




## BHP Operations Sub-committee - Minutes

<b>DATE AND TIME OF MEETING:</b> <b>Date: January 3, 2020</b> <b>Time: 2:30 - 4:00</b> <b>Location: Hartford Room - Beacon</b>	<b>Internal</b>	<b>External</b>	<b>Recorder: Jen Kurowski, Beacon Health Options</b>   BHP Operations Subcommittee sign-	<b>Draft</b>	<b>Final</b>
		<b>x</b>		<b>X</b>	
<b>TOPIC</b>	<b>DISCUSSION/RECOMMENDATION</b>				
<b>1. Housing State Plan Amendment (SPA)</b>	<ul style="list-style-type: none"><li>• Meeting at DSS on 12/20 reviewing the financial model and new rate structure. Financial model was updated based on discussions in that meeting. Assumptions related to pre-tenancy and tenancy have gone up in both the first year and second year in the tenancy and pre-tenancy categories. Close to initiating public notice. All previous meetings have been informal. This would initiate the formal feedback process in preparation for submission to CMS.</li><li>• Bill believes they give a 30-day period in which to submit feedback but he will confirm this timeframe.<ul style="list-style-type: none"><li>◦Bill will notify this group when the 30-day period starts.</li></ul></li><li>• Posted in the CT Law Journal but Bill to send a link.<ul style="list-style-type: none"><li>◦Bill to check to see if this is published anywhere else.</li></ul></li><li>• Bill mentioned that they appreciated the feedback provided so far on this topic.</li><li>• Heather commented that the public process has resulted in adjustments to the type of rate and what is included in the rate and this has been helpful.</li></ul>				
<b>2. Methadone Outcome Update</b>	<ul style="list-style-type: none"><li>• Bill indicated that providers have raised some valid concerns and questions related to the language and to the proposed performance measure. Want to provide some more specificity in the language to allow us more time.</li><li>• Hoping to present to OPM in the coming weeks.</li><li>• Heather commented that it feels there is an interest in the state to address enhancements to rates.</li><li>• Discussion ensued around legislative requirements.</li><li>• Bill will ask if he can share the proposed language with this group.</li></ul>				



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### 3. Substance Use Disorder (SUD) Grant

- This grant addresses needs and the treatment system to assess if there are needs by the providers that are not being met. We plan to hold several focus groups.
- Kim H. explained that the first member focus group took place today. The group was split into two rooms. Approximately 14 people participated today with roughly half of them who were family members and the other half were members who are currently in recovery. The largest barrier seemed to center around access and the clinical assessment that needs to be completed. Members really need support with follow-up care after the appointment. Providers make assumptions that members have all technology needed to email or go online. There were some comments around language barriers and some around service intervention. How do we identify individuals at early ages so that trajectory doesn't follow them into adulthood? There were many positive comments about the system as well and we started the focus group on a strength-based note.
- Terri D. commented that one of the major obstacles they see is people are not consistent in attendance. Criteria to get members into service is very strict and is a barrier for providers.
- We are planning to hold key informant interviews as well, so providers will have an opportunity to do this.
- Ad hoc meeting of this committee on 2/7/2020 for the purpose of getting feedback about this grant. This will be specific to substance use providers only. Notices will be coming out about this.
  - Will make sure CHA sends something about this too.
  - Jen K. from Beacon to confirm room availability. (confirmed)
- Heather asked if the minutes from the focus groups being posted somewhere? There will be a summary document created that will be given to CMS.
- Sabrina T. mentioned that a huge gap to take into account to ensure we have DPH at the table to look at licensing requirements. Should also take funding barriers into account. DMHAS requires us to discharge all patients who have not received service in the past 30-days. Providers would be held responsible for 6 month episodic updates.
- Heather commented that there is a disincentive around keeping members engaged who are not regularly attending treatment. Involving DPH in this process is important.
- Heather explained that if an incident occurs, DPH can investigate the provider if the member has not been discharged in a timely manner.
- Ben asked about the recent triennial plan that was submitted. The behavioral health portion of the plan seemed that there are some requirements in federal law about comparing rates and DSS was able to conduct a comparison around rates. Are there resources to provide some information around services and rates pertaining to SUD? Bill commented that it is difficult to get rate comparison information across states. If states have handed over the rate structure and management to a managed care organization, it is difficult to get rate information.
- Bert P. commented that there are many other factors that affect rates, such as adequacy of networks.
- Bill to distribute the questions that will be asked of providers in advance of the 2/7/2020 meeting.
- Terri asked if DSS will be holding a forum for those providing innovative practices? Bill said yes, we are always open to considering innovative practices.
- Susan Kelly asked about care coordination for SUD? Bill said we will want to take this into account. Heather commented that some states have implemented the BHH for those with SUD.
- Heather inquired about the length of time involved in this process. This is an 18-month grant. Have not yet gotten into the options involved in terms of what to put under the waiver and what does not need to go under



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	<p>the waiver.</p> <ul style="list-style-type: none"><li>• Are you thinking of moving the model under DMHAS so you can get the federal match? There has not been discussion about moving dollars.</li><li>• It is likely that the waiver will limit the number of days, so there will still be a need for state dollars. This is intended to bring in additional services.</li><li>• Bert commented that ultimately the functional purpose of this grant is to prepare for state planning and there are other requirements pertaining to reporting, etc. The grant has certain specifics that Beacon must follow in terms of deliverables and timeframes.</li><li>• DSS wants the planning grant to inform the demonstration application.</li></ul>
<b>4. New Business and Announcements / Adjourn</b>	<ul style="list-style-type: none"><li>• Meeting adjourned at 3:35 p.m.</li></ul>
<b>5. Upcoming Meetings</b>	<ul style="list-style-type: none"><li>• Ad hoc meeting on February 7, 2020 at 2:30 p.m. in Beacon Health Options' Hartford Room, 3rd Floor, Suite 3D, Rocky Hill, CT</li><li>• March 6, 2020 at 2:30 p.m. in Beacon Health Options' Hartford Room, 3rd Floor, Suite 3D, Rocky Hill, CT</li></ul>