

Continuity of Care: 9/25/18

Meeting Time: 1:30 p.m.

Attending: Galli Murray, Stephanie Willard, Ann Kirkwood, Julie Magers. Jerry Gabay

NOTES Goal: Review progress on goals and set priority tasks for FY 18-19

YSIPP Goal	Topic	Notes
<b>Introductions:</b>	Review Notes from Last Meeting Update on Action Items	<p>Annette and Stephanie shared an update on Alliance members meeting with Sen Gelser and Rep Keny-Guyer this morning. Sen Gelser is submitting legislation to write the Alliance into statute.</p> <p>Working to include schools in SB561. Galli suggested working to find champion through our schools committee.</p> <p>Rep. Keny-Guyer will introduce SB48 expansion to mandate CEUs for behavioral health (leg concept by Alliance.)</p> <p>Legislative Concept re developing a ASIPP (Adult Suicide Intervention and Prevention Plan) is being submitted by Lines for Life.</p>
<b>7.3.c.</b> OHA will collaborate with the Alliance to create a legislative agenda that includes provision of suicide risk assessment and crisis counseling, at the in-network level of benefits, delivered by community mental health programs or other providers. Provision of suicide risk assessment and crisis counseling should be considered an essential health benefit that cannot be denied due to provider panel restrictions, pre-authorization requirements or other administrative functions.	Suicide Risk Assessment at in-network level of benefits	<p>Payment mechanism is in the 3091 Rules put out by DCBS. It specified that insurers must pay for all the aspects included in 3090 Rules.</p> <p>Ann notes that one insurance company has talked about bundling the rates. There are some discussions occurring between Cheryl R. and Dan from MODA.</p> <p>Role for Continuity of Care is to monitor implementation and to see if there are any issues/concerns. Jerry notes that monitoring this could be complex and that some insurance companies have expressed the view that they are already paying for them as a standard of care.</p> <p>Ann thinks that Cheryl Ramirez should be monitoring it. Ask her to report progress to Alliance. <b>Galli will reach out to Cheryl about in-network benefits.</b></p>

		<p>Jerry – comments that Rules mean nothing if they’re not enforced. This only happens if they are well monitored. He thinks that it is key to propose what we think is necessary in order to assess if it’s being implemented and effective. He urges the Alliance to be strong in its position regarding monitoring. 3091 needs to be monitored to learn if insurance cos. are not providing more services based upon the contention that their services have already been paid for as bundled.</p> <p>Reach out to Chelsea Holcomb—email on behalf of the Continuity of Care committee and ask for specific information regarding the monitoring. Follow up with Julie regarding enforcement and cost around 3090/3091 Rules. Galli.</p> <p>Julie—unless information is made public it is difficult for the public to respond. Urges transparency from public partners as monitoring process is being determined. Where should the Alliance go to talk through these issues. Ask OHA about how 3090 Rules will be enforced. Get specific regarding who, which department. What is being decided about reports in relationship to 3090. Julie, Galli and Jerry go to Chelsea to talk about specific issues around monitoring as the OHA rep on the Alliance. Julie will start email thread.</p>
<p>7.4b <b>7.3.c.</b> OHA will collaborate with the Alliance to create a legislative agenda that includes provision of suicide risk assessment and crisis counseling, at the in-network level of benefits, delivered by community mental health programs or other providers. Provision of suicide risk assessment and crisis counseling should be considered an essential health benefit that cannot be denied due to provider panel restrictions, pre-authorization requirements or other administrative functions.</p>	<p>Implementing caring contacts post-ED. Next steps, if any, to support implementation now that OAR finalized.</p> <p>-Recommend that OHA request Hospital EDs to a) submit suicide risk assessments required by JCAHO licensing and accreditation standards; and b) adopt a Research Based Standard of Care for Risk Assessment such as the CSSRS (recommended by Continuity of Care committee of the Alliance).</p>	<p>We took a moment to celebrate our success around getting caring contacts into the OARS. Now the implementation work needs to move forward.</p> <p>Call Dana at Public Health and reinforce the idea that caring contacts don’t need to be a clinician. Refer to the Rules to show the variety of people who are named as caring contacts.</p> <p>Rules also indicate that hospitals can contract out to qualified community mental health and/or suicide prevention line . <b>Action: Ann will follow up with an email to clarify.</b></p> <p><b>Action: OHA completed a two-pager on the new 3090 Rules. Julie will forward this to the Committee</b></p> <p>Ann-Behavioral Health Collaborative has been working on suicide prevention assessment.</p>

		<p>Action: Follow up conversation with Rusha Grinstead regarding where BHC is on their recommendation regarding suicide prevention Group Agreement: copy Galli and Annette on work occurring around the Continuity of Care committee.</p>
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