



BHP Operations Sub-committee - Minutes

DATE AND TIME OF MEETING: Date: September 3, 2021 Time: 2:30 - 4:00 Location: via zoom	Internal	External	Recorder: Jen Kurowski, Beacon Health Options Co-Chairs: Terri DiPietro and Heather Gates	Draft	Final
		X		X	
TOPIC	DISCUSSION/RECOMMENDATION				
1. The 1115 Waiver Review of August Discussion	<ul style="list-style-type: none">• Bill H. mentioned that he sent an email related to the previous 24/7 admission. Determined that the rates do not need to be adjusted if we do first 24/7 admissions; will see this in the updated standards.• One of the rates was updated related to room & board; very minor inflationary adjustment to the room and board. When these changes come through, we have asked Mercer to updated the rate accordingly.• Heather summarized all the points we need to address, including the belief that the implementation date needs to get pushed back.• Gary Steck – There is nothing written to transition and that LOS and other items are not addressed as of yet. Not in agreement that facilities should do 3 shifts, 7 days per week because this is a big lift for smaller facilities.<ul style="list-style-type: none">○Bill commented that providers have 24 months to comply with these standards and that this has been communicated clearly to the group.• Lisa Ann DL – Expressed extreme concern that she is currently looking at a \$250k deficit per facility in order to keep 2 staff in both facilities.<ul style="list-style-type: none">○Heather G. urged Lisa to attend the other meetings where we can discuss these issues.○Bill H. said we are not prepared today to discuss the grant funds but they are in play. Regarding PPW programs, currently trying to do an analysis to determine if we can do something relating to the non-medically necessary beds. DSS does recognize that there will be non-medically necessary days and need to determine how to handle this with the ASO. This project was meant to create a more viable payment system for the network and DSS does believe this will be the outcome. Will not currently speak to the grant dollars because these are not under DSS purview. DSS does not want to see providers close their doors.○Heather G. asked if it is possible to phase in different LOCs at different points in time? Can there be consideration of a phase-in?<ul style="list-style-type: none">▪ Bill H. to look into this but believes it all needs to be at once.• John Hamilton – Stressed his compassion for the other programs. He said he believes in the DMHAS commitment to keep providers whole. He wonders if we can move forward on 11/1 with some level of commitment?<ul style="list-style-type: none">○Heather G. commented that not all providers are on board with starting on 11/1 and many are in agreement that we should at least move it to January 1st. Several members of the alliance have previously commented that they were not on board with 11/1.• Daniel Millstein – Would favor an 11/1 date as these numbers are favorable to this provider.• Ece Tek – Also in favor of 11/1.• Maria Coutant-Skinner - Request to hold off on the go live date until we can do a deeper analysis on the following aspects - assessing need amongst the uninsured and underinsured, challenges related to discharge planning, CSSD considerations, occupancy rates in small programs and how to make those numbers work with				



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current rates and staffing challenges.

- Gary Steck feels 11/1 is possible.
- Tyler Booth – how collaborative can the 2 year period be?
 - Bill H – to the degree that DSS standards are in excess of ASAM's most standard edition, DSS may have some flexibility to make adjustments and still remain in compliance.
 - Bill H. - Trying to determine if there is additional revenue coming to the state that we can use for uncompensated days that are not covered by grant dollars.
- Gary S. – Concerned that we only have 58 days until implementation. Do not feel this can be done by 11/1.
- Heather G. – We continue to be skeptical because not all costs have been accounted for in the rate-setting process.
- Lisa Ann DL – Staff in the Groton residential program have been exhausted; no luck in trying to hire more staff. It seems impossible to find an RN in CT right now.
- Bonnie H. – Echoed John Hamilton's remarks about sensitivity for those who are struggling, but would like to implement ASAP, including to be able to begin staffing up with the new rate. We would like to be able to start working with the ASP now and have data available to prepare for this major system transformation. Providing data examples, the IP PAR Profile or Behavioral Health Home data that the ASO helps providers shape towards meeting the clinical standards, and enact system transformation.
- Ester G-T – As we continue to plan, what are we planning with?
 - Bill H. explained how to find the rate structure for the LOC needed.
- Colleen H. – COVID has created necessity to combine programs but the programs are designed to be separate.
- Stacey L. – The staffing requirement adding language about number of staff per floor has significantly changed the equation for my programs. By having beds on 3 floors, the language suggests we would need 6 staff rather than 2, which does not make sense. It does mention you can submit a request for a waiver.
 - Keri L. – commented that the initial thinking on this was programs by level of care and not necessarily those who are situated in a house where there are a few bedrooms on each floor. DSS will look at this again.
- Daniel Millstein – Assuming there are no repercussions around having outpatient, IOP, etc.?
 - Bill H. commented that outpatient is not included in this.
- Bill H. – Almost every decision we have made to date we believe to be in favor of the providers to deliver these important LOCs. That is the approach we have taken on almost every item brought to us by the providers. We will continue to work towards that goal and will do everything we can to make this a smooth transition and to make this a stronger system. That is our overall goal for this project.
- Heather G. - At the provider level there are often variations and operational challenges that don't always fit with the model. Would request in relation to this issue of 2 LOCs being in the same level, can DSS convene with these providers around what efficiencies would be in this area. There is not that can be cross-programmed. Need to talk through more about how DSS reached the conclusion on how all the beds can be added up. And we need to consider moving the date beyond 11/1.
 - Bill H. – DSS will go back to Mercer on this and will have discussions pertaining to Heather's comments above.
- Esther – Is next week's meeting to discuss questions raised today?
 - Bill H. - The meetings next week are by LOC and an opportunity to focus exclusively on each level of



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	<p>care. Anything we have modified or discussed today, and if we can provide any update on the grant dollars but may not be able to do that next week. Another opportunity to circle around and make sure everyone is on the same page.</p> <ul style="list-style-type: none">○ Colleen H. – It is probably beneficial for David to add the residential providers who don't usually attend Ops, should be included in the meeting.○ Colleen H. commented that these invitations did not go out to the appropriate groups. Need to confirm this with David.○ Heather G. - Can we create a list of every LOC and the meeting time for the next 2 weeks that we can distribute to the entire Ops group and then folks can reach out if they did not get the invitation?○ Keri L. provided the following schedule of upcoming meetings:<ul style="list-style-type: none">▪ Tuesday, 9/7<ul style="list-style-type: none">• 3.3 at 1pm• 3.5 adolescent at 3pm▪ Wednesday, 9/8<ul style="list-style-type: none">• 3.7 at 10am▪ Thursday, 9/9<ul style="list-style-type: none">• 3.7 RE at 9am• 3.5 at 10am• 3.5 PPW at 1pm▪ Friday, 9/10<ul style="list-style-type: none">• 3.7 WM at 1pm• 3.1 at 2pm○ State partners will review each invitation to ensure there is appropriate representation for each meeting from each agency. <ul style="list-style-type: none">• Tyler B. – If there is NO shared staff, but no physical barrier between the levels of care, the combined rate is expected?<ul style="list-style-type: none">○ Bill H. -The financial model assumes that all are together.• Bill will follow up with Mercer on any questions.
2. New Business and Announcements / Adjourn	<ul style="list-style-type: none">• Meeting adjourned at 3:43 p.m.
3. Upcoming Meetings	<ul style="list-style-type: none">• November 5, 2021 at 2:30 p.m. via Zoom, hosted by Beacon Health Options



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Attendees:

Amy DiMauro
Aneta Godlewski
Anthony Jenkins
Asher
Ben Metcalf
Bill Halsey (DSS)
Bonni Hopkins
Chris Prus
Chris Whitney
Christina Arias
Colleen Harrington (DMHAS)

Daniel Millstein
Dawn P.
Debbie O'Coin
Donyale Pina (DCF)
Doug Dorman
Ece Tek
Esther Gonzalez-Torres
Gary Steck
Heather Gates (co-chair)
Jen Kurowski (Beacon)
Jennifer Kolakowski
John D'Eramo

John Hamilton
Joy Pendola
Judith Martino
Julienne Giard
K. Deschenes
Kelly Phenix
Keri Lloyd (DSS)
Kim Haugabook (Beacon)
Kris Robles
Lauren Schempp
Lisa Ann DL
Lois Berkowitz (DCF)

Maggie Young
Maria Coutant-Skinner
Maria Sullivan
Rod Winstead (DSS)
Stacey Lawton
Stephney Springer (DCF)
Steve Abshire
Susan Cutillo
Terri DiPietro (co-chair)
Tyler Booth
Vladrose Santiago