

Behavioral Health Advisory Council Special Meeting

Monday, March 30, 2015
9:30 am – 11:00pm

OHCA
4345 N. Lincoln

Minutes

Present:

Mark Attanasi
Laura Boyd
Janet Cizek
Charles Danley
Verna Foust

Melissa Griffin
Kimrey McGinnis
Karen Orsi
Randy Randleman
Jolene Ring

Traylor Rains Sims
Jeff Talent
Joy Turner
Lisa Williams
Brian Wolfe

Anticipated Budget Cuts

- We don't have our budget yet, but based on the Governor's proposed budget, we are looking at a best case scenario of a \$10 million cut in state dollars.
- Commissioner White's budget meeting before the Senate is scheduled for April 8th when we will get more information about the state of our budget.
- ODMHSAS Medicaid behavioral health budget encompasses everything except acute inpatient psychiatric units reimbursed using DRG.

Brainstorming ideas/ways to reduce the budget for Medicaid behavioral health services

- **Individual Therapy and Family Therapy Unit Cuts**
 - High prevalence of 90 minute individual therapy sessions by LBHPs in agencies.
 - Individually contracted use CPT codes and those are automatically limited by CPT timing standards. Psychotherapy codes for individual providers do not pay over 60 minutes.
 - Right now we allow for 6 units of individual therapy per member per day by LBHPs in agencies as well as 8 units of family therapy per member per day with and without client. We understand the need for an occasional 90 minute session, but it looks like some agencies are billing nothing but 90 minute sessions.
 - If we cut just the individual therapy from 6 units a day to 5 units (one hour and 15 minutes) a day and limited family therapy with and without client to 4 units a day so that is an hour, it looks like our total savings would be about \$17 million total dollars or \$6,800,000 state dollars 40%.
 - If we limit to just 4 units, an hour, of individual and then and an hour and a half of family with and without client about \$21 million total dollars or \$8,100,000 state dollars may be saved.
 - If we limit it to just an hour of individual and an hour of family with and without client it's a savings of \$28 million total dollars or \$11,200,000.00 state dollars 40%.
 - BHAC members expressed that the maximum of all family therapy with and without client should be a max of 120 minutes per member per day. You should not see an hour and a half with client and an hour and a half without client on the same day.

- Everybody in the room agrees that 6 hours of therapy in one day is wrong. We need to ratchet that down. What seems minimally reasonable seems to be an hour a day of individual an hour and a half of family.
 - If we limit it to 2.5 hours we would save \$8,100,000 state dollars.
- **Possible Independent LBHPs 17% rate cut**
 - We talked about independently contracted LBHPs and what it would look like to do a possible moratorium for contracting or some kind of a rate adjustment.
 - On the rate adjustment, right now independently contracted providers, on average, receive 17% higher than agency rates so if we were to even that out it came to \$2.5 million dollars total which is about \$900,000 state dollars per year if you were to lower their rates down to agency rates.
 - Agency will need to research whether dropping independent LBHP reimbursement rates to agency rates, would affect access to care for certain clients.
 - Cutting rates is the last thing ODMHSAS wants to do. It would only be done as a last resort for us. We'd rather make targeted cuts to program spending such as the cut on daily units of therapy.
- **Case Management is another category we may want to discuss**
 - Clients are allowed 25 units in a month
 - After rehab got cut, it is standard across the board for some agencies to bill 25 units per client no matter what.
 - How can we better manage this? Sometimes they need 25 units, but do they really need 25 units all the time.
 - Case Management is a cheap service that prevents higher levels of care so we don't want to be too restrictive
 - Could you have so many units of case management tied to a therapy session? Like a ratio system.
 - Since case management went up when rehab went away, can we look at the numbers of what typical case management was before the change to have something to compare it to?
 - The dollar amount for case management has doubled since rehab went away.
 - Last year we paid about 10 million for case management and this year we are looking to pay about 20 million.
- **Recommendations**
 - It would be helpful if we can go into the open BHAC meeting having this issue resolved. Then we can even begin to have these discussions about these other quality of care issues that we know are going to go another time like the LBHP or the issue of case management or the 17% higher rate and the fact that has different sides of the discussion whether that is good or not. Those are some things that we can begin in front of a public group with it being really clear agenda wise that we are not intending to decide policy on those things at this meeting in April, but the urgency of whether we do a budget actually have that resolved and if we as a BHAC group vote we are informing and we can hear concerns or questions, but we don't have to reopen that for discussion.
 - Jeff Tallent made a motion to accept this idea and Verna Foust seconded the motion. Everyone was in favor.
 - Mark will look at what kind of savings can be made by modifying case management and tying it to the treatment plans.

- Recommend having a presentation at the next open BHAC meeting regarding the Program Integrity Audit process. This will help inform providers on how the "bad actors" are identified and recouped from.
- It might also be helpful to hear the percentage of fraud and abuse in other health care because a lot of times in behavioral health we think our problems are worse than what other agencies are experiencing. It's across the board in medical, dental etc.
- **Educational Services Issue**
 - Laura thanked the Health Care Authority and the Department of Mental Health for resolving that school-based services issue. I think we must do that again publically.
- **Action Items**
 - Laura and Jeff will write a letter on behalf of BHAC directed toward the governor and legislature supporting ODMHSAS' budget request. Jeff Tallent agreed to write up the letter and will check with Steve Buck.
 - Someone will visit with Joy Hofmeister about what has happened with education services issue and then determine if more letters should go out or if the word is getting out.

Next meeting public meeting on Wednesday at 9:30 am.

Meeting Adjourned 11:00 am