

**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, Craig Leets, Erin Porter, Mary Massey, Meghan Crane, Rachel Ford, Rachel Howard, Tanya Pritt

**Absent Today:** N/A

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

**Alliance Staff Absent:** N/A

**Guest(s):** Brooke Hall

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>	The group introduced themselves.
	<b>Announcements</b>		Incite Agency for Change has 3 virtual OCALM trainings and a T4T coming up. In order to take the T4T, you must take the training itself. If you know of folks who are interested, OCALM trainings are \$25.
	<b>Review Letters for Feedback / Approval</b>		<p>Committee members reviewed two letters – one about the OHA website and one requesting updates from OHA on recommendations from the HB 3090 reports. Members provided feedback on the Google Docs.</p> <p>Action steps: Jenn will incorporate feedback and TOC chairs will review. Letters will then go out to the committee for a final review via email with the goal to send to OHA before the 2024 short legislative session starts.</p>
	<b>Discuss HB 3090 Medicaid Billing Codes</b>	<p>How do we want to move forward?</p> <ul style="list-style-type: none"> <li>- Letter to OHA</li> <li>- Letter to Governor</li> <li>- Legislative Champion (Jenn)</li> </ul>	<p>Annette thinks this is a multi-tiered approach. Connecting with the governor could be helpful as changing codes can be difficult.</p> <p>Meghan shared that she and Jill talked with someone who has a contact within CMS to see about a potential code. They are now waiting to hear back from CMS. However, even if there is a code, a funding source / stream would need to be identified and figured out.</p> <p>Rachel asks if it would make sense to go to the hospital association and find out what the specific barriers are relating to billing.</p>

			<p>Part of the letter to OHA could be recommending a workgroup be created along with a timeframe. Refer back to this being an original ask.</p> <p>Mary asks why the workgroup hasn't been formed yet. The thought is that it may not have reached a high enough priority and also that the work is pretty fragmented.</p> <p>Suggestion: Add in a request to a previous letter to create a workgroup. Also reference the original letter sent to OHA that prompted the re-survey of hospitals to happen.</p> <p>Letter timeline suggestion: Legislative session will take place Leg session February 5 - March 10. Think about these dates when sending requests to OHA.</p>
	<b>Update on 988 Presentation Plan from Jenn</b>		Jenn met with Dean from OHA around a presentation on 988. Dean is open to coming to our February meeting and will have a lot of good information to share with us.
2:30	<b>Round Table / Announcements / Adjourn</b>		<p>Look at how we can have a voice around Medicaid billing codes</p> <p>Bring in items around our structure for our committee</p>

## Where We Are Now

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

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

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## 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.

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## 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).

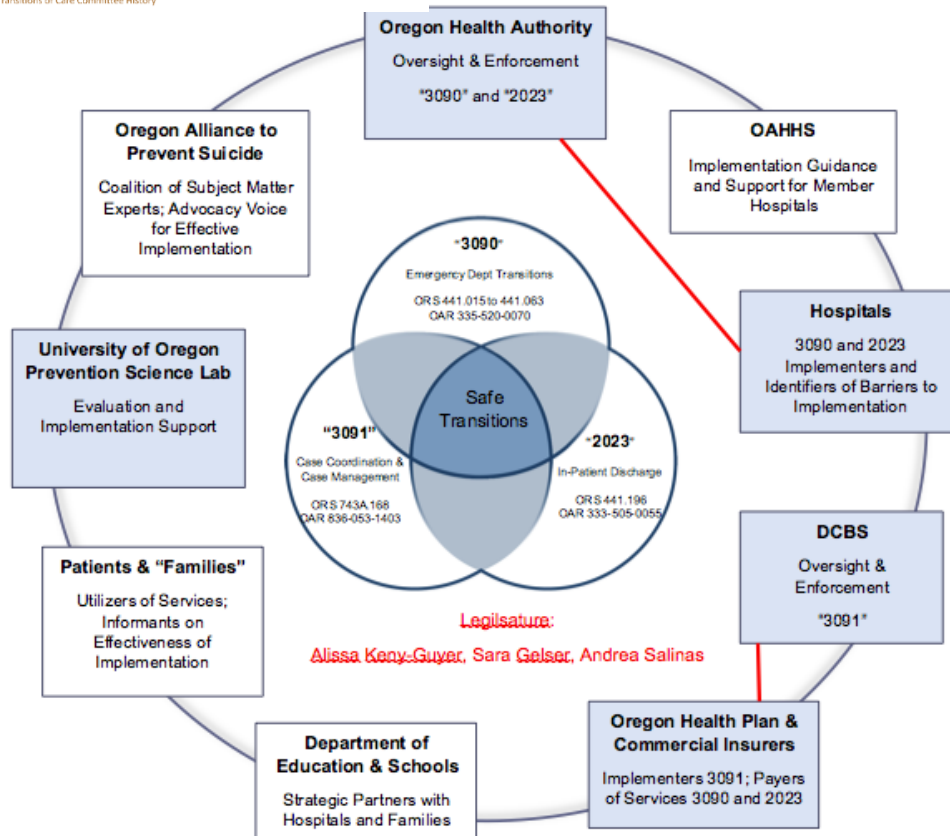
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## Where We Are Now

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.”*

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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.