

Contract Providers Transition Team (CPTT) Planning Meeting

Minutes of the April 15, 2008 Meeting

Agenda Item	Discussion	Action Item
Welcome	<p>Karen welcomed the participants and reviewed the planned agenda. The focus of the session is to review the MHSA Technology Program Budget Planning Request Process.</p> <p>Representatives from CIOB, DMH Finance (Cost Report) and DMH Contracts Development and Administration Division were in attendance to respond to questions.</p>	
MHSA Technology Plan - Update	<p>The Technology Plan is currently under development. Most of the overall plan component sections have been drafted and work has started on the individual project descriptions for the key projects such as the Integrated Behavioral Health Information System (IBHIS).</p> <p>Both the Contract Provider Technology Projects and the Consumer and Family Empowerment projects will be summarized and included in the initial plan. The projected completion date for the Technology Plan draft is early June.</p> <p>For the initial plan, DMH needs the current systems, proposed project initiative(s) and the funding allocated to the project based on the funding allocation for each legal entity. More detailed project information will be needed prior to the actual contract and funding distribution.</p> <p>There was a request to move the April 30th deadline for the provider budget packages. <i>Bob agreed to move the deadline to May 15th.</i></p> <p>Bob will review the impact on the overall timeline. One concern is that typically many items go to the Board of Supervisors in the June/July timeframe. Also, any delay in the initial plan submittal may delay funding for the IBHIS project</p>	<p>Update MHSA Technology Plan timeline and distribute.</p>

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	<p>just as it would the contract provider project funding.</p> <p>Bob also confirmed that once the State issues the final funding allocation amounts in September, there will be an opportunity to submit a second technology plan. There as some discussion about not submitting a Plan until the final amount is known in September 2008, but because that would delay funding of any contract provider projects by many months, there was agreement that a Plan should be submitted as soon as possible for the initial allocation amounts and followed by a second Plan submission after the September amount is announced.</p> <p>Bob also indicated that by September more will be known about the IBHIS vendor and the State may have clarified many of the questions regarding the MHSA Guidelines. Bob encouraged the providers to submit the budget requests based on what they know now regarding their projects and plans.</p> <p>For this plan, only projects within the approved funding level of \$345M Statewide will be submitted to the State.</p>	
<p>MHSA Funding Allocation - Update</p>	<p>Bob reviewed the new recommended allocation based on the System Leadership Team (SLT) meeting held on April 11th. The SLT recommended a 70/30 split of Technology and Capital Facilities. This recommendation needs to go to the Board for final approval with the MHSA IT Plan.</p> <p>Bob reviewed the impact of the new 70/30 split. The allocation amount increased for both the contract providers and the consumer and family empowerment projects. For IBHIS, the increase was limited to the MHSA overhead amount which is based on a percentage of the overall 70% technology increase. The contract provider increase was approximately \$8M.</p> <p>Bob also reviewed the revised funding allocation spreadsheet showing a breakdown by provider Maximum Contract Amount</p>	

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	<p>(MCA). The smallest provider MCA will still receive \$30,000 as defined before. The spreadsheet reserve of \$500,000 was reduced to \$300,000 due to the small number of new agencies each year and the relative size of the new agencies. The additional \$200,000 was redistributed across the current legal entities. <i>(Note: Group concurred with this change)</i></p> <p>The new allocation should be used to prepare the Budget Planning Request Exhibit 2. The total funding request cannot exceed the total funding allocation at the \$345M level.</p> <p>The suggestion was made to eliminate the second column on the budget form and only show the funding allocation at the minimum (\$345M) and potential maximum (\$449M)</p> <p>Karen indicated that each legal entity has confirmed the FY 2007-08 MCA for their agency.</p>	<p>Update the Budget Planning Request package and issue the new funding allocation spreadsheet.</p>
<p>MHSA Budget Planning Request Process – Questions and Answers</p>	<p>Bob replied to a series of questions. The summary of these questions is outlined below:</p> <p>The term “Total Budget” is confusing since it does not represent the total project budget. <i>Karen indicated that this was the State’s terminology and should be maintained to avoid confusion. Bob agreed to add a new column to separate the funding allocation from the total project budget. A new column will be added to describe the source of funds in the event the allocated funds are less than the total project budget.</i></p> <p>On Exhibit 2, the term “Describe” is confusing since there is no place to describe the future technology project. <i>The term will be changed to “Check”.</i></p> <p>Can allocated project funds be moved to a different project initiative? <i>Yes for the budget planning process. However, once the project contract is signed, any changes will require a formal change request and may, if the changes are very substantial, require a contract amendment and a change to the Statement of Work (SOW).</i></p>	<p>Karen to update budget package.</p> <p>Karen to update budget package.</p>

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	<p>Where are the definitions for each category such as practice management, clinical data management? <i>Bob referred to the State MHSA Guidelines. Also, the question will be raised to the State during the next conference call.</i></p> <p>If a lower number is requested for the budget for a project initiative, will the agency be held to that number? <i>No, not until a contract and SOW are negotiated.</i></p> <p>If an agency is already doing EDI, can the funds be used for EDI? <i>Only for new functions or new capabilities otherwise there will be an issue of supplantation. It might be useful to identify project phases to defer some of the costs until the MHSA funds are available. Suggestion to work with each vendor on a phased project approach with each phase clearly meeting the MHSA Guidelines for new capabilities.</i></p> <p>Can the funds be used to improve the basic computer skills of the staff? <i>No, the funds can only be used for training specific to a project initiative such as an Electronic Health Record System (EHRS).</i></p> <p>Can the funds be used to setup a training lab for an EHRS project? <i>This question needs some clarification since the training lab as stated could only be used for the EHRS project training. LACDMH will seek clarification at the next opportunity with the State. It would appear to be difficult to qualify such a project since it can easily be used for any computer based training, whether or not it was MHSA related. The rationale for such a project is clear enough; the difficulty is whether the Guidelines would prohibit this use of the funds.</i></p> <p>Can staffing costs be included for the project request? <i>Yes, to the extent the staff is assigned and working on the approved MHSA IT project.</i></p> <p>To get clarification on the questions on the form, can a supplemental form be included in the package? <i>We do not want to put something out that may conflict with the State</i></p>	<p>Raise this item on the next MHSA conference call.</p>

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	<p><i>MHSA Guidelines.</i></p> <p>For project invoicing, do we need supporting documentation? <i>Yes, this will be defined in the contract.</i></p> <p>Is there a requirement to use EDI with the Integrated System as stated in the budget planning criteria? <i>No, the important requirement is to be EDI ready when the transition to the IBHIS occurs. Whether to transition to EDI before the IBHIS is a business decision for each agency.</i></p> <p>Can work initiated prior to funding be invoiced? <i>No, nothing can be invoiced prior to having a signed contract and SOW. This is the same today with the services contract. There is no retroactive billing.</i></p> <p>What will the SOW contain? <i>Contracts and CIOB will prepare a sample contract and SOW later this year specific to the MHSA Technology projects. Each technology project will require a signed contract and SOW. We will provide both documents to the agencies. The SOW will describe the specific project.</i></p> <p>Is there going to be a separate contract required? <i>Yes. See above.</i></p> <p>When will the individual project request packages be available? <i>Karen indicated that shortly after the budget and technology plan is completed, she will reconvene the MHSA Workgroup to begin work on the draft Project Request package. The timeline is to have the packages available in the September/October timeframe to allow the agencies time to complete and submit for review prior to January 2009.</i></p> <p>Once the State has approved the Technology Plan and funding, how soon can the funds be distributed? <i>Bob plans to have the Board Letter ready to submit at the time funds are approved. Individual contracts would be negotiated after State funding approval. Bob may pursue asking for delegated authority to accept additional funds based on the Technology</i></p>	

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	<p><i>Plan and an increased State allocation. In addition, he will ask for delegated authority to approve change requests up the 20% of the project requested amount so long as the providers total allocation amount is not exceeded.</i></p> <p>What impact will the time of year have on the Board and other approval processes? <i>This will occur during the fall/winter holidays and may delay the process if appropriate people are not available.</i></p> <p>What is the impact on current rates and the cost report? <i>This is a separate contract and not part of a services contract. All costs will be shown as direct costs on the cost report.</i></p> <p>The timeline does not show all of the agencies involved in the review and approval process such as the SLT and the Stakeholder Committee? <i>The timeline will be revised accordingly to include required approvals and date revisions.</i></p> <p>Is the State Request for Information (RFI) timeline impacting the EHR process? <i>No, State RFI documents are reviewed to ensure that the IBHIS RFP is complete. In addition, adherence to CCHIT guidelines and other standards are part of the IBHIS RFP process.</i></p>	
Open Discussion	See above.	
Next Meeting	To be determined.	