





## BHP Operations Sub-committee - Minutes

DATE AND TIME OF MEETING: Date: September 11, 2020 Time: 2:00 - 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. 1115 Substance Use Disorder (SUD) Demonstration Waiver   SUD 1115 Waiver- Overview of Fiscal P	<ul style="list-style-type: none"><li>• Bill Halsey gave a brief introduction on this topic and introduced today’s speakers from Mercer, Brenda Jackson and Brad Diaz. He reminded the group that stakeholder involvement, engagement, and feedback are all needed in this process.</li><li>• Brenda Jackson (Mercer) presented the attached ppt, “Overview of the fiscal portions of the new program”.</li><li>• Brenda highlighted that this presentation uses the 3<sup>rd</sup> edition of ASAM.</li></ul> <p>Q&amp;A:</p> <ul style="list-style-type: none"><li>• Q - Marie M. asked whether this is for co-occurring.<ul style="list-style-type: none"><li>○A – Brenda J. answered that yes, it can be for co-occurring. She explained that Substance Use 1115 waivers are very specific in what the program covers and what the goals are.</li></ul></li><li>• Q – Heather Gates asked what the thinking is on designing and how to meet criteria.<ul style="list-style-type: none"><li>○A – Bill H. commented that we have 24 months in which providers can get to the standard, while the rate goes into effect when the waiver goes in place; some standards will come almost verbatim from the ASAM 3<sup>rd</sup> Edition. Bill mentioned that he is not sure that we have language staying that providers must follow the current version of ASAM. Bill went on to say that it is his understanding that there will be some new criteria under ASAM 3<sup>rd</sup> Edition.</li></ul></li><li>• Q – Heather G. commented that there is a heavier emphasis on clinical care and she hopes the rates will be adequate in terms of reimbursement for the level of resources needed.<ul style="list-style-type: none"><li>○A – Bill H. said that we are assuming this is heavy on clinical care and very heavy on discharge planning. Brenda J. commented that this is addressed on slides 14 and 15 on specific staffing assumptions.</li></ul></li><li>• Q – Ester G. asked what state this presentation is based on.<ul style="list-style-type: none"><li>○A – Brenda J. indicated that she is not at liberty to say what state it is, but she said she can assure the group that it is a good example.</li></ul></li><li>• Q – Heather G. asked if the members of the legislature have been a part of the conversation. She expressed concerns around state funding and federal requirements.<ul style="list-style-type: none"><li>○A – Brenda J. indicated that Slide 32 will show that this is a requirement and said it is a maintenance of effort of state funds. Bill H. went on to clarify that it is well-known by the legislature that there is a maintenance of effort requirement in the 1115 SUD Waiver.</li></ul></li><li>• Q – Heather G. asked for clarification on the hypothetical cost and if it is for additional expenses that providers would incur.<ul style="list-style-type: none"><li>○A – Brenda J. and Bill H. explained that we can carryover those costs to the hypothetical side of the</li></ul></li></ul>				



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	<p>ledger. It is very important to have provider input and for providers to understand the business models. Another critical component is to project the 5-year cost.</p> <ul style="list-style-type: none"><li>• Q – Heather G. asked a clarifying question about how MEGs (Medicaid Eligibility Groups) are defined.<ul style="list-style-type: none"><li>◦ A – Brad D. gave a detailed explanation, looking at slides 37 and 38.</li></ul></li><li>• Q – Heather G. asked how you factor in unmet need and variability of the population in terms of services if current utilization is not reflective of future utilization.<ul style="list-style-type: none"><li>◦ A – Bill H. and Brenda J. explained that you would establish the MEG and then do the 5-year lookback. Looking beyond just the current Medicaid.</li></ul></li><li>• Q – Heather G. asked what structure we want to put in place for providers to participate in each of the design stages and what is the best vehicle for providers to be able to participate?<ul style="list-style-type: none"><li>◦ A – Bill H. answered that we will need several meetings and need to determine how to categorize the meetings. Will need to talk about Levels of Care, Outpatient Redesign, and Care Coordination. He asked if we should stick with residential for now and try to carry those conversations through? Bill commented that we do need a crosswalk of current ASAM and what providers are using and must at least meet minimum criteria of the ASAM 3<sup>rd</sup> Edition.</li></ul></li><li>• Colleen H. mentioned that DMHAS is putting together a staff survey so we can see where people are and can understand where we are and where we need to be. Also planning to present the 1115 waiver to a learning collaborative in October. She said they will talk with CEOs in terms of where we are and where we need to be.</li><li>• <b>ACTION</b> – Need to set meeting for Heather Gates, Terri DiPietro, Bill Halsey, and Colleen Harrington to discuss structure and participation.</li><li>• Bill H. said they are keeping track of everything that will need to go in the state plan.</li><li>• Q – John H. asked if there has been any discussion around including Recovery Coach?<ul style="list-style-type: none"><li>◦ A – Bill H. said it would need to get into the LOC and yes, we need to get into this level of discussion. Anything reimbursable would go into the state plan.</li></ul></li></ul>
<b>2. New Business and Announcements / Adjourn</b>	<ul style="list-style-type: none"><li>• No new business</li><li>• Bill Halsey reminded the group that COVID Relief Funding is still available through 9/13/2020</li><li>• Meeting adjourned at 3:42 p.m.</li></ul>
<b>3. Upcoming Meetings</b>	<ul style="list-style-type: none"><li>• November 6, 2020 at 2:30 p.m. via zoom</li></ul>