their network.
- Provider Manual now has a Chapter 7 making it clear that CSAs are supposed to cover interpreter costs for serving deaf/hard of hearing consumers. How long has this been posted? Any news on the issue of help with cost of foreign language interpreters? Marian said that there has always been a section for deaf and hard of hearing but we recently updated it in August. There are 8 CSA's who have funding for interpreting which include Anne Arundel, Baltimore City, Baltimore County, Charles(no designated funds), Carroll (no designated funds), Frederick, Mid-Shore and Prince Georges County. A visual language contract has been issued for the state of MD, so effective 1/1/2014 we will have at least 5 vendors for onsite interpretation in each region of the state.

## Updates – Herb Cromwell:

- MHA-ADAA merger Daryl answered that the two budgets are being merged immediately. The merger will be effective at the beginning on the next fiscal year.
- Behavioral health integration process (No Discussion)
- 1915i Plan for C&A (No Discussion)
- Mandated accreditation and expected legislation
   Daryl stated the movement toward required
   accreditation for programs is also going to be a part
   of the same legislation that will merge ADAA-MHA.
   The original time frame was fiscal year 2015 but that
   will more than likely be pushed back due to
   legislation changes, regulations and allowing
   providers time to start the process.

Part 2 ofQuestion regarding foreign language interpreters has been deferred until next meeting.

• QUIP (No Discussion)

VO training of providers re CRISP (See above)	
The next Provider Quality Committee Meeting is scheduled for: Friday, January 10, 2014 10 a.m. ValueOptions® Maryland 1099 Winterson Road Linthicum, MD 21010	