

Systems Management Group  
Meeting Minutes  
September 10, 2007

**Present:** Bonnie Malek – CAPS  
Trish Davis – Bridgeway  
Ron Lagergren – CAPS  
Doris Reyes - CAPS  
Jim Russell – MVBCN  
Linda Matthais - RAP  
Debby Davis-CCS  
Dean Andretta–MVIP

**Absent/Excused:** Geoff Heatherington–Polk Co.; Gary Heard – MC Drug Tx

**Guest:** Cynthia Leigh – CBH; Greg Smith – Polk Co.

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**I. Announcements:**

- ❖ Cynthia Leigh – Supervisor of Children’s Behavioral Health
- ❖ Greg Smith is here for Geoff Heatherington, Polk County
- ❖ Ron- The state has released more money for parents whose children are in DHS custody or DHS involved. There will be approximately one million dollars every two years. These are Marion County indigent funds. The plan is due back to AMH in two weeks. Eventually we will have to do an RFP for all of the CD services to stay in compliance with procurement regulations. In the meantime, we will get the money into the community as soon as possible. Ron is seeking input from AMH on when we need to put out the RFP. Based on AMH requirements, we will need to serve 313 people over the remainder of this biennium, which comes out to approximately \$3000.00 per client. There will be an update at next months meeting.
- ❖ Linda- The CAC picnic went very well. Over 100 people came this year and there were a lot of grandparents.

**II. Minutes Review – Ron**

- ❖ Minutes were approved after one change. Jim was not at the last meeting.

**III. Monthly Report for July and August, Denials and denial rates - Dean**

See handout

- ❖ Membership – 33,114
- ❖ PM/PM - \$3.67
- ❖ Amount Due - \$121,472
- ❖ Methadone – \$33,114
- ❖ OOP/FFS – \$6,425
- ❖ MOMS – \$8,670
- ❖ Balance due – (\$35,169)

- ❖ The number of members is down by 100, and the PM/PM stayed the same. Since the change to fee-for-service, spending is at 89%. The impanel payments are at \$98,714; this number includes a lot of back claims. There are currently 855 fee-for-service authorizations in place.
- ❖ Cascadia is down to the 4% range on denied claims and everyone is well within a sound margin of error.
  
- ❖ Jim- The current OHP is able to sustain an average of 24,000 clients on the plan at any one time. The legislature has reauthorized the managed care tax and there is also a possibility that OHP will open enrollment again for a brief period. If this happens, the enrollment will be on a “first come-first serve basis. People will apply to get on a reservation list and would submit their name and address. Anyone can submit the persons’ name, e.g. agencies and family members. This could be done by fax, mail, or phone. If the application is sent by mail, the postal date will be considered the submission date. None of this will go into effect until an official announcement is made.

#### **IV. Extended authorizations and review process**

See handouts

- Setting thresholds for specific EBP’s
- Consumers with exceptional needs/complex co-occurring disorders
- Drug Court
- Fidelity and Clinical Expectations
  
- ❖ EBP’s
  - Everyone agreed that there should be one system/tool per practice and consensus on what programs are delivering.
  - Bonnie will convene a workgroup of SMG members to work on setting prices and clinical expectations. This will be implemented as soon as there is a plan and dollar amount. When we have a system in place, Dean and Bonnie will start working on getting current people authorized in the system under the specific EBPs.
  - We will need to conduct training for the clinicians on the system, the outcome and alliance scales and clinical expectations.
  - We will follow up with periodic UR reviews.
  
- ❖ Clinical Expectations and Criteria
  - Greg asked about the Matrix Criteria and whether we could enroll someone with chronic drug dependence other than meth. There are a number of areas where the model is applicable and helpful beyond meth.
  - Bonnie will work on the guidelines and take this issue to the sub committee
  
- ❖ Complex Co-occurring Disorders

- The subcommittee will work on setting a dollar amount.
  - Bonnie will look at current utilization as a reference point.
  - Everyone agreed that the verbiage look fine
- ❖ Seeking Safety
- Providers offering Seeking Safety commented on how much the clients like it and respond the material. The only gap with the practice seems to be relapse prevention and perhaps some stabilization or motivational enhancement work.
  - Work will continue on this practice in the sub committee.
- ❖ Drug Court.
- Everyone agreed on the need for some planning with the court system on costs, outcomes and the level of severity for people treated in this EBP. Until we can work things out, Bonnie will set some limits on the number of UAs that can be billed per month as this is driving the costs up.

#### **V. Self-help projects**

- Deferred to October

#### **VI. QI Initiatives:**

- Deferred to October

November meeting date is to be determined.

Minutes by: Doris Reyes

Adjourned at 3:00pm