

## MEETING HIGHLIGHTS

### MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE

*Meridian Park Hospital Health Education Center, Room 117A*

*Tualatin, OR*

*January 19, 2005*

*8:30 – 10:30 a.m.*

**Members Present:** Kathy Savicki, LCSW; David Pollack, MD; Ann Uhler; Carole Romm, RN; Seth Bernstein, PhD; Casadi Marino, MSW, Paul Potter, MSW, MAC.

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

**Staff Present:** Darren Coffman; Alison Little, MD, MPH.

TOPIC	ACTION	RESPONSIBILITY	DATE
Review of meeting highlights	No suggestions for change		
HSC update: <ul style="list-style-type: none"> <li>• Commission reviewed new CPT codes in December. Advocates for speech therapy gave testimony requesting changes to guideline.</li> <li>• Working on 2005 Report; does Committee want MHCD section presented any differently?</li> </ul>	<p>Committee would like to review what has been written, especially regarding the evidence-based process</p> <p>Requested presentation by OMHAS regarding how they are fulfilling legislative mandate for evidence-based practice in mental health and corrections</p> <p>Requested presentation about how Commission is accomplishing their evidence-based reviews</p>	<p>Darren to send out electronically for Committee review</p> <p>John Collins or Bob Miller to give update at a future meeting, after outcomes group has accomplished more</p> <p>Alison and/or Darren to give a summary at the next meeting</p>	<p>ASAP</p> <p>A later meeting (but not next)</p> <p>Next meeting</p>

<p>Discussion about HSC seat being vacated by Kathy. Ann is interested. NASW is working on submitting a recommendation as well.</p>	<p>None</p>		
<p>OHMAS update:</p> <ul style="list-style-type: none"> <li>• Parity bill has been submitted (HB2326)</li> <li>• Intensive children services - Ralph told Kathy after last meeting that no changes in codes were necessary. Seth concurs, at least at this time.</li> </ul>	<p>None</p>		
<p>Primary care mental health integration:</p> <ul style="list-style-type: none"> <li>• Guidelines approved last year for developing pilot projects</li> <li>• Key components include use of 4 quadrant model, co-located MH specialist in primary care setting, and care monitoring</li> <li>• National task force of state mental health directors did a technical report on the primary care interface issues; just released (NASMHPD report).</li> <li>• Bazelon Center report released in June, "Get It Together"</li> </ul>	<p>David will give both reports to Darren to circulate to Committee electronically.</p>	<p>David, Darren</p>	<p>Soon after this meeting</p>

<ul style="list-style-type: none"> <li>• Regional summit for NW sponsored by SAMHSA and HRSA last month, resulted in work plan as follows:             <ol style="list-style-type: none"> <li>1) participants identified</li> <li>2) 3 projects already on-going in metropolitan area (one each county), as well as Clatsop, Benton and Klamath</li> <li>3) consistent message from state entities</li> <li>4) identify barriers to implementation</li> <li>5) assure there is adequate workforce</li> </ol> <ul style="list-style-type: none"> <li>• Ann reports recent data showing 25% of clients in 3 FCHPs are taking Vicodin</li> </ul> </li> </ul>			
<p>3 pharmacy initiatives: \$140 million/year is spent on MH medications, makes up 31% of total drug costs in OHP</p> <ul style="list-style-type: none"> <li>• Retrospective DUR on outpatient mental health prescribing patterns that are not evidence based, done in partnership with Comprehensive Neuroscience (includes duplicate prescribers and discontinuance)</li> <li>• Dose optimization (pill splitting, dose consolidation) - annual savings \$350,000/year</li> </ul>			

<ul style="list-style-type: none"> <li>• Medication algorithm project - targeting pilots for TMAP (use of practice guidelines for appropriate medication use), funding from drug companies</li> <li>• MMA (Medicare part D) - will impact dual eligibles significantly, heavy workload for DHS</li> </ul>			
<p>Committee membership: Unable to reschedule meeting time, therefore Dr. George is resigning. Suggested Larry Marks, John Bishoff, Mike Reese, Kirk Wolff, Lisa Kass(?), Kyle Johnson as possible replacements.</p>	<p>Darren to ask Dr. George if he has someone to recommend for his replacement. If not, will determine interest from others.</p>	<p>Darren</p>	<p>Next meeting</p>

## MEETING HIGHLIGHTS

### MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE

*Meridian Park Hospital Health Education Center, Room 107*

*Tualatin, OR*

*April 20, 2005*

*8:30 – 10:30 a.m.*

**Members Present:** Donalda Dodson, RN, MPH; Kathy Savicki, LCSW; David Pollack, MD; Ann Uhler; Casadi Marino, MSW; Paul Potter, MSW, MAC; Gary Cobb;

**Members Absent:** Seth Bernstein, PhD; Carole Romm, RN.

**Staff Present:** Darren Coffman; Alison Little, MD, MPH.

**Guests:** Ralph Summers.

TOPIC	ACTION	RESPONSIBILITY	DATE
Review of meeting highlights	On the bottom of page 2, change acronym from NASHBIT to NASMHPD and 'Basilin Center' to 'Bazelon Center'.	Staff will make changes.	ASAP
OHMAS update: <ul style="list-style-type: none"> <li>• Working with Assoc. of Comm. Mental Health Directors and Alcohol and Drug Program Directors seeing that distribution of non-OHP resources match distribution of populations (esp. crisis and outpatient services)</li> <li>• Integrating rates for day and residential treatment services into OHP managed care contracts (effective 10/05)</li> <li>• Looking at performance targets on whether funds appropriated for children's services are being spent on children</li> </ul>	Invite Jane Ellen Weidanz to come to next meeting to give update on role OMHAS will play in enrollment processes under MMA.	Ralph will extend invitation.	Prior to next meeting

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>OMHAS Update (cont'd)</p> <ul style="list-style-type: none"> <li>• Not closing four gerontology wards, addressing issue within larger context of OSH work</li> <li>• Work continues on integration of behavioral health and primary care</li> <li>• Looking at impact of Medicare Modernization Act (MMA) on OHP</li> <li>• CMS says “all or substantially all mental health drugs within six protected classes of MH drugs are to be included in formularies”</li> </ul>			
<p>HSC update:</p> <ul style="list-style-type: none"> <li>• Leda Garside, RN, the Salud Services Coordinator for Tuality Healthcare, was confirmed by the Senate to replace Donalda and the April 28<sup>th</sup> meeting will be her first as an HSC member.</li> <li>• Assuming Senate confirmation, Laurie Theodorou, LCSW, will be replacing Kathy Savicki on HSC with her first meeting to be on July 7<sup>th</sup>.</li> <li>• Kathryn Weit, a consumer representative, and Kevin Olson, MD, an oncologist, are also awaiting Senate confirmation.</li> <li>• Completion of the Benchmark Rate Study and Biennial Report make this an ideal time to orient new members.</li> </ul>	None		

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Membership issues:</p> <ul style="list-style-type: none"> <li>• Darren sent out e-mails two weeks ago to Drs. Michael Reeves, Larry Marx, John Bischof and Kirk Wolfe to identify their interest in joining as members.</li> <li>• Dr. Reeves responded with interest immediately and spoke to colleagues to confirm support for his attendance at these meetings.</li> <li>• Dr. Marx indicated an interest in joining but currently has a conflict with Wednesday AM meetings. Believes his schedule may change in next month to resolve this conflict.</li> <li>• Members with CD background should be considered in the future.</li> </ul>	<p>Extend offer to Michael Reeves, MD, of Lane County MH to join as a member.</p> <p>Extend offer to Larry Marx, MD, of OHSU, to join as a member pending resolution of his current scheduling conflict with meeting time.</p> <p>Have John Bischof serve as alternate when Paul Potter cannot attend meeting.</p>	<p>Darren to convey wishes of Subcommittee to potential members.</p>	<p>ASAP</p>
<p>Overview of HSC methodology</p> <ul style="list-style-type: none"> <li>• Darren gave an overview of the statutory language that directs the work of the HSC and MHCD Subcommittee</li> <li>• Darren gave history of methodology, culminating in blend of subjective criteria, evidence-based research on clinical effectiveness, and cost-effectiveness information detailed in Figures 2.1-2.3 in Biennial Report.</li> </ul>	<p>None</p>		

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Other business</p> <ul style="list-style-type: none"> <li>• Paul Potter spoke on recent State Supreme Court decision that equates A&amp;D dependency with personality disorders. Although the language being used is archaic, the result of the decision is that individuals cannot be held at OSH by the Psychiatric Security Review Board when using the “guilty but insane” defense and their only diagnosis is an A&amp;D one. Therefore they can receive better treatment in a different setting.</li> <li>• Ann Uhler distributed a booklet reviewing over 200 articles on the economic benefits of drug treatment.</li> </ul>	None		
<p>Next meeting</p> <p>Agenda topics:</p> <ul style="list-style-type: none"> <li>• Update on OMHAS work on best practices for MHCD services</li> <li>• OMHAS role in enrollment processes under MMA</li> <li>• Update on A &amp; D issues</li> <li>• Possible distribution of draft report on coding for 0-3 mental health services. Discussion to take place at subsequent meeting. Will need to take to 1/06 HSC meeting for action.</li> </ul>	Next meeting date set for Wednesday, June 15th	<p>Darren will have Laura book a room at Meridian Park</p> <p>Darren to contact Diane Ponder to see if draft report will be available for June meeting distribution</p>	ASAP



## MEETING HIGHLIGHTS

### MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE

*Meridian Park Hospital Health Education Center, Room 104*

*Tualatin, OR*

*June 15, 2005*

*8:30 – 10:30 a.m.*

**Members Present:** Donalda Dodson, RN, MPH; Kathy Savicki, LCSW; David Pollack, MD; Casadi Marino, MSW; Gary Cobb; Michael Reaves, MD; Larry Marx, MD.

**Members Absent:** Ann Uhler; Seth Bernstein, PhD; Carole Romm, RN; Paul Potter, MSW, MAC.

**Staff Present:** Darren Coffman; Alison Little, MD, MPH.

**Guests:** Ralph Summers, OMHAS; Christina Jaramillo, SPD; John Custer, CareMark.

TOPIC	ACTION	RESPONSIBILITY	DATE
Review of April 20, 2005 meeting highlights	No changes recommended.		
OHMAS update: MMA  Christina Jaramillo gave presentation on eligibility, administration, and benefits of plan.  Non-OHP: <ul style="list-style-type: none"> <li>• Initial enrollment period from 11/15/05-5/15/06 and not be auto-enrolled.</li> <li>• \$37 premium, \$250 deductible, co-insurance of 25%/100%/5% depending on out-of-pocket costs.</li> </ul> OHP <ul style="list-style-type: none"> <li>• 80,000 dual eligibles (both FCHP &amp; FFS) will be auto-enrolled in October 2005 but can switch plans from month to month.</li> </ul>	David will provide web link to newsletter from Comprehensive Neuroscience on MMA to Darren to distribute to Subcommittee.  David/Darren	ASAP	

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>OHMAS update: MMA</p> <p>OHP (Cont'd):</p> <ul style="list-style-type: none"> <li>○ All but 3 FCHPs (LIPA, Tuality, OMHS) applying for Medicare Advantage Plan status, covering 57,000 OHP clients in defined service area.</li> <li>○ 23,000 FFS and other clients randomly assigned a plan.</li> <li>● Dual eligibles will continue to have benzos, barbiturates and possibly OTC covered by OHP and will have exception/appeals processes available.</li> <li>● There must also be two Prescription Drug Plans (PDPs) that serve all of Oregon and Washington with a network such that any client can't be more than 30 minutes away from a pharmacy (and 15 minutes in urban areas).</li> </ul> <p>QMBs/SLMBs:</p> <ul style="list-style-type: none"> <li>● Facilitated enrollment through May 15, 2005 and auto-enrolled effective June 1, 2005 if no plan selected and can't change for another six months.</li> </ul> <p>OMHAS will talk to Quality Improvement Organization (most likely OMPRO) once in place to talk about pharmaceutical initiatives they are working on.</p>			

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>OMHAS Update: Evidence-Based Practices</p> <p>Ralph Summers indicated that new materials will be on OMHAS website in 1-2 weeks.</p> <ul style="list-style-type: none"> <li>• Updated continuum of evidence with revised description for 3<sup>rd</sup> item (1-3 count towards statutory requirement).</li> <li>• Registry of evidence-based practices (EBPs) with an analysis by staff.</li> <li>• Method to register additional EBPs to be available in one month.</li> <li>• Survey of county MH departments (24/36 had usable data) found: <ul style="list-style-type: none"> <li>○ 56% of A&amp;D resources spent on EBPs (49% confidence with fidelity).</li> <li>○ 34% of MH resources spent on EBPs (11.5% confidence with fidelity).</li> <li>○ Need to have more reliable and verifiable method to collect data.</li> <li>○ Working w/community partners to monitor fidelity of evidence.</li> </ul> </li> </ul>	None		
<p>Discussion of Committee's Role in Monitoring OMHAS' Work Regarding EBPs</p> <ul style="list-style-type: none"> <li>• Continue to monitor OMHAS work for any list changes needed.</li> <li>• Ralph indicated problems being encountered with hospital services being taken off of list for certain conditions (e.g. adjustment disorders).</li> </ul>	Kathy and Larry will work on guideline on appropriate hospitalizations based on CASI scores since kids will be easier to develop guideline for.	<p>Ralph to provide list of diagnoses for which this is a problem.</p> <p>Kathy will draft guideline based on wording given by David, then send to Larry for review.</p>	Final draft of guideline to Sept. meeting

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>HSC update:</p> <ul style="list-style-type: none"> <li>Laurie Theodorou, MSW, Kevin Olson, MD, and Kathryn Weit were confirmed and will attend their first HSC meeting on July 7<sup>th</sup>.</li> <li>Darren Coffman presented Donalda Dodson with a plaque of appreciation for her 15+ years of service as an HSC member.</li> </ul>	None		
<p>Coding Clarifications</p> <ul style="list-style-type: none"> <li>Should nursing facility care be included on line 418, Substance-Induced Delusional and Mood Disorders/Intoxication?</li> <li>Should inpatient hospital services be included on line 419, Borderline Personality Disorders?</li> </ul>	<p>Do not recommend adding nursing facility care CPT codes to Line 418.</p> <p>Recommend adding CPT codes 90816-90819, 90821-90824, 90826-90827 to Line 419.</p>	Alison Little will present this recommendation to Health Outcomes Subcommittee at their July meeting.	7/7/05
<p>Other business</p> <ul style="list-style-type: none"> <li>David Pollack announced that there will be a conference held on August 29<sup>th</sup> on behavioral health workforce development, focusing on employers but involving many stakeholder groups.</li> </ul>	None		

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Other agenda topics for next meeting:</p> <ul style="list-style-type: none"> <li>• Discussion of recommendations of report on coding for 0-3 mental health services. Still plan to take to 1/06 HSC meeting for action.</li> <li>• Look at expanding A&amp;D procedures currently on the list for encounters only (e.g. subacute detox, case management, peer operated services).</li> <li>• Need for inclusion of monitoring tests (UAs, saliva) for mental health.</li> </ul>	<p>Next meeting date set for Wednesday, September 21, 2005.</p>	<p>Dorothy Allen had already reserved a room for Sept. 14<sup>th</sup> in accordance with the tentative meeting schedule previously distributed to HSC members. She changed the reservation to Sept. 21<sup>st</sup> and made it for Room 107.</p> <p>Darren will continue to communicate with Diane Ponder as to the progress on their report.</p>	<p>Done</p> <p>Up to Sept. 21<sup>st</sup> meeting date</p>

## MEETING HIGHLIGHTS

### MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE

*Meridian Park Hospital Health Education Center, Room 104*

*Tualatin, OR*

*September 21, 2005*

*8:30 – 10:30 a.m.*

**Members Present:** Donalda Dodson, RN, MPH; Kathy Savicki, LCSW; David Pollack, MD; Casadi Marino, MSW; Gary Cobb; Carole Romm, RN; Michael Reaves, MD; Ann Uhler, Seth Bernstein, PhD (via phone).

**Members Absent:** Larry Marx, MD; Paul Potter, MSW, MAC.

**Staff Present:** Darren Coffman; Alison Little, MD, MPH.

**Guests:** Ralph Summers, OMHAS; John Custer, CareMark; Laurie Theodorou, LCSW (via phone).

TOPIC	ACTION	RESPONSIBILITY	DATE
Review of June 15, 2005 meeting highlights	No changes recommended.		
<p>OHMAS update:</p> <p>Ralph Summers gave update on the Early Childhood Mental Health Diagnostic Classification System Project.</p> <ul style="list-style-type: none"> <li>• Executive Summary written by Nancy Winters, MD, outlines recommendations to date.</li> <li>• Calls for use of not otherwise specified codes previously removed from Prioritized List.</li> <li>• Treatment guidelines will be developed to identify appropriate use of services.</li> </ul>	<p>Final recommendations to be brought back to Subcommittee regarding potential List changes after additional OMHAS staff work is done.</p> <p>Full copy of report will be provided to Darren Coffman to circulate once it is available.</p>	Ralph Summers	Likely timeline - update at 11/05 mtg and final recommendation at 1/06 mtg.

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>OHMAS update (cont'd):</p> <ul style="list-style-type: none"> <li>• Kathy Savicki indicated the MHOs will go along with these mid-contract unfunded changes as long as they are built into the prospective rate setting process in the future.</li> <li>• Concerns raised regarding training issues for primary care providers and the potential to “over-pathologize” (label) kids.</li> <li>• Discussion ensued on related programs in OMHAS through the SIG grant and Oregon Children’s Plan funding.</li> </ul> <p>John Custer asked about the issue brought up at the last meeting regarding unpaid hospital claims due to the diagnosis assigned at discharge. Kathy Savicki said she approached the MHOs about this and they were adamant that this was a billing issue and not a coverage one. Hospitals should contact the Executive Director of the MHO involved if the problem persists.</p>	<p>Give heads-up to HOSC on coming changes and gauge their reaction on cost implications.</p>	<p>Darren Coffman</p>	<p>12/8/05</p>
<p>Other OMHAS projects:</p> <ul style="list-style-type: none"> <li>• Analyzing data on prescribing patterns in young children on mental health medications.</li> <li>• Expansion of services to kids with A&amp;D issues (incl. co-occurring diagnoses).</li> </ul>	<p>Will continue to update.</p>	<p>Ralph Summers</p>	<p>Ongoing</p>





TOPIC	ACTION	RESPONSIBILITY	DATE
<p>HSC update (cont'd):</p> <ul style="list-style-type: none"> <li>• Workgroup determined it is and that further consideration by HSC is warranted. HSC would focus solely on health service priorities, DHS/Governor/Legislature would determine if waiver amendment to implement this model would make sense.</li> <li>• HSC will begin looking at whether reprioritization of List is needed as part of biennial review process.</li> </ul> <p>He indicated the Health Outcomes Subcommittee (HOSC) will review recent evidence reports on the effectiveness of acupuncture in treating various conditions including chemical dependency. The HOSC will be reminded that the previous decision to include acupuncture for A&amp;D was as an adjunctive therapy to improve overall outcomes and retention.</p> <p>He announced that ICD-10-CM is supposed to be published in the 10/06 Federal Register, meaning implementation would begin in 10/08.</p>	<p>The MHCD Subcommittee will be informed if the HOSC is considering any changes to the List and their input will be solicited at that time. Ralph Summers offered OMHAS staff to identify studies showing efficacy if needed.</p> <p>He reminded the Subcommittee that they were asked to perform a pilot project of crosswalking MHCD lines from ICD-9-CM in establishing a process for HSC to follow for physical health lines.</p>	<p>Darren Coffman to provide updates and solicit input.</p> <p>HSC staff to provide Subcommittee with materials needed.</p>	<p>11/05</p> <p>11/05 - 6/06</p>

## MEETING HIGHLIGHTS

### MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE

*Meridian Park Hospital Health Education Center, Room 104*

*Tualatin, OR*

*November 16, 2005*

*8:30 – 10:30 a.m.*

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

**Members Absent:** Larry Marx, MD.

**Staff Present:** Darren Coffman.

**Guests:** Anita Miller, OMHAS; Laurie Theodorou, LCSW (via phone).

TOPIC	ACTION	RESPONSIBILITY	DATE
Review of September 21, 2005 meeting highlights	No changes recommended.		
OHMAS update:  Darren Coffman announced that Ralph Summers has begun participating in meetings involving the capitation rate setting process and will therefore have a standing conflict with this Subcommittee meeting for the foreseeable future.	Anita Miller will attend in his place.	None	
Darren Coffman reported on that Monday's meeting of the Early Childhood Mental Health Diagnostic Classification System Project. <ul style="list-style-type: none"> <li>• Final report to be completed by Nancy Winters, MD, in coming weeks.</li> </ul>	Final recommendations to include treatment guidelines and be brought back to Subcommittee regarding potential List changes. Diane Ponder and Nancy Winters will be invited.	OMHAS	1/06 mtg.

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>OHMAS update (cont'd):</p> <ul style="list-style-type: none"> <li>• Three codes are being identified that could represent relationship disorders. While Dr. Winters said she could write justification for limiting the use of a code for parent-child relational problems to 0-5 year olds, but she cannot for the codes for bereavement or abuse and neglect.</li> <li>• Three <i>not otherwise specified (NOS)</i> codes are recommended to add to the list in cases where a child does not meet the criteria for a more definitive diagnosis (i.e. a subsyndromal clinical presentation). It is recommended that existing ICD-9-CM diagnostic criteria be used.</li> <li>• No potential ICD-9-CM code exists to account for regulation disorders of sensory processing. An as yet unformed stakeholder workgroup will need to develop a recommendation to bring back to the Subcommittee.</li> <li>• Implementation will begin before training of providers is completed.</li> </ul>	<p>Give heads-up to HOSC on coming changes and gauge their reaction on cost implications. Raise subject of use of bereavement and abuse and neglect codes for individuals over five.</p> <p>A full copy of report will be provided to Darren Coffman to circulate once it is available.</p> <p>Subcommittee will be updated on progress of training.</p>	<p>Darren Coffman</p> <p>OMHAS/Darren Coffman</p> <p>OMHAS</p>	<p>12/8/05</p> <p>ASAP</p>

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Other technical corrections to list</p> <p>Kathy Savicki noted that the coding changes approved in the Spring of 2003 appeared to have some omissions/ errors.</p>	<p>Approved the following changes:</p> <ul style="list-style-type: none"> <li>• Add H0018 (Residential A&amp;E, per diem) and H0019 (Residential, per diem) to Line 301, PTSD.</li> <li>• Add H0019 to Lines 419, Borderline Personality, and 420, Schizotypal Personality.</li> <li>• Delete H0037 (Day treatment, per diem) from Line 502, Somatization/Somatoform Pain Disorders.</li> </ul>	<p>Darren Coffman will forward these to the HSC for incorporation into the April 1, 2006 list.</p>	<p>12/8/05</p>
<p>HSC update</p> <p>Darren Coffman reported that the Health Outcomes Subcommittee (HOSC) will not be making any changes to the Prioritized List at this time related to acupuncture.</p> <p>Mr. Coffman said that the HSC received the recommendation from the Prioritization Principles Workgroup at their September meeting.</p> <ul style="list-style-type: none"> <li>• As suggested, they are continuing to look at re-prioritizing the list with an emphasis on preventive care and the management of certain chronic fatal conditions.</li> </ul>	<p>The HOSC briefly discussed whether acupuncture could be added for chronic pain, but couldn't determine how that could be done.</p> <p>In the interest of time, discussion on ICD-10-CM was postponed until the next meeting.</p>	<p>None</p>	

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>HSC update (cont'd):</p> <ul style="list-style-type: none"> <li>This work will be conducted as part of the biennial review of the list, which concludes in May 2006.</li> </ul> <p>HSC members were given homework to reorder the original 17 categories of care from the 1991 methodology as a starting point. The responses will be reviewed at their December 8<sup>th</sup> meeting.</p> <p>The Subcommittee was provided with a document of where the MHCD lines fall on the 1/06 list, along with which of the 17 categories each line has been assigned to.</p> <p>The Subcommittee felt that the most important mental health services would fair well in such a revised methodology and that chemical dependency, in particular,, should end up with a high placement. This was reinforced by recent data Ann Uhler gave that showed the average age at death for those enrolled in a CD treatment program was 43.</p>	<p>The Subcommittee will continue to be updated on the HSC's progress and will provide comment on the categorization of the MHCD lines when appropriate.</p>	<p>Darren Coffman</p>	<p>Ongoing</p>
<p>Other business</p> <p>It was suggested that the January meeting be expanded to 3 hours to hear the report on the mental health diagnostic codes for children and then formulate recommendations for the HSC.</p>	<p>The next meeting will be held at the Meridian Park Health Education Center, Room 104, on Wed., Jan. 18, 2006 from 8:30 - 11:30 am.</p>	<p>Done</p>	

