

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>

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<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>

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<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>