

IDS Advisory Committee
Meeting Minutes
November 8, 2010

Present:

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

Meeting called to order at 11:05 am

I. ANNOUNCEMENTS AND INTRODUCTIONS – All

- ❖ Cary noted change in agenda schedule to accommodate Rod's schedule.
- ❖ Tim Murphy announced BRS has hired a new Receptionist.
- ❖ Tim Markwell announced NPC is hiring a new child therapist and anticipate hiring a nurse practitioner soon.
- ❖ Kathleen Boyle noted that Valley is switching over to a new phone system, anticipating some interruption in ability to get through on phone lines.
- ❖ Lona O'Dell introduced Tim McGee, ESCTC new Clinical Supervisor.
- ❖ Steve Allan noted Options new Clinical Supervisor, Vickie Stanley was unable to attend the meeting.
- ❖ Marcus, of CCS, said they are expanding supervisor capacity within.
- ❖ Christina McCollum, CAPS, reminded providers the December Access Report should be submitted to her, not directly to the BCN.

- ❖ Geoff Heatherington, Polk County, announced shifts in responsibilities, Noelle Carrolle assuming Operation Manager in Polk.

II. BUDGET/LEGISLATIVE UPDATE – Rod

- ❖ Next Budget proposed November forecast; cuts may move forward into this year instead of the anticipated cuts next year. Recommended attendees look at the OHA/DHS websites to see their submissions. AMH has prioritized in 5% increments. The State Hospital will not be building the two new 16-bed facilities previously planned. Mental health medications moving onto a formulary program, expect savings of \$20M. Anticipate a reduction of 6% in residential mental health care.
- ❖ The Directors Association, Rod and Geoff, are recommending reserving State general funds as OHP match funds. Also combining Community Mental Health. Different from previous budget reductions, State Hospital cuts are being considered.
- ❖ Tim Murphy asked about state funding, Rod said it could be close to 5,000 persons losing services. County attempting to preserve Crisis and Serious Persistent Mental Health funding.

III. REVIEW MINUTES - Minutes reviewed and accepted as presented.

IV. AMHI – Update – Cary

- ❖ Because of time constraints this item was not covered and will be put on as future Agenda item.

V. IDS REPORTS – Dwight

- ❖ Reviewed October handout reports.

VI. BUDGET/CONTRACT CHANGES – 2011 – Cary

- **Rate Changes – SEE HANDOUT #1**
 - “Proposed 2011 IDS Agency Annual Budgets”- Cary commented that we are expecting our capitation and services to increase overall by 5%, giving providers an opportunity to op-out of increase, and re-distribute resources. These changes would be effective January 1, 2011. Cary asked for providers’ comments on these changes.

- **Proposed Incentive Changes – SEE HANDOUT #2**
 - **Engagement Strategy Change:** IDS Handbook, Financial Model HANDOUT was provided to members and comments to update and finalize were requested. Cary asked for special attention to Engagement Strategies and Access Incentives.
 - **Engagement Incentives:** Replacement of Out-of-Clinic incentive with the proposed engagement incentive. The primary measurement will be based on improvement with No Show targets. Discussed how to set initial targets. CAPS will evaluate current IDS agency specific No Show data, pulled from claims. Will also look at National Standards for comparisons.
 - Access incentive will continue with proposed changes to components evaluated within Access, primarily using the CIM Access data, including incentivizing 1st and 2nd provider agency when member is scheduled for first appointment.
- **Secondary Authorization Discussion**– Discussed process and parameters where change to primary provider to secondary provider seems indicated. Specifically where the majority of service is being provided by secondary agency. **NO HANDOUT**
- **Coordination of Benefits – Policy – HANDOUT #3**
 - IDS Handbook, “Coordination of Benefits-Third Party Resources, Including Medicare” Clarification around Medicare “as Primary”; Item #1 addresses paneled providers; Item #3 changes came about around Medicaid Fraud, Waste & Abuse.
- Committee members wanted to re-address the proposed Medicare changes.
- Kathleen had billing question: raised the policy may require a billing code change if submitted first to Medicare then OHP. Cary discussed concern at PhTech which indicates that’s not a problem. Cary said CAPS will forward documentation approving this practice; there will be a Data Managers meeting in December to review these changes.

VII. ACCESS TO CARE – David Lloyd Consultation - Cary/Rod

- ❖ Access to Care – Statewide Initiative – Cary/Rod
 - Rod provided a report on progress with Association of Oregon Community Mental Health Programs across the state. AOCMHP is proceeding with the project/contract with David Lloyd, MTM. Project has three distinct components: (1) Access to Care, (2) Form/Documentation Standardization, (3) Data Warehouse; Marion County is participating in all three components, with primary interest in improving Access to care and standardization of forms, where applicable. Cary will bring information forward to the IDS on opportunities for local IDS participation. The MTM group will be in Oregon on December 7 and 8 to kick-off the project, to clarify roles/responsibilities, scope of work and project outcomes.

- Committee discussion followed regarding value of the Data Warehouse component of the MTM project, given IDS/BCN relationship to PhTech data management; duplication of PhTech efforts were addressed; consideration being given to increase what PhTech is already doing. Comments raised in regards to how this project interfaces with Electronic Medical Records (EMR), including how agencies without EMR will interface. Additionally DHS is also developing an EMR thru Oregon Web Infrastructure for Treatment Services (OWITS), which is free but lacks a prescription record.
- Assumed that web-based group training will be available, with a more expansive observers group.

Meeting adjourned at 1:00pm

Next meeting: December 13, 2010

Minutes by L. Welch