

MINUTES

Community Mental Health Center Services Financial Workgroup

January 8, 2020
9:00-11:00 am
Teleconference

In Attendance

Michelle Carpenter, Linda Reidt Kilber, Terry Dosch, Tiffany Wolfgang, Stacy Bruels, Steven Gordon, Michelle Spies, Laurie Mikkonen, Laura Schaeffer, Sarah Burt, Amy Iversen-Pollreisz, Phyllis Meiners, Doug Dix

Not Present:

Welcome and Introductions

- Laurie Mikkonen welcomed the group.

Review and Finalize December 10, 2019 Minutes

- The December 10, 2019 minutes were reviewed. Terry Dosch made a motion to approve. Linda Reidt Kilber seconded the motion. Minutes were approved.

Review Psych/CNP, CARE, IMPACT, Room and Board, and CYF Rates

- Laurie Mikkonen provided an overview of the email communication from between meetings regarding establishing a 15-minute unit rate or a 20-minute unit rate for psychiatry and CNP/PA medication management. The consensus from agencies was that billing systems limited the ability to account for two types of unit increments with different rounding for number of units that are billed. As a result, the workgroup approved the modeled rate recommendation at the 15-minute increment, resulting in a modeled rate for psychiatry of \$72.72 and CNP/PA at \$65.45 for medication management and follow up appointments. The initial evaluation was previously approved at an encounter rate.
- Laurie Mikkonen discussed follow up that was complete regarding the CARE model. Capital Area Counseling confirmed that removing a transitional CARE rate was acceptable. The workgroup discussed the duplication percentage and questions

regarding its accuracy. Some agencies expressed that they are unable to accurately collect and report the duplication percentage because they do not have a mechanism in place to do so. Agencies indicated that with some of the more recent evidence-based practices, such as Dialectical Behavior Therapy (DBT), there has been an increase in the duplication rate. DSS will follow up with providers to obtain more recent duplication percentages. Agencies will work with their clinical staff to try to obtain a more accurate percentage as well. It is planned to present a revised duplication percentage in the model at the next workgroup meeting. It was also clarified that Three Rivers and Southern Plains will remain at billing the rural rate 100% of the time due to the nature of their catchment areas.

- Laurie Mikkonen walked through the IMPACT model and the workgroup discussed the follow up completed with all IMPACT providers between meetings. A concern raised related to U.S. Department of Labor changes requiring an increase in the base for salaried employees. The workgroup committed to reviewing salary information in the future as the increase should be documented on the cost report. As with CARE, follow up will be conducted to obtain more recent duplication percentage data. A question for consideration is if the duplication percentage should be broken out between the “full” and “partial” programs.
- A revised room and board model was presented that directly reflects the data from the cost reports for Behavior Management Systems and Human Service Agency. An occupancy percentage is not directly calculated in; however, the cost report information would include units that would relate to occupancy. The occupancy from the cost report data calculates to around 92%. Linda indicated that other service delivery models, the occupancy had been calculated at 90%. Would we be revising the model to reflect 90%. Linda indicated that at this time, occupancy is higher than 90%, while Michelle Spies had indicated their occupancy is closer to 75%. The workgroup discussed that there is a need for this service, and typically there is a wait list. DSS will assist with a system review to ensure referrals are being made in an effort to increase occupancy at the Human Service Agency. As a result, it was agreed to leave the occupancy at the reflected costs with a commitment to monitor the percentage and re-evaluate in the future. With this, the workgroup was supportive with moving forward with the model, which resulted in a modeled rate of \$88.28 per day.
- Laurie walked through the CYF individual and group models. Phyllis inquired if we anticipate applying the 20% increase for the rural rate. In response, yes, in the next iteration of the model will include the 20% increase for the rural rate based on our past conversation with CARE. Linda inquired about excluding Community Counseling Services, and if we know why they’re an outlier. DSS indicated that throughout all services, the costs had been higher indicating they’ve consistently been an outlier. Linda mentioned that if there was a lot of staff turnover that could result in lower units, and higher cost per units. Laurie indicated that it is not a requirement to exclude outliers; however, it does help normalize rates across providers. Michelle Carpenter inquired about the modeled rate being lower than 6 of the 10 providers that had 2018 cost report information. DSS will review the cost report information and models to ensure information was input into the model

correctly. The group model was reviewed as well. DSS will review the cost report information and follow up as needed to ensure all agencies that provide group services are included.

Next Steps

- Workgroup members will review the duplication percentage for CARE and IMPACT with their clinical staff to attempt to report a more accurate percentage as well as calculate it for a more recent time period.
 - DSS will follow up with providers on the duplication percentage for CARE and IMPACT and update the model based on revised data.
 - DSS will review the CYF models to verify inputs.
 - DSS will look to schedule another meeting in February.
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Public Comment

- Laurie Mikkonen asked for any public comment. Being none, the meeting was adjourned.