Statewide Efficiency Committee (SEC) Minutes  
January 29, 2009

I. Welcome and Introductions

a. See list below for attendees

II. Review Purpose of the SEC

a. Laura reviewed the purpose of the SEC since there were several new members of the committee present

III. Approval of Minutes

a. Approved with corrections to “approval of minutes section.” Motion for approval with corrections by Renee and seconded by Dara.
b. Margery Ault did note an error in the past minutes regarding the NOA process. She reports that providers are not currently allowed to create their own forms as was stated.

IV. Follow-Up Items

a. AHCCCS Drop-Off Date Report and State Roster
   i. Kristin Frounfelker from AHCCCS reported that AHCCCS does provide DBHS with a report with drop off dates, but this report only provides a 3-day notice of the drop off.
   ii. AHCCCS IT department recently met to determine how data is being shared and they will be meeting with DBHS tomorrow about their findings. They are also working with their member services department on how to improve sharing of data to ultimately improve quality of care and continuity of care issues.
b. State Roster update:
   i. Laura reported that DBHS IT Department is currently looking into a query system that would allow the RBHAs and providers to access the state roster again.
   ii. ADHS legal counsel has stated that sharing of the state roster is a violation of HIPAA and the Department plans to adhere to this decision. However DBHS is open to hearing about barriers resulting from a lack of access to the state roster and may discuss the issue again with legal counsel if needed.
   iii. Dr. Wilderman had asked for this topic to be discussed at the SEC and stated that he was pleased to hear that DBHS is looking into alternative ways to access the state roster.
c. Cultural Competency Assessment
   i. Norma Garcia-Torres reported that the assessment has already been piloted with few changes made to the original document.
ii. The assessment is available on the DBHS website and all providers will have access to it online. It is completed through Survey Monkey.

iii. All providers must have the assessment completed by 4/31/09 and results of the assessments will be entered into a database. After 4/31/09, the RBHAs will be able to obtain the results of these assessments, thereby, eliminating the need for an agency that contracts with multiple RBHAs to complete the assessment again. Will only be done once per agency, not at multiple agency sites.

iv. Similarly, those state agencies who have agreed to use this assessment, may also request the results of the assessments. Sharon Seargent at DES has discussed this with Norma and they will be discussing this in the future.

v. The requirement for the cultural competency assessment is located in the system of care plan and incorporated by reference, therefore it is required by contract. It is also located also in the policy and provider manuals.

d. Price Lawsuit:
   i. Margery Ault provided an overview of the impact of the Price lawsuit on the behavioral health system and the NOA process (see the PowerPoint presentation for more details).
   
   ii. Changes to the NOA process are significantly more complicated for the behavioral health system since the rules must apply all the way down to the direct line of service. We are required to provide notices even at the localized levels of treatment (including service planning changes).

   iii. Committee members expressed concerns about complexity of the NOA process and struggle to get it correct. Given that these changes are part of a settlement agreement under the lawsuit, the system should not expect changes to these requirements.

   iv. The prescriptiveness of the process came about as a result of multiple stipulations in the settlement agreement.

   v. Kelly from NARBHA discussed guidance they have received re: how to write NOAs. Need additional guidance at RBHA level given the confusion expressed by consumers as well. DBHS provided training recently to the RBHA grievance coordinators and DBHS anticipates that additional training will be provided through the RBHAs to their staff and providers in the near future, based upon RBHAs’ representations in their CAPS. Additionally, as case audits continue through AHCCCS, DBHS is receiving technical assistance, which will be shared with the RBHAs.

   vi. DBHS plans to develop tools that will help with the process

e. DBHS Involvement in AHCCCS Health Information Exchange
   i. Laura reported the Dr. Nelson will be the DBHS representative for the AHCCCS Health Information Exchange

f. Intake Documents Ad Hoc Committee
i. A meeting has been set for 3-11-09 which includes DBHS, committee and OBHL representatives

V. Reports from T/RBHA Efficiency Committees

a. Magellan: Chris Damle
   i. Through an ad hoc committee, Magellan is currently reviewing the service referral process with provider networks and trying to streamline the process. The committee includes PNO representatives and they have been able to agree to a to standardized referral process with the intent to reduce burden. The initial referral form is now one page. Ultimately, the goal is to reduce the delay in receiving services.

   1. **Follow-Up Item:** Chris agreed to provide an overview of this new process to the committee.

b. NARBHA: Kelly Brown
   i. NARBHA’s core group continues to meeting monthly with plans to expand to the committee to include additional providers, consumers and families.
   ii. They continue to review how many committees and trainings are required. They have evaluated which meetings can be reduced either in time or frequency and which must remain mandatory. They have eliminated a few committees and have reduced or condensed the time of other meetings.
   iii. The committee continues to review the requirements for intakes during crisis incidents: What does DBHS require and does NARBHA add anything to that process? They are evaluating what is really needed and trying to determine if they can do a brief enrollment.
   iv. Last June, DBHS asked the RBHAs to submit a grid of all trainings required. Kelly has asked if that grid was ever processed through DBHS and if we plan to take further action. The grid was submitted to Brian Lensink.

   1. **Follow-Up Item:** Laura will follow-up with Brian on the status of this grid.

c. Cenpatico: Renee Waterstradt
   i. Cenpatico’s committee will be meeting again in February.
   ii. They are currently reviewing their list of mandatory meetings for providers and have determined that there are a number which no longer need to be held.
   iii. They are also streamlining processes through the use of a secure portal on their website. This will offer a mechanism to track referrals, submit and check claims online. Providers will not have to contact Cenpatico directly for these activities and will have improved access to the information.

d. CPSA: Stephanie Lockery
   i. CPSA is in process of reviewing reports currently requested by DBHS and once refined, will bring them to DBHS attention.
   ii. CPSA is also working to expand their group to work on similar issues to the other RBHAs.
VI. Misc Items

a. Review of “Recommended Suggestions for Change”
   i. SNCD Reviews: See update on suggestions for change document.
      1. Follow-up Item: Laura will seek clarification if new CORE process will require that changes be made in notes or in the actual document

VII. Open Discussion

a. There no issues brought to the table during open discussion

VIII. Next Meeting: March 2, 2009, 11am-12:30pm
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