

IDS Advisory Committee  
Meeting Minutes  
August 9, 2010

**Present:**

Paul Logan, NWHS  
Lona O'Dell, ESCTC  
Tim Markwell, NPC  
Terry Dethrow, NPC  
Tim Murphy, BRS  
Marcus Berglund, CCS  
Steve Allen, Options  
Kathleen Boyle, VMH  
Kathy Savicki, BCN

Rod Calkins, MCHD  
Scott Richards, MCHD  
Sandra Stewart, MCHD  
Cary Moller, MCHD CAPS  
Dwight Bowles, MCHD CAPS  
Scott Smith, MCHD CAPS  
Steve Kuhn, MCHD CAPS

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**Meeting called to order at 11:07 am**

**I. Announcements and Introductions – All**

- ❖ Lona from Easter Seals Children's Therapy Center, discussed the RFA (Request for Applications) for the Neurosequential Model of Therapeutics train the trainer program. Marion County and Easter Seals attended training June 9<sup>th</sup> and 10<sup>th</sup>. Four Easter Seals Children's Therapy Center staffs are very interested; asked Kathy Savicki about broadening the training into the IDS system. Program is 90 minutes listening in and 90 minutes monthly for case management, 3-hours monthly for a 1-year obligation. Involved agencies include: DHS, Education, Foster Parent, Pediatrician, and Occupational Therapist for Hi-Risk children, with a history of trauma/neglect.
- ❖ Kathy said BCN would underwrite costs associated with program training.
- ❖ Steve talked about MV-Wrap 1-month into the program; referrals are coming in faster than anticipated. Advantages of co-locating, a lot of interactions with DHS and time savings.
  - Challenges: Hi-need residential children, we provide mental health, they need behavioral health. Children coming in may not have diagnosis of Pier 1, could be DD, juveniles from court, or have drug abuse issues.
- ❖ Tim, NPC has begun an Adolescent Parenting Program.

- ❖ Rod discussed the structural damage at Courthouse Square and potential fiscal implication. As a result of the problems with Courthouse Square, the “rainy day funds” the County had in reserve have been depleted. Staff located at Courthouse Square are currently in negotiations for alternative work locations.
  - Budget: This year the County will have a \$1M deficit, while next year is projected to be a \$5M deficit. We will be seeing significant cuts, including downsizing. This year A&D did not have any services cut; however, DD received substantial cuts. The Emergency Board was able to restore some funds and, as a result, have been able to delay cuts until January 2011. The County is anticipating a 33% cut in services to Adults and Children’s Mental Health services in the next Biennium.
  - For the upcoming legislative session, a 20% cut across the board for all state and counties is anticipated.
  - Rod asked for IDS participation from each of the participating agencies to get involved in the Legislative session in order to get the message to them surrounding Mental Health Services.
  
- ❖ VMH Restructure: Kathleen from Valley Mental Health discussed the on-going issues with AMH. She told the group that all non-licensed staff have signed employment contracts with Valley and are now Valley Mental Health employees. In addition, Valley has received a Notice of repayment for Out-of-Compliance findings dating back to the review in 2006/2007. AMH is currently asking for payback of the services in question during the review; Valley is working to clarify the scope of the requested payback and has scheduled a meeting with AMH to discuss.
  
- 42 CFR: Rod discussed Valley’s recent AMH issues and recommended that all IDS providers review their business models to ensure compliance with AMH guidelines. He has requested additional guidance from County Attorneys to ensure the County is in compliance with AMH and assistance in the interpretation of factoring as it relates to other agencies. Rod stated that AMH received Department Of Justice guidance, and it is difficult to determine the bases of AMH/DOJ 2006/2007 out-of-compliance findings – whether it was due to the guidance AMH received from DOJ or their interpretation of the guidance they received. He further discussed the 42CFR. A statement of position is anticipated from AMH, nothing forthcoming thus far.
  
- ❖ Kathleen indicated AMH will expect the cost allocation to have substantial detail related to cost/charges and that using the “Jarvis Model” for fee setting does not, without sufficient detail suppose adequate justification.
  
- ❖ Rod feels Jarvis model should be sufficient as is. He is still prodding AMH and working with MCDA on these issues. Big issues to keep in mind: non-licensed employees, and prohibition on percent of claims that get paid.

#### **IV. IDS Reports - Dwight**

- ❖ Dwight explained handouts and noted reports will be revised within next two weeks; the annual incentive will be split into two. Fifty percent of the annual incentive for January-June and fifty percent for July-December, which will take into account contractual changes to cost per client and members seen per month.

#### **V. NEW BILLING CODES – Cary**

Cary discussed code changes; H0032: “Mental Health Service Plan Development by a non-physician” recommends add to the IDS fee schedule. Code changes will be discussed again in September when Geoff Heatherington can address Polk county interests. H0032 allows subsequent treatment plan updates, once the initial plan is developed.

- ❖ Tobacco Intervention Codes: S9453/99407 have been added to allowable MH treatment intervention codes which have been available only on the physical health side until now, both require a Nicotine Dependence Diagnosis on the ISSP. Kathy Savicki the S9453 – Tobacco Education group, code remarked there should be specific skilled brief interventions as a part of the treatment intervention that is stage specific. 99407 is an individual quit coaching intervention. BCN Integration group have developed guidelines as part of overall wellness strategies and efforts towards integration to physical health issues. BCN has sponsored training/intervention related to tobacco, with expectation of providing the interventions for agencies trained in the intervention, these could be secondary authorizations. Final decision at next IDS meeting to allow Polk County to participate in the discussion and decision which will effect IDS Fee Schedule.

#### **VI. ACCESS & CREATING CAPACITY – Cary - Kathy S.**

- ❖ Kathy noted there are added access requirements; BCN must develop a data system for reporting access. Kathy shared with the group AMH’s BCN site visit and the need to more accurately report Marion County Access data. BCN suggested reporting data to State at the Marion County system level rather than IDS agency level to allow for some “insulation” when the number is lower than standard. Agencies will continue to report at the agency level to CAPS and CAPS will in turn report at the County level to BCN. No change in report just yet, once CIM is reinstituted and confident that reporting is accurate they will then make a final reporting change to the BCN.
- ❖ Tim, NPC, asked to be on record that he disagrees with the assessment, that there is a lack of access.

- ❖ Restructuring Services to Improve Access: Cary discussed the David R. Lloyd handout – Reviewed Lloyds basic principles related to improved access. Statistics from Lloyds work show that the number of days from initial contact to first appointment significantly increase engagement and no shows. First appointment new clients within 10 days have reduced no-shows on an average of less than 15%. Revisited the use of CIM as a standard tool for recording client request for services. Suggested a subcommittee meet to review next step for IDS reporting of access. Assessing client flow process, considering agency LOC will be discussed at September IDS meeting. Cary asked for volunteers to share client mapping at next meeting
- ❖ Tim, Bridgeway, reporting 45% no show before centralizing scheduling; they have experienced a 15% increase in clients keeping appointments.

Meeting adjourned at 1:10pm