

IDS Advisory Committee
Meeting Minutes
September 13, 2010

Present:

Lona O'Dell, ESCTC
Tim Markwell, NPC
Julie Bennett, NPC
Renee Hancock-Hatchell, BRS
Anna Cimaglio, BRS
Marcus Berglund, CCS
Steve Allen, Options
Kathleen Boyle, VMH
Janice Veenhuizen, VMH
Paul Logan, NWHS

Rod Calkins, MCHD
Scott Richards, MCHD
Sandy Stewart, MCHD
Ed King, MCHD, ABH
Cary Moller, MCHD CAPS
Christina McCollum, MCHD CAPS
Scott Smith, MCHD CAPS
Dwight Bowles, MCHD CAPS
Steve Kuhn, MCHD CAPS
Geoff Heatherington, PCMH

Meeting called to order at 11:06 am

I. Announcements and Introductions – All

- ❖ Cary announced second Prescription Drug Turn-in Event scheduled for Saturday, September 25th from 10:00 a.m. – 2:00 p.m. This is an attempt to keep prescription drugs out of the hands of people they were not prescribed for and to ensure safe destruction of unused prescription drugs.
- ❖ Tim Markwell from NPC discussed the IDS agency directors meeting to discuss the new changes in our IDS system including David Lloyd's work. He stated the David Lloyd work is confusing, and is not seeing how it fits with our agencies. There will be additional discussions amongst the directors and would like further discussion on how these principals would apply to the different agencies and their settings.
- ❖ Cary commented Community Mental Health Program Directors are meeting in September to look at the application of the Lloyd principles; this will include a conference call in which she will be involved.
- ❖ Tim also discussed IDS agencies accepting commercial insurance; he recalled a discussion during their Medicaid evaluation when Keith Breswick said if you take commercial insurance your commercial files would be under the same rules as the Medicaid files. Checking back with Keith, he updated his comments to say the State wouldn't have jurisdiction over those records, that it didn't make sense to set up Blue Cross Blue Shield files the same as the Medicaid files.

- ❖ Cary indicated an understanding that the Certificate of Approval, and it extends to the full agency, the agency being certified, but this doesn't extend to the private services outside of your agency. There is a distinction between the private work and your State contracted services and AMH has made a clear distinction between the two.
- ❖ Tim said Blue Cross Blue Shield told him they would have concerns only if the agency uses unlicensed providers who are unable to practice independently. NPC does not currently have unlicensed providers.
- ❖ Lona announced she is continuing to recruit for a Clinical Supervisor.
- ❖ Rod Calkins spoke about State budgets: DHS is going around and meeting with various constituencies talking about the recently announced shortfalls for this biennium and what the budget that they just sent over is going to look like. Anticipating the E-Board will meet and make the final decisions on Corrections funding. The federal stimulus money that came back to Education and to Human Services, the restoration, is enough to cover the shortfalls for Education and Human Services for the rest of this biennium, unless it has to cover something like Corrections.
- ❖ All DHS Divisions have been asked to participate in reduction exercises and some cuts have already been issued. The state is looking at finding efficiencies by cutting wherever they can. OHP cuts are not expected in regard to eligibility standards, but there has been some discussion about changing the line of the covered conditions list. Significant reductions of DD services are anticipated.

II. Review Minutes - Corrections to the Minutes Noted and changed:

- ❖ Page 1: Should read "Access 1" not "Pier 1".
- ❖ Page 2: Tim Markwell clarified that he did not disagree with the statement there is an access problem, only that he did not agree with the severity of the problem.

III. CODE CHANGES – Cary

- ❖ Dual Eligibility (Medicare and Medicaid) and billing expectations:
Changes are anticipated in IDS provider coordination of benefits for dually eligible billing expectations. Medicaid as the payer of last resort, if your agency has a Medicare approved or Medicare eligible provider, they must bill Medicare first using Medicare approved CPT codes. Providers can continue to see "Medi/Medi" clients if they are not Medicare approved. Adjustment will be made to the claims process expectation. Cary stated, "If it's not a Medicare covered service, there is no change in billing expectations." Cary will send out clarification early in the week after confirming additional details with Jim Russell. Confirmation of an effective date will be provided as soon as possible also.
- ❖ H0004- Enhanced Rate Revisited: Behavioral Health Counseling: Panel is being paid 27% above DMAP rates. Dwight prepared and attached a history to the Fee Schedule (IDS rate: \$29.38, DMAP rate: \$21.57).

- Geoff said Polk County will continue to reimburse at the DMAP rate for H0004. He will continue to pay at the enhanced rate for the previously agreed upon three codes: Mental Health Assessment (H0031), American Sign Language (T1013), and Psychiatric Diagnostic Review (90801).
- Kathleen asked if the IDS Data Managers have been notified about the rate changes. At this time, Data Manager's are not aware of these changes. Information will be presented at the next Data Managers meeting scheduled for October 19, 2010.
- ❖ H0032-NEW: For use when updating your ISSP (formerly Treatment Plan), the H0032 is being added to the IDS outpatient fee schedule. The code is intended to be used for documenting significant treatment changes/review (a new service, or treatment goal). The IDS agency's policy regarding when or why a level of care change takes place will need to be updated. If there is a major service change to the plan it has to be signed within 5 calendar days.
- ❖ T1023-Modifier to allow for QMHA Screen: CAPS is considering a way to reimburse Intake Coordinator for time conducting a Mental Health screening that is being done by a QMHA. By adding a modifier to the T1023 code, there will be a distinction between QMHP and QMHA who is providing the service. This code does not require an above the line condition.
 - Geoff asked how this would work with CPMS: because you have to have a diagnosis to enter CPMS; Cary suggested "Deferred Diagnosis." Cary checked with the state regarding diagnosis and opening/closing of the CPMS and confirmed that either an unknown diagnosis or deferred diagnosis code is acceptable when completing the CMPS.
 - Kathleen asked if Valley could bill with a QMHA brief preliminary screening form. Cary stated the form would need all the elements required to bill the T1023.
 - Geoff stated there is a standard screening tool and they are currently using it for Mental Health and A&D Addiction services.
- ❖ New Tobacco Codes: MH providers can now bill for 2 new Tobacco related codes: S4953 Education and 99407 Quit Coaching. Given the codes are physical health codes, confirming the claims process from a MH provider will need to be "tested." Sally, at VMH, has agreed to submit a few claims from VMH providers to confirm they are being processed appropriately. NWHS and Polk County are currently providing services on Tobacco cessation.

IV. BUDGETS - Dwight

- ❖ August reports discussed, mid-year adjustment only change, incentive payment shown for 2nd part of the year.

V. ACCESS & CREATING CAPACITY – Cary

- ❖ MTM Services, David Lloyd Consultation program. The County Mental Health Directors and MHO's statewide are continuing contract discussions.

❖ There are three components to the proposal: Evaluation of client access to care processes, standardization of clinical/treatment forms and a data warehouse development. Further assessment with the CMHP/MHO about who will contract and for which components, are ongoing. All the 5 BCN counties are interested in some aspects of the proposal. Cary discussed how we implement the project would be a local decision. Rod added the BCN is providing an incentive for support of the David Lloyd project.

➤ Client Mapping – Presentations by Options/ABH:

Two presentations on client flow process to highlight the potential areas for improvement, Steve Allen, Options, and Ed King, MCHD, presented pilot Lloyd Principal:

- Steve Allen passed out and explained the flow chart process being used at Options.
- Clients are not able to call and come in on the same day in Salem, they do in Eugene.
- They will be using a secure Google application to switch to electronic records.

- Ed King said ABH services take between 17 and 65 days for an appointment with their case manager from initial contact with client. He is looking for changes in this practice to take place in about a month.

➤ CIM Data & agency minimum expectations:

- Christina reported there were 184 calls in 10 days. She will be working with PhTech on specific reports that will capture the date of initial contact into the IDS system to the date of their assessment. If the directors have any specific reports they would like to see through Access reporting, she asked they contact her directly.
- CAPS would like providers to offer appointments outside of 14 days if necessary. Policy has been to schedule within 14 whenever possible; however, we are encouraging providers to be flexible. Starting in November, CAPS will be reporting access to the BCN as a system rather than each agency reporting individually.
- Cary discussed with Amiee of PhTech the possibility of their system showing available appointments by agency. PhTech is currently checking on this possibility.

Meeting adjourned at 1:00pm

Next meeting: October 13, 2010

Minutes by L. Welch