

IDS Meeting Minutes
August 11, 2008
11:00am-1:00pm

Present: Rod Calkins, MCHD; Bob Hammond, CAPS; Cary Moller, CAPS; Don Theobald, CCS; Tammy Glascock, DD (for Doris Reyes, CAPS); Erin Horst, CAPS; Geoff Heatherington, Polk Co.; James (Doc) Campbell, Cascadia; Lona O'Dell, CG; Marybeth Beall, MCHD; Patricia Tucker, VMH; Patrick Brodigan, CAPS; Paul Logan, NWHS; Steve Kuhn, CAPS/NS; Time Markwell, NP, and Terry Dethrow, NP.

Excused/Absent: Bonnie Malek, CAPS; Steve Allanketner, Options; and Doris Reyes, CAPS

Guests: Kelli McKnight, Options; Christine McCollum, CAPS.

Meeting called to order at 11:05am

I. Announcements:

- ❖ Cary Moller – Tobacco screening requirement with DHS - programs should be doing assessments and referrals for all clients. BCN Integration Group is beginning the process of mapping out what will be needed to move ahead with tobacco cessation supports for clients
- ❖ Erin Horst – Reminder that Emergency Preparedness Continuity of Operations Plans (drafts) are due September 1. Templates available through your Emergency Preparedness contacts or send requests to Erin Horst and she will send copies.
- ❖ Steve Kuhn – DHS Mental Health Assessments planning is moving ahead. Locally Child Welfare is forming their intake team and calling it the “Wellbeing Team” who will follow the cases for the first 60 days while obtaining initial evaluations. Next steps – meeting this week with Early Intervention, on the 19th at the Clinical Supervisor Meeting we will discuss the process, including reviewing a assessment tool and determine what will be the standardized procedure.
- ❖ Kelli McKnight – Options has hired 2 new therapists so they have lots of openings for kids.
- ❖ Paul Logan, - National Community Health Center Week so West Salem Clinic is having an Open House, August 13, 2008, Wednesday. NWHS has hired a new psychiatrist, Dr. Joel Suckow in addition to Dr. George Suckow's. Disaster drill coming up – not trying to do something different than Marion County, just trying to make sure they have a disaster plan in place.
- ❖ Patricia Tucker – this is Patricia's last IDS meeting. Patricia is leaving the beginning of September and Steve T-N will be the IDS representative during the transition period. November 1st Gloria Thetford will begin attending meeting in Patricia's place. Patricia indicated that Dr. Daily or Dr. Recoyle could be contacted with questions or concerns in the interim.
- ❖ Marybeth Beall – Announced that Robin Sischo is the new Clinical Supervisor for CBH. In Alcohol and Drug program, Gary Heard from Methadone was promoted to Program Supervisor and Trish Davis was hired as the Clinical Supervisor. Scott Richards will take Marybeth's place and be attending September's meeting. Marybeth's current duties will be reassigned to Scott and Sandy Stewart. Mike McFetridge, PCC Program Supervisor is retiring, October 1st. Plans for a reception to be announced.

- ❖ Lona O'Dell – two new therapists. New Mental Health Supervisor will be announced next month.
- ❖ Doc Campbell – Cascadia/Bridgeway continues slow separation. Bridgeway is currently hiring a Clinical Coordinator for Mental Health as well as a Clinical Bi-lingual Coordinator. Operations Manager new hire should come on board in about a week and a half.

II. Minutes Review – All:

- ❖ Referring to the timeliness of the minutes, the preference is to have them distributed the week following the meeting so that topics are still fresh in everyone's mind.
- ❖ Changes to July Meetings
 - Rephrase “Cascadia/Bridgeway services have been assumed by other providers”. We're looking at what pieces need to be assumed by other providers and what will be maintained at Bridgeway.
 - Referring to the announcements from last month; NS Staff will be assigned to kids, not BRS.

III. Reports:

- ❖ Erin passed out reports; solicitation of Feedback on report content is welcome. Request for electronic copies of report Erin will pursue making reports available electronically. If anyone has additional questions and or concerns, please contact Erin.

IV. QAMHA/QMHP Variances:

- ❖ Cary – AMHA no longer have the ability to provide variances for to educational criteria (QMHA/QMHP) to Medicaid Open Card services.
- ❖ Rod – Cannot have people “grandfathered” (variance) billing Medicaid Open Card. Variance only applies to non-Medicaid funded services (state general fund, block grants and other financial agreements such as PSRB, ECMU). The MHO (BCN) has the flexibility to credential QMHA/QMHP
- ❖ Rod – In 1995 “Alternate Training and Preparation” was struck from the rule. To avoid trouble during an audit, as of July 1st, we want to make sure that “Qualified” people are billing open card Medicaid.
- ❖ Patricia – Raised the issue of using interns. Interns must meet the expectation of the rule change.
- ❖ Rod – Remember to keep documents to prove grandfathering. The State is looking at “proof”. BCN will accept proof of grandfathering in credentialing file.

V. Clinical Documentation Discussion:

- ❖ Cary – AMH has posted a “Frequently Asked Questions Collected at Audit.” Good tool for provider question around audit and documentation requirements.

VI. Contracts:

- ❖ Cary and Erin – Documents presented for purpose of discussing implications Referring to preparing for the new contract year. The service year is ‘out of balance’ with the contract year. The October to December period in the contract is prorated to account for this. Refer to the handbook for explanation of Service vs. Contract year. Impact of “role-over” appears will in low.
- ❖ Cary -- Removing the ‘soft language’ from the contracts and will assist in managing to bottom-line budgetary commitment.
- ❖ Rod Calkins/Cary/Erin Horst – Discussion Document Only -Explanation of current Cascadia clients and implications for changing their book of business. IDS Client Redistribution document.
- ❖ Document is an attempt to plan for Cascadia closure and/or changes. One possible solution is to “reallocate all” to handle a closure should that happen. Allocations considered based on current budget allocation for this contract year.
- ❖ Rod - Bridgeway was actually the largest drug and alcohol provider in terms of OHP and State funding. In terms of their size, Bridgeway was the largest provider in town for a while. Not as much on the mental health side as Cascadia. We’re putting out some numbers related to redistribution, just trying to get ideas out there and take a look at possible issues.
- ❖ Let Cary know how quickly agencies could be ready to pick up the “redistribution” of clients.
- ❖ Lona – Question raised - “What happens if Cascadia manages to pull through?”
- ❖ Geoff – Possible solution may be a ‘smaller’ Bridgeway. Bridgeway wasn’t that large to begin with. Define ‘smaller’ Bridgeway.
- ❖ Tim Markwell – Will we have an opportunity with new contract to propose program function/forecast?
- ❖ Cary – Will send an email soliciting IDS provider thoughts/comments/questions/concerns. Will bring back next meeting

VII. Fee Setting:

- ❖ Rod – Quarterly reviews. We’re at a point where we’re confident with our reviews. If we find missing documentation, we’re supposed to ask for billing fees back. The original purpose for the reviews was to identify where people were having problems and arrange for training. No requirement for us to mirror DMAP’s procedures. We had in mind moving to yearly reviews rather than quarterly. Dale Jarvis was going to check and make sure we have no further legal obligation. Agency may consider training on things that have been discovered during reviews.
- ❖ Cary – Fee Schedules were due July 1st. Have agreed with BCN to use the Jarvis formula to bill. Everyone is using the same formula and we need updated fee schedules to increase capitation.
- ❖ Patricia – Just send the fee schedule to Erin?
- ❖ Rod – Fee schedule based on operating fees showing that the fees charged allow you to run business.
- ❖ Paul – Are we supposed to re-calculate with the Jarvis Formula yearly?
- ❖ Rod and Cary – Yes, it is my understanding that we use Dale’s process every year. Will check with BCN to confirm.

VIII. Reinvestment Interests:

- *Recruitment**
- *Youth**
- *Assessments**
- *Hispanic kids**

- ❖ Interested in generating ideas/suggestion for reinvestment. Cary will take topic to Clinical Supervisors meeting next week as well. Some areas of interests include:
- ❖ Paul Logan – Always looking for resources for recruiting. We're having trouble getting hits. Just trying to recruit is extremely costly.
- ❖ System appears to have a need for the services but reimbursement rates appear to be a disincentive.
- ❖ Rod – Supposed to base the system on something that relates to actual cost. Would rather not revamp the entire fee schedule but looking at assessment fees is plausible.

IX. Agency Recruitments

Discussed during announcements