



BHP Operations Sub-committee - Minutes

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| DATE AND TIME OF MEETING: Date: March 5, 2021 Time: 2:30 - 4:00 Location: via zoom | Internal | External | Recorder: Jen Kurowski, Beacon Health Options | Draft | Final |
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| TOPIC | DISCUSSION/RECOMMENDATION | | | | |
| 1. Update on the 1115 Substance Use Disorder (SUD) Demonstration Waiver | <ul style="list-style-type: none">• Making progress on the waiver application. Yesterday marked the end of the public comment period. Will issue a formal response to those comments.• Mercer Consulting was a big help with this application.• Discussed timeline. Tried to hold a 7/1 implementation date and invited CMS to weigh in on this, acknowledging that this is an aggressive timeline, and asking if they thought we may not make the timeline. CMS cannot guarantee the timeline, but they think the timeline is possible.• Committed to going back to residential providers to share our impression of these meetings. Meetings with Mercer are getting highly detailed in terms of rate development. State agencies have begun thinking of dates to go back to the residential providers. Will send some inquiries out for residential providers once we have dates established.• Q – Will you hold these meetings one level of care at a time?<ul style="list-style-type: none">○A - If we can share by level of care in advance, Bill feels this will go faster and that it will be best if we go by level of care, but may combine some of them. Want to give providers time and the ability to give open feedback.○Terri D. commented that smaller meetings will be most beneficial, so probably best to do one level of care at a time.• The rate goes into effect immediately, and then there is a have 2 years to become compliant with the new standards and requirements.<ul style="list-style-type: none">-Grant money that DMHAS has will remain in the SUD service system, but how it will be distributed to providers is under analysis by DMHAS and consultation with DSS as considerations are made for payment of costs not reimbursed by Medicaid (e.g. room and board, food, unentitled clients, staff not paid for by Medicaid)• It is likely that the room and board rate will need adjustment as well. State Partners are working this out.• Heather G. commented that 7/1 is not far away and any change in terms of financial support is very problematic.• We should see responses to public questions by late March. | | | | |



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| 2. Information for the State Plan Amendment (SPA) for Substance Use (SU) Outpatient | <ul style="list-style-type: none"> • An important part of this plan will be to have a strong outpatient system that includes value-based tools. From the moment of engagement to the moment of discharge, what are the tools that providers need? We do not yet have a strawman plan to share as of yet. • Need to think about what providers need, bring back to this group for embellishment and improvement. • Q - How does this relate to enhanced care clinics vs. non-enhanced care clinics? <ul style="list-style-type: none"> ◦ A - Bill would like to call this our ECC 2.0. • Will be on a provider basis not site basis. • Q – Need to take into account how this impacts the ability to attract and retain a diverse workforce and should look at this as part of the criteria. <ul style="list-style-type: none"> ◦ A – There are disparity sensitive measures we can look at. There are many opportunities that incorporate all different types of health equity measures. • Hope to finish all or most of the residential by end of March. • On the state plan side, you can put in a state plan amendment within the quarter that you start. • There have been about 31-32 states that have an SUD waiver. • Keep this on the agenda going forward. • Heather commented that we need to be very intentional about this moving forward. |
| 3. Update for Telehealth after the Public Health Emergency (PHE) Order Ends | <ul style="list-style-type: none"> • Hearing from providers and members that telehealth is working well. Feedback has been positive. Behavioral Health has taken full advantage of telehealth services. • DSS is currently meeting to determine what life will look like, especially in terms of telehealth services, after the pandemic ends. • DSS issued a bulletin, to give an idea of what telehealth services look like pre- and post-pandemic. Will need to look at what makes sense for after the pandemic. • No answers yet in terms of allowances for provider to be outside of the clinic. • Terri mentioned that their no show rate was dramatically less during a recent snowstorm with telehealth in place vs. how it would have been historically without telehealth services. Should take this into account. • Q – What is the actual end date of the telehealth waiver and will we get a transition period? <ul style="list-style-type: none"> ◦ A - Trying to extend everything under an executive order. • Sabrina T. commented about Medicaid rehab services option and are connected to the executive order. At this point, these services via telehealth will cease on 4/30, which is concerning. • Terri mentioned that we should also take into account how difficult it is to get a vaccine. • Biden administration committed to a 60-day notice period before taking down the executive order. |
| 4. New Business and Announcements / Adjourn | <ul style="list-style-type: none"> • Meeting adjourned at 3:13 p.m. |
| 5. Upcoming Meetings | <ul style="list-style-type: none"> • May 7, 2021 at 2:30 p.m. via Zoom, hosted by Beacon Health Options |