

IDS Advisory Committee
Meeting Minutes
August 13, 2012

Present:

Cary Moller, CAPS
Christina McCollum, CAPS
Debby Davis, Options
Dwight Bowles, CAPS
Geoff Heatherington, PCMH
Kathleen Boyle, VMH
Marcus Berglund, CCS
Paul Logan, NWHS

Sandy Stewart, MCHD
Scott Richards, MCHD
Steve Allan, Options
Sue Hunter, ESCTC
Terry Dethrow, NPC
Tim Markwell, NPC
Tim Murphy, BRS

Absent: Donna Waller, ESCTC, Janice Veenhuizen, VMH, Rod Calkins, MCHD

Guest: Dawn Cottrell, NS, Jen Wilfong, PCMH, Phil Blea, CBH

I. Announcements and Introductions

- Options adding a prescriber 1 day a month. Dr. Joe Thoitz child psychiatrist, he will also see adults.
- Easter Seals started a new bilingual bicultural therapist
- **LMP Designation**
 - Designation can be up to a full year but needs to be documented
 - Minimum expectation would be a licensed healthcare practitioner
- **FFS billing for Peer Services**
 - Opened up the code for Open card billing
- **MH Prescription Drug coverage**
 - OHA added to the website the drug benefit list
 - Carved out drug list – prescriptions that are billed to DMAP directly and what can be billed

II. Review of the Minutes

- Approved

III. Contract Review and IDS Reports

- **Budget Changes**
 - 1st page is broken out by level and numbers of enrolled clients per level. They are not unique members per level.

- The new reports will show unique individuals by age group by agencies and overall claims expense.
- There has been an increase in the turnaround for claim submission for some agencies. If agencies need assistance, contact Dwight
- For the 7th month in a row access requirements were met – at 77% representing only the appointments that were in within 14 days. Access submitted to the BCN is 91% over all.
 - The 91% access includes appointments outside of the 14 day requirement.
- Draft Financial Model
 - Levels of care remain; however, the splits have changed dramatically which resulted in the revised budgets.
 - Agencies will have the ability to provide the flexibility in services they were looking for.
 - There will be budgets for both children and adults and an overall agency budget.
 - To count as enrolled a client must be enrolled for 30 days and show engagement through claims. Needs to be something more than just an assessment.
 - Cannot exceed the annual budget
- Draft version of the new budgets
 - Just by age group for the year
 - \$15,000 considered allocation per agency for secondary authorizations
 - Dwight will pull a report for what has been expended so far and adjust the allocation appropriately if needed.
 - There will be a limit on the agency submitting claims for a secondary authorization. Further review to determine the amount for a secondary authorization.
- **Review Modifier 22 – Out of Clinic**
 - Claims search from 2011-2012 found 15,863 billed claims with an out of clinic modifier
 - We want to take a look to make sure that they meet criteria for out of clinic billing
 - Dwight will provide the information to the agencies. Agencies need to review the data for appropriateness of out of clinic.
- **IDS Contract 2012 – Request Special Procurement Process**
 - Scheduled to end December of 2012.
 - Asked the Commissioner to extend the contract through 2014 with the option to add providers if needed.
 - Anticipating a decision by next month

IV. Services for Developmentally Disabled Children – Phil/Dawn

- DD providers and state workers have come together to work on getting kids into services throughout the state.
- Looks like it is more of an access problem – Christina McCollum and Tim Meade are looking into the access issues. Dawn Cottrell has asked them to track when they are having trouble accessing services.
- Guardianship is affecting access – our mental health system requires guardian of the child to sign paperwork. This causes a delay in care, because guardian may not be available. Other non-MH providers allow the foster parent or House manager permission to allow care to the individual.
- There had been circumstances when a DD client has been closed because the clinician is not seeing a benefit in MH services.
- Everyone would benefit from some cross training. Many DD providers are looking for some tools to help with behaviors and medication management. Need to work on building relationships.
- It is hard for the mental health agencies to measure improvement for non verbal kids/adults. It is also difficult to end services when they no longer need mental health care and transfer care to the PCP.
- Don't want to duplicate services or provide services that should already be provided for them
- Need to take a look at how many clients are being served from the DD population.
- The next step is for Dawn and Phil to take this information back to the DD/MH committee and seek additional input. In addition, survey questions will be going out to IDS Providers as follows:
 - As an IDS provider, what is your interest in serving the DD population?
 - How many staff do you have in your agency who have passion about serving DD individuals?
 - How many DD individuals do you serve currently? How many of those are on the autism spectrum?

V. Coordinated Care Organization Reports – All

- **Executive Committee**
 - Complaints will be handled by CAPS for Marion county
 - Complaints for Polk county will be handled by the BCN
 - Rod and Geoff are able to attend the meetings again however, they cannot vote unless the commissioner is not there and has given a proxy vote
 - No one has been contacted from outside CCO for covered lives in Marion County
 - Evaluating Partnership and Charter – clinical integration committee has been dissolved and a smaller committee to make up the advisory panel will be put together. Most likely will be a reflection of the executive committee. Directed to meet at least quarterly.
 - Community panel membership application deadline is in August. This committee is tasked with the community health assessment.

- Patient centered primary health care home committee is still continuing to meet but waiting on data from WVCH. Target solo clinics are PCPCH Tier I. The focus will be the providers who's majority population is made up of Medicaid clients.
- How to fund a behaviorist in the PCPCH is being considered.
- **Process Changes**
 - Enrollment for contiguous counties – 442 members that live out side Marion/Polk, but are being enrolled into WVCH (Linn, Clackamas, Yamhill, Benton)
 - Yamhill and Benton will be enrolled in Polk. Identified list by zip code. 58 Clackamas. 118 Linn and 266 Yamhill
 - Eligibility issues for a few clients. ITRS and CAFT placement out of the area does not change enrollment
 - Authorization
 - CIM will reflect past history as well as current
 - Split Claims. July 31st and August 1st
 - Complaints
 - When a complaint can be resolved at the agency level there will be nothing further to do
 - If a complaint is not resolved, a member or member's representative can call CAPS for IDS providers or PhTech or BCN. For unresolved complaints for Polk members the calls will go to the BCN.
 - Notice of Action – not required for discharge from service as long as you have offered an alternative service.
 - Confidentiality
 - Discussed email from BCN regarding sharing of information with the PCP. The email stated that mental health is obligated to provide coordination of care information with the CCO. There should not be a barrier around release of information. The exception is A&D information. However, we can share SBIRT and other screening information. Until further clarification use the higher level for confidential information.

Next Meeting September 10, 2012
Minutes by Janette Cotton