

AGENDA COVER MEMO

W.6.a.

AGENDA DATE: December 5, 2007
TO: Board of County Commissioners
DEPARTMENT: Health & Human Services
PRESENTED BY: Rob Rockstroh



AGENDA TITLE: ORDER IN THE MATTER OF CREATING 1.0 FTE COMMUNITY HEALTH CENTER DIVISION MANAGER, 2.0 FTE OFFICE ASSISTANTS 2, 1.0 FTE MEDICAL ASSISTANT 2, 1.0 FTE CHIEF FINANCIAL OFFICER AND INCREASING EXISTING .5 FTE BILINGUAL COMMUNITY SERVICE WORKER 2 BY .5 FTE (POSITION # 50336) AND APPROPRIATING REVENUE AND EXPENSE IN THE AMOUNT OF \$201,008 IN FUND 288, DEPARTMENT OF HEALTH & HUMAN SERVICES.

I. MOTION

ORDER _____ / In the Matter of Creating 1.0 FTE Community Health Center Division Manager, 2.0 FTE Office Assistants 2, 1.0 FTE Medical Assistant 2, 1.0 FTE Chief Financial Officer and Increasing Existing .5 FTE Bilingual Community Service Worker 2 by .50 FTE (Position # 50336) and Appropriating Revenue and Expense in the Amount of \$201,008 in Fund 288, Department of Health & Human Services.

II. AGENDA ITEM SUMMARY

This order seeks to add a Division Manager, support staff and a jointly-funded (between the Community Health Centers and Mental Health) Chief Financial Officer to establish the requisite complement of personnel to permit the Community Health Centers of Lane County to function as a division, rather than a program, within the Department of Health & Human Services. Funding for these actions will be provided via the enhanced billing reimbursements for which County Mental Health providers are now eligible.

III. BACKGROUND/IMPLICATIONS OF ACTION

A. Board Action and Other History

In 2003, the Board approved a number of Orders accepting U.S. Department of Health and Human Services funding to establish the Community Health Centers and establishing classifications and salary ranges for program staff. (BO 03-10-1-11, 03-10-1-12 and 03-11-5-9). The Community Health Centers Advisory Council (LM 3.534) was established via BO 03-11-25-8. This Council functions as the co-applicant board for the submission of the Section 330 grant application that provides federal funding for the Community Health Centers, with Lane County being the applicant. The

Council's membership and designation in the Lane Manual is being addressed in a separate board packet, submitted for consideration the same date as this item. Hereafter, the Council is referred to as the Community Health Council.

The most recent budget for the Community Health Centers (CHCLC), as a program under the Human Services Commission (HSC) of the Department of Health & Human Services, Fund 285, was approved via BO 07-6-27-3. That budget included \$20,688 for a .5 FTE Bilingual (temporary) Community Service Worker 2 (Position # 50336).

CHANGE OF SCOPE: On October 12, 2005; the Community Health Council, in its capacity as the co-applicant board, applied for a change of scope to permit the CHCLC to place a primary care provider at the Mental Health Division (MLK location). The intent of the requested change of scope was to better meet the needs of Mental Health clients, by affording them the opportunity to benefit from integrated medical and mental/behavioral health care. Please note that change of scope requests filed with the BPHC, the federal authority charged with the oversight of Community Health Centers (FQHCs), are both site and service-specific.

DMAP Billings: Although space limitations have thus far precluded the addition of the planned primary care services by the CHCLC at Mental Health; in July, 2007, DMAP notified Health & Human Services that, effective 1 October, 2007, in accordance with the provisions of OAR 410-147-0340(1), the Mental Health (MH) provider (billing) number would be rescinded by DMAP. As a result of this action by DMAP, all Mental Health billings must now be submitted under the CHCLC's Federally Qualified Health Center Provider number; regardless of whether these claims are processed through LaneCare (the local managed care organization/prepaid mental health plan) or to DMAP directly (for fee-for-service clients who receive their services on an open-card basis).

CHCLC Division Status: The Director, Health & Human Services, after appropriate consultations with DMAP and County management, directed the establishment of sub-fund 288 in October, 2007 and further directed that H&HS staff work to establish the Community Health Centers of Lane County as a Division.

B. Policy Issues

Impact of Integrated Care: Underlying mental health and substance use disorders account for up to seventy percent of all CHCLC primary care visits. An estimated 30% of Lane County Mental Health clients lack a primary care "home" and many more who may have a medical home, do not seek primary healthcare. The movement to integrated health care by Federally Qualified Health Centers (FQHC's) has grown steadily since the Bureau of Primary Health Care signed a collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2002 and began offering grants to promote integrated care at FQHCs. Access to care, including preventive health care for problems which are common among persons with serious mental illnesses will substantially improve under this system. The implementation of primary care at Lane County Mental Health will ensure strong linkages between primary care and mental health providers and will be particularly effective for adults with serious mental illnesses, with both provider groups expanding their knowledge and skills as a result of reciprocal consultation and common training.

Impact on Indigent Care: The inclusion of mental health outpatient services within the scope of services of the FQHC will impact the adherence by Mental Health to State-mandated care policies for indigents. The State prioritizes indigent care based on "severity and safety", whereas the federal CHCLC standard is that no patient be denied access to care based on inability to pay. However, although the federal standard is to not limit access to mental health outpatient services based on ability to pay, access by the indigent to these services can and will still be limited based on service capacity. It is unlikely that this redirection will result in actual changes to the prioritization of care accorded indigent clients by Mental Health, nor is it anticipated that it will produce a liability for the County in the form of an unfunded mandate.

Administrative Impact: The designation of the Mental Health facility as a CHCLC site and the inclusion of out-patient mental health services within the scope of the CHCLC require the administrative integration of MH and CHCLC for billing purposes (please see Item D for the financial implications of this change). In order to affect this integration, a Memorandum of Understanding has been signed between the two division managers (Mental Health and the Human Services Commission, the latter acting on behalf of the newly established CHCLC Division).

C. Board Goals

Meets Board objectives of providing high quality health services to Lane County residents and assists with safeguarding effective community involvement in the design of those services.

D. Financial and/or Resource Considerations

Revenue: Billing for mental health outpatient services under the CHCLC provider number will permit Lane County to receive "wraparound" payments for these services, under the Prospective Payment System (PPS) applied to FQHC services. The Mental Health Administrative Services Supervisor conservatively estimates a FY 07-08 gross revenue increase of \$1,125,000, based on an anticipated 7,500 billings/encounters for quarters 2 through 4 of FY 08 (conservatively estimating a net "wraparound" of \$150 per encounter). (Revenue estimate for FY 09, providing continued support for the requested FTEs, is \$1,500,000; 1,000 encounters at \$150 additional revenue per encounter.)

Funds in the amount of \$10,898 will be applied toward the increase of 6 months of an existing .5 FTE Bilingual Community Service Worker 2 (temporary) to a 1.0 FTE Bilingual Community Service Worker 2 (permanent), by the conversion of position #50336.

Revenue capture via the PPS system is the largest, but not the only preferential capacity accruing to Lane County as a result of the inclusion of out-patient mental health services within the scope of the CHCLC. The Mental Health Division may determine that it will be preferable to provide malpractice coverage for its providers under the Federal Tort Claims Act and H&HS will seek to establish 340B preferential drug pricing for mental health clients, when the current contract with Genoa HealthCare expires on June 30, 2008. These potential sources of revenue/savings

THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

RESOLUTION AND ORDER:) ORDER IN THE MATTER OF CREATING 1.0 FTE COMMUNITY
) HEALTH CENTER DIVISION MANAGER, 2.0 FTE OFFICE
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) FINANCIAL OFFICER AND INCREASING EXISTING .5 FTE
) BILINGUAL COMMUNITY SERVICE WORKER 2 BY .5 FTE
) (POSITION # 50336) AND APPROPRIATING REVENUE AND
) EXPENSE IN THE AMOUNT OF \$201,008 IN FUND 288,
) DEPARTMENT OF HEALTH & HUMAN SERVICES.

WHEREAS, Lane County government seeks to ensure the provision of basic support in the area of health care for its residents; and

WHEREAS, the Community Health Centers of Lane County, a Federally Qualified Health Center, sought and received a change of scope from the Bureau of Primary Health Care to permit for the integration of primary and mental/behavioral health care at the Lane County Mental Health facility; and

WHEREAS, DMAP has recognized the provision of integrated primary and mental health outpatient services by Lane County Health & Human Services under the Community Health Centers of Lane County; and

WHEREAS, the addition of a 1.0 FTE Community Health Center Division Manager, 2.0 FTE Office Assistants 2, 1.0 FTE Medical Assistant 2 and increasing a .5 FTE Bilingual Community Service Worker 2 by .5 FTE in Fund 288 will permit the Community Health Centers to more effectively address the health care needs of the uninsured and underinsured in Lane County; and

WHEREAS, the addition of a 1.0 FTE Chief Financial Officer to the Community Health Centers Division and the Mental Health Division will provide for clear coordination of services and responsible fiscal management between these two divisions; and

WHEREAS, the approval of the addition of these FTEs will be funded entirely from enhanced revenue captured by means of the use of the Community Health Center's Prospective Payment System under the expanded scope of services;

NOW, THEREFORE, IT IS HEREBY RESOLVED AND ORDERED that the Board of County Commissioners endorse the creation of additional FTEs to support Community Health Center operations in Lane County and that additional revenue and expense in the amount of \$201,008 be appropriated in Fund 286, Department of Health & Human Services for FY 07-08.

DATED this _____ day of December, 2007.

APPROVED AS TO FORM

Date 11/28/07 lane county

J. Laidlaw
OFFICE OF LEGAL COUNSEL

Faye Stewart, Chair
Lane County Board of Commissioners

Community Health Centers of Lane County November 2007

