

**IDS Advisory Committee
Meeting Minutes
October 10, 2011**

Present:

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

**Paul Logan, NWHS
Sandy Stewart, MCHD
Scott Richards, MCHD
Steve Allan, Options
Terry Dethrow, NPC
Tim Markwell, NPC
Tim McGee, ESCTC
Vicki Steinley, Options**

Absent: Rod Calkins, MCHD, Steve Kuhn, CAPS, Tim Murphy, BRS
Guest:

I. Announcements and Introductions

- Paul Logan from NWHS announced that they hired a Psychiatric Nurse Practitioner for the West Salem Clinic.
- Debby Davis from Options announced that they hired a new Office Manager position. They are losing 1 therapist at the end of the month and are working on hiring a replacement. They should be moving to the new location on Portland Road on October 22nd. They are also looking to hire a psychiatrist to add time to their program.
- Marcus Berglund from Catholic Community Services announced that they have started 2 parenting groups, “Make Parenting A Pleasure” and “The Incredible Years”. They are also getting ready to start a Domestic violence group that will be focused in the Swegle-Washington Elementary school areas. They have also hired a part time Nurse Practitioner to do 15 hours a month.
- Cary Moller announced an update about Certificate of Approval extending to multiple counties.
 - The request of AMH’s is that when agencies have site location in both counties to extend one certificate to both counties Marion & Polk
 - She has already submitted a letter for NWHS and needs to do a letter for Easter Seals.

- This is in response to where a service is located and not who comes from outside the county into Marion for services.

II. Review Minutes

- Approved

II. Polk County – W. Salem Services – Geoff/All

- Working with Polk County to match Marion County IDS reimbursement rates of DMAP + 10%. If this can be accomplished it will help better serve all our clients in Polk county and help with increasing capacity.
- There are about 600 clients from Polk County that were served in 2010-2011 fiscal year. A snapshot from August 2011 shows about 260 clients from Polk County currently in services.
- What is Polk's role from choices/initiatives that are made through IDS, such as Level of Care and Secondary authorizations? How does what Marion does effect Polk?
 - Want to have consistent services across the counties
 - Cross check clinical information for classes and groups for specialized services.
- CAPS is identifying the number of clients that are enrolled in the services at the Health department through ABH, and what kinds of services they are receiving.
- Polk county will open their West Salem clinic in three phases:
 - Adults
 - Kids
 - Med Management
- Polk is going to be doing all electronic records
- How is Polk County going to present their new service to the West Salem area? Clients will be informed and have the right to choose to move to a Polk provider. This needs to be handled in a very sensitive manner.
 - Is there going to be a natural selection of clients transitioning back to their county of residence?
 - Do we want to inform new referrals of the option?
 - We do not want to disrupt care for people doing well in services already.
 - Polk will advertise in the Statesman Journal and also on the radio at the time of opening.

III. IDS Reports – Dwight Bowles

- There has been an increase in services for the month of August.
- BCN04 reporting challenges with Easter Seals and Options should be resolved soon and their agency data will be added to future reports
- Administrative Performance has stayed about the same

- Monthly system performance has been added to the Access report resulting in a change to the incentive structure.
 - The incentive has been changed to the following
 - When system access reaches 70% for any month, all agencies will receive the incentive for that month. The incentive will be based on the total number of logged calls for the month and the agency's portion of those logged calls.
 - 70% access will allow for 25% of the incentive
 - 90% access will allow for all of the incentive
- Auth Activity report shows 52 new clients were added and they were primarily from VMH. There also has been good movement through the system as a whole.

IV. Contract & Financial Model Continued Development - Cary

- Version III of the Utilization Management Policy was handed out.
- Changes discussed were
 - Page 1 Utilization Management – Expectations for over utilization
 - Individual thresholds will be translated into an agency budget so the agency will have some limited flexibility to serve their clients.
 - If a change in LOC is not clinically justified, agencies will still be expected to serve any clients in care through the episode of care.
 - Page 2 Reimbursement Model
 - There will be a 5% risk pool and anything that is not used by your agency at the end of the year will be returned to the agency.
 - Still a lot of discussion about Medication Management
 - Reauthorization for medication management should not be hard to justify.
 - Still a lot of discussion about keeping all reauthorization periods for the same length of time. It was proposed to move med management authorizations to 6 months.
 - We need to take a look at what an average length of time a level 2 is in service.
 - There are some people that are always going to need a high level of service to keep them safe in the community and out of the hospital.
 - VMH said that they sometimes have a hard time getting the Level 2 and Level 1 members transitioned to PCP's because of discomfort with the medication regimen.
 - There were expressed concerns that providers will not have enough time to do an assessment, treatment plan and LOC in one session. The ECSII is especially trying.

- Cary would like the IDS to do the leveling as it will be set up and we will revisit this concern if it becomes a problem.
 - Providers can bill for clients currently in service that they are doing LOC for:
 - H0032
 - T1023
 - 90801 – Medication Management
- A question was asked if the BCN is in support of stepping down members through our leveling system. There has been past concerns of not getting support from the BCN when an agency is wanting or needing to provide a Notice of Action. With the new system, there may be an increase of Notices going out to members.
 - As long as there is clear and consistent documentation to the treatment plan and in the progress notes the BCN should stand behind us.
- Dwight has the electronic version of the LOC tracking sheet and it will be emailed to everyone after the meeting.
- Noted that the policies are draft policies and changes are still being made.

V. OHA- System Change Workgroup Report – Kathleen/All

- Senate Bill 238
- Committee composition- county people and auditors, few providers. Administrative burden discussed a lot. The committee is to look at how to reduce administrative burden. The Pro's and Con's are being discussed and documented on tracking sheet. The tracking sheet is the committee writing what they would like changed (Pros) and then AMH's response (Cons), the committee writes the Pros and then an internal AMH committee reviews it.
- AMH is not supporting most of the changes
- Would like to see the committee present the findings and not AMH
 - Made recommendation to change the title on the tracking sheet and it was declined

Next Meeting November 14, 2011
Minutes by Janette Cotton