

**IDS Advisory Committee  
Meeting Minutes  
July 11, 2011**

**Present:**

**Cary Moller, CAPS  
Char Tong, NWHS  
Christina McCollum, CAPS  
Debby Davis, Options  
Dwight Bowles, CAPS  
Geoff Heatherington, PCMH  
Kathleen Boyle, VMH  
Lona O'Dell, ESCTC  
Marcus Berglund, CCS**

**Rod Calkins, MCHD  
Scott Richards, MCHD  
Steve Allan, Options  
Steve Kuhn, CAPS  
Terry Dethrow, NPC  
Tim Markwell, NPC  
Tim McGee, ESO-CTC  
Tim Murphy, BRS**

Absent: Paul Logan, NWHS

---

**Meeting called to order at 11:05am.**

**I. Announcements and Introductions**

- Scott Richards let the group know that Marion County has expanded their contract with Michael Scholar. The Health Department is working with CAPS to determine process and appropriate use of his time. This additional time will be used in a consultation practice with OHP member's PCP's.
- Kathleen Boyle reminded the group they brought on a new practitioner that will see anyone over the age of 12. She also has a lot of experience in the Native American Culture. Amber Erickson has expanded her time and is willing to do med management services for kids/adolescents.
- Cary Moller reminded everyone that she sent out a statement of interest about the AFS/DHS mental health services for co-locations either in Stayton or in Woodburn. Would like to hear from some people so that we can move the project forward.
- Char Tong described the Integration Project with West Salem Clinic. Billing on the medical side, with the potential for 3 brief followup visits if indicated. Modeled off of the Virginia Garcia Model. Doing Behavioral intervention for stabilizing in the community.

## II. Update on Budgets / Rate Changes – Rod

- AMH had to make a certain amount of cuts. The latitude came from the fact that they could choose where those cuts came from.
- Primary care was held harmless in this budget balancing.
  - Health Care Reforming will call for better access, early intervention and prevention, improved outcomes with primary care at the center of the change.
- DMAP Fee for Service average cut to the budget was 11.5%. Depending on what your agency bills the actual cut might be much more.
  - Terry from New Perspectives, did a statistical sampling on her providers and codes and found out her actual cut will be closer to 30%
  - Non licensed clinician will be able to be reimbursed at a higher rate than licensed clinician based on one-hour of service.
    - The Coordination of Benefits policy allows H0004 to be billed by a licensed clinician when handling a crisis.
- DMAP Fee for Services Handout showing current rates
  - Going into effect August 1st
- Managed care rates go into effect on Oct 1<sup>st</sup>, but might be retroactive to July 1<sup>st</sup>. They haven't released there rates yet. It will depend on capitation.
- These numbers are based off of 80% of Medicare service rates and 70% billable charges.
  - AMH tried to approximate fairness the best that they could. Did not apply formula code by code and clinic by clinic.
  - Medicare in general doesn't pay very well for Mental Health or for Primary care.
  - The 80% might be flawed because Medicare already pays at a reduced rate.
    - Rod Calkins wants to hear about anyone that is going to be unfairly hurt by these cuts. He will need to hear back from all agencies if we want positive movement.
    - CAPS will do some further analysis to see what this really means in terms of rates and reimbursement.
  - DMAP is the driving force for the system
- Currently, the Medicaid population is about 93% under a managed care
- We still have time to give suggestions. Final responses/proposals to AMH should be submitted by July 29<sup>th</sup>.
- There is still some work that is being done. There maybe some shifts in Administration burdens but it won't be a lot.
- We do expect to have more money for capitation because enrollment continues to expand.
  - Not clear about what global budgets will do. The task is how we get from here to there.
- Covered Conditions Line Delineation: Conduct disorder will fall below the line, including and some social anxiety conditions and kids diagnosis. AMH is also reducing the number of bed days purchased.

- CAPS will continue for now to reimburse IDS at the current DMAP rate plus 10.8%. That will keep us close to what we are getting reimbursed now.

### **III. Review Minutes**

- Approved

### **IV. IDS Reports – Dwight**

- The cumulative average of the agency's cost per client and the monthly graph of agencies cost per client will not match.
- The Engagement Performance Worksheet is still showing some outstanding information for BCN04 claims for Options and Easter Seals. Dwight wants to get those cleared up as soon as possible.
- Billing Errors
  - Shows the break down for the month
    - Error corrected prior to the end of the month will not show up as a billing error.
    - If the error was at the end of the month it will show against you or if prior errors were not corrected prior to the end of the month they will count against each agency.

### **V. Access – All**

- Reports on Increasing Agency Capacity
  - Authorization Activity Report. CAPS will provide report in support of agencies ability to monitor increase capacity. Discussed agencies responsibility to tracking new capacity created with funding for new positions.
    - Still needs some work. The biggest challenge is what is a full caseload? Dwight would like some email responses of what you think the caseload would be to help him with creating the tracking.
    - This will help us to keep track of capacity to make sure new positions can be funded. Making sure funding supports with prescriber supports.
      - CBH is adding a ½ time QMHP
      - Bridgeway is going to start recruiting for a new QMHP
      - ABH PCP Prescriber support from Scott for 8 hours a week.
- Access – Draft plan to “Holding Ourselves Accountable”
  - Cary has a meeting on Thursday, July 14, 2011 at QMC to present the plan
- Evaluation of Access CIM Data
  - We are up 2% this month from 70-72

- There were fewer logged calls this month
- Who isn't getting in for services?
  - There were 129 people total based on unique members
    - 7 were not eligible for OHP
    - 7 were not Mental Health
    - That left 115 with no services
    - Of that 115 18 were Polk County
      - Polk does not use the system the same way we do. So Christina will discuss with Polk to clarify how some of the data is being reported. to ensure accuracy.
      - Geoff indicated that Polk is preparing to report in CIM with the opening of the new clinic in West Salem.
- There are three providers looking at a same day access or something similar. Cary is interested to see how this open access model will help meet our access contract expectations.

## **VI. Planning for Implementation of UM and LOC – Cary**

- There have been 3 meetings of the sub committee and a training last week. The pilot will be the week of July 07-11. It is excluding all intakes.
- Planning for a system wide training in September on LOCUS/CASII/ESCII
- Anticipating moving from Cost per member per month to an annual cost per individual threshold based on Level of Care.
- Cary will look at how the annual cost will compare with cost per client
- Would be helpful to have a transition level of care to help move people out and back to there support.
  - Agencies ability to evaluate clinical outcomes and client satisfaction will be an important component in facilitating discharge.

**Meeting Ended at 1:00 PM**  
**Next Meeting August 8, 2011**  
**Minutes by Janette Cotton**