MINUTES

Community Mental Health Center Services
Financial Workgroup

November 21, 2019
9:00-11:00 am
Teleconference

In Attendance

Phyllis Meiners, Michelle Carpenter, Linda Reidt Kilber, Terry Dosch, Tiffany Wolfgang, Stacy Bruels, Steven Gordon, Michelle Spies, Laurie Mikkonen, Laura Schaeffer, Sarah Burtt

Not Present: Brenda Tidball-Zeltinger, Amy Iversen-Pollreisz

Welcome and Introductions

- Laurie Mikkonen welcomed the group.

Review and Finalize November 7, 2019 Minutes

- The workgroup reviewed the minutes. Linda Reidt Kilber indicated a correction needed to be made to the minutes as the $329.96 is not what they pay their psychiatrist, but rather is the center's usual and customary rate charged. With this change Linda made a motion to approve the minutes. Michelle Carpenter seconded. The review of minutes was also for October 16 rather than September 25.

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

- Laurie Mikkonen walked through changes made to the psych/CNP model which included modifying the salary of the nurse and psychiatrist to be weighted according to the amount of time each would spend with a client rather than both spending 100% of the time with a client. The nurse salary was calculated at 1/3 and the psychiatrist salary at 2/3. The workgroup agreed with the time breakout. Michelle Spies estimated her nursing staff spends 17-20% of the appointment time with clients. Survey information of average billable time for psychiatry was reviewed. 2 centers had not yet responded, and one center's information was excluded due to being low (7%). The average calculated to 53% billable time and incorporated into the model. A question was raised regarding Southeastern's

billable time at 69%. DSS staff will follow up to verify this is correct. The revised salary and billable time recalculated the 15-minute unit rate to be $64.11, or a 60-minute encounter rate of $256.45 for the initial evaluation (90791 AM). A 20-minute unit rate calculates to $87.25 for medication management (90863 AM). DSS will follow up with providers whose follow up appointments are greater than 20 minutes to obtain feedback and any impacts to scheduling and reimbursement. Additional conversation and a proposal will be made for the minimum amount of time that would be required to claim the encounter rate as well as the 20-minute unit as well as if any rounding of the unit reimbursement will occur.

- A question was raised regarding the benefit and taxes amount calculated. DSS staff will revisit the percent and amount used for benefits and taxes in the model.
- Based on feedback from the last workgroup meeting, each provider type was pulled into the model: standard, transitional, and rural. It was noted that expenses were higher in the standard model than the transitional or rural. Workgroup members indicated they were unsure as to why this would be; however, it may be due to level of licensure and changes that have been made to the CARE program since the rates were modeled the last time.
- Adjustments were also made to the costs for the centers that provide transitional CARE to remove costs associated with room and board. It was recommended to move to one CARE rate and apply an increase for rural services. As a result, all centers' CARE costs will be combined into one model for the next workgroup meeting and layer in a rural rate.
- Laurie Mikkonen walked through the room and board model from the substance use disorder workgroup for low intensity. The workgroup agreed this model could be used and revised based on the mental health specific information. Sizes of the programs are much smaller on the mental health side; Behavior Management Systems has 12 beds; Human Service Agency has 12 beds and 2 beds for emergency overflows, and Capital Area Counseling Services as 20 beds split between two locations. Follow up will be conducted to obtain information on Capital Area Counseling Services staffing patterns. A question was raised if the Department of Health requires two workers on site for transitional services.
- Laurie Mikkonen walked through the IMPACT model and variances in costs. The workgroup discussed that it would make more sense for smaller programs to have a different modeled rate due to their size and ability to staff according to the model. DSS will review to confirm that all centers fidelity reviews indicate appropriate staffing according to our expectations as well as differentiate larger providers compared to smaller ones.

Next Steps

- DSS will follow up on the percentage of benefits and taxes used in the psychiatry model, follow up with centers that typically schedule medication management in 30-minute increments as well as with Southeastern Behavioral Health on the percent billable, and create a proposal for minimum amount of time required to bill.
- DSS will provide the CARE model with all providers included and then layer in a rural rate.

- DSS will use the low intensity room and board model and update with the centers' information to provide a mental health room and board rate model as well as follow up with Capital Area Counseling on staffing patterns.
- DSS will develop two IMPACT models: one for larger providers and one for smaller providers and confirm that current staffing patterns meet fidelity requirements.

Public Comment

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