

DRAFT
MID-OHIO PSYCHOLOGICAL SERVICES, INC.
Board Minutes

624 East Main Street

740-687-0042

Lancaster, Ohio 43130

Pursuant to the laws of the State of Ohio in which this corporation is organized, and its bylaws, a meeting of the Directors of Mid-Ohio Psychological Services, Inc. was held July 20, 2017 at 5:30 p.m. at 624 East Main Street, Lancaster, Ohio.

The following directors were present: **Dr. Mark Weedy, Scott Musselman, Kelly Iacuzzo, Wendy Ricker, Temple Custer-Gagni, and Brad Bartlett.** Directors Toni Gillette notified agency staff prior to the meeting they were unable to attend. MOPS staff present at the meeting were Kim Blair, Executive Director; Shawna Watts, Operations Director; Cassie Kausek, Accounts Payable Clerk and Amanda Niedermeyer, Clinical Supervisor. With a quorum present, Dr. Mark Weedy called the meeting to order at 5:37pm.

Staff Representative

Amanda Niedermeyer was present for the meeting. Amanda is a Clinical Supervisor from the Delaware and Columbus office. She has been with the agency for six years, starting out as an intern and working her way up to a clinical supervisor. Her willingness to be an active team player has made her an asset to the agency.

Board Composition

There are no issues with board composition.

Board Minutes

The minutes from the May 18, 2017 meeting were disseminated prior to the meeting via the MOPS website. The opportunity to discuss minutes was brought to the floor. There was no discussion.

Resolution#17-07-20-01

It was moved that the minutes be approved by Temple Custer-Gagni and seconded by Wendy Ricker. The motion passed unanimously.

Fiscal Stability (Goal: Implement a strategy to improve the financial viability of the agency)

Kim Blair stated a meeting with the agency's accountant at Oatney and Associates, Scott Musselman (Board Member), Shawna Watts (Operations Director), and Cassie Kausek (Accounts Payable) took place earlier in the week. Kim asked Cassie Kausek to explain the benefits of the meeting and what was discussed.

Cassie Kausek stated that many of the reoccurring issues brought up each month were discussed so that there was a better understanding for everyone, specifically payroll accrual and bad debt. For payroll accrual, it is very common for the agency to see swings in wages. The agency changed how accrued

wages were done last year in a effort to correct the issue, however it did not eliminate the swings. In the meeting, it was identified that inconsistent totals on clinical wages based on production and the number of days to accrue because of pay period dates seem to be the cause of the fluctuation. While there is not a resolution to solve this issue, there is a better understanding for everyone as to why it is happening.

Reoccurring questions with the Bad Debt Monthly Estimate have taken place regularly. When identified at the meeting, it was noted that Direct Write Offs and a combination of Bad Debt accounts are being imported from the billing software, hidden under a subcategory. The Bad Debt Monthly Estimate is also being reported as well, so much like a double entry. Cassie stated that she is working with IT to see what changes can be made and will return with more information so that the reporting of Bad Debt can be reported accurately.

Earlier in the week, Kim Blair also noticed that the PTO accrual rate needed to be reevaluated. It was found that the current rate at which the agency is accruing and the method of accrual Oatney and Associate uses was not allowing employees to reach the entire amount stated in the Employee Benefits. The cause was due to the payroll agency only accruing on actual worked hours, such as regular hours and overtime. Historically the agency accrued hours on all hours submitted, PTO, regular, holiday, etc. The agency has adjusted/raised the accrual rate to meet the expected hours per year as well as figured all hours owed to employees as a result for the entire period the agency has been with Oatney and Associates. The possibility of using a cash payout is being explored due to the possibility of taxing issues and also the cap for those close to 184 hours will also be raised to ensure all hours earned can be rewarded.

Anthem adjustments have been a discussion in our previous meeting. It was acknowledged that there were some inaccuracies as to what was being withheld for employee premiums, resulting in a payback for those affected and adjustments to take place. Even after the amendments, each month the balance sheet is not zeroing out as it should. After, further investigating the issue, Cassie Kausek has found that that the bill and deduction amounts are matching, however she believes that the way items are being posted is not accurate. Her findings have been sent to Oatney and Associates so that the issue can be investigated and resolved.

For the month of June, the agency experienced a delay in Medicaid reimbursements due to an extended shut down for their fiscal year end and the holiday. As a result, the agency was very close to needing to cash in on investments, previously approved in the May board meeting. The delayed payment was to be disbursed mid-month, but was deposited sooner. The investment account did not have to be accessed.

Financials for the month of May and current standing for the month of June were presented. Due to being at the end of the fiscal year and all expenses for June needing to be recorded in June, the agency is currently waiting for all the bills to be received and posted. It will be asked that the month of May be approved, then at the next meeting when the audit is complete, financials for June can be approved at that time. The audit is expected to take place in September.

Cassie Kausek stated that for the month of May a loss of about \$7,000 was recorded. Currently, the agency is around a \$14,000 profit for the month of June and a year-end loss of \$48,000. The difference in wages as compared to last fiscal year show to be accurate 3:1 ratio of revenue. There were no other swings to be discussed.

The Profit and Loss by Class was discussed. It was stated that review of the Chillicothe Office losses and how the agency can establish goals, review marketing and need in the area to help in the significant loss for that location, as well as ensuring agency is accurately reporting per site gains and losses.

The Year to Date Report shows totals for training revenue are not as lucrative as the agency hoped for. There is a decline due to some repeat classes. The agency will not get rid of training, as it is a requirement for the APA certification. There are different ideas of how to raise revenue, such as online and live web trainings. These methods can be time consuming, so they have not taken place. Although doing online trainings could be more cost effective. The agency has also been contacted by Ohio Health to possibly provide them with their trainings/CEU's.

Resolution#17-07-20-02

It was moved that the financials for the month ending May 31, 2017 be approved. by Scott Musselman and seconded by Kelly Iacuzzo. The motion passed unanimously. June financials will be approved following the audit in September

The agency's current cash balance is at \$247,314.

Cassie Kausek stated that the cash balance reported on the Summary and the balances we see in the meetings do have a gap., due to old information in Quickbooks. She will be investigating this with the auditors to see how the agency can fix this, as it comes from the amount shown within Quickbooks and checks dating back to 20006 that have never been cashed and/or duplicate posted bills. She also stated that all reporting for unclaimed funds have been taking place since she started in December of 2015 and when she spoke with the representative for the state, they said all reporting had been done previously as well. Currently the agency needs to see what can be done to ensure all previous audit balances are not tampered with, but fix the inaccurate cash balance total.

Kim Blair explained that the Behavioral Health Redesign has been delayed until January of 2018. In preparation for the changes, the agency already implemented rate changes and budgeted for this fiscal year based on the changes. It is projected a neutral impact.

The agency's intake procedure has changed due to the redesign. While this was a substantial change for staff, it is industry standard. A client will meet with agency intake staff initially and then transfer to their assigned clinician. While this was avoided historically to help client start building rapport on the initial visit, the benefits of this model will be to get clients in faster and easier and will lead to faster access to care.

The agency has removed the \$35 no show fee. Previously it was not indicated in Medicaid rules that this fee could not be charged, however Medicaid rules now state a fee cannot be charged. . As a result of this change, if a client misses three appointments without providing an explanation they will be terminated from treatment and cannot return for one year due to Medicaid only reimbursing for one diagnostic episode per calendar year. Clients are made aware of this and are signing to abide by this in the Client Guidelines when they start treatment and it was updated for current clients. This rule is based on discretion, if missing appointment is due to mental illness, it does not apply.

Quality of Service (Goal: Expand and develop quality programs to meet identified population needs as financially feasible.

Shawna Watts stated that in review of the QA activities, Andrea Coates is doing an excellent job and is very consistent, in her role as QA Coordinator.

MUI

May

- Police called to transport a client expressing suicidal ideations
- Client passed away

April

- Client made allegations of an inappropriate relationship with a staff member – The agency does not believe anything will come of this. The client has made the same allegations against other providers.

Duty to Protect

- None

Client Grievance

- Two informal
- May
 - Current client – concerns addressed therapeutically

Shawna Watts stated that the QA Annual Report has been posted, as well as the client satisfaction survey results. Kim Blair shared the positive results that the agency is above 90% satisfaction.

Staffing (Goal: Enhance stability within the organization)

Staffing Changes:

Currently the only position available is at the Lancaster office for a case manager.

Resignations:

- Angela McNulty – Case Manager – Newark
- Jo Burden – Therapist – Lancaster
- Ambria Carpenter – Case Manager - Lancaster

New Hires:

Central Office-

- None

Columbus –

- Allie Fridstein – Clinician – August 14th

Newark –

- Emily Kiourtsis – Clinician – August 14th

Lancaster-

- Cassidy Keller – Clinician – July 10th
- Emily Blanks – Clinician – August 14th

Delaware-

- None

Kim Blair stated that the agency will be sharing the positivity that the agency experiences every month in nominating fellow employees for kudos.

This year's agency anniversary parties will begin taking place at each location.

Growth (Goal: Become a leading professional development provider. Expand and develop quality programs to meet identified population needs as financially feasible.)

Kim Blair stated that herself and Brad Hedges have not progressed in this area since last discussed due to a higher priority of topics. This will remain an area to be worked on.

Agency Promotion/Coordination (Goal: Implement an organization and site-specific marketing and outreach campaign)

Kim Blair stated that Delaware sponsored an event called Sweat All Day at T&J, a local fitness club event.

The Lancaster site has sponsored and participated in activities at the successful movie nights within the community. The last is set for August.

Updates (Goal: Expand and develop quality programs to meet identified population needs as financially feasible)

Kim Blair stated that Fairfield County has signed the contract for ADAMH as well as for United Way.

Risk Management

Kim Blair stated that the update for Xakt/Echo has not come through. The agency has staff that have went to see the new product and reported that the program does not have a scheduler, which is what the agency uses to attach billing. As a result, the agency has determined that they will build this themselves in CIS.

The agency has submitted signed contracts for United Health Care, Paramount, Buckeye Health, Aetna and Molina. Currently the agency is waiting on Caresource to process their application. Under these contracts, the first 18 months the agency will be paid the states rates through December 2018. After the initial period, contracts will not be rate specific, they will be negotiated. The agency has raised rates in hopes of being comparable.

New Business

Shawna Watts collected Conflict of Interest forms from all board members.

Shawna also stated that the agency's insurance broker has contacted her saying they got back a 6% no-shop increase on renewals. Currently the industry is at 8% increases, so this is a good rate. Kim Blair will be signing for the health insurance renewal. Open enrollment for health insurance will be in September.

Mark Weedy called an end to the meeting as of 6:43 pm.

Next Meeting

- September 28, 2017 at 5:30pm

Respectfully submitted:

Cassie Kausek