



Wisconsin Alcohol and Drug Treatment Providers Association

Quarterly Meeting – Thursday November 20, 2008

9:30 am to 12:15 pm

Gateway Recovery
25 Kessel Court, Suite 200
Madison, WI 53713

Attendance: Tom Fuchs, L. E. Phillips-Libertas; Michael Kemp, Winnebago Mental Health Institute; David Macmaster, Creative Representation; Laura Parker, ARC Community Services; Patrick Ryan, Libertas; Michael Waupoose, Gateway Recovery; Sheila Weix, St. Joseph’s Hospital

Guests: Shel Gross, Wisconsin chapter of the Mental Health Association of America

Staff: Norman Briggs, BCS Consultants

Item

Action

1. Call to Order/Introductions – *President Michael Kemp*

2. Discussion with Shel Gross, Director of Public Policy of the
Mental Health America of Wisconsin

Information/Discussion

The national association has been in existence for 100 years engaging in advocacy and education. The Madison office has been open since 2000. The association has recently received a federal grant to begin an initiative on suicide prevention. They have also joined with the WIPHL project to integrate mental health service into primary and acute care clinics.

MHA has formed a policy committee including influential members of the state mental health council and other advocacy groups in an effort to coordinate their efforts with state policy makers. Providers and provider groups have been invited to attend, but not as active members. Mr. Gross also co-chairs the Survival Coalition of the Wisconsin Disability Organizations which traditionally has focused on issues related to developmental disabilities. This group has adopted the priorities of the Mental Health Council. Mr. Gross noted that there has been little linkage between SCAODA and the Mental Health Council. There is considerable opportunity for the two councils to coordinate at some level.

Mr. Gross noted that MA has authorized billing for screening for substance use disorders, but only for pregnant women. Some members were under the impression that the codes were available for all persons. (Mr. Gross, in a later email, confirmed his initial understanding that these codes were currently only available for pregnant women.) Ms. Weix noted that Marathon County has had a disproportionate number of suicides. That county has received support from MHA to their suicide prevention efforts. The “Burden of Suicide in Wisconsin” report published by MHA details the connection between suicide and substance use disorders throughout the state.

Mr. Waupoose noted that improved coordination between the MH Council and SCAODA could be achieved through statutory changes to include representation for each council to the other. Mr. Gross suggested that cross-representation at the committee level could achieve the same result.

The next priority for the MHA is to insure that, with the passage of the federal parity bill, Wisconsin companies will provide as broad a benefit as possible. Rogers Hospital recently hosted a successful education conference for employers from southeastern Wisconsin. Wisconsin Manufactures and Commerce and the Small Business Association have agreed to work with MHA to undertake an education initiative for their members. Mr. Gross invited WADTPA to join the effort and bring knowledge of substance abuse treatment to the discussion. There will need to discussions as to the nature of the treatments available, levels of care and other particulars that will determine the exact benefit under the law.

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Ms. Weix wondered whether the federal law will impact the benefits under BadgerCare. Mr. Gross replied that the federal law does not apply to MA but does apply to MA managed care plans. WADTPA members were invited to participate in the development of programs and training of various employer groups in their local areas.

Mr. Macmaster noted that this is another opportunity for the tobacco coalition and MH and SA to join in the planning and policy development. Mr. Gross noted that his organization is awaiting the charge from the tobacco coalition. Individuals with serious mental illness live, on average, 25 years less than the general population largely due to the heavy use of tobacco.

MHA Wisconsin and WADTPA agreed to continue to communicate and cooperate in the promotion of policies in our mutual interests.

3. Minutes of meeting of August, 2008 – *Norman Briggs, BCS* M/S/P as amended

Ms. Weix corrected the minutes regarding the office of “Secretary be combined with that of the Vice-President.

4. Financial Report – *Treasurer Mickey Gabbert* Motion to table

In the absence of Mr. Gabbert, the financial was tabled to the next meeting. In the context of a discussion regarding membership, Mr. Fuchs suggested that WADTPA consider organizing into regions, with a regional representative being elected and being the local contact for regional member agencies. Members present agreed that such an arrangement could be beneficial. There was also a suggestion to re-convene a strategic planning workgroup. Discussion eventually resulted in a recommendation to survey the membership with a list of priorities and request additions.

5. Report on the progress of the Nicotine Treatment Project– *“Mac” Macmaster* Information

The initiative has been funded for a second year. During 2009 the WinTip project will hold four meetings with mental health and AODA treatment providers and others receiving training on this new scope of practice. The meetings will focus on determining the training needs for addiction counselors. Mr. Macmaster then showed the posters and videos available on the WinTip website. http://web.mac.com/creativerep/WiNTiP_Site_1/WiNTiP_Home.html Ms. Weix reported that the 2008 clinical guidelines for nicotine treatment are now available on line. The guidelines offer evidence-based approaches for use in clinical settings.

6. WAADAC Report – *DebMarino* Information/Discussion

No report

7. WAAODA Report – *Kate Neisheim* Information/Discussion

A meeting among the three association presidents is still pending. Mr. Kemp will follow up .

8. Medical Assistance Prior Authorization changes Discussion

The group discussed recommendations to DHS Secretary Timberlake for changes to the procedures for prior authorization. A copy of the letter follows.

10. A motion to join the AWARE coalition was M/S/P.

11. Adjournment Motion to adjourn

December 1, 2008

Secretary Karen Timberlake
Department of Health Services
1 West Wilson Street, Room 650
Madison, WI 53702

Dear Secretary Timberlake:

Thank you for the opportunity to comment on methods to improve the prior authorization procedures of the Medical Assistance Program. All of us are seeking ways to improve efficiencies to reduce expenses in these difficult economic times.

Following are recommendations from members of the Wisconsin Alcohol and Drug Treatment Providers Association that we believe will improve the M.A. P.A. procedures:

1. The electronic claims submission process automatically times out after thirty minutes. All information entered is lost requiring staff to log on the site again to attempt to complete the process within the thirty-minute period.
2. Provide the ability to complete the PA/SAA, PA/PSYA, the Mental Health Assessment form and Treatment Plan forms on-line as attachments to the PA/RF.
3. A second request for prior authorization requires that staff re-enter information from the initial request. There should be an ability to refer back to the initial request for that data that has not changed.
4. It is unclear which provider numbers are being requested – taxonomy, NPI, EIN?
5. The written prescription from a physician must be faxed to EDS. We would prefer an opportunity to certify that a signed prescription is on file or that EDS accept an electronic signature.
6. Reduce the amount of information requested where possible. A prior authorization request for aftercare requires a re-write of the information submitted for the initial admission.

We note that Medicaid billing codes have been activated to permit billing for substance abuse screening for pregnant women. While this is clearly in concert with the SBIRT project, we believe that all Medicaid recipients should have the opportunity to be screened and all providers

Member agencies: Affinity Healthcare, All Saint Healthcare, ARC Community Services, Attic Correctional Services, Beacon House, Gateway Recovery, Green County Human Services, L.E. Phillips, Meriter Hospital, Nova, Rogers Hospital, St. Clare Center, St. Joseph's Hospital, St. Michael's Hospital, Tellurian, ThedaCare, Wheaton Franciscan Center for Addiction Recovery, Winnebago Mental Health Institute

the opportunity to be reimbursed for that screening.

WADTPA also supports coverage for residential treatment. Currently individuals who require a twenty-four hour controlled environment in order to begin recovery must be admitted to a hospital even when around the clock medical care is not necessary. Residential care in a CBRF for those individuals is clinically effective and cost effective care.

We also want to draw your attention to the fact that some HMOs providing care for T19 recipients are denying coverage for services that are covered under T19 FFS. For example, HFS 75.11 Medically Monitored treatment with the provision of 12 hours or more of counseling per week can take place in a hospital or CBRF. This level of care should be covered by all T19 HMOs for individuals with a substance use disorder diagnosis. If the denial is permitted under the IMD exclusion, which permits Medicaid funds from being used for the treatment of long-term psychiatric care in state mental hospitals and nursing homes, such an exclusion should be waived for the SUD patient who is in the facility for a much shorter time.

Again, thank you for the opportunity to comment. We look forward to your response.

Sincerely,

Michael Kemp, President
Wisconsin Alcohol and Drug Treatment Providers Association

CC: Jason Helgerson, Administrator
Division of Health Care Access and Accountability
P.O. Box 309
Madison, WI 53701-0309