

MARION COUNTY HEALTH ADVISORY BOARD

Meeting Minutes

January 17, 2012

5:30 to 7:30

Present: Hanten Day, Judy Scott, Patrick Vance, Tim Murphy, John Beare

Absent: Mike Mann Mary Beth Thompson, Cherie Girod, Renee Stewart, Katherine Fleury, Sandy Stewart, Scott Richards

Staff: Rod Calkins, Pam Heilman

Guests: N/A

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**Call to Order/Introductions/Approval of Minutes**

December meeting minutes were approved.

**Announcements:**

**Appointment of Nominating Committee:** Patrick asked that Kathy Fluery, Mike Mann and Judy Scott come to the nominating committee; they are due for election officers. Judy has agreed and Patrick is going to call Kathy and Mike as they are absent today. There will be a nominating committee of three. If they are called Patrick asked that they consider serving if they do not get a call that means someone else volunteered.

**Conflict of Interest online training:** Training is required by all members. Judy Scott and Mike Mann have completed the training. A link will be re-sent to all HAB members via e-mail.

**Public Health Triennial Plan**

Pam reported the Chip booklet that was previously brought to the Health Advisory Board meeting and also sent electronically to all HAB members for suggestions and edits has been edited and will now be presented by Rod to the Board of Commissioners (BOC) tomorrow 1/18/12. Pam reported they are looking for a recommendation from the board for the Chip Booklet. The board motioned and voted to recommend the chip booklet be presented to the BOC.

Rod reported the Public Health Triennial Review is currently going on. Generally what happens is the people from the state program come down and review our programs and then hold a mini exit interview. The State community Liaison Tom Engle is coming down April 4<sup>th</sup>. One of the Commissioners is going to be out for three weeks in March which is why they scheduled it in April. The Triennial Reviews and debriefs will be wrapped up by the end of the January. Then the program staff writes a summary and presents it to the BOC.

A lot is going on this year Mental Health, Public Health and DD is coming along and this is the Triennial Plan Year. During the Triennial Review they are looking for compliance with things we are required to do by law. We had one debrief that asked for quality measures to be thrown in and it is remarkably different. What tends to happen is that things are being discussed on what is and is not doing well and what is missed is if it is something that is out of compliance or something they think we should be doing. It is very unclear.

With the exception of one audit the debriefs have been positive with no findings of things that would require a corrective action plan. Some of the site reviews scheduled today have been cancelled due to the inclement weather.

**Update on Behavioral Health State Site Review:** Rod reported that we have not received our final letter for the State Site Review but one of the findings was administrative regarding a fee schedule that is suppose to be taken to the BOC for approval annually and we do not do that for most of what we charge. In the past legal council had looked at this and gave the opinion that the health department did not have to take most of their charges to the BOC because they were charges and not fees. Much of the other counties are trying to set their fees on an annual basis. It is interpreted that fees can only be changed once a year. Rod also reported that when Garvis comes out with another formula for calculating a charge based on MCHD cost, the methodology can be ran through it and put the charge table into place. The state auditors disagree with that interpretation of the statute and said they have never seen anything like this and no one else is doing it. MCHD will take this finding to Gloria Roy in legal to see if there is any defense and if not this is going to have to be taken to the board annually.

Patrick asked if the HAB members can create a fee schedule or if there is a process they can do at HAB and recommend it to the BOC. Rod answered HAB members can do that and this will get us into a position that we will no longer be able to change a fee. This may be sent in with the annual budget process as an attachment because the budget is based on that fee schedule.

Oregon Health Authority (OHA) says that Marion County is the only County doing this. Pam reported that we have been through other State Site Reviews and this has never come up. What we do now is find out a cost basis per charge. The difference between the two is a fee is like a restaurant license they have to pay for or they do not get the license and a charge is what we bill, but what we get paid is often different. It was the State Site Reviewers first time going solo on a review.

The state has program offices for all of our major programs. We collect all the data, record it write it up and they analyze it. Their program offices are larger and more focused on practice rather than technical assistance and managing. Their staff changes similar to our staff changes along with the programs.

Rod reported that one important thing came up. At agencies like the Health Department we are a community clinic and can credential people who are not licensed and based on the credentialing, they have a license to practice and we qualify people as qualified mental health associates based on their degree of training so we could have a person with a masters degree come out of social work school who would be qualified as a qualified mental health professional (QMHP) and they can do what a licensed clinical social worker can do only as long as they work for the Health Department.

The state used to have a process by which people who did not meet the qualifications or qualify as mental health professionals (QMHP) which is usually a master's degree and in relevant discipline would have to get a variance from the State that allowed the person to work in your agency and bill Medicaid etc. The State decided they could not provide such variances because the State Medicaid Plan did not allow them to pay somebody who did not meet the qualifications. Medicaid didn't allow pay so the State no longer offered variances. When you add capitation that mental health organization can pay anyone for anything they had to justify on terms of reported services on how they spent the money.

The Behavioral Care Network (BCN) had an edge on the credentialing process for people with 2<sup>nd</sup> year masters to provide business under the BCN. All five counties thought that the edge on credentialing meant mental health organization ability to credential people was all that was needed for those people to practice and provide services, the State does not agree. The State says you are not able to variance payment fee for service Medicaid anymore or any other payment source but what they can give a variance on is the Qualified Mental Health Provider (QMHP) credential.

So you do need to get a variance from the State that allows that person to practice their license and another variance or agreement with your mental health organization to allow them to bill for capitated services. BCN is allowed to pay people because it is not the fee for service as specified in the State Plan for Medicaid. Both variances are needed.

There is only one person in Marion County Health that needs both variances at this time. The State is going to make us change that. Rod reported that he called Kathy Savicki and she disagreed and said that she would talk to the State about these changes. She spoke with the State and the State remains convinced their interpretations are correct regarding variances.

A question was asked whether the Federal Government call that kind of reimbursement a finding of inappropriate use of Medicaid money.

Rod reported the Federal Government do not because he gets a capitation from the State Medicaid dollars and a finding is very difficult to prove because you are paid a lump sum which is less of a fraud issue.

A question was asked why this has not come up before. Rod answered that Jay at the State is the one that told Rod they aren't doing variances anymore but is now saying that was just for Billing Fee for Service Medicaid and you need the State variance to have a person practice.

A question was asked if there is a pay back concern. Rod answered that he was unsure if they would be able to capture that because people are variances under the QMHP and going to show up under the provider number not an individual provider number so they would have to go back and sort through the encounter data and look for a name.

A question was asked whether there were interpretations made by more people and spread around so people know what the playing field is and not by one individual's interpretation.

Rod reported that this was one of Sherry Sullens first solo reviews and she prepared really well. Sherry had also attended the December HAB meeting. Sherry told Rod that she spends half her time in variances. Sherry has collected information and is taking that information to Justin Hopkins who is going to write a letter to all providers of a final determination on variances.

There are standing orders needing to specify what the nurses are doing and those standard orders were just changed to treatment guidelines because all of the people providing services are nurse practitioners. A lot of what we do is Title Ten so maybe there is a different regulation there which will be asked of the State. Rod will be talking to Tom Engle the State community Liaison before he comes down with his final letter with our concerns about the audit.

**HAB Meeting Adjourned.**

**Recorder:** Lisa Duerksen,  
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Marion County Health Department  
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**2012 Meeting Schedule:**

January 17, 2012	June 19, 2012
February 21, 2012	September 18, 2012
March 20, 2012	October 16, 2012
April 17, 2012	November 20, 2012
May 15, 2012	December 18, 2012