

## MEETING HIGHLIGHTS

**MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE**  
***Meridian Park Hospital Health Education Center, Room 107***  
***Tualatin, Oregon***  
***February 21, 2007***  
***8:30 – 10:30 a.m.***

**Members Present:** Kathy Savicki, LCSW; David Pollack, MD; Ann Uhler; Seth Bernstein, PhD; Michael Reaves, MD; Carole Romm, RN.

**Members Absent:** Donalda Dodson, RN, MPH; Gary Cobb.

**Staff Present:** Darren Coffman.

**Guests:** Lisa Dodson, MD, Health Services Commission; Jay Yedziniak, Addictions & Mental Health Division of DHS.

TOPIC	ACTION	RESPONSIBILITY	DATE
<p><b>Review of Meeting Highlights</b></p> <p>Highlights of the November 15, 2006 meeting were reviewed.</p>	<p>No changes were suggested.</p>		
<p><b>HSC Update</b></p> <p>Darren introduced Lisa Dodson as having taken Eric Walsh's position on HSC. Laurie Theodorou resigned from the HSC in October so asked that potential recruits be directed to him or the Executive Appointments office.</p> <p>HSC attempted to review all technical changes accumulated between April – December 2006 as well as</p>	<p>Subcommittee members will circulate word of vacancy through channels for social services representative with a mental health background.</p> <p>Darren will work with Jay in getting out notification of omitted changes involving MHCD lines to</p>	<p>Darren</p>	<p>ASAP</p>

TOPIC	ACTION	RESPONSIBILITY	DATE
<p><b>HSC Update (cont'd)</b></p> <p>new CPT &amp; HCPCS codes at December 8<sup>th</sup> meeting.</p> <p>The volume of changes, tardiness of new procedure codes and staffing issues led to errors in notification procedure, including omission of new pairings of HCPCS codes on MHCD lines approved by HSC.</p> <p>He reported that one change of note to take effect 1/1/08 of note was addition of bariatric surgery to type II diabetes line for those also with BMI &gt; 35.</p> <p>Darren announced that Dr. Ariel Smits, OHSU Dept. of Family Medicine, is being contracted with at half-time as of February 1<sup>st</sup> to act as the new HSC Medical Director.</p> <p>OHP Standard Benefit Design Workgroup concluded that magnitude of line movement did not justify the number of new clients that could be added to OHP Standard. Carole felt the workgroup, aside from the HSC members and Rick Wopat, lost track of the concept of trying to bring everyone back in under the umbrella with a potentially very limited package, and instead focused on the smaller proportion with current coverage might lose. A House Bill has been introduced that would allow the drawing of multiple</p>	<p>MHOs. He is also working with DHS and plans on revising timeline for list changes in the future. Next set of MHCD line changes will likely need to be reviewed in June/July prior to August HSC meeting.</p> <p>Suggests that current requirement of a mental health assessment be expanded to include a behavioral health assessment performed by someone with both a mental health and addictions expertise.</p> <p>Carole plans to pursue continuing this discussion with the Medicaid Advisory Committee so that the vision is not completely lost.</p>	<p>Darren forward to HSC</p>	<p>Next HSC mtg</p>

TOPIC	ACTION	RESPONSIBILITY	DATE
<p><b>HSC Update (cont'd)</b></p> <p>funding lines on the list by eligibility category but may or may not get a legislative hearing.</p>			
<p><b>Behavioral Service Codes/ Physical Health Lines Discussion</b></p> <p>funding lines on the list by eligibility category but may or may not get a legislative hearing.</p> <p>At their December 8, 2006 meeting the HSC approved all technical changes to the list recommended by the Subcommittee except those involving the placement of CPT codes 96150-96155 (behavioral health assessment and intervention) on the physical health lines in the new chronic disease management category.</p> <p>Lisa Dodson came as an HSC member to get clarification on the benefits expected from the addition of these codes to transmit back to the next HSC meeting for potential inclusion in the October 1, 2007 set of interim modifications.</p> <p>David Pollack summarized that these services are not aimed at the individual with psychiatric conditions that are new or unrelated (comorbid) to other physical health conditions, but rather those</p>	<p>Reaffirmed recommendation to add CPT codes 96150-96155 to physical health lines in chronic disease management category</p>	<p>Lisa Dodson will convey justification of Subcommittee's recommendation at next HSC meeting</p>	<p>6/28/07 HSC mtg</p>

TOPIC	ACTION	RESPONSIBILITY	DATE
<p><b>Behavioral Service Codes/ Physical Health Lines Discussion (cont'd)</b></p> <p>individuals with chronic health conditions for whom psychosocial treatments would be useful in the management of that illness in dealing with their adjustment issues. This would involve a complementary part of the overall care of the patient that could be provided by a behavioral care specialist in the primary care setting. He indicated that CareOregon is looking at implementing a primary care model used in South Central Alaska for which these codes would be critical.</p> <p>Kathy Savicki added that these codes would be useful in encountering visits for patients with unmanaged chronic pain instead of (less appropriately) coding it in association with a person's mental health diagnosis.</p> <p>These services would likely be from a Master's level Qualified Mental Health Provider (QMHP) working in an integrated primary care setting and likely be the responsibility of the FCHPs. This includes psychologists, social workers and nurses. The services could involve psycho-education, support, and motivational services that could also be provided in a</p>			

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<p><b>Behavioral Service Codes/ Physical Health Lines Discussion (cont'd)</b></p> <p>group setting.</p> <p>Other examples of model's that would use these codes are the Stanford chronic disease self-management program and the RWF Depression &amp; Primary Care Collaborative work that CareOregon participated in. This would also help to support pilot projects already occurring at Virginia Garcia clinics, at a Lane County FQHC, in Josephine and Clackamas counties, and within DCIPA. It could also be useful in a mental health care setting working with a co-located primary care physician treating a diabetic or cancer patient, but would not involve a referral out to a private practice.</p>			
<p><b>AMHD Update</b></p> <p>Jay Yedziniak reported that there has been a slight change in policy regarding kids in a BRS setting. Not only will the MHO be required (as opposed to simply agreeing) to maintain enrollment in the child's home county as of July 1<sup>st</sup> this policy will be in effect for all children child welfare placements in temporary placement outside of the MHO service area. Temporary placement is defined as where the child is</p>	None		

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<p><b>AMHD Update (cont'd)</b></p> <p>reasonably likely to return (with no time limit). FCHP enrollment will still change, however. AMHD is still working with OYA to accept this policy.</p>	None		
<p><b>Autism</b></p> <p>Kathy Savicki is bringing this topic forward because she doesn't feel that Autism's current placement on the Chronic Organic Mental Illness line necessarily represents the services that Medicaid should be responsible for as effective treatments.</p> <p>At the next meeting the Subcommittee first wants to educate themselves on this topic. Lisa believes there may have been a recent Cochrane review that Ariel could start with on the effectiveness of medical treatments.</p> <p>At the following meeting Kathy suggested bringing in representatives from the Dept. of Education and the developmental disabilities program to help define the role of Medicaid in relation to the other agencies that provide services to people with autism. Bob Nichol at CDRC might also be a state expert to bring into the discussions.</p> <p>At that point a decision will be</p>	<p>Do initial review of the services currently provided for Autism and whether evidence-based reviews are available.</p> <p>At some point a review of state plans to see how other state's are providing services for Autism could also be helpful.</p>	<p>Darren/Ariel</p> <p>Jay</p>	<p>Prior to April meeting</p> <p>TBD</p>

<b>TOPIC</b>	<b>ACTION</b>	<b>RESPONSIBILITY</b>	<b>DATE</b>
<p><b>Autism (cont'd)</b></p> <p>made as to whether an extensive literature review would be appropriate to determine if changes to the Prioritized List may be necessary.</p>			
<p><b>Membership Vacancies</b></p> <p>No progress has been made since previous meetings decision that members should contact potential candidates.</p>	<p>Contact Bob McKelvey at OHSU Child Psychology for representative member.</p> <p>Contact Bob Nichol at CDRC for consultant during Autism review.</p> <p>Continue to seek A&amp;D representative, possibly from OPERA.</p> <p>Ask Gina Nikkel at Assoc. of Oregon Community Health Programs for ideas.</p> <p>Ask Paul Potter for ideas.</p>	<p>Darren</p> <p>Darren</p> <p>Ann</p> <p>Darren</p> <p>Kathy</p>	<p>Prior to April mtg</p> <p>Prior to April mtg</p> <p>Prior to April mtg</p> <p>Prior to April mtg</p> <p>Prior to April mtg</p>
<p><b>Other Business</b></p> <p>The next meeting was tentatively set for April 18, 2007 pending the availability of Ariel Smits.</p>	<p><b>ACTION</b></p> <p>Staff will send out notification confirming that meeting date.</p>	<p><b>RESPONSIBILITY</b></p> <p>Dorothy</p>	<p><b>DATE</b></p> <p>ASAP</p>

## MEETING HIGHLIGHTS

### MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE

*Meridian Park Hospital Health Education Center, Room 104*

*Tualatin, Oregon*

*July 18, 2007*

*8:30 – 10:30 a.m.*

**Members Present:** Ann Uhler; Carole Romm, RN; David Pollack, MD; Donalda Dodson, RN, MPH; Gary Cobb; Kathy Savicki, LCSW; Michael Reaves, MD; Rodney McDowell, MSW, LCSW; Seth Bernstein, PhD.

**Members Absent:** None.

**Staff Present:** Ariel Smits, MD, MPH; Darren Coffman.

**Guests:** David Pass, MD, Health Resources Commission; Lisa Dodson, MD, Health Services Commission; Jay Yedziniak, Addictions & Mental Health Division of DHS.

TOPIC	ACTION	RESPONSIBILITY	DATE
<p><b>Review of Meeting Highlights</b></p> <p>February 21, 2007 Highlights were reviewed. There was a cut and paste error top of page 3, 1<sup>st</sup> half paragraph should go under the HSC heading. RWF s/b RWJF on bottom of page 4.</p>	<p>Meeting Highlights were approved as amended.</p>		
<p><b>HSC Update</b></p> <p>Behavioral assessment/intervention codes 96150-96155 – David recapped the issue. Oregon Medicaid doesn't currently use. Provided in primary care setting, behavioral health complications of physical health conditions. Chronic illnesses. Kathy asked who will be using these codes and where will they be derived from? Does this include medical management? Documentation should be consistent in rules for primary care setting and DMAP/FCHPs would be responsible for them. Done by psychologist or social services worker, psychiatric RN (BS level) (QMHP or higher). Medical setting, services part of medical record, not extended billings. This is going to be addressed by the Governor's task force per Ann.</p>	<p>Re-reaffirmed recommendation to include these codes on list.</p>	<p>Ariel and Darren will circulate draft list of physical chronic disease lines to review by e-mail. Final list will be taken to 8/23/07 HSC meeting.</p>	<p>ASAP</p>



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<p><b>HRC</b></p> <p>Dr. SB 2918's definition of developmental disorder is Asberger's syndrome, autism, developmental delay, developmental disability, or mental retardation. Kathy said the legislation was driven by parents who were concerned about private coverage. A big piece of this is to decide what is the medical system's role and what is evidence for that. OHSU EPC is charged to do comparative effectiveness reviews on various topics and report to AHRQ. Autism has been identified as one of those topics. Marion McDonough is project leader. Health Resources Commission (HRC) will focus initially on autism and possibly Asberger's syndrome. NY Times article chronicled attempt to bring camps of thought together. AHRQ is holding off on farming this review to other EPCs.</p>	<p>Evidence based review does need to be done by the Health Resource Commission. (HRC). Rep. Greenlick, sponsor of bill, coming to next HRC meeting.</p> <p>Wally Shaffer is asking MED project to start a review on autism.</p> <p>There is a possible DD person in Marion County and Kathy will see if she can get a name to Dr. Pass.</p>	<p>David Pass, MD</p> <p>FYI</p> <p>Kathy</p>	
<p><b>SB 329</b></p> <p>Bill puts into place a planning process for moving towards the goal of universal health care rather than an implementation plan. Delivery systems design concerns around public health. They think there should be behavioral health representation. OHP could morph into new system or other systems could be brought into OHP model.</p>	<p>Claudia Black with OMA suggested contacting Tim Nesbitt if interested in serving on Oregon Health Fund Board or its subcommittees.</p> <p>Ask Jeanene to come to next meeting.</p>	<p>Interested subcommittee members</p> <p>Darren</p>	<p>ASAP</p> <p>ASAP</p>
<p><b>AHD Update</b></p> <p>Implementation of maintaining enrollment of children involved in temporary placement in home county MHO pushed back from July 1 to January 1. OYA is not going to be a part of that.</p> <p>CMS did site review. Included desk review, interviews, draft report expected in Sept. 1/1/08 assertive community treatment and supportive employment programs taken out of MHO and back into FFS. High fidelity models will bill AMH directly. Plan vs. statewide rates. Looking at cost associated with frequency limitations for A&amp;D.</p> <p>Multi-Systemic Therapies: Appropriate to add to lines 184, 264, and 37. Clinical trials underway for other conditions and evidence needed before adding to other lines. 90847 addition to line ??? is</p>	<p>None</p> <p>VOTE: Kathy moved to approve as proposed; Unanimous.</p>	<p>Darren will forward to next HSC mtg</p>	<p>8/23/07</p>

okay.			
<b>TOPIC</b>	<b>ACTION</b>	<b>RESPONSIBILITY</b>	<b>DATE</b>
<b>V Codes</b>  V62.9 – Used for case management, suggest classifying code as ancillary. DMAP may be using this for evaluation for residential care. Who is billing these? What is the service?  V65.2 - Malingering – Add to never covered list.  V69.3 - Add to problem gambling line.  V69.4-5 - Sleeping problems – Add to never covered list.  More information on V70.x codes needed.	Pass along these recommendations to HSC.	Ariel	8/23/07 mtg

## DRAFT MEETING HIGHLIGHTS

### MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE

*Meridian Park Hospital Health Education Center, Room 104*

*Tualatin, Oregon*

*November 21, 2007*

*8:30 – 10:30 a.m.*

**Members Present:** Donalda Dodson, RN, MPH, Chair; Ann Uhler; Carole Romm, RN; David Pollack, MD; Gary Cobb; Kathy Savicki, LCSW; Michael Reaves, MD.

**Members Absent:** Rodney McDowell, MSW, LCSW; Seth Bernstein, PhD, Robert McKelvey, MD.

**Staff Present:** Darren Coffman; Ariel Smits, MD, MPH.

**Guests:** Jay Yedziniak, Addictions & Mental Health Division.

TOPIC	ACTION	RESPONSIBILITY	DATE
<p><b>Review of Meeting Highlights</b></p> <p>Darren said that the highlights of the September meeting were not completed and would be provided at the next meeting.</p>	<p>Staff was provided pity and forgiven.</p>	<p>(Still) Darren</p>	<p>Next mtg</p>
<p><b>HSC Update</b></p> <p>Darren reported that the Health Outcomes Subcommittee (HOSC) met on November 1<sup>st</sup> and it is working on the next set of interim modifications to the Prioritized List which will go into effect March 1, 2008. The HOSC will meet again on Dec. 6<sup>th</sup> and Jan. 10<sup>th</sup> to finalize their recommendations to go to the HSC for adoption at their next meeting, also on Jan. 10<sup>th</sup>. Ariel indicated they are/will be working on, among other things, new CPT &amp; HCPCS codes and non-pairings involving arthroscopies and laparoscopies.</p> <p>He noted that the HSC will be doing a very cursory biennial review of the list this year due to the Benefits Committee work, which will likely consist of a review of the line placements that resulted from the 2006 reprioritization effort.</p> <p>Darren noted that while the HSC approved the addition of a reference to the CMS guidelines for the use of CPT codes 96150-96154, it was not included on the interim modifications for October 1, 2007 and instead will be included on the notification letter for the January 1, 2008 list.</p>	<p>Make sure official notification of interim modifications of list goes to MHOs.</p> <p>Send URL of CMS guidelines to members.</p>	<p>Darren</p> <p>Ariel</p>	<p>For next letter</p> <p>ASAP</p>

TOPIC	ACTION	RESPONSIBILITY	DATE
<p><b>Benefits Committee Update</b></p> <p>Darren reported that the Benefits Committee held an organizational meeting on October 17<sup>th</sup> and a second meeting on November 8<sup>th</sup>. At the second meeting he and Dr. Som Saha gave a presentation on the work of the HSC over the last 18 years. David and Ann were there to add their perspective on the integration of mental health and chemical dependency services into the Prioritized List. There appears to be wide consensus among the committee members to begin the discussion on defining a set of essential health services using the Prioritized List in some fashion. They will meet again on December 11<sup>th</sup> to look at breaking into workgroups on diagnostic, ancillary, and end-of-life care services to further their work.</p> <p>David recommended that the MHCD Subcommittee act as a resource for the Oregon Health Fund Board and its committees/workgroups to review questions and complete defined tasks directed to them involving behavioral health care issues.</p>	<p>OHFB committee members will be asked to attend next MHCD subcommittee meeting to caucus on behavioral health issues.</p> <p>Donalda, Ann and Gary will follow Benefits Committee, David &amp; Ann Delivery Systems, Michael &amp; Ann Finance, and Carole Enrollment &amp; Eligibility.</p> <p>VOTE: draft letter to offer assistance to OHFB. Unanimous.</p>	<p>Kathy will contact Mitch Anderson and Jim Russell, David will contact Bob Joondeph, and Michael will ask Dr. Terry Stimac to act as a private health care representative.</p> <p>Darren will coordinate with Barney Speight.</p>	<p>ASAP</p> <p>Prior to 12/12 OHFB mtg</p>
<p><b>AMHD Update</b></p> <p>Children’s mental health providers and residential programs are collaborating on a rate study that they hope to use to provide direction to a policy option package (POP).</p> <p>Announced that Dr. Nancy Winters is working as children’s mental health director for AMHD 10 hrs/wk.</p> <p>In January, mental health codes will be defined as to which codes/services can be provided over phone (only those already paired on list as of 10/1/07).</p> <p>MHCD providers were a part of the recent CMS audit. Payback requests being made because of inadequate documentation involving treatment plans not being updated and progress notes not documenting services provided. Doesn’t immediately impact managed care, but MHOs are providing documentation training anyway.</p>	<p>None</p>		

TOPIC	ACTION	RESPONSIBILITY	DATE
<p><b>AMHD Update (cont'd)</b></p> <p>It is being recommended that A&amp;D frequency limitations be eliminated as part of the rate setting process.</p>			
<p><b>2008 CPT &amp; HCPCS Codes</b></p> <p>Add new A&amp;D screening/assessment/brief intervention codes (99408,99409,G0396,G0397) to line 4 of new list (Preventive Services, Age 10 and Over) and all prevention tables. Ann has information on cost offset for pricing purposes.</p> <p>Wholeheartedly recommend adding telephone codes (98966-98968,99441-99443), suggest guidelines around the addition of online codes (98969,99444), and believes there will be a big cost impact from the team conference code (99366-99368).</p> <p>Ask DMAP if more than 99366-99368 can be billed on the same day. Contact Kathy Ketchum regarding codes 99605-99607 (medication management service provided by a pharmacist).</p> <p>Talk to Charles Gallia about integrating SBURG work into prevention line work. This could be an issue with individuals of color as not being evidence-based.</p>	<p>Pass along these recommendations to HOSC.</p>	<p>Ariel</p>	<p>12/6/07 mtg</p>
<p><b>Other Business</b></p> <p>Next meeting tentatively scheduled for Wednesday, December 21<sup>st</sup> from 8:30 – 10:30 am.</p>	<p>Donalda offered her office's conference room if nothing else available.</p>	<p>Darren</p>	<p>ASAP</p>