

**Alliance**  
**Transitions of Care Committee Meeting**  
**Second Thursdays 1:00pm – 2:30pm**  
**Thursday, January 11, 2023**

<https://us02web.zoom.us/j/89796541408?pwd=OGpPRVArcDhTS1MzWml3YUhaZHV3dz09>

Can also be joined by calling 669.900.9128,,89796541408#,,,,\*651946#

**Committee Vision/Mission:**

The *Transition of Care Committee* identifies best practices, innovative approaches, and gaps to safe and uninterrupted transitions for youth, young adults and their caregivers when experiencing mental health crisis or risk of crisis. It promotes policies and practices that effectively support their needs for continuity during the period in which intentional coordination of care is imperative.

**Members List:** Co-Chair Charlette Lumby, Co-Chair Liz Schwarz, Erin Porter, Mary Massey, Meghan Crane, Rachel Ford, Rachel Howard, Tanya Pritt

**Staff:** Annette Marcus (Alliance), Jennifer Fraga (Alliance)

**Present Today:** Co-Chair Charlette Lumby, Co-Chair Liz Schwarz, Erin Porter, Mary Massey, Meghan Crane, Rachel Ford, Rachel Howard, Tanya Pritt

**Absent Today:**

**Alliance Staff Present:** Annette Marcus (Alliance), Jennifer Fraga (Alliance)

**Alliance Staff Absent:**

**Guest(s):**

Time	Agenda Item	What / Update Action Item(s)	Notes
1:00	<b>Welcome</b> Agenda Review	<i>Introduce new members.</i>  <a href="#"><u>Group Agreements</u></a>	
	<b>Announcements</b>		
	<b>Review Letters for Feedback / Approval</b>		
	<b>Discuss HB 3090 Medicaid Billing Codes</b>	How do we want to move forward? <ul style="list-style-type: none"> <li>- Letter to OHA</li> <li>- Letter to Governor</li> <li>- Legislative Champion (Jenn)</li> </ul>	
	<b>Update on 988 Presentation Plan from Jenn</b>		
2:30	<b>Round Table / Announcements / Adjourn</b>		Look at how we can have a voice around Medicaid billing codes Hearing presentation from Brian Pitkin on 988 Bring in items around our structure for our committee

## Where We Are Now

Implementation of 3090/3091 **has faltered** due to:

- limited oversight,
- siloed work,
- inadequate communication, and
- a lack of accountability.

October 19, 2020 | JM Presentation on Transitions of Care Committee History

## Where We Are Now

Effective implementation would **benefit** from:

- a collaboration of the interconnected group of stakeholders,
- a convening authority,
- designated communication channels, and
- clarity of roles.

October 19, 2020 | JM Presentation on Transitions of Care Committee History

## Where We Are Now

The Transitions of Care Committee identified nine stakeholder entities that fill vital roles in effective implementation of rules

- OHA,
- OAHHS,
- individual hospitals,
- patients and families,
- DCBS,
- public and private insurance,
- schools,
- the UO Suicide Prevention Lab, and
- the Oregon Alliance to Prevent Suicide (specifically the Transitions of Care Committee).

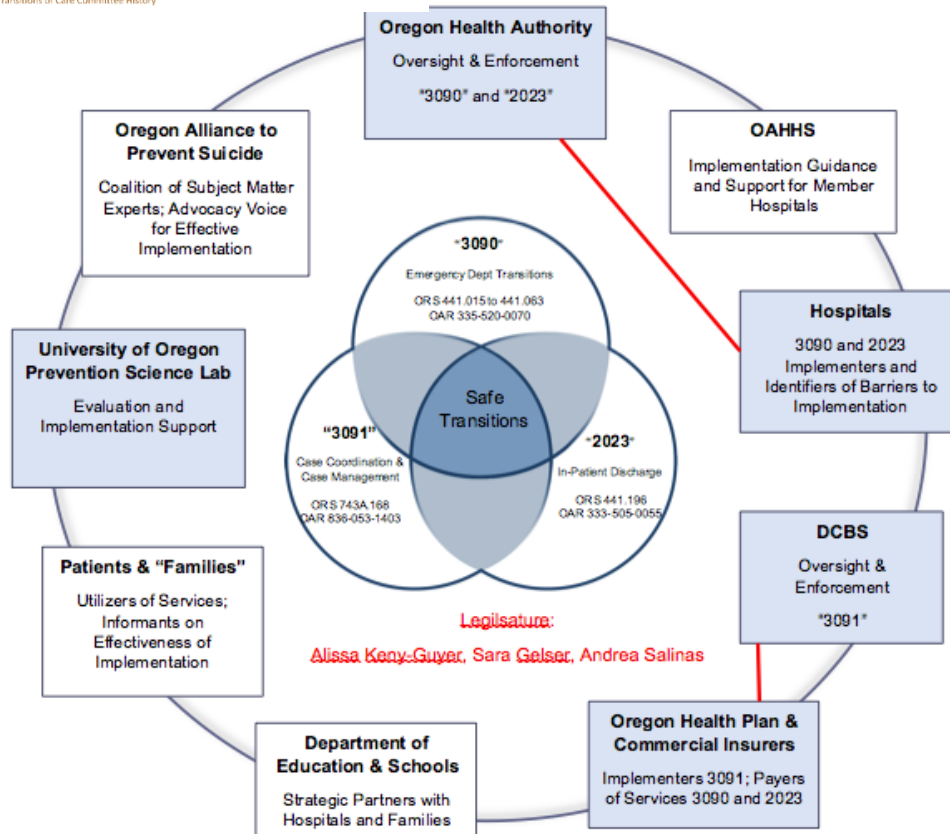
October 19, 2020 | JM Presentation on Transitions of Care Committee History

## Where We Are Now

Partners in the work:

*“The Oregon Alliance to Prevent Suicide and the Suicide Prevention Lab within the College of Education at the University of Oregon remain ready to collaborate with OHA to ensure these laws are fully adopted and established in practice by all stakeholders in Oregon to which the laws apply.”*

October 19, 2020 | JM Presentation on Transitions of Care Committee History



Standing questions from group (revisit these as topics arise):

1. Does anyone know off hand how much hospitals are reimbursed for post-discharge caring contact work?
  - a. Are they reimbursed? based on early conversations with my hospital months ago I hadn't thought there was an expectation for reimbursement.
    - i. HB 3091 was created because hospitals said they weren't covered for those services. 3091 stated that case management and care coordination to be covered by both commercial health insurance plans and Oregon Health Plan (OHP).
2. Is there a way to know if the amount of reimbursement requests are consistent with the number of behavioral health crisis admissions/discharges? (Claims data?)
3. Should we include insurance providers to the list of groups to engage around billing codes? Hospitals make sense as the first entities to make sure they have access to them, just want to make sure that insurance providers are also aware since so many rely on them and it seems like small changes can sometimes interfere with costs they can cover.