

IDS Advisory Committee  
Meeting Minutes  
July 09, 2012

**Present:**

Cary Moller, CAPS  
Christina McCollum, CAPS  
Debby Davis, Options  
Donna Waller, ESCTC  
Dwight Bowles, CAPS  
Geoff Heatherington, PCMH  
Janice Veenhuizen, VMH  
Kathleen Boyle, VMH  
Marcus Berglund, CCS

Paul Logan, NWHS  
Rod Calkins, MCHD  
Scott Richards, MCHD  
Steve Allan, Options  
Sue Hunter, ESCTC  
Terry Dethrow, NPC  
Tim Markwell, NPC  
Tim Murphy, BRS

Absent: Sandy Stewart, MCHD

Guest: Phil Blea, CBH

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## **I. Announcements and Introductions**

- NPC added Louise Fullerton to their staff.
- Sue Hunter new director for Easter Seals
- Evidence based practice survey from AMH extends to drug and alcohol as well as behavioral health services. Survey for specific populations, ITRS, Priority One Adults and ITCS (New Solution's children). Would like a costing of services by July 31<sup>st</sup>.
- ISSR questions
  - Summary conclusion is now called a "Transfer". Transfer is defined as transferring out of an existing program. This includes moving from an existing program to another agency, community or natural supports.
  - LMP's may now designate someone to sign on their behalf. Used for short term absences, not to exceed one year.
  - The supervision requirement has changed for licensed clinicians from 2 hrs monthly to 2 hrs quarterly. To satisfy the requirement licensed staff will need to document 1 hour individual and 1 hour of group supervision.
- Enhance Detox – Tim Murphy
  - Bridgeway has moved from Social Detox to Medically Managed Detox. The program was launched July 1<sup>st</sup>

- There is 24/7 medical monitoring by nursing staff, physician daily rounding and on-call physician access 24 hrs a day.
- They have been serving an average of 4.5 clients a day. They will be increasing capacity to 9 clients a day within the year

## **II. Polk County Update - Geoff**

- Enrollments/Auth/CIM
- Polk County will begin using CIM in the fall. One primary goal is to standardize the enrollment, authorization systems throughout the IDS.
- Secondary Authorization Needs across the IDS
  - Polk can assist as a secondary provider for medication management
  - They have a NP that has capacity and is willing to take on another day for prescribing

Facilitate Expansion -Phase 2 has been started. Short term day treatment services will be offered. The focus will be on short term assessment and evaluation. Average length of stay is approximately 60-90 days.

## **III. Meds Only Pilot – VMH Kathleen**

- Intended for clients needing medication management only, not wanting counseling
- Right now it is called Meds and Education
  - Referrals come from the Orientation group, Foundations Group- The Assessment and developing the ISSP will be through Foundations group. Individuals served will have a case manager, but the case management would be minimal. Mostly coordinating with PCP.
- Before clients can graduate from foundations they must be established with a PCP.
- Anticipated start date, next few weeks.
- Prescriber will have the ability to refer to counseling or defer from prescribing
- Reimbursement Rates for 90862 is anticipated to be above the current rate. VMH would be reimbursed at an enhanced rate for these clients only.
- Billing for this specific group of clients will utilize a modifier of 59 to reflect the enhanced rate
- If program is successful, anticipate having a better relationship with the PCP, closer coordination, so that clients get referred earlier.

## **IV. Review Minutes**

- Approved

## **V. Coordinated Care Integration and Sub-Committee Reports - All**

- Governance board
  - The board has moved to having only 1 representative from each capital partner and singular county representation.

- Attendance proxy must be sent to the board chair, Jim Russell every meeting if the representative will not be there and will be sending someone else.
- Added 2 physicians
- There will now be an application process to be appointed to the board
- Clinical committees were charged with doing an assessment about what services are available in the community.
- CCO is anticipating rolling contracts forward. Board agreed to hire an executive director.
  - Governance Board selected previously a Chair, vice chair, secretary
- Implementation work group report. Eligibility – ID cards are coming out with medical and mental health providers listed. Everyone will be able to see both providers in CIM
- Handbook is being distributed to new members, to include insert, a mini handbook of what the CCO means for them.
- PhTech Call center has brought on extra staff to prepare for anticipated increase in calls
  - The call center will have information on all programs and will direct accordingly. Clients will be referred to the agency first if they are enrolled then to PCC if they are not enrolled.
- Significant changes in grievances and complaints.
  - Any expression of dissatisfaction will be considered a complaint. All complaints should be handled at the lowest level. If an agency receives a complaint, the agency will continue to resolve complaints as they have in the past. If a complaint reaches CAPS or Polk County, they will log the call into CIM. CAPS will log all complaints regarding the IDS agencies and Polk County will have their complaints logged by MVBCN. WVCH, will review each complaint and determine its resolution or request additional information.
- Appeals
  - Modeled after primary care side, principal difference being NOA are not required if a member is discharged if services are offered elsewhere.

## **VI. Mid Year Contracts and IDS Reports - Dwight**

- We are mid point of the year, so agencies should be close to 50% of the budget.
- Turn around time for some of the agencies is outside of the allotted 15 days for incentive.
- Error on the access information page. It should indicate greater than 75% or greater than 90%
- Re-evaluation of sample service packages.
- CAPS will be changing the threshold amounts for some of the Levels of Care, more specifically for Children, after a review of the services being provided.

- Looking to remove the max dollar amounts for the levels of care, but the thresholds will remain for each Level of Care to evaluate under and over utilization of services.
- There will be a change in the definition of a client. To be counted, a client will need to be enrolled for a minimum of 30 days and show actual engagement with agency as indicated by claims
- Any clients not seen under the requirements for each level will need to reimburse CAPS at the individual threshold.
- Clients will be counted as unique clients to meet the minimum required to be seen to obtain the incentive. Evaluating if the clients can be counted more than 1 time as they move between levels.

**Next Meeting August 13, 2012**  
**Minutes by Janette Cotton**