

MEETING HIGHLIGHTS

MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE

Meridian Park Hospital
Community Health Education Center
Room 107

November 19, 2008

8:30 – 10:30 a.m.

Members Present: Donalda Dodson, RN, MPH, Chair; Kathy Savicki, LCSW; Seth Bernstein, PhD; Ann Uhler; Michael Reaves, MD.

Members Absent: Gary Cobb; David Pollack, MD; Carole Romm, RN.

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

Guests: Jay Yedziniak and David Fischer, AMHD; David Pass, MD, Health Resources Director; Dan Kennedy, RPh, OHSU Pharmacy manager and HRC Vice-Chair; Kathryn Weit, HSC member.

TOPIC	ACTION	RESPONSIBILITY	DATE
Review of Meeting Highlights September 10, 2008 highlights were reviewed.	Correction to the last page strikes the phrase "90 minutes." Meeting highlights were approved as amended.		
Presentation of HRC Report on Autism Spectrum Disorders The 2007 session of the Oregon Legislature passed House Bill 2918, relating to health care for children experiencing a pervasive developmental disorder, which it defined as "a neurological condition that includes Asperger's syndrome, autism, developmental delay, developmental disability or mental retardation." As a part of the legislation, the Health Resources Commission was directed to evaluate the effectiveness of treatments for pervasive developmental disorder. Further discussion directed the Health Resources Commission to develop a report on a medical evidence-based standard of the effectiveness of treatments for autism spectrum disorders (ASDs) in children and adolescents. Dr. David Pass and Dan Kennedy, RPh gave the subcommittee an overview of the Health Resources Commission's report on Autism Spectrum Disorders . (link = http://www.oregon.gov/OHPPR/HRC/docs/HRC.Reports/ASD_Final_SC_Draft.pdf)			

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<p>Presentation of HRC Report on ASDs (Cont'd)</p> <p>These conditions seem to fall at the intersection of education, developmental delay services and medical services. The MHCD Subcommittee's mission is to recommend where services for ASD should appear on the List.</p> <p>The Subcommittee came up with the following to do list:</p> <ul style="list-style-type: none"> • Review PT, OT and Speech Therapy as it relates to ASD. • Add family therapy codes to ASD line. • Create a current summary of treatment options cross-walked to where the treatment currently takes place and how it is funded. Which should Medicaid cover? <p>The following additional questions were raised:</p> <ul style="list-style-type: none"> • Is there a need for additional actuarial analysis? • This is a complicated category of disability. One system cannot handle all the responsibility. How do we braid the care systems together to provide services? Training and retraining competent providers is needed. <p>Additional observations made:</p> <ul style="list-style-type: none"> • Every state that has mandated Medicaid to fund ASD has had to institute financial maximums. • There is some interest in having an ongoing commission to study ASD and similar conditions. • Ms. Weit mentioned a national publication regarding best practices. The subcommittee would like to see this report. 	<p>Find an early intervention specialist to participate in the next MHCD meeting.</p> <p>Break down the broad categories down into fundable interventions to identify the MH component. Look at what other Medicaid programs are funding; review their HCPCS.</p> <p>Gather billing data for ASD in Oregon and other states.</p> <p>Locate and distribute report on best practices.</p>	<p>Darren/Ariel</p> <p>Subcommittee</p> <p>Ariel and Kathryn</p> <p>Darren</p>	<p>January</p> <p>January mtg</p> <p>January</p> <p>January</p>
<p>Public Comment</p> <p>There was no public comment at this time.</p>			

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Appropriate Placement of Services on Chronic Organic Mental Disorders & Autism Spectrum Disorders Lines</p> <p>For the April 2009 List – Are there changes that need to be made for the combined dementia/ASD lines?</p> <p>Changes will take effect in 2010, and will be part of the Biennial Report to the Legislature, which should be finalized in the spring.</p>	<p>Concentrate on amending the codes that will take effect in 2010.</p> <p>Discuss new codes at an additional MHCD meeting if necessary.</p>		
<p>HSC/OHFB Update</p> <p>Darren reports that the HSC is meeting December 4, 2008 to discuss and place the new CPT codes.</p> <p>The Health Fund Board has finalized their report and will be presenting to the Governor within the next few weeks.</p>			
<p>AMHD Update.</p> <p>The new AMHD representative, David Fischer, was introduced to the members.</p>			
<p>Other Business</p> <p>None</p>			
<p>Adjournment</p> <p>Meeting was adjourned at 10:30 am.</p>	<p>Next meeting is January 21, 2009 at 8:30 – 11:30 AM.</p>	<p>Dorothy</p>	<p>ASAP</p>

MEETING HIGHLIGHTS

MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE

**Meridian Park Hospital
Community Health Education Center
Room 107**

*September 10, 2008
8:30 – 10:30 a.m.*

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

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

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

Guests: Jen Lewis, Oregon Medical Association.

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Review of Meeting Highlights May 21, 2007 highlights were reviewed.</p>	Meeting highlights were approved as written.		
<p>HSC Update Darren reported that the HSC met in May and August 2008 to work through the October 1, 2008 changes the Prioritized List. There were various presentations at the May and August meetings. (fibromyalgia, allergy treatments, As a result, changes were made to the preventive dental services and pharmacy medical management guidelines, while no changes were made to the placement of fibromyalgia and allergy treatments after the testimony.</p> <p>The Commission completed their biennial review, including the changes recommended by the MHCD Subcommittee for splitting the chronic organic diseases line and creating a line for the treatment of Autism Spectrum Disorder, which is dependant on the HRC's pending report on the subject. The HRC is next meeting in October. Members would like to have a child psychologist at November's meeting for this discussion.</p> <p>Uhler asked if anyone knows if people have been refused disability based on coverage of conditions on the List. No one had.</p> <p>Darren reported that he has been in contact with DMAP and they are working on an administrative solution to ensure the codes for psychological assessment & testing in a school-based setting can be paid to schools, rather than placing the codes conditionally on the List.</p>	<p>Circulate the HRC's draft report when it is completed.</p> <p>Invite Nancy Winters or Bruce Able to the November 19th meeting.</p>	<p>Darren/Ariel</p> <p>Darren/Ariel</p>	<p>Before the 11/19/08 meeting.</p>

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>HSC Update (cont'd)</p> <p>Social Services Worker HSC position is still vacant, as is a consumer representative slot.</p> <p>New HSC Commissioner Bob Joondeph will likely be attending the MHCD meetings.</p>	<p>Rachael Post, Director of employment and supportive housing, was proposed.</p> <p>Add Bob Joondeph to the MHCD distribution list.</p>	<p>Darren will ask Dorothy</p>	<p>Prior to 11/19/08 meeting</p>
<p>AMHD Update</p> <p>No report given.</p>			
<p>Non-Pairing of Extended Therapy Sessions with Some Diagnoses</p> <p>It was noted at the last meeting that the codes for 75-to-80 minute psychotherapy sessions are missing from many appropriate mental health lines. Kathy Savicki and Seth Bernstein work on coming up with a list of these lines over the interim, which Kathy distributed. They include the lines for borderline personality disorder, PTSD, eating disorders NOS, acute stress disorder, conversion disorder, somatization disorder, separation anxiety disorder, panic disorder, simple and social phobias, and gender ID disorder.</p>	<p>Recommend HSC add 90809-10, 90814-15, 90821-22, and 90828-29 to lines 108, 181, 315, 387 395, 412, 414, 421, 475, 511, and 514.</p>	<p>Darren/Ariel</p>	<p>12/4/08 HOSC meeting.</p>
<p>Other Business</p> <p><i>Provider Education:</i></p> <p>David mentioned that he has been part of a group of doctors giving slide deck presentation lectures to train providers about evidence-based medicine and pharmacy industry advertising tactics. This lecture series is a result of Attorney General's grant the state received as a result of the inappropriate off-label marketing of neurontin.</p> <p><i>Integration:</i></p> <p>Kathy noted that a new position has been created in the DHS Director's office. That position's primary responsibility will be to identify ways to lessen obstacles and barriers to physical and mental health integration.</p> <p>Ann shared that Kaiser in California is running into issues with confidentiality and legal action that may hinder the advancement of coordinated care (may harm the patient rather than protect them). This may present issues for the integrated health home model the state has been discussing.</p>	<p>Invite staff person hired to the MHCD meetings.</p>	<p>Darren/Ariel</p>	<p>Before the 11/19/08 meeting</p>

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Other Business (cont'd)</p> <p><i>Tobacco Cessation:</i> Ann reported that a subgroup has formed to figure out cost estimates for a recommendation slated to come to the HSC that tobacco cessation treatment programs be formed across physical, mental health and other systems. Evidence is showing that tobacco cessation for those with other addiction and/or mental health issues is more effective when they are treated differently than those who do not.</p> <p><i>Traumatic Brain Injury (TBI)</i> Ann noted that there are recent findings suggesting a strong relationship between those with mental health disorders and TBI, especially for women. Different interventions are required for those with TBI, with differential diagnosing needed to lead to differential treatments (i.e., those with TBI can have based on the fact that they have retrospective abilities but not prospective abilities).</p>	<p>A guideline should be drafted by the Subcommittee to forward to the HSC, perhaps by November.</p> <p>Ann will send the presentation and one-page screening tool to the group.</p>		
<p>Adjournment Meeting was adjourned at 10:30 am.</p>	<p>Next meeting is November 19, 2008 at the Wilsonville Training Center, Room 212</p>		

MEETING HIGHLIGHTS

MENTAL HEALTH CARE AND CHEMICAL DEPENDENCY SUBCOMMITTEE
Wilsonville Training Center Room 110
Tualatin, Oregon
May 21, 2008
8:30 – 11:00 a.m.

Members Present: Carole Romm, RN; Donalda Dodson, RN, MPH, Chair; Gary Cobb; Kathy Savicki, LCSW; Seth Bernstein, PhD; Ann Uhler; David Pollack, MD.

Members Absent: Michael Reaves, MD.

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

Guests: Linda J. Williams, School Based Health Services, DHS.

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Review of Meeting Highlights November 21, 2007 highlights were reviewed.</p>	Meeting highlights were approved as written.		
<p>MHCD Membership Update: Bob McKelvey, who was on the subcommittee but was unable to make any of the meetings, resigned.</p> <p>Also, Rodney McDowell, due to changes at his workplace, resigned from the Health Services Commission and MHCD Subcommittee.</p> <p>Although this committee has no requirement for number of participants, generally there are 10 to 11 members. With these resignations, membership is down to 8.</p> <p>The members would like to have access to a child psychiatrist, if not as a member, as a resource.</p>	Linda Williams offered to forward recruitment information to the school districts.	Linda Williams	ASAP
<p>HSC Update Darren reported that the HOSC met in December to review new codes and the HSC met in early January to review and approve the list changes that went into effect April 1, 2008.</p>			

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>HSC Update (cont'd) Included in those accepted recommendations were the phone/email codes and pharmacy management codes reviewed in November.</p> <p>The HSC is meeting tomorrow (May 22) to complete their biennial review. Testimony will be heard on fibromyalgia, allergies, constipation in children, gastroparesis and tonsillectomy for sleep apnea, to name a few.</p>			
<p>Benefits Committee Update Meetings were held in December to present. The members have developed an action plan for using the Prioritized List and will present to the Board on June 25th. The draft plan calls for tiers of cost sharing; high priority conditions having less. The plan proposes a fairly large deductible with out-of-pocket maximum caps as well as certain preventive services and “value-based services” not subject to the deductible and with little-to-no cost sharing.</p> <p>David suggested adding the following statement to the Essential Benefit Package document, page 6:</p> <p><i>The integrated health home may be a single provider, group practice or clinic, or an integrated network of providers. The specific structure of an integrated health home may look somewhat different in different communities around the state but shall (eventually) meet some general guidelines.</i></p> <p>David suggested also to add on page 2, item 4:</p> <p><i>Additionally, the significant impact, both acute and cumulative, that psychologically traumatic experiences have on health and behavior health services utilization and costs must be considered in diagnostic assessment and treatment planning.</i></p> <p>It was also suggested to incorporate the example of smoking cessation along with other addiction treatment as a value-based service under the chronic disease management heading on page 9.</p>	<p>Value-based services are as yet undefined. MHCD urges inclusion of treatment of addiction to be among them.</p> <p>David will continue to word-smith the suggestions.</p>	<p>Ariel & Darren</p> <p>Darren and David will work finalize the recommendations to take to the Benefit Committee meeting on May 27, 2008.</p>	<p>Future HSC mtg</p>

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>AMHD Update No report given.</p>			
<p>Psychological Assessment & Testing in a School-Based Setting History: Psychological testing codes 96102 and 96103 were derived from breaking a single code into three parts. The initial code, 96101 (Psychological testing, interpretation and reporting per hour by a psychologist), remained on the list and the two new codes 96102 (Psychological testing per hour by a technician), 96103 (Psychological testing by a computer, including time for the psychologist's interpretation and reporting), were placed on the never-covered list.</p> <p>Linda J. Williams, A representative of Department of Human Services (DHS) asked the subcommittee to reconsider these two codes, citing the school system's inability to afford a psychologist's time to perform the tests, noting that no matter who performs the test, a psychologist is required to evaluate the results. There would be no financial impact to the state as the Department of Education would cover the costs, funneling the charges through OHP for federal match. This is used only for children who are on OHP.</p>	<p>The members wish to collaborate with DHS to construct an administrative way this can be accomplished, rather than making a change to the list.</p>	<p>Darren will work with DHS staff</p>	<p>ASAP</p>
<p>Biennial Review of the Prioritized List The Health Resources Commission was charged by state statute to perform an evidence based review on the management and treatment of Autism Spectrum Disorder.</p> <p>Tomorrow (5/22/08) the HSC will review and vote on changes for the current biennial review.</p>	<p>Line 210 (Chronic organic mental disorders including dementias) will be split into two lines:</p> <p>1) Line 210 (Chronic organic mental disorders including dementias) and 2) Line 211 (Autism spectrum disorders; Treatment: medical /psychotherapy). Both lines will hold all the CPT codes current on Line 210. These treatment codes will be re-evaluated at a later time. The guideline</p>	<p>Darren will present to the HSC.</p>	<p>May 22, 2008</p>

TOPIC	ACTION	RESPONSIBILITY	DATE
<p>Biennial Review of the Prioritized List (cont'd)</p>	<p>regarding health and behavior assessment codes will be removed from both lines.</p>		
<p>Non-Pairing of Extended Therapy Sessions with Some Diagnoses 75-to-80 minute codes are missing on many lines.</p>	<p>Codes can be added during interim modifications.</p>	<p>Seth and Kathy will help identify the codes and where they might belong.</p>	<p>Before the next mtg</p>
<p>Counseling for Tobacco Dependence A report from the Tobacco Cessation Leadership Network was introduced, which addresses providing tobacco cessation services for people with mental illness and substance use disorders.</p> <p>The Tobacco Quit-line has money for training.</p> <p>If you treat tobacco dependence concurrently with other dependence, the success rate is higher.</p> <p>Who can get reimbursed for what services?</p>	<p>Ariel suggested that members present at a Medical Director's meeting.</p>	<p>Kathy will talk to Wally Shaffer to be added to the agenda.</p>	<p>ASAP</p>
<p>Other Business The Subcommittee will take the remainder of the summer off.</p>	<p>The next meeting will be held September 10, 2008, 8:30 to 11:00 am, if there is a sufficient agenda.</p>	<p>Darren will work with Donald.</p>	<p>August</p>