



## BHP Operations Sub-committee - Minutes

DATE AND TIME OF MEETING: Date: December 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. Draft Implementation Provider Bulletin Re: 1115 SUD Waiver	<ul style="list-style-type: none"><li>• Bill Halsey reviewed this bulletin.</li><li>• We want to bring up providers who are state funded in the system. Those who are already up and running and receiving state services.</li><li>• Want to include milestones because we do not want to wait to the end of the 24 months and then find that this is not done. Milestones would include Staffing and treatment requirements. There will be a full monitoring entity. Thinking 6/9/18 months to ensure full certification. We want billing capacity. After the 24 months, we would need everyone to be fully certified.</li><li>• You would receive treatment and room and board from day one of the provisional certification process.<ul style="list-style-type: none"><li>○Q - Heather Gates – If the clock starts on 1/1 with the new rate, it will take a number of months to accrue enough revenue to actually be able to start hiring these positions, and that is assuming we are meeting capacity requirements. Request the first benchmark date to be 1 year out, rather than 6 months out and then perhaps accelerate the certification for the 2<sup>nd</sup> year.<ul style="list-style-type: none"><li>▪ A - Bill feels there are still some things they will want to look at on the 6-month mark.</li></ul></li><li>○Q – Maria Coutant-Skinner – do you have a sense of what those benchmarks might be in the early months?<ul style="list-style-type: none"><li>▪ A – Bill said we do not yet know what they will be. We can discuss what that means if you are not meeting the benchmarks. DSS wants to lay out the tool for providers.</li><li>▪ A - Colleen H. stated that DMHAS and DSS are responsible for overseeing this and want to be supportive of providers. Bill agreed this is intended to support and assist providers.</li></ul></li><li>○Q - Ben Shaiken commented that this level of vacancies could take 1-2 years to pull out of in a typical year. This may be challenging for providers to get fully compliant with all pieces of this new program.</li></ul></li><li>• Bill further explained that providers will have access to all available tools. There will be provider training offered. Some of the components will include (but not limited to): auth procedures, billing procedures, ASAM training, motivational interviewing, etc.<ul style="list-style-type: none"><li>○Q - Asher Delorme – We will be competing with each other for these slots. This reality must be part of the understanding with regard to filling positions and meeting benchmarks.</li></ul></li><li>• Authorizations – DSS recognizes whether these are auths from ABH or another state agency. Trying to establish a smooth transition so that those in the beds are not disrupted. Auths from ABH can transition over to Beacon (working on this). Will let auths ride for at least 30 days on Medicaid members that came through from CSSD or DOC. We will institute a review process by Beacon for these clients (existing auths; must be Medicaid members).<ul style="list-style-type: none"><li>○Q - Gary Steck recommends considering using anything that is already in use in consideration of paperwork.</li><li>○Q - Heather G. mentioned sequencing – is there a way to tie this to admission date so that staff do not</li></ul></li></ul>				




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have to do all of this at one time for all patients.

- A – Bill will go back to think about the best way to collect this data and then consider how to space these out over a period of time. Keri Lloyd commented that the discussions so far have been with this same line of thinking to stagger the auths.
- Q – Gary S. suggested that providers take basic information upon registration.
- Colleen Harrington commented that there is work being done with regard to how the data will come in to Beacon and how this process will work. Working to try to mitigate anything that could be even a little adverse.
- Keri Lloyd further explained that we are looking to hopefully do a file transfer process.
- Bill asked Erika Sharillo at Beacon to look at Non-ABH Medicaid members.
- External toxicology labs - Medicaid pays for this. Bill is removing the word “billing”. Once the waiver goes live, this will be reimbursable. No more than 1 external lab per week.
  - Q - John Hamilton – clarify that this is separate for restrictions of how many labs
    - A - Bill clarified that this is strictly while the person is in residential treatment.
  - Q – Heather G. - Any conflict for these requirements and what CSSD requires? A – No.
- Staff training protocol – this is what is currently required. Changing the term “household” to “individual”. Bill emphasized for providers to read this section carefully so that we are all compliant in how this is done.
  - Q – Brenetta Henry – Is it possible this training could be offered to one of the parent participants from CFAC?
    - A – Bill said we can make this available to anyone or make a separate one for the parent participants from CFAC.
- Codes - There will be a separate outpatient bulletin.
- If the person is in the bed at midnight, you can bill for the day and not bill for the day of discharge. You will bill for every single code that applies for the person in the bed.
- Once the waiver is approved, other Additional Medicaid Services are fully reimbursable. This does also include dental services.
- Provider type and specialty by program. This is information that you may need but will walk providers through this when you enroll.
  - Q – Heather G. – when will providers be able to start enrolling?
    - A – Keri L. is hoping we are very close to this point but there is no official date yet.
  - Bill asked - Is there an enrollment addendum that needs to be signed off by DMHAS or DSS?
    - Keri L. to check on this.
- Bill does not think that we will hit the January 1<sup>st</sup> date. CMS has said they will give DSS a heads-up when they are getting ready to issue the notice of 30-days. Bill does not anticipate a 1/1/2022 start date.
  - Q - Deana Murphy – Is there a partial payment if the client leaves early?
    - A - No discussion on partial payments.
  - Q – Stacey Lawton – Pg 4 under billing guidelines – please clarify about health services included in the rates.
    - A – Bill to get back to Stacey on this.
  - Q - John Hamilton – if you hear mid-month, would the 30-days begin mid-month?
    - A – Bill said we could get approval any day of the month, but we can ask for an effective date



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	<p>that would be the first of the next month.</p> <ul style="list-style-type: none"><li>○Q – Heather G. commented please keep in mind that there will be holiday vacations coming up and these updates will be handled by staff that are handling many other responsibilities.<ul style="list-style-type: none"><li>▪ A – Bill said the state has this same issue and will take this into consideration and likely will ask for the effective date to push to the beginning of the next month.</li></ul></li><li>• Bill suggested thinking about within your own agency/program, consider how many do you have that are not coming through ABH that are coming through CSSD and DOC.</li><li>• Bill to explore how to do a simple registration.</li><li>• Everything that CMS has requested is back in their court right now.<ul style="list-style-type: none"><li>○Q - Esther Gonzalez-Torres asked about the provisional certification period (3/6/9 months).<ul style="list-style-type: none"><li>▪ A – Bill said DSS will get the monitoring tool out to providers so you can see how it will work.</li></ul></li></ul></li></ul>
<p><b>2. Discussion about IOP and PHP</b></p> <p> WV-SUD-1115Demo -Intermediate.pdf</p>	<ul style="list-style-type: none"><li>• Bill explained that while we have been focused heavily on residential, we have also discussed outpatient.</li><li>• Bill discussed Draft 2. Per Diem fee of 173.62 and PHP 184.82. See page 2 for the proposed fees.<ul style="list-style-type: none"><li>○Q - Heather G. – what is the change in these rates vs current?<ul style="list-style-type: none"><li>▪ A - Bill explained - Current = IOP 138 and 142. PHP (equivalent of day treatment) this pays currently in the 174 range (apx.). The mental health rates are not changing.</li></ul></li><li>○A – Heather G. questioned why this is happening?<ul style="list-style-type: none"><li>▪ A - Bill explained that the intent is to do a formal review of our rate structure, which we have asked Mercer to do. Looked at ASAM criteria, staffing criteria, BLS using highest region, looked at absentee rate. Some of the same elements that went into the rate structure for the residential program also went into the rate structure for the outpatient program. This is a true-up to the most recent edition of ASAM.</li></ul></li><li>○Q - John Hamilton – how does this look at recovery coach service?<ul style="list-style-type: none"><li>▪ A - Bill would like to go back and look at what the rate could be...need to validate this information. Check for non-clinical hours for PHP &amp; IOP...do we have standards on this yet?</li><li>▪ A - Keri L. verified that there are parameters on what the clinical hours could be and the rest would be by another clinical professional.</li></ul></li><li>○Bill/Keri verified for Heather that there is no rate differentiation for ECCs. This is intermediate level 2 services.</li><li>○Q – Gary S. mentioned past concerns around the scope of services of providers and JCAHO is very specific around what services providers can do.<ul style="list-style-type: none"><li>▪ A – Bill to check on this.</li></ul></li><li>○Q – Gary S. also would like to get confirmation on use of interns in these services.</li><li>○Q – Heather G. would like to know how Mercer looked at the rates.<ul style="list-style-type: none"><li>▪ A – Bill indicated that we will not have this up and running on day 1 of the demo. Traditional outpatient rates will likely be in place on day 1. We cannot get this done prior to the implementation of this project.</li></ul></li><li>○Terri D commented that next steps are crucial.</li><li>○A - In response to questions from Daniel Millstein and Doug Dorman, Bill responded that we are</li></ul></li></ul>



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- looking at the entire payment system for outpatients for children and adults.
- Heather G. commented that having different rates for the same diagnosis can be problematic.
- We will need a code for IOP PHP. This will be less about diagnosis and more about service.
- Q - Asher D. - Will providers be subject to another certification process in order to bill for IOP and PHP?
  - A - Bill – We have not discussed certification, perhaps only attestation.
- Q - Ben Shaiken – If the Department is planning on a comprehensive review of the BH Medicaid rates, and planning on working with Mercer about whether rates are adequate and need to be adjustment, Ben requests that trade associations are involved in discussions around what goes into these rates. If the plan is to start a comprehensive review, Ben feels it would be best to have these conversations from the start with the trade associations, rather than going back to review and ask for changes.
  - A - Bill agrees that we need to get this right and need to take providers into account on this. Bill feels we need to first build out the model. We want to infuse the system and have providers take more accountability for members and recognize that tools and incentives are needed to do this. Providers need to be at the table to do this well.
- Q - Heather – we need to have more discussion on this. Escalation of wages in the last few months for clinical staff has been astronomical. Clinicians are being paid 15-20% higher now than they were getting paid 6 months ago simply to get them on board. Heather urged the state to look at these rates prior to our next meeting.
  - A - Bill asked that providers bring some data back to the state on this.
- Q - Sandy Bacon – Given parity laws, how can SUD be different from medical?
  - Bill does not feel these do not comply with parity laws, but can check on this. PHP for SUD is different from PHP for MH; not sure this is really comparing apples to apples.
  - Terri D. recommended that we discuss this in the January meeting.
- Bill asked that everyone take these rates back to their own organization and see if you think this could support a true IOP and PHP program.
- Q - Heather asked Ben S. if the trade association can collect some information as well?
  - A - Ben agreed to do this.
- Q - Ece Tek – asked for clarification on the IMD exclusion.
  - A - Bill clarified that once the waiver is in place, what the government calls the institute for mental disease is lifted. They are part of the IMD exclusion. This is why they cannot be paid. When someone is in IMD, there are no Medicaid services that are reimbursable. The only thing is inpatient hospitalization, but every other thing is not reimbursable. Once we have the waiver, all of the other standard state plan services (primary care, dental services, transportation) all become available once we have the waiver in place.
- Q - Chris Prus – with regard to residential fees and billing codes, Chris doesn't see one specific code. Is it the H0011?
  - A - Bill/Colleen - We are missing H0037 & H0037RE...Bill will fix this.
- Keri L. asked that anyone who needs the bulletin email her at [keri.lloyd@ct.gov](mailto:keri.lloyd@ct.gov).



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<b>3. New Business and Announcements / Adjourn</b>	<ul style="list-style-type: none"><li>Meeting adjourned at 3:48 p.m.</li></ul>
<b>4. Upcoming Meetings</b>	<ul style="list-style-type: none"><li>January 7, 2022 at 2:30 p.m. via Zoom, hosted by Beacon Health Options</li></ul>

### ATTENDEES:

Terri DiPietro, co-chair  
Heather Gates, co-chair  
Jen Kurowski, Beacon  
Bill Halsey, DSS  
Keri Lloyd, DSS  
Colleen Harrington, DMHAS  
Mark Vanacore, DMHAS  
Lois Berkowitz, DCF  
Erika Sharillo, Beacon  
Kim Haugabook, Beacon  
Asher Delerme  
Aliza Castro  
Amy Vitale  
Ann Lavoie  
Ann Turkington  
Ben Metcalf  
Ben Shaiken  
Brenetta Henry  
Carol Cestaro  
Chris Prus  
Daena Murphy  
Daniel Millstein  
Dawn Patston  
Debbie O'Coin  
Doug Dorman  
Ece Tek  
Esther Gonzalez-Torres  
Gary Steck  
Gina Florenzano  
Jaime Ley  
Jaime Calvano  
Janet – CRT  
Jennifer Kolakowski

John Hamilton  
Joy Pendola  
Kathy Savino  
Kathy Demars  
Kenneth Przybysz  
Kim Davis  
Linda Russo  
Maria Coutant-Skinner  
Maria Laporto  
Natalie DuMont  
Sandra Bacon  
Shelton Toubman  
Sherry Marconi  
Stacey Lawton  
Susan Cutillo  
T. Banas  
Tyler Booth  
William Savinelli