

Indiana Association of Behavioral Consultants www.inabc.org

Through professional advocacy, support and development, IN-ABC promotes effective, ethical and quality behavioral services.

1/20/12 IN-ABC Meeting Minutes

2012 Board Members present:

President: Gail Kahl

Vice President: Fritz Kruggel

Director: Amy Pickett
Director: CJ Gallihugh
Director: Kelly Howard
Treasurer: Rob Westcott
Secretary: Sue Bauer

Call to order:

Introductions:

President's Report:

2012 Membership Drive- Please membership applications send to Sue Bauer

Treasurer Report: Rob Westcott

Treasurer report (see attached)

Membership revenue since 2008 has been relatively consistent.

IN-ABC 2012 Proposed Budget Worksheet Vote to approve budget, unanimously approved.

We already voted to approved increase in membership fees via e-mail vote.

Secretary Report: Sue Bauer

Membership drive is underway. Please send in your membership applications as soon as possible.

Liaison Report: Kelly Hartman

• Key Note speaker for our 2012 conference has already been secured. Tom Pomeranz will be our 2012 keynote. He will also do a breakout session.

http://universallifestiles.com/index.html

Legislative issues:

The main focus at this time is to address legislative mandates to address our continuum of care as it relates to service delivery to people with developmental disabilities in our state. The timeline for DDRS formal plans in July 2012 with a report to the Medicaid Oversight Committee. At this time, the state is planning to submit preliminary initial report in the next month. This is an attempt to address some potential initiatives and summon support around systems change. The focus areas are as follows

Cost neutrality – we need to as a system be able to continue serving more people. The only way to do this is to assure that we are not increasing the average "cost" per waiver recipient across our program.....but in fact to decrease the "per person" spend. Ways to do this include potential ideas surrounding:

- Initiatives that will focus on keeping families together and working toward more preventative, collaborative service models that look at increased use of natural supports
- Group home versus waivers placement appropriateness. There is a strong feeling
 that there are likely people in group homes that could be served more cost
 effectively in the community with less support and perhaps visa versa.....initiatives
 may be considered to explore this
- High cost individuals. The cost per person for services in the top 5% of individuals on the waiver is extreme. Initiatives exploring more creativity in ways to better support these people will be outlined and offered as potential cost efficiency solutions
- DDRS realizes that with such focus on costs some of the industry has gotten away from focusing on the right "quality" factors in supporting people. Initiatives

exploring measurable outcomes and incentivizing quality at the point of service delivery will be discussed.

Other legislative bills to watch this session as it relates to our industry:

HB 1209 – Certified music therapists

HB 1318 – Use of restraints and seclusion in school

HB 1351 – Collection of Medicaid spend down

SB 203 – Art therapists

SB 310 - Medicaid fraud

HB 1073 – Public Mass Transit. Please see the Legislative Alert regarding this bill. We are waiting for the bill to be rescheduled in the House Ways and Means Committee so that a vote may be taken. Please contact the House Ways and Means Committee to urge their support today.

SB 12 – Reestablishment of FSSA. This bill will be on second reading next week.

SB 15 – Brain Injury Services Study and Committee. This bill is on the calendar for third reading.

SB 32 – Guardianships. This bill is on the calendar for third reading.

Public Policy Agenda: Don't forget you can view The Arc of Indiana's Public Policy Agenda at the following link: http://arcind.org/index/Public-Policy-Advocacy/Public-Policy-Agenda.asp or go to our website: www.arcind.org.

Other issues:

• Can we bill for services while other people are billing for services like we have been? ie., can you be at a psych appointment while a psychologist is billing state plan?

Clarification of guidelines. Medicaid rules disallow certain providers to both bill at the same time. RHS, can't have two billing at same time. Can't have two BC's at the same time. Don't panic about this issue (i.e., team meetings) Kelly is working through this and we can expect clarification from DDRS.

Can we bill for individual's while they are in the hospital?

You cannot bill if an individual is in the hospital. The Medicaid Waiver cannot provide services and seek reimbursement while the individual is in the hospital.

• Can we bill for individual's while they are in school?

If an individual is in the school, the school should be providing services to them. Be clear in your documentation for schools. You are not training or providing services to the school and clearly document that you were invited to be there. The individual's team should decide that it's appropriate for you to provide services directly to the individual while at school or just observe. Services have to be directed toward the individual not the school.

- Discussed high need/dangerous people that are lacking the right supports. For example, bars on windows are not appropriate. Be very clear when you are implementing restrictive interventions.
- High Risk Plans- If you are the only provider on someone's plan, some case managers believe that we are the appropriate party to write the high risk plans for the individual. It was never intended that the behavior consultant should write high risk plans in areas out of their expertise. You can say, "We are not the provider of health care coordination and not responsible for writing high risk plans for areas beyond our expertise".

Vice President's Report:

Fritz Kruggel

District networking idea.

There will be 7 districts. The Executive Committee will solicit providers in each district to help establish a network to increase communication amongst providers across the state.

Membership has requested on going communication, we are working to increase accessibility to our board.

Committee Reports:

Ethics Committee:		
Mari Shawcroft (see attached)		
Professional Credentialing Committee:		
No updates		
Professional Development Committee:		
No updates		
Risk Management:		
No updates		
Marketing committee:		
No updates		
BQIS presentation:		
Becky Selig, BQIS Director, Liberty of Indiana, Co.		
Christopher Baglio, ED.D., Director, Liberty of Indiana Director		
Sharing data from survey Kelly sent out through Survey Monkey		
Presentation will be sent as an attachment.		
Respectfully submitted by: Sue Bauer, Secretary		



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January 20, 2012

Ethics Committee Report to IN-ABC Executive Board and Membership

Ethics Committee Members:

Mari Shawcroft Fritz Kruggel Rob Westcott Amy Picket

During this period from the previous membership meeting, the ethics committee had no complaints for review.

Respectfully submitted,

Mari Shawcroft, M.A. Ethics Committee Chair IN-ABC



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January 19, 2012

Treasurer Report

Current Balance / Funds as of 9/15/11:

Checking: \$ 1708.37 Savings 1: \$ 3028.35 Savings 2: \$ 5375.00

Total Funds: \$10,111.72 (* this amount does not include recent memberships dues)

and for reference:

Total Funds at this point last year: \$15,702

Membership Revenue for 2011:

Membership Revenue 2011 = \$10,924

and for reference:

Membership Revenue 2010 = \$11,033 Membership Revenue 2009 = \$11,776 Membership Revenue 2008 = \$10,968 Membership Revenue 2007 = \$9,450 Membership Revenue 2006 = \$6,782

2011 Conference Revenue / Expenses:

Total Revenue: \$ 23,000 Total Expenses: \$ 29,520 Loss: \$ 6,520

For reference, previous conference figures follow:

INABC 2012 Proposed Budget Worksheet

Current Balance: \$10,111

Projected 2012 Income:

(membership) \$10,000 + (conference) \$3,000 = \$13,000

Projected Expenses:

INABC Liaison	Rainy Day (Liaison) Bank	Contributions
\$10,000	\$2,000	\$1,500
Conference Expenses	Misc. Office Expenses	Web Fees / Webmaster
\$2000 (this amount is typically reserved for miscellaneous up-front expenses)	\$500	\$500
Insurance	Misc.	Health Professions Bureau
\$400 (general liability)	\$250	\$100 (to maintain our ability to provide CEUs)