

MINUTES

Criminal and Juvenile Justice Initiatives Financial Workgroup

August 20, 2020
2:00 pm- 4:00 pm
Teleconference/Zoom

In Attendance

Tiffany Wolfgang, Linda Reidt Kilber, Belinda Nelson, Terry Dosch, Amy Hartman, Rebecca Kiesow-Knudsen, Deanna Nolan, Stacy Bruels, Jennifer Humphrey, Laurie Mikkonen, Doug Dix, Laura Schaeffer, Steven Gordon, Sakib Akber

Not Present: Thomas Stanage, Sarah Wellner

Welcome and Introductions

- Tiffany Wolfgang welcomed the group.

Overview of Workgroup Purpose, Rate Methodology Overview, and Calendar

- Laurie Mikkonen provided an overview of the Workgroup's history, purpose, and objectives.
- Tiffany Wolfgang shared the service categories that will be under review this year as well as the proposed prioritization of services to review.
- A tentative calendar was shared with monthly meetings scheduled through November and resuming again in the spring.

Review Outpatient Model from 2018

- Stacy Bruels walked through how the outpatient individual and group models were established in 2018 including the use of a provider survey and adjustments that were made to account for higher levels of staffing credentials and increased supervision. The group rate was set at 28% of the individual model. At the time, the workgroup had concurred that the modeled rate would support evidence-based practices (EBPs), but with the commitment to relook at the model in the future with additional information. With Cognitive Behavioral Interventions for Substance

Abuse (CBISA) being an EBP, the workgroup should help assess what was missing from the rate established two years ago and how that correlates to CBISA.

Introduction to CBISA Rate Setting

- Laurie Mikkonen walked through the CBISA support excel document, which provides an overview of information pulled from providers' 2019 cost reports. Laurie discussed how the formulas and calculations are included to establish a cost per unit by provider and the process used for removing outliers.
- A review of how this cost report data feeds into a potential draft model was provided.
- The workgroup discussed the variances in the cost per unit and what factors may be impacting the wide range of cost per units documented. Terry indicated he is uncomfortable using a standard mean to develop the rate. The workgroup discussed that the service is essentially the same and agreed that follow up needed to be done to get a better understanding of the differences in costs and ensure data provided is validated.
- There was discussion that some providers need to break out costs further than what had been provided on the cost report as some provide in-person services compared to a rural service as well as costs related to telehealth services. Rebecca indicated that LSS is loaning devices to clients and there are costs associated with that, which should be included but will verify.
- The workgroup discussed the time spent two years ago looking at outpatient rates and the factors that influenced those rates, so further consideration needs to be made as to what costs are being incurred, or what differences need to be accounted for, in the delivery of CBISA. Some of the items the workgroup discussed include staff not being fully dedicated to CBISA, but split across many programs, the amount of supervision and if it's appropriately documented in the costs, extensive case management that is provided with referral sources and follow up, how providers are accounting for costs associated with group services compared to individual, and if costs are being applied consistently among providers. The workgroup discussed conducting a survey to gather some additional information.
- Stacy and Tiffany walked through how the CBISA rate was originally established.

Next Steps

- DSS will compile a list of follow up questions to email to the workgroup members. The workgroup agreed on a deadline of September 8, or sooner if possible. Questions for follow up include average group size, average length of session, is supervision included in the costs, what additional work/nonbillable time is provided in CBISA compared to outpatient and are these captured in the cost reports.
- DSS will review the staffing information sent in with the cost reports to compile the staff and salaries reported in order to compare to the outpatient survey.

- DSS will conduct additional analysis of outliers and cost inputs including review of the indirect costs as some providers have high indirect costs calculated.

Public Comment

- Amy Warwick and Angela Pearson attended as members of the public. Laurie Mikkonen asked for any public comment. Being none, the meeting was adjourned.

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