

IDS Advisory Committee
Meeting Minutes
September 09, 2013

Present:

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

Paul Logan, NWHS
Phil Blea, CBH
Rod Calkins, MCHD
Steve Allan, Options
Terry Dethrow, NPC
Tim Markwell, NPC
Tim Murphy, BRS

Absent: Janice Veenhuizen, VMH, Scott Richards, MCHD

Guest:

I. Announcements and Introductions

- 90% access over all going into August to BCN within the IDS is 82% within 14 days
- Options had their Resource specialist start last week her name is Lisa Parks.
- NWHS has their behaviorist on board
- CBH hired an intake therapist
- VMH has started the Nurse Practitioner's.
- CCS Aleyna Reed can do psychological testing for kids and adults
- Health Profile distributed through email. Profile of anticipated new eligible's for OHP
- Draft OAR Outpatient Rule in effect August 12, 2013 to February 2014
- **BCN-CMS Visit**
 - Canceled
 - All agencies should have policies and procedures on fraud waste and abuse
- **WVCH Updates**
 - Clinical Advisory Transformation fund Proposals – Moving forward to board for consideration.
 - Care Management
 - Diabetes Management
 - Lifestyle Changes
 - Kids Specialty Services

- Healthy Living
- **Linn County IHN CCO**
 - Starting September 1st IHN will be responsible for authorizing their Mental Health services for their members.
 - Instructions were sent out in August for authorizations for service
- Code Location
 - There has been a clarification regarding place of service. Location of the therapist is where you document place of service. Telephone code is not considered, place of service.

II. Follow up – PCAG

- What access means will continue to be a struggle
- Crisis services for kids and families is a concern
 - Pilot has started PCC & Willamette Family Medical Center in providing screening information of their clients
- Group would like some specific resources for specialty care-Resource guide was distributed.
- Consultation model did not generate much discussion
- PCP's liked the idea of an annual consultation review when requested
- Polk county is holding a resource presentation series
- **WVCH Financial Integration – Medication Management**
 - Dean does not see any substantial contract changes for 2014
 - Would like to see a more integrated funding option
 - Handout Medication services cost specifically to help fund shared savings
 - Continue to evaluate cost
 - How to avoid duplication of service
- **Clinical Profile – of PCP transfer**
 - move to a small work group
 - Who should be transferred? Look at the current guidelines

III. Continued Development

- **Priority Placement Access Pilot – extend from 3-6 months**
 - All agencies do not have to pilot or start at the same time
 - IDS Expectations
 - Behaviorist would contact the clinic intake coordinator to schedule the appointment
 - Behaviorist need to have the expectations of each agency
 - Behaviorist need to know what insurances can be taken per agency
 - - Verify Insurance
 - Make sure they understand it is not an appointment with a prescriber
 - There will be an agency Screening

- Client will need to be available to talk with the IDS agency at the time of the call/request of the Behaviorist appointment
- Ability to see what appointment are available each week
- Agencies will need to keep data of no shows and report on a monthly invoice.

Next Meeting October 14, 2013
Minutes by Janette Cotton