





BHP Operations Sub-committee - Minutes

DATE AND TIME OF MEETING: Date: December 6, 2019 Time: 2:30 - 4:00 Location: Hartford Room - Beacon	Internal	External X	Recorder: Jen Kurowski, Beacon Health Options  Operations Subcommittee sign-	Draft	Final X
TOPIC	DISCUSSION/RECOMMENDATION				
1. Review the Work on the Housing State Plan Amendment (SPA) including Rates  CHESS.pptx	<ul style="list-style-type: none"> • Bill introduced Dawn Lambert and Mike Gilbert • Dawn explained the project: <ul style="list-style-type: none"> ○ Projected to serve 850 people ○ Will we be able to improve quality of life and reduce Medicaid expenditures ○ Should have draft in apx. 1.5 weeks ○ Must be Medicaid eligible ○ Some common themes we have heard include: <ul style="list-style-type: none"> ▪ Try to make this inclusive for smaller providers ▪ Some didn't think the FFS model would work for providers ▪ Thought we would develop some sort of pmpm ○ You won't see FFS anymore ○ How do we help people be successful in the community? ○ Want to make transportation available • Mike Gilbert reviewed the attached presentation <ul style="list-style-type: none"> ○ Moving very quickly to try to get this pulled together; this has been changing rapidly ○ The workgroup has had limited time to work through this; this is very much a work in progress ○ Looking to end up with 2 pmpm's (one for the pre-tenancy period and one for the tenancy period) ○ This will now encompass the primary care supports ○ We have heard the 80% productivity factor may be a bit high ○ Believe the case load ratios come out in terms of what the providers expected would be needed ○ Added 20% for agency administrative support <ul style="list-style-type: none"> ▪ Heather asked - Is this for everything beyond salary and fringe costs? Yes <ul style="list-style-type: none"> • On what basis? General rule of thumb • Heather commented that this is extremely low if meant to cover everything else • Recommendation as a better benchmark for this figure? Should be closer to 30% (comprising of such expenses as A&G, facility costs, cost to house/train, supervision, hiring, office supplies, mileage, communications, time off, etc.) Annual financial reports that providers submit should give some more details. Mike indicated that he will check back with DMHAS to see what is included in the housing initiative • Ben Shaiken mentioned that they estimate closer to 35% and the upcoming minimum wage increases. Need a build-in baseline that is higher as an incentive 				



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- for providers. Mike commented that this is predicated on some new expenses around wraps, which are fully state-funded and makes this more complicated.
- While trying to compete in the job market, providers are finding their contracts with the Department of Housing is based on more current salaries vs. DMHAS contracts that are inadequate to allow providers to hire staff.
 - Mike asked for a benchmark of the per person cost vs the per person cost with DOH. Any DMHAS supportive housing providers could likely help with that. Heather and Roberta indicated that their offices would be happy to help with this.
- Pre-tenancy is estimated at 4 hours per week with 2 additional hours for community living supports and is at a 6-month duration (see slide 5 for more specifics)
 - Monthly pmpm at 75% of full payment with add-ons based on placement timing
 - Dawn addressed a question from Ben Shaiken with regard to timeframe. DSS has been assured that the majority of people get placement within 90 days and should take roughly 6 hours per week. DSS thinks the timeframe is doable and that the math is fair. DSS wants everyone to get placed as quickly as possible.
 - Ben raised a point about the uncommon but possible chance of a provider adjusting their own case mix.
 - Case load ratio should end up somewhere between 12-16
 - Estimating per individual cost around \$9,615
 - DSS is proposing an outcome-based orientation
 - Ben asked - How do you expect feedback to be integrated into the application
 - Dawn explained about a workgroup who discussed the needs in order to design an intervention and training that would be developed for small providers
 - We do expect to have robust training
 - This gives the most flexibility to providers within the Medicaid construct
 - There will be a meeting on 12/20 with an opportunity to bring more questions at that point.
 - Heather asked what the timetable is and the mechanism for sending information to DSS on this
 - Bill is happy to receive the information and pass it along to his colleagues
 - DSS would like to have this within a week in order to present on this on 12/20
 - Heather pushed back that a two-week period would be more likely for providers to be able to respond to this; would like an opportunity to include any cost that is needed
 - Mike indicated that any information would be very helpful
 - Marie Mormile Mehler – asked if it's possible to get an idea where the target population lies; Dawn commented that while this is a great point, this is not yet available
 - Marie MM – commented that the 80% would vary quite a bit and that it would be critical to know how this was calculated; Heather agreed this is a good point
 - Marie MM – also mentioning that the number of hours per week (actual time available) varies from provider to provider; Heather commented that DMHAS used contract for averages
 - Heather urged providers to get information to DSS asap on this



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2. Follow-up on Methadone Quality Indicators

- Provided data specific to each provider (showing each provider only their own data) related to retention
- This is the first time distributing this data
- Bert passed around the statewide aggregate (no individual provider data included)
- Engagement at 60, 90, 180 days
- We would like to focus on the 90-day rate and feel if someone stays for 90 days, they will likely continue on to 180 days
- Would establish a statistical methodology
- Statewide average is 77.9 but would not likely use this number
- Would expect providers to improve their 90-day retention quarter over quarter
- If you are within the performance improvement cohort, we would start tracking your retention rate
- Bill would like to revise the methodology so there is no retrospective rate adjustment and require 2 consecutive quarters of no change or worse before going into the rate reduction; if at any time in that timeframe your retention improves, that would remove you from the cohort
- Still trying to determine when this would begin
- Rob Lambert commented that it could take several quarters to implement a change and determine whether that change is bringing improvement; he suggests that DSS take this into consideration that results generally don't show up for several months/quarters
 - Bill agrees but feels a 6-month period should be enough time to show a change
 - Heather agreed with Rob that multiple quarters would be needed
 - Bill clarified that we would not be able to do the rate adjustment on day 181
 - Bert Plant pointed out the exclusion rate on the papers he handed out; we have removed anyone who leaves in the first 30-day period in the accounting of anyone who leaves as part of your 90-day retention rate
 - Bert also pointed out that the packets handed out to providers today includes statewide average, your rate, and your ranking, which should give you an indication today as to where you are ranked and can give you an idea whether you need to start working now on improvement efforts
- Beacon has looked at ways to determine who is an outlier and do not want to make it difficult to adhere to the program or disadvantage a smaller provider
- Ben S. asked how much variability there is within each of these - how many outliers are there?
 - Bert P. explained that the number of outliers will depend on how an "outlier" is defined
- Kelly P. asked if the relapse rate is taken into account; Bert addressed this question; looking at averages
- We are continuing to measure/track the exclusion rate amongst providers
- Rob L. commented that it would be interesting to look by geographic location
- Heather G. commented – sounds like no correlation between the rates and the 90-day retention rates; Bert P. said we would need to do a correlation analysis but there doesn't appear to be one
- Ben S. asked about how the retention rate could be affected due to issues with Veyo essentially forcing a member to change providers. Changing providers is a positive treatment outcome for a member. Bill H. replied that these changes should mostly happen within the first 30 days. Bill feels some of this will already be accounted for within the baseline data and feels this will continue to happen. Bill commented that DSS stands ready to assist where these issues with transportation occur. He went on to say there still is a cohort of people who will continue to stay.



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	<ul style="list-style-type: none">• Ben S. commented that the outlier analysis is positive. He pointed out that these are a group of providers whose billing methodology changed, many of whom had a significant rate decrease. Ben commented that we are operating outside of the bounds of the statute in that this was supposed to be developed a couple of months ago and implemented as of 1/1/2020.<ul style="list-style-type: none">○ Bill H. replied that if DSS had simply acted promptly to implement something right away, it would've been without the input of providers. DSS would welcome a locked room workgroup on developing a statewide rate with a value based reimbursement rate model for this level of care, even if it is spread out over a period of multiple years. However, with the variability of rates, this is very difficult.○ Ben S. said they would welcome this too but the conversation needs to be cost-based. However, there is no appropriation for this.• Bert P. mentioned that Beacon does not have anything that points to a definitive period of time with regard to retention and outcomes. He asked if anyone in this group has a document that mentions this to please forward it to him.• Rob L. thanked DSS for working with the providers on this process.
3. New Business and Announcements / Adjourn	<ul style="list-style-type: none">• Meeting adjourned at 04:04 p.m.
4. Upcoming Meetings	<ul style="list-style-type: none">• January 3, 2020 at 2:30 p.m. in Beacon Health Options' Hartford Room, 3rd Floor, Suite 3D, Rocky Hill, CT