

MINUTES

Community Mental Health Center Services Financial Workgroup

October 16, 2019
2:00-3:10 pm
Teleconference

In Attendance

Phyllis Meiners, Michelle Carpenter, Linda Reidt Kilber, Terry Dosch, Tiffany Wolfgang, Stacy Bruels, Brenda Tidball-Zeltinger, Steven Gordon, Michelle Spies, Amy Iversen-Pollreisz

Not Present: Laurie Mikkonen, Laura Schaeffer

Welcome and Introductions

- Brenda Tidball-Zeltinger welcomed the group.

Review and Finalize September 25, 2019 Minutes

- The workgroup reviewed the minutes. Michelle Carpenter motioned to approve; Linda Reidt Kilber seconded the motion. The minutes were approved.

Review Psychiatric, CNP/PA, CARE, IMPACT and Room and Board Data

- Brenda Tidball-Zeltinger and Steven Gordon walked through the initial psychiatric model, which is based on the cost report data including one model that contemplated 100% billable time as well as 50% billable time. Brenda indicated that after the next steps with the model will be to exclude outliers and include psychiatric nursing based on the conversation from the group. The group discussed that psychiatric nursing is included in the indirect costs in some cases where agencies use nursing staff. Best practices discussed suggested that the nursing support is recommended so nursing costs that were previously accounted for in the indirect percentage will be included in the direct staffing portion along with the psychiatrist to be clear in the model where those costs are included. After this, as was discussed at the prior meeting, DSS would begin to model an encounter rate based on average length of an assessment to be in alignment with other payers.

Medication management would remain fee-for-service but modeled to a 20-minute unit rather than a 15-minute unit. CNP/PAs would be modeled at 90% of the psychiatric rate based on current practice and to be in alignment with Medicaid and other payers.

- Brenda and Steven also walked through the market information obtained from the South Dakota Department of Labor and the US Bureau of Labor Statistics to compare the costs reported to the market.
- Brenda and Steven provided an overview of the IMPACT model so far, which consisted of compiling cost report information. Linda Reidt Kilber commented on the wide range of professional services and expenses. It was discussed needing to consider outliers in the model in that regard as well as identifying the makeup of the teams and their percentage of time based on the survey results. Amy Iversen-Pollreis commented that IMPACT programs must have a core set of staff whether there is a full caseload or not, so we may need to look at a smaller programs rate versus a larger program.
- Amy Iversen-Pollreis also commented on the possibility of looking at reimbursement for liaison services. At one point it was a separate payment; however, when rates were bundled it was discontinued as a separate payment. Are these costs within the cost reports? Linda Reidt Kilber was able to provide history that liaison services were billed out at 1/12th each month, but it was supposed to be rolled into the bundled payment. There isn't an accurate tracking mechanism in place to identify all liaison services provided. The workgroup agreed that reimbursement for liaison services will need to be assessed as the cost reports may not have accurate information. Liaison services is work that happens with another entity and/or the client to coordinate services for when a client returns home, or to begin building a relationship with a new client.
- The model for CARE and Room and Board were also reviewed with the information from the cost reports. The workgroup discussed the difference between "regular" CARE and CARE "Transitional", identifying that CARE Transitional is correlated to Room and Board and additional staff. The transitional program would have residential supervisors and staff that would need to be accounted for. Survey information related to the CARE teams will be incorporated into the model. Currently, three surveys are missing.
- The last item provided to the group was a current list of billing codes and what they are used for and rates according to the National Fee Analyzer.

Next Steps

- DSS is waiting on three surveys. Terry Dosch offered assistance in obtaining these from the CMHCs.
- DSS will move psychiatric nursing from the indirect cost line to the staff allocation for psychiatric services.
- DSS will incorporate survey information into the IMPACT and CARE models and send a draft of the direct care staff for each for the workgroup to review prior to our next meeting.

- DSS will share the final report from Myers and Stauffer that provides a rate and model comparison to other states, reimbursement for telemedicine, and alternative payment models.

Public Comment

- Brenda Tidball-Zeltinger asked for any public comment. Being none, the meeting was adjourned.