

IDS Advisory Committee  
Meeting Minutes  
April 11, 2011

**Present:**

Debby Davis, Options  
Tim Murphy, BRS  
Sandy Stewart, MCHD  
Rod Calkins, MCHD  
Scott Richards, MCHD  
Dwight Bowles, CAPS  
Cary Moller, CAPS  
Terry Dethrow, NPC  
Paul Logan, NWHS

Christina McCollum, CAPS  
Steve Kuhn, CAPS  
Janice Veenhuizen, VMH  
Kathleen Boyle, VMH  
Marcus Berglund, CCS  
Tim McGee, ESOCTC  
Tim Markwell, NPC  
Steve Allan, Options  
Geoff Hendrickson, PCMH

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Meeting called to order at 11:05am

## **I. Announcements and Introductions – All**

- ❖ Christina stated that as of March 25<sup>th</sup> 2011 the State is requiring all new providers enrolling into the Medicaid system are required to attached the date of birth and social security numbers to their information that goes into our 3<sup>rd</sup> party administrators. She added that the new forms for this will be distributed to all providers soon.
- ❖ Tim Murphy announced that they have hired a new therapist who will be starting sometime next month.
- ❖ Kathleen announced that they are still looking for a nurse practitioner and the position for that is only 1 day a week. Also they hired a new children's clinician and her work load is already full. They are now looking to hire a new intake coordinator since the previous one moved onto their billing team.
- ❖ Geoff gave an update on the West Salem location stating that the Board of Commissioners approved the lease but they are still talking over issues with the remodeling. Polk County is estimating a move in 5 months, but it could be a little longer than that.

## **II. Legislative/Budget Report – Rod**

- ❖ Rod stated that the health services transformation team has wrapped up their work and passed out draft to the new joint committee on health care transformation. They met last Wednesday and they have a legislative concept but they are waiting for an actual draft bill that will redraft the legislative concept into an existing bill.
- ❖ Rod stated the governor's budget cuts and co chairs cuts are different from one another but neither of them spare health cuts. The governors cut is consistently a 19% to Medicaid rates and the co-chairs created a budget that gives more money to education which means about \$66 million in additional cuts will need to come out of human services.
- ❖ No additional revenues are being talked about with the exception on the tax kicker and changing some tax exemptions.
- ❖ The role of Local Mental Health and Public Health authorities is being debated. The Association of Counties is meeting with Dr. Goldberg to discuss.
- ❖ This year's budget is built on next year having a lot of savings, and if that doesn't happen then the biennium will end poorly.
- ❖ Rod added the BCN budget, in 2012-2013 was a creation of a supplement and it created at 6% of cap.
- ❖ As a way to offset a large cut BCN is moving 6% of reserves to a supplemental budget
- ❖ It is anticipated that the BCN will raise the supplement up to 10%

## **III. IDS Reports - Dwight**

- ❖ Since last month with the CAP taken off, it is too soon to see substantial change in agency numbers.
- ❖ On the adult side New Perspectives has had an up tic of 10% in clients and Valley Mental Health has had a 4 ½ %, which helps keep their cost per client with in the right numbers
- ❖ On the kids side Northwest Human Services numbers are pretty constant above their contracted Cost Per Client. Dwight will be checking to ensure those numbers are correct.
- ❖ Engagement Performance report - two agencies numbers are outside normal parameters as one has a new claims payer and the other is working to identify a means of appropriately submitting BCN04 claims.
- ❖ Administrative Performance report – slight increase in turnaround time for 4 of 7 agencies.  
Easter Seals, NWHS and Options have significantly decreased billing errors
- ❖ Agency Access report – report will be a month behind in valid numbers due to the volume of calls being logged and review is handled manually.

Dwight called for collaborative ideas from all agencies to ensure that incentive based on Access is fair and equitable for all agencies. Thought is to utilize the weighted average of all calls from individual agencies as they relate to the whole system to determine their portion of the incentive. If the system reached the goal, then all agencies will get the incentive.

#### **IV. Access to care**

- ❖ Cary opened a discussion about the open access impact
- ❖ Tim Markwell stated their opening and filling up and seems to be there usual flow of business
- ❖ Sandy stated they have definitely seen an increase in there numbers since the cap was lifted
- ❖ Tim McGee was concerned how therapists are going to react with the increase in number of clients they are going to have to serve
- ❖ Kathleen added her concern about quality of care going down when the client numbers go up because they are having to stretch their work much further than there comfort zones according to how many clients they are going to be serving.

#### **V. Reports on MTM-RCCT**

- ❖ Kathleen stated VMH like the DLA20 and they thought it was more understandable and useable to them than the CASII or Locus
- ❖ Tim Murphy stated a concern about balancing fiscal implication with client services and experience
- ❖ Tim Markwell added his agreement to Tim Murphy comments. Tim also added it did not appear the MTM seem to understand some of the ways their processes work at their agency
- ❖ Lona added feeling some resistance from MTM in accepting the fact that their agency didn't want to go with the walk in process
- ❖ Cary stated that we need to bring forward our interpretation and our systems needs with some of the suggestions that they have so we can all find a balance
- ❖ Sandy added MCHD staff felt some pressure to start and do things that they might not have been ready to do.
- ❖ Kathleen added her meeting seemed very focused on the walk in appointments which doesn't really happen a lot in their agency. She had to find a way to explain that their current practice works best for their agency.

## **VI. Planning for LOC Implementation - Cary**

- ❖ Cary had a hand out for the LOC that has some framework for anticipated change and is thinking about a training and in preparation for a training, needing some sub committee work that will help to develop a LOC system utilization management policy the system as a whole can support
- ❖ Cary stated the Level of Care distribution is based on functional level by diagnostic categories.
- ❖ The sub committee will first be looking at goals and the intention of the work. They will then move into looking at the leveling tools. She anticipates subcommittee work into the summer.
- ❖ Cary asked for names from each of the agency's that could represent the sub committee. The IDS could also contact her after this meeting.

Meeting Adjourned at 1:00

Next meeting May 9, 2011

Minutes by Shayla Pequeno