







BHP Operations Sub-committee - Minutes

DATE AND TIME OF MEETING: Date: July 24, 2020 Time: 2:30 - 4:00 Location: via zoom	Internal	External	Recorder: Jen Kurowski, Beacon Health Options  BHP Operations Subcommittee Meet	Draft	Final
		X		X	
TOPIC	DISCUSSION/RECOMMENDATION				
1. Medicaid substance Use Disorder (SUD) 115 demonstration Waiver  CT SUD 1115 Waiver_General DecRequirements and A  1-ASAM Criteria Six 2-ASAM Criteria.pdf Dimensions.jpg  CT_Waiver	<ul style="list-style-type: none">• Bill Halsey reviewed the attached slides• There is a long-standing rule that Medicaid does not allow us to pay for the SUD residential level of care. These claims are suppressed when DSS submits claims• Following an aggressive timeline:<ul style="list-style-type: none">○ Want to review what is a waiver and the potential implications○ Submission does not mean implementation○ In many cases, we have 24 months to complete the goals:<ul style="list-style-type: none">▪ Submission date▪ Implementation date▪ Often have 24 months to meet goals• This is a lifespan project• Important to get providers up to the ASAM 3rd edition• Working with DCP on this waiver• There is a formal evaluation program• Heavy emphasis on MAT• Includes full continuum of SUD services• Includes:<ul style="list-style-type: none">○ Initial assessment of providers○ Ongoing monitoring of providers○ Standard behavioral health management of the ASO using ASAM 3rd edition• Heavy emphasis on opioid abuse and prescribing guidelines, expanded coverage and access to naloxone• Another very important component is improved care coordination and successful transitions between levels of care• Will need to chart out a path on how we will intend to meet each milestone complete within the 24-month period• Q&A:<ul style="list-style-type: none">○ Asher (CASA) asked if there will be a compliance component (course of completion, benchmarks, etc.)?<ul style="list-style-type: none">▪ Bill explained that yes, will need to develop a process where providers are meeting clinical standards of ASAM 3rd edition and will need to certify or credential the providers; ongoing monitoring is necessary to ensure delivery of services○ Feedback will be important, for example if more staff is necessary, DSS will need to know so it gets				



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- built into the rates; rate development and analysis is an important component
- Heather G. asked if care coordination and level of care are Medicaid reimbursable services or will they plan to delegate to a state agency or ASO?
 - Bill replied that is under development but is best suited as a Medicaid reimbursable services
- Heather G. commented that the ability to coordinate across those systems would be an important enhancement that does not currently exist in the system
 - Bill mentioned that there are 2 companion pieces:
 - Waiver
 - Entire SUD service system
- Gary Steck asked a question about state funds, to which Bill replied there will be one rate of that specific LOC and that we are not necessarily talking about bundling rates; state funds will still be connected to certain levels of care
- Heather G. commented that not everyone is insured or is insured the entire time they are in treatment and not everyone is on Medicaid, to which Bill commented that this is an opportunity for a reinvestment into the SUD service system
- Heather G. asked if this is going to allow for an expansion of resources within the SUD treatment system or is it simply a rearrangement of funds within the system?
 - Bill provided clarification: we would always have to do a service-level capacity; these new federal dollars would cover things like rate adjustments, the mandatory evaluation of the project, and T/A. Rate structure is one thing we would be using the federal dollars for
- Bill reviewed the attached Word document, which talks through the waiver requirements by each milestone and shows in the right column where the state has flexibility
 - Colleen H. suggested that everyone invest in the ASAM 3rd edition
 - Milestone 1 & 2 – no questions from the group
 - Milestone 3 – heavy emphasis on MAT including in residential levels of care
 - Heather G. asked what would be above and beyond what DMHAS is currently doing?
 - Colleen H. commented that DMHAS is trying to make this as seamless as possible and is hoping to have supports in place that the entire system will need
 - Heather G. commented that she hopes we can modify the existing process based on the standards that need to be met rather than putting a new process in place
 - Asher mentioned that providers already are held to various accreditation standards such as JHACO and asked if there is a crosswalk between what is trying to be accomplished here and the other standards that providers already need to meet?
 - Bill responded that yes, to the degree that we can leverage those accreditation standards, but there must be some sort of certification that the state puts in place to ensure that providers are meeting the requirements of the waiver
 - Milestone 4 – Would leverage DMHAS bed capacity (residential bed listing on the DMHAS website)
 - Milestone 5 – CT is in good shape in this area but is already having conversations with DCP regarding how we can better coordinate efforts with the prescription drug monitoring program
 - Milestone 6 – This could include Peer Recovery Coaches
 - Heather G. encouraged creating this as a service at the provider level



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	<ul style="list-style-type: none">○ Discussed HIT○ Bill would want to give a presentation on budget neutrality; there is “waiver math” associated with this project but it is in our favor○ Evaluation design – any components specific to Connecticut are fine but we were advised to do it outside of the waiver○ Heather requested that DSS use existing data○ Bill said they are working on a crosswalk of where we are today in terms of ASAM 3rd edition○ Asher inquired in terms of residential treatment, are there any requirements for number of beds to be set aside by region or by providers?<ul style="list-style-type: none">▪ Bill responded that he believes there is an allowance that will let you contract with another provider to provide the MAT if you can’t do it yourself○ Asher commented with regard to coordination of care that they are not seeing connections as well as in the past, specifically related to non-clinical recovery oriented housing programs○ Bill commented that budget neutrality is important and should be reviewed but thinks this group would rather hear what is important to providers and he wants to give more detail in terms of impact to providers<ul style="list-style-type: none">▪ ACTION – put a placeholder on the agenda to bring this back and Bill, Colleen, and the co-chairs can touch base prior to the September Operations Subcommittee meeting to determine if we need to bring this back▪ All SUD costs can be counted in our count towards budget neutrality○ We need to make sure providers have the capacity to do this work○ Discussed moving the September meeting to the following Friday since the first Friday leads into Labor Day weekend. Bill suggested we plan for a 2-hour meeting and will send details to the group in advance so there is time to review before the meeting
2. New Business and Announcements / Adjourn	<ul style="list-style-type: none">• None• Meeting adjourned at 3:40 p.m.
3. Upcoming Meetings	<ul style="list-style-type: none">• September 4, 2020 at 2:30 p.m. via zoom (proposed pushing out to 9/11/2020 for a 2-hour meeting)



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7/24/2020 MEETING ATTENDEES:

- Heather Gates
- Bill Halsey (DSS)
- Terri DiPietro
- Jennifer Kurowski (Beacon)
- Colleen Harrington (DMHAS)
- Mary Painter
- Deolu Kolade
- Mark Vanacore (DMHAS)
- Deborah O'Coin
- Gary Steck
- Kathy Savino
- John D'Eramo
- Linda Mosel
- Stacey Lawton
- Monika Gunning
- Keri Lloyd
- Lois Berkowitz (DCF)
- Joy Pendola
- Julienne Giard
- Kathy Demars
- Alan Aleia
- Omar Garro
- Perception Programs
- Asher (CASA)
- Michele Bissell
- Kimberly Karanda
- Kim Haugabook (Beacon)
- Janet Rodriguez