

MINUTES  
**HOUSE HEALTH & WELFARE COMMITTEE**

**DATE:** Wednesday, January 28, 2015

**TIME:** 9:00 A.M.

**PLACE:** Room EW20

**MEMBERS:** Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew

**ABSENT/  
EXCUSED:** None

**GUESTS:** Jim Baugh, DRI: Kathie Garrett, NAMI Idaho.

**Chairman Wood** called the meeting to order at 9:00 a.m.

**MOTION:** **Vice Chairman Packer** made a motion to approve the minutes of the January 22, and January 23, 2015, meetings. **Motion carried by voice vote.**

**Becky deVittorio**, Executive Director, Optum Idaho, presented Optum's annual report. Optum manages outpatient mental health and substance use benefits for Idaho's Medicaid Behavioral Health Care plan, servicing 265,000 members.

There are four system transformation components: ensuring clinical excellence; partnering with members, families and communities; enhancing programs and services to meet Idaho's specific needs; and, collaborating with providers so people have access to the care they need.

Optum has held provider outreach meetings, which support the managed care model shift. Care coordinators work with providers to help over 500 people per month access community services. Web-based authorizations compliment the telephone process. Individuals accessing therapy has increased by 36% and family therapy access has more than tripled.

Improvements include elimination of the primary care physician referral requirement and a new 24/7 member crisis and access line. Recovery and resiliency training development helps members and families understand their role in a recovery model. Working with member and family organizations, unique regional outreach plans have been developed.

**Ms. deVittorio** said they have partnered with The Speedy Foundation to provide community mental health first aid training, which changes attitudes and gives participants confidence to help those in a mental health crisis.

Provider online tools have been created to access additional training and continuing education credits to maintain licenses. Web authorization submission has eased the provider administrative burden. There has been a reduction in the number of services requiring prior authorization clinical review.

Enhanced programs and services include peer support services, help for treatment system understanding and navigation, and community transition services that provide in-home support, outpatient follow-up appointments, and effective work with treatment providers.

Optum continues to implement evidence-based practices, expand the covered services array, engage consumers in recovery and resilience, enhance the crisis response system, strengthen the role of stakeholders in system design, and build relationships.

Answering questions, **Ms. deVittorio** said Optum started with known national behavioral health (BH) community evidence-based practices and created a number of tools for the care decision. The state BH care system does not require Peer Support Specialists, however, it has been added to improve community transition support services. Since care is through providers, not regional health boards, the changes in the boards provide an opportunity to engage stakeholders in all areas of the system transformation. Comprehensive service agencies help members connect with services known to work for their situation.

Community-Based Rehabilitation Services (CBRS) is a rename of Psychosocial Rehabilitation Services (PSR). Optum found individuals were receiving inappropriate non-supported CBRS. Sometimes what is known to work differs from what CBRS providers determined appropriate. What was usual and customary in the past is not necessarily evidence based. This approach uses taxpayer dollars effectively and appropriately to help individuals recover from mental health and substance use disorders.

Some services were being delivered previously by a team minus an independently licensed clinician, who assures an accurate diagnosis. Optum's clinicians review authorization request information, with possible peer review referral. During a peer review, a psychiatrist works with the provider to get more information and then makes recommendations, which are sent, in writing, to the provider and OPTUM.

**Ms. deVittorio** stated small rural and frontier communities pose a challenge to provide available resources without traveling to large communities. Telehealth is an approach that may be a viable solution. Optum has a very tight time frame for processing out services and appeals. Providers present written information which then goes through a peer review process and may require additional information.

**Lisa Hettinger**, Administrator, Department of Health and Welfare (DHW), Medicaid Division, was invited to answer a question. She said preliminary information for Emergency Room (ER) utilization and inpatient admissions for psychiatric diagnosis indicates improvement over historical patterns. A full one-year claim cycle has not ended, so their information is incomplete.

Answering further questions, **Ms. deVittorio** said providers have an administrative burden because they must furnish medical necessity evidence. Work continues to streamline that burden. The Provider Advisory Committee gives input to help the members. Quarterly surveys identify areas that still need improvement.

**Chairman Wood** turned the gavel over to **Vice Chairman Packer** at 10:01 a.m.

**Ms. deVittorio** further stated Field Care Coordinators work with both the provider and member, if appropriate, to help build a robust treatment plan, starting with a recovery-oriented system of care.

**Dennis Woody**, Clinical Director, Optum Idaho, was asked to answer questions. He explained providers may have extensive member history information that, when combined with current information, can lead to a different type of treatment. Optum is mandated to function under Medicaid guidelines for best practice. Collaborative care for dual diagnosis (DD) children is very important.

**Ms. deVittorio** said they service DD individuals' BH challenges and work with providers for a complete appropriate care plan. "Required benefits" refers to benefits required under their state contract, although they have added more benefits. Optum works with the Behavioral Health Boards to identify system enhancement priorities, challenges, and opportunities. The 24/7 crisis system phone line is toll free for all Idaho BH members. Clinicians at that number can help stabilize and support someone in crisis.

Initial MH first aid training has been focused in rural communities. In conjunction with the Speedy Foundation, they deliver this program around the state through certified trainers. The training helps community members understand mental illness signs and symptoms so they can support and help persons in crisis.

There are studies showing CBRS evidence-based services have worked for adults, not children. One of the biggest state challenges is getting services known to work into small communities, where travel is an obstacle. They are looking at telehealth as a viable, safe, and effective solution. CBRS clinicians exist in some rural areas, but are extremely busy. Optum can provide BH services to children and juveniles who have Medicaid and are in the justice system.

Written recommendations are sent to providers and members. The community needs to improve recommendation follow up to assure services are being accessed. The letters include their appeal rights and the 24/7 member access in crisis line for additional support and information.

**ADJOURN:** There being no further business to come before the committee, the meeting was adjourned at 10:32 a.m.

---

Representative Packer  
Chair

---

Irene Moore  
Secretary