

IDS Advisory Committee  
Meeting Minutes  
August 13, 2013

**Present:**

Cary Moller, CAPS  
Christina McCollum, CAPS  
Dawn Cottrell, CAPS  
Debby Davis, Options  
Dwight Bowles, CAPS  
Kathleen Boyle, VMH  
Marcus Berglund, CCS

Rod Calkins, MCHD  
Scott Richards, MCHD  
Steve Allan, Options  
Terry Dethrow, NPC  
Tim Markwell, NPC  
Tim Murphy, BRS

Absent: Janice Veenhuizen, VMH, Paul Logan, NWHS, Phil Blea, CBH

Guest:

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## **I. Announcements and Introductions**

- Options is still in the process of hiring a resource specialist (was engagement specialist)
- VMH has 4 new therapists starting throughout August and 2 new Nurse Practitioners start beginning of Sept. Waiting for DEA numbers for the NP. One NP 2 days a week and 2 Saturdays a month and one 4 days a week. 1 NP is adults and kids, and DD. One is Adults.
- Poyama (Day Treatment) Board of Directors has contracted with CCS for management over the next year and with a review at the end of that time to determine if the business arrangement will continue.
- Early Learning Council is the early childhood entity that dissolves Children and Family Commission. For ages 0-6.
- Polk Contracts
  - BCN will handle the complaints for Polk County
  - Some people are still having problems getting their coverage aligned with the county they live in.
- **Prevention Projects Funding Awards**
  - 7 applications for different groups
  - Options has the Post Partum Support Group and 3 other
  - CBH submitted proposals for 2 groups
- **US DOJ Site Visits**

- Several IDS agencies have been contacted
- Asking for data and possibly a chart review, but not a full review.
- There will be nothing official to the agency, no exit interview only the report back to the state

## **II. Integration Discussion and prep for WVCH PCAG meeting**

- Concerns
  - Knowledge of Mental Health Services is very limited
    - Don't understand the scope of services
  - Differences between Mental Health services and Psychiatry
  - Communication Issues
  - Crisis Center Services and Process
- How we respond to their possible requests
  - Onsite mental health access
  - Nurse Practitioner in clinic
  - The system being too complex – would like a single place to request services
- What's the value of the IDS system vs. hiring for a primary clinic
  - There is not an adequate flow of individuals for the need of the service
  - There are Liability issues & paperwork issues
- Barriers in Experience with Primary Care
  - Limited understanding of Self Referral
  - Don't understand the autonomy of mental health
  - Multiple insurance and eligibility and co-pay benefits
  - Diagnosis limitations
  - Crisis means something different
  - Self Motivation – PCP recommendations not always followed
    - Engagement – not necessarily about how quickly you offer an appt
    - Closed for non compliance doesn't mean that the PCP needs to start prescribing medication for them
- Offer up a lunch consult or a regular mental health meeting
- Strategies to help with Access
  - Foundations group
    - Options not ready yet
    - Valley ready now
    - CCS – September
  - Capacity Slots 20 across the system – Will manage the open appointments on a grid
    - Could start soon - September
    - Would like to have meeting with behaviorist to understand what the slots are for
    - VMH, CCS, NP, Options, CBH, BRS – expressed interest

## **III. ISSR Rule Changes**

- Draft Rule in effect August 12, 2013 to February 2014
- Permanent rule filed in February
- Overview of Changes – Reviewed
  - Deleted specific references and requirements for residential programs and Intensive Treatment Services for children
  - Deleted all entry priority language
  - Built on edits to assessment agreed upon in phase I (Note: Financial assessment requirements were added to the problem gambling section only.)
  - Deleted all screenings and changed to require follow up referrals only for co-occurring disorders or significant risk to health and safety.
  - Streamlined and reduced entire section to include “service plan,” “service notes” and “service record”
  - Reduced documentation required in the service record
  - Included transfer information with service notes and removed requirement for transfer summary
  - Reduced outpatient mental health service section to minimum standard

## IV. Reports and Business

- **Pre Enrollment / Foundations – Group Rate**
  - Request for interest
  - One time payment for 4 weeks and 8 weeks
    - CAPS will fund each group individually. Agencies can do more than 1 group a week with funding for each group
  - Agencies can bill group services for individuals if they are enrolled with the clinic at the time of service.
- **Intake Capacity Payment**
  - Request for interest
  - Maximum of 20 slots for the system
    - 2 morning 2 afternoon for both adults and children
  - QMHP Assessment rate
    - Payment for capacity slots will be made regardless if the slots are filled. .
- **Service Location Code Interpretation Change**
  - Phone calls being billed as in office
  - Per communication from the state, a phone call is not a location of service, it is a type of delivery
  - Billing for a client receiving services by phone call in home/school/community, etc . should be coded as to where the client is at the time of service
  - Reimbursement will remain at the in clinic rate
  - Possible new modifier for these services, GT
  - Clearly identify in the note that it is a telephone call and clearly identify where the client is located
- **Modifications to the Fee Schedule**
  - Added H2021 Community Based Wraparound

- This code can be used instead of case management when appropriate
    - Expanding this code for adults
  - Added H2027 Psycho educational services
    - Can be used for Parent Support Groups
- Reporting for the T1023-59 indicated some agencies still billing for this service
  - Reminder to agencies that this code may no longer be billed.
- **Reports**
  - Majority of agencies have seen 80-90% of Individuals on contract
  - Engagement – BRS, NWHS, and County have decreased no shows
  - Access has increased to 84.5% which represents an increase of approximately 10% from July
  - Auth activity – Increased clients in service by about 6% from January 2013
  - Referral reports – still indicate the system is under serving level 3 individuals

**Next Meeting September 09, 2013**

**Minutes by Janette Cotton**