IDS Meeting Minutes
November 10, 2008
11:00am – 1:00pm

Present: Rod Calkins, Marion County; Cary Moller, CAPS; Bob Hammond, CAPS; Paul Logan, Northwest Human Services; Tim Markwell, New Perspectives; Tammy Simovsen, Valley Mental Health; Lona O'Dell, Children's Therapy Center; James Campbell, Cascadia; Bonnie Malek, CAPS; Patrick Brodigan, CAPS; Stacy Fennel, CCS; Gwen Welch, Options; Christina McCollum, CAPS; Marybeth Beall, Marion County; Steve Kuhn, CAPS/NS; Geoff Heatherington, Polk Co.; and Terry Dethrow, New Perspectives

Excused/Absent: Doris Reyes, CAPS and Erin Smith, CAPS
Guest: Scott Richards, Marion County and Dean Andretta, MVIPA

Meeting called to order at 11:05am

I. Announcements:

- Cary – Doris and Erin are out today. There are no monthly reports
- Steve Kuhn – Caps staff, and IDS agencies recently met with the Silverfalls School District and the rural county schools, they had little or no information regarding services available.
  A SAMSA application for Marion County was received; it was decided not to apply for the grant due to the county match being too large. They are looking at some other available grants for statewide WrapAround initiatives.
- Marybeth – Gloria has officially retired and Ed King has been hired to replace her. Ed King will be coming from California and will start on December 1, 2008. Cynthia Leigh is also leaving the County and her last day will be November 28, 2008, there should be an open position posting in two weeks. Marybeth's last day will be December 12, 2008 and Scott Richards will be taking over her position.
- James – The Cascadia/Bridgeway transition is continuing in a productive and positive way.

II. Minutes Review – All

- The minutes were approved with changing The Children's Guild to Children's Therapy Center and correcting the spelling of Ann Marie's name.

III. Reports

- No reports today, if anyone has questions and/or concerns please contact Erin at Esmith@co.marion.or.us

IV. Access - Christina

See handout

- Christina gave an overview of the Reporting Available Appointments (RAA) and the collection of data. She described how the data is collected and how to read the handouts provided. At one time, there had been some confusion as to what was supposed to be reported but his has been resolved. If the IDS agencies are wanting to added additional information to RAA as this information is sent out to the IDS agencies as well as community partners. If medication management is the only option available, please specify this so it can be noted in this report.
- With the most recent access concerns, Christina discussed what she was hearing from the OHP clients as well as the IDS intake coordinators. These problems were:
  - OHP Clients being told there were no openings available, when there was availability.
    - Christina suggested one possible reason for this may be, language barriers between the intake coordinator and the person inquiring about services. (e.g. "I need a psychiatrist," may mean I need med management services).
    - Another concern is when a client is asking for both med management and therapy and being turned away when an agency has openings for "only" counseling or "only" medication management. Christina suggests considering a secondary authorization for the other half of these requests before referring out to another provider.
  - The intake coordinators receiving referrals from another IDS agency when there are no available appointments.
    - Christina suggested that some agencies are not giving the RAA data to staff that are speaking directly to clients.

- Christina went over the hand out and some of the highlights were as follows:
  - Number of Routine Requests by Sub-Region. This data shows how many intakes each agency took in per month. This information compared how many intakes the IDS agencies took in 06-07 Fee for Service in compared to the 07-08-service year. The information shows we are only providing slightly more services than last year. The expectation was to serve more than we are now with the addition of two providers.
  - Cary asked the agencies what obstacles/barriers (if any) that people are seeing. Some providers commented that this fee for service year is very unusual. The agencies have seen a busy summer, which continued into the fall with referrals and new intakes.

V. Contracts - Cary

See handout – detail to Agency Targets and Incentive payment

- Cary gave an overview of the handouts she provided regarding the rework on contracts after last months discussion. Some of the highlights were as follows:
  - Budgets are based on capitation rates of twice as many children as many adults
  - Cary proposed budgets based on contract performance over this year. New contract will be based on average clients seen per monthly, per

age groups and average costs per case per month. Secondary authorizations are not included
    - Most everyone received and increase for kids and at least stayed the same for Adults, the adult numbers were not decreased.

- Corridor of Compliance
    - Monthly progress reports will be provided to monitor contract and incentive targets
    - The expectation is that agencies perform at 85-105% of their targets.
    - Given claims processing, there is an approximate 60-day lag time for reports.
    - CAPS will monitor the system for 6 months and as long as each agency is in compliance with the expectations, 9 of 12 months 75% of the time will be considered "in compliance".

- Rod raised two issues/concerns, 1. Access and as a system not seeing as many people as should be being seen and 2. The clients that are being seen are be not being seen enough.
- A request was made that Erin add a baseline report, indicating how agencies would measure up to the new contract expectations.
- Marybeth posed the question, aren't we reverting back to where we were when the IDS was started?
    - Rod responded that the BCN, increases and the Oregon average say we may be under treating/under providing. As a system we need to move to best practices. The goal is to strike a balance that works with the system.

- Paul stated that he doesn't want to give up the current budget or the number of clients that are seen and is concerned that this system is too focused on money rather than access. He proposed that we stay focused on access.
- Cary – CAPS are working on getting contracts updated and out to everyone and will take everyone's comments and/or concerns into consideration.

- Incentive pool: see the last page of the hand out regarding how to receive bonuses.

VI. Medicaid Fraud & Abuse
See handout

- The back of the handout covers CAPS requirements as well as agency requirements for reporting fraud and abuse. If you find a billing or payment error it is no longer enough to fix the issue for future use. You must correct the issue and pay back money or it will be considered fraud. Any complaints submitted, as fraud must be responded to quickly, thoroughly and accordingly. The hand out also goes over the BCN requirements and CAPS requirements.
- Rod – There will be a technical assistance piece and audits will need to be scheduled.
- Cary – CAPS auditing system will change as a result of the F&A requirements. Audits will be scheduled within the six-month review period. Each agency is responsible to monitor program level expectation of their own fraud and abuse policy.

VII. Data Mining – MHO Implication - Rod
See handout

- Rod gave an overview of the hand out and the charts. Looking at revenue verses the number of clients seen, statewide the MHO's are concerned because revenue has increased but services have not. The charts show an excess of revenue overage. The MHO's are looking at the BCN and the amount of capitation that the BCN is under-spending; difficulty justifying in terms of counter data then the capitation amount will go down next time around. The current expectation with the BCN is to spend 105-110% of capitation. There will be monthly feedback coming from the BCN around how the BCN MHO is doing and how the rest of the state is doing. Marion County will also be monitored on how we are doing as well.
  The Jarvis method is being applied statewide. GOBHI is piloting the Jarvis revised tool and the new information looks more complex, it is more real data driven. It is very important to work through the process that the MHO's are rolling out and try to make sure we get our "correct cost" in line with what is billed. The MHO deadline is in 2009 and they will want another data pull to verify numbers. More information will be provided, as it is available.

VIII. Pain Clinic - Bonnie
See handout

- The pain clinic is now open and things are going well. There is a provider meeting on November 12th. There are many people being seen for pain management as well as mental health issues. There is a very diverse group of people being seen. PCP's must refer consumers to the pain clinic. The pain clinic is not yet at capacity. One third of opiate treatment is OR is for perscription drug abuse rather than Heroine. Over time we would like to have a solid program.

IX. Family System Investment Consortium

- Primary non-profit & leadership are looking to find people to work on "projects". This helps to provide funding so that agencies can get going on the preliminary early screening piece. Meredith Russell was hired to be a consultant to help doctors check more 0-3 year olds for referrals for mental health services. Doctors don't seem to realize that there are more referral/service options for kid's mental/behavior health.

Meeting Adjourned: 1pm

Next IDS meeting is December 8, 2008 at 11:00 am.

Minutes prepared by: Doris Reyes