IDS Advisory Committee
Meeting Minutes
March 14, 2011

Present:

Debby Davis, Options	Christina McCollum, CAPS
Tim Murphy, BRS	Steve Kuhn, CAPS
Sandy Stewart, MCHD	Janice Veenhuizen, VMH
Rod Calkins, MCHD	Kathleen Boyle, VMH
Scott Richards, MCHD	Marcus Berglund, CCS
Dwight Bowles, CAPS	Tim McGee, ESOCTC
Cary Moller, CAPS	Lona O'Dell, ESOCTC
Terry Dethrow, NPC	Steve Allan, Options
Tim Markwell, NPC	Paul Logan, NWHS

Meeting called to order at 11:05am

I. Announcements and Introductions – All

- Tim Murphy: hired a new therapist but she resigned after only 10 days so they are once again recruiting for another therapist.
- Tim Markwell: Hired a new nurse practitioner and one of their nurse practitioners resigned. He also announced a six-week workshop called "Living Health with Chronic Conditions." NPC will be accepting secondary authorizations for this group.

II. Legislative/Budget Report – Rod

- Rod stated that the Regional Health Authorities integrated care is still developing.
- The relationship with Marion County is evolving, no decision about relationships with counties, OHP, and accountable care organization contact after June 2011.
- Referring to the Legislative Concepts handout the key features of LC are goals and policies such as care and services are integrated and coordinated, consumers get the care and services they need,.
- There are essential elements of an ACO some which are work cooperatively with community partners to address public health issues, individuals have a

consistent and stable relationship with a care team, Providers work in care teams that are responsible for individuals

- There possibly will be a 19% rate cut to MHO's such as the BCN, but due to continued OHP enrollment growth (sub capitation)anticipation getting get about the same amount of money as last year with the possibly increase in OHP members.
- It was stated that access and appropriate treatment is going to be key in managing resources.
- Reserve funds may be utilized if needed to manage anticipated impact of 12% membership growth.
- There could be a reevaluation of the governor's budget in specific to the medication list.
- A list has been presented to the Health Transition Team to look at the current OAR's and see if there are any possible requirements that may be able to be removed. To prepare for integration Health Care Reform/

III. Access to Care – Reports on MTM-RCCT-All

- The key point presented was Better Health, Better Care and Reduce Cost
- Most staff stated that they are for or are participating in the concurrent documentation pilot, and that they believe that that is the priority concern.
- There was a general agreement that the consultants thought that the system was further along then it actually is.

IV. IDS Access Report – Christina

- Data presented was the information provided to the BCN on a monthly basis. The numbers reflect total number of unique members inquiring about services. It also shows what percentage of members are getting in within 14 days and outside of the 14-day requirement. February's data shows 63% of our members get in within 14 days and 68% get in outside of 14 days.
- In January 2011, the Access group was created which consists of Intake coordinators from each of the IDS agencies. This group gathers to discuss Access reporting and how we can improve the data. This is also the opportunity to discuss how to provide better customer service.
- The Access Group will continue to review this data and make any necessary changes to how Access is reported so it is more accurate.

V. Contract Changes and Planning for LOC Implementation – Cary

- The contract limit on monthly members served is being removed. Agencies are allowed to open access. Agency must continue to manage the COST to

individual served monthly. The change is anticipated creating more immediate access in preparation of continued increase in OHP membership. Cary indicated continued work on creating an IDS wide level of care expectation to assist programs meeting the needs of individuals served. Cary anticipates a collaborative process with IDS agencies to develop a level of care policy and CAPS will bring DATA forward regarding utilization and diagnosis for policy planning.

VI. IDS Reports – Dwight

- IDS Report handouts.
- Dwight explained the new Cost Per Client report which is taking the place of the historical budget reports to account for the members per month contract limits being removed. Each agency will need to monitor only their contracted CPMPM in order to allow for greater access to care by individuals.
- For the new CPMPM report, incentive targets will be –
    1. Agency manages within 95% -100% of their CPMPM, they will receive 100% of the incentive.
    2. Managing between 100 - 105%, agencies will receive 75% of the available incentive.
    3. If agency CPMPM is greater than 110% of their contracted CPMPM, CAPS may close agency to new individuals until the agency CPMPM falls below 110%.
- Dwight indicated that the Engagement Performance worksheet should be in complete form by the April IDS meeting. This will include finalized baseline data for all agencies and possible weighted average for the report.
- Cary stated that the data on the engagement performance worksheet is not immense and they don't have an explanation for why.
- In regards to the No Show data, Cary stated the data could be a little skewed in some areas because some agencies did not have intake coordinator access for a couple days due to illness or staff was out of the office.

VII. Incentives

- Incentive pool handout
- Dwight presented the final 2010 IDS Incentive performance worksheet for each of the IDS and indicated that the incentives should be distributed by the end of March.

Meeting Adjourned at 1:00
Next meeting April 11, 2011
Minuets by Shayla Pequeno