From: Norman Chris P
To: Scott Chad D; WILCOX Richard A
Subject: RE: KEPRO representation
Date: Friday, December 22, 2017 4:33:12 PM

Hi Chad,

I think the group that Rick is heading up will be looking at solutions like this, but I am concerned that we do it in a way that's sustainable.

I look forward to more discussion about how we can make this happen.

Chris Norman, MBA
Director – Integrated Health Programs
OREGON HEALTH AUTHORITY
Health Systems Division
Email: Chris.P.Norman@state.or.us
Desk: 503.945.7818
Mobile: 503.884.5643
www.oregon.gov/OHA

Assistant: Paige.K.Hook@state.or.us desk: 503.793.2533

From: Scott Chad D
Sent: Friday, December 22, 2017 4:04 PM
To: WILCOX Richard A <Richard.A.WILCOX@dhsoha.state.or.us>
Cc: Norman Chris P <CHRIS.P.NORMAN@dhsoha.state.or.us>
Subject: RE: KEPRO representation

It seems like OHA is trying to respond to Kepro's outcomes, those outcomes being, OHA is forced to authorize Medicaid payment for services that have been determined as not medically necessary due to limited access or options for housing or services and supports outside of a licensed or institutional setting.

There are improvements in the ways Kepro does their work, but the scope of work and the contract are basic, CMS gives OHA criteria and OHA ensures that criteria is met in order to receive 60% reimbursement of Medicaid expenditures. The Kepro contract is funded 75% by CMS and has been approved by CMS, so I'm confused why this seems like a workgroup about the Kepro contract versus answering the question, ***Why can't Medicaid members in Oregon with a behavioral health condition simply receive needed services and supports in a setting they choose or the most integrated community setting possible for their level of recovery?***

Did you see my email yesterday? There are literally dozens of funded and staffed projects within OHA that are intended to and could resolve our current dilemma but are simply not being done or

are performed and managed so poorly that they either don't exist or exist as a useless resource for providers and members.

Kepro can listen to, respond, adjust and fix any issues with their process or staff, but without a new majority focus on the absolute failings of other units and projects that have not only contributed to this issue but have caused it, we will simply be refining the piece of work that is illuminating the failures or others.

The best starting point really is to develop a simple inventory of current projects that are or could be a resource for Medicaid members determined able to live outside of a licensed setting.

A good example is the UCC MAX charge I put together this morning. With a simple action, OHA can invest $300,000 a year in an HCBS procedure code that will result in 100 additional people having access to home based habilitation and the opportunity to receive the same services and supports in their own home they receive in a licensed setting. If you do the math, that's a pretty good investment. $300,000 a year versus (residential PMPM as of 11/21 is $4207 = (4207x12)100 = $5,642,400.00). That's a $5.3 million dollar return on investment for just adjusting 1 HCBS code/rate for 1 provider = not to mention the reduced risk to OHA to not have to fund $5.3 million dollars in non-medically appropriate services.

Why isn't OHA doing things like this every day all day?

I've invited you to a meeting with Homewatch to hear their ideas about how to improve the transition and authorization process for members leaving licensed care and transitioning into their services. Take note of this tone in the email. It's a good example of the type of delivery system we could have in place of the current system we do. These providers want people in the community, how can we get more of that? If we have that, Kepro doing good work wouldn't be such a crisis for OHA.

From: WILCOX Richard A
Sent: Friday, December 22, 2017 3:05 PM
To: Scott Chad D <CHAD.D.SCOTT@dhsoha.state.or.us>
Cc: Norman Chris P <CHRIS.P.NORMAN@dhsoha.state.or.us>
Subject: Re: KEPRO representation

Hi
I think we're just going with that as an interim name. I am drafting a charter, but if you take a look at the draft work plan I sent out the other day, it should give you a decent idea of what I can see as the scope.I'd appreciate any feedback you might have.
Thanks and happy holidays.

Sent from my iPhone

On Dec 22, 2017, at 2:38 PM, Scott Chad D <CHAD.D.SCOTT@dhsoha.state.or.us> wrote:

> This group is titled "inpatient challenges" and that seems inaccurate. What would you say is the purpose and intent of this workgroup?
>
> ---
>
> **From:** Debra Brooks [mailto:dbrooks@kepro.com]
> **Sent:** Friday, December 22, 2017 1:58 PM
> **To:** Scott Chad D <CHAD.D.SCOTT@dhsoha.state.or.us>; WILCOX Richard A <Richard.A.WILCOX@dhsoha.state.or.us>
> **Cc:** Norman Chris P <CHRIS.P.NORMAN@dhsoha.state.or.us>; Maggie Klein <mklein@kepro.com>; Jared Nyagol <Jared.Nyagol@kepro.com>
> **Subject:** RE: KEPRO representation
>
> Thanks for the invite, Rick. I would be happy to attend. As a matter of fact, it's already on my calendar.
>
> It was great to see you, yesterday at the Exec. Plus one meeting. Have a great holiday.
>
> Debra
>
> Debra Brooks, LCSW
> Manager, Behavioral Health
> KEPRO
> 1750 Blankenship Rd.
> Suite #425
> West Linn, Or 97068
> 844-658-1729 x4696
> 503-404-4092 x4696
> 844-673-8034(f)
> dbrooks@kepro.com
> Connect with KEPRO: LinkedIn
> www.KEPRO.com
> <image001.png>
>
>
> ---

From: Scott Chad D [mailto:CHAD.D.SCOTT@dhsoha.state.or.us]
Sent: Friday, December 22, 2017 12:55 PM
To: WILCOX Richard A <Richard.A.WILCOX@dhsoha.state.or.us>
Cc: Norman Chris P <CHRIS.P.NORMAN@dhsoha.state.or.us>; Maggie Klein <mklein@kepro.com>; Debra Brooks <dbrooks@kepro.com>
Subject: RE: KEPRO representation

You can reach out. I would suggest Maggie and Debra, both included on this email.

Thanks

From: WILCOX Richard A
Sent: Friday, December 22, 2017 12:38 PM
To: Scott Chad D <CHAD.D.SCOTT@dhsoha.state.or.us>
Cc: Norman Chris P <CHRIS.P.NORMAN@dhsoha.state.or.us>
Subject: KEPRO representation

Hi Chad,
We have another "Inpatient Challenges" meeting on January 10 from 3-3:45. We'd like to get someone from KEPRO to attend. Who would you suggest? Debra Brooks? Whoever it is, would you prefer to reach out to them, or would you like me to do it?
Thanks

Rick Wilcox
Olmstead Policy Coordinator
OREGON HEALTH AUTHORITY
Health Policy and Analytics
Behavioral Health Policy Unit
Richard.a.wilcox@dhsoha.state.or.us
Desk: (503) 945-5955
Mobile: (503) 884-8764
http://www.oregon.gov/OHA