BHP Operations Sub-committee - Minutes

DATE AND TIME OF MEETING: Date: May 7, 2021 Time: 2:30 - 4:00 Location: via zoom	Internal	External	Recorder: Jen Kurowski, Beacon Health Options	Draft	Final
		x		X	

TOPIC	DISCUSSION/RECOMMENDATION
1. Discussion of Desirable Services to be Allowed under Telehealth, both Audio & Video and Audio Only	• Bill H. reviewed the attached spreadsheet. Pay attention to Column I. • Policy transmittal 2009 was issued prior to the pandemic. ○ Telemedicine post-pandemic which would not be a change from our original policy where we allowed telehealth via audio and video but would be a change from pandemic allowing audio only. ○ We are discussing future state. ○ We do not yet have a solution for audio only for post federal public health emergency. ○ It is irrelevant what is passed in CT if it is not also allowed under federal law. This is for audio only. ○ Post pandemic we would continue to allow audio and video but not audio only. ○ Member can be at home or in a primary care office. ○ Q - To allow use of telehealth to conduct a psych evaluation, does it require a new policy transmittal? ▪ A - The proposed bill runs through 6/30/2023 and allows telehealth service to continue for a member in their home. ○ Q - Can the provider be at home? ○ Heather urges DSS not to specify where the provider can be. ○ Q - Sabrina Trocchi – Will DSS reissue a specific policy transmittal? ▪ A - Bill H. responded that DSS should put forth a policy transmittal. Need to update bulletins based on what was learned during the public health emergency. ○ Q - Sheldon Toubman asked for clarification around whether the bill authorized audio only? Is the issue that there will be no federal reimbursement for audio only? ▪ A - Bill H. responded that the bill does authorize it but it can't supersede what we do not have on federal authority. CMS is aware that we need a behavioral health audio only code, but we do not currently have a code for this. It does extend policy through 6/30/2023, but it cannot solve for the audio only if we do not have a code. ○ Q - Shelton T. asked about the status of lobbying on this. ▪ A - Bill replied that Kate McEvoy is lobbying on this and Bill checks in with her on this every month. He said that DSS is advocating on this but we do not want it to replace in-person visits. • Traditional individual psychotherapy codes, will maintain these codes. • Other psychotherapy, family psychotherapy, multiple family groups, which is for separate families not members of the same family. Questions asked of those on audio only calls to verify they are in CT (this is specific to Middlesex Hospital) and have a private secure location, etc. ○ ACTION - Bill H. will check with DPH colleagues to confirm whether the member needs to be physically in CT and same for providers. ○ Committee would like the dept to consider keeping audio only in place as it would be beneficial. We

	do not want to lose any opportunities around ways we can engage with patients. ○ Consider ways technology could help with any of these issues. • ACTION - Bill H. is interested if anyone is doing formal psych testing. Please reach out to him if so. • The committee would advocate for allowing both audio/video and audio only for established clients but would advocate for this for everyone. ○ Bill reminded the group that these are options only. If a member or practitioner is not comfortable with telehealth, they do not need to participate in it. ○ Comment that limiting new patient first visits to telehealth only and not offering audio only eliminates options for those who do not have access to technology. Show rates have improved. ▪ Bill explained that the concern was around not having eyes on a new patient. ○ Bill commented that the department has attended several meetings with consumers and regularly asks for feedback. They have heard compelling arguments to keep audio only. ○ Bill said that they want to keep audio only where clinically appropriate. • Smoking cessation still actively used? Yes. • Intensive Outpatient for chemical dependency. ○ Do we want to build in some flexibility where the family and/or provider may need some flexibility? ○ It is crucial to describe accurately the constraints on this and tracking to ensure we are getting accurate results. ○ The Committee wants to advocate for audio only here. ○ There would be an accessibility issue here as you will go through minutes very fast this way. IOP=150 minutes of service; PHP=200 minutes of service. ○ Middlesex Hospital found this to be chaotic to do this service with some people in the room and others on zoom. ○ Q - There are components of IOP where you are one on one; could audio only potentially be used in this instance? • Crisis intervention – any telehealth used here? Likely doing some check-ins this way. The Committee suggests looking at this one. • Targeted case management. H2019 and T1017. • What is the role of the model developers? We may need to work with them to ensure we are not working outside of the model.
2. Report on 1115 Waiver and Implementation Plan and Dates	• We are unlikely to make a 7/1 start date. There is a 30 day waiting period with the Committees of Cognizance and then need to submit formally to CMS, where there is a 30-day public comment period. • Q – Kelly Phenix asked for clarification on the 1115 waiver, asking if this is for all outpatient or for the entire behavioral health system? ○ A – Bill replied that the waiver allows us to seek Federal reimbursement for services that have not been eligible on the Federal side for a very long time. Under traditional state plan amendment, we will likely put in a comprehensive SUD state plan. Whether we put in another state plan amendment for other behavioral health services is still up for debate.

3. Planning Process and Involvement of Stakeholders	• In June, will commit time to outpatient and want to make sure outpatient providers have the tools needed. Will introduce a value based reimbursement model with a phased approach. • DSS has been participating in weekly meetings with Mercer. • Will try to solidify meetings with residential providers in the second half of May. Each level of care will have their own meeting. Will get information to those providers prior to the meeting date. Standards of ASAM3. Medicaid rates and room and board rate. • Will work on the roadmap and be prepared to share that in June and seek feedback on that roadmap. Need input and buy-in from the providers. • DSS is committed to make sure outpatient providers are will equipped to handle the acuity of these patients. • Q – Will you share the building blocks of how the rate was developed? It is helpful to understand the assumptions that went into it. ○ A – DSS expects to have some basic building blocks that can be shared with the providers. • Q – On the outpatient side, still talking about SUD or all outpatient? ○ A – Bill responded that we will try to leverage what we do under the SUD value based service and try to apply it to the entire service system. • The Committee urges caution related to dramatic changes that providers may not be prepared for. ○ Bill commented that on day one, you will start to get these rates but will have two years to get up-to-date under ASAM 3. On the outpatient side, may want to create pathways and phases. • Q – Sheldon T. commented about advocate concerns around value based payments and asked what detail can be provided about what is proposed here. ○ A – Bill commented that it is premature to discuss this at this point. DS has not come to any final model on the outpatient side under value based payment. We have discussed administrative based things we would want in place. Bill reminded the group that these are ideas right now and that DSS is trying to give providers tools and incentives. Nothing beyond that concept has been discussed yet. ○ Sheldon T. responded that whether downside risk, shared savings, or risk to providers, advocates are opposed. Commenting that as soon as you open the door to value based payment, advocates are opposed because it has implications in other areas.
4. New Business and Announcements / Adjourn	• The group agreed to add a meeting in June. Co-chairs will ask David Kaplan to organize. • Meeting adjourned at 3:55 p.m.
5. Upcoming Meetings	• September 3, 2021 at 2:30 p.m. via Zoom, hosted by Beacon Health Options.