



## BHP Operations Sub-committee - Minutes



<b>DATE AND TIME OF MEETING:</b> <b>Date: March 4, 2022</b> <b>Time: 2:30 - 4:00</b> <b>Location: via zoom</b>	<b>Internal</b>	<b>External</b>  X	<b>Recorder: Jen Kurowski, Beacon Health Options</b>  <b>Co-Chairs: Heather Gates and Laura Nesta</b>	<b>Draft</b>  X	<b>Final</b>
TOPIC	DISCUSSION/RECOMMENDATION				
<b>1. Update of the 1115 SUD Waiver</b>	<ul style="list-style-type: none"> <li>• Bill mentioned that 4/1 is highly unlikely.</li> <li>• The state received formal notification this week. This is the document that will eventually authorize the waiver. This draft was sent to us for review of any minor changes needed. We are making progress on this. Will get this back to them by the 10<sup>th</sup> and expect that they will turn this around in 30 days. The authorization date that they provide will be the start date for the state but this doesn't necessarily line up with the payment date for providers.</li> <li>• There is a provisional certification process that all providers will be held to and it will align with the 24 month period.</li> <li>• Bill urged everyone to read the entire bulletin when it comes out. <ul style="list-style-type: none"> <li>◦ There will be very important details included.</li> </ul> </li> <li>• Reps from residential providers should have received an email from Keri Lloyd today. <ul style="list-style-type: none"> <li>◦ If nobody from your agency has received this email, please reach out to Keri Lloyd.</li> </ul> </li> <li>• Building an FAQ (frequently asked questions) document, which will be a living document and receive updates as they occur.</li> <li>• There will be bulletins and FAQs to keep everyone informed.</li> <li>• The dedicated DSS SUD webpage does have a button where you can request to receive updates as they occur. <ul style="list-style-type: none"> <li>◦ <a href="https://portal.ct.gov/DSS/Health-And-Home-Care/Substance-Use-Disorder-Demonstration-Project">https://portal.ct.gov/DSS/Health-And-Home-Care/Substance-Use-Disorder-Demonstration-Project</a></li> <li>◦ At the top of this page, there is a link that states "Click this link to subscribe to updates regarding this project."</li> </ul> </li> <li>• DSS has scheduled weekly meetings for the next six weeks on Friday from 3:30-4:30. Will create a small agenda for these meetings but also want to use it as an open drop-in meeting. All questions answered will be included in the FAQ document and that will be posted on the website. <ul style="list-style-type: none"> <li>◦ If you did not receive notification on this, reach out to the state and they can forward this information to you or you can look on the website.</li> <li>◦ This page has the meetings and the link: <a href="https://portal.ct.gov/DSS/Health-And-Home-Care/Substance-Use-Disorder-Demonstration-Project/Meeting-Schedule">https://portal.ct.gov/DSS/Health-And-Home-Care/Substance-Use-Disorder-Demonstration-Project/Meeting-Schedule</a> <ul style="list-style-type: none"> <li>▪ It's under the "Meeting Schedule" tab from the main 1115 page</li> </ul> </li> </ul> </li> <li>• Q - Maria Coutant-Skinner was concerned that questions will be a part of aggregate data. <ul style="list-style-type: none"> <li>◦ A - Colleen H. responded that DMHAS held a meeting on 2/1 and did not have an end date, so DMHAS does not expect this will have an end date. DMHAS made a commitment that they will grant funds to those that are getting grants. Will not do anything prematurely. This is an iterative process. DMHAS does intend on maintaining grants for the foreseeable future and wants to make sure they are gathering the most accurate data. <ul style="list-style-type: none"> <li>▪ Maria expressed concern there will be a shift in the data once they open their doors after the</li> </ul> </li> </ul> </li> </ul>				



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rollout of the waiver.

■ DMHAS would like to have pre-implementation data to inform the process during the implementation.

- Q - Maria Coutant-Skinner commented that with the change in rates as you move from a certain # of beds to another, it can make a significant difference when moving the number of beds even by only one bed.
  - Bill H. responded that if going thru the formal process with DPH in changing the bed capacity for your licensing, DSS would honor that. However, this waiver is not intended to reduce the number of beds.
- Q - Maria Coutant-Skinner asked, since there has been extra time for the rollout, has DSS revisited the number of flex beds?
  - Bill H. explained when you would use the flex bed fee schedule. If you want to pursue the flex bed or to do down-sizing or up-sizing, please let DSS know about this so they can create a network adequacy report for CMS. He reiterated that DSS does not want to create a network adequacy issue.
- You will have an implementation date and it may not be the same as CVH and Natchaug. If we don't think our MMIS (Medicaid mgmt. info system) that enrolls and pays providers is ready to take in all the information that we need to load in the system, we could theoretically start with the hospitals that are already in the system.
- Q – Heather Gates - Is there any feedback from CMS that substantially changes our understanding of what will be implemented?
  - Bill H – Bill doesn't believe the model, pricing, rates, or standards would change in any way but he will triple-check this.
- Q - Joy Pendola – is the state limiting the amount of beds each year that will fall under the waiver? Will it be currently for implementation of the waiver, only open for current providers?
  - A - Bill H. – The treatment component of the payment is Medicaid reimbursed, the room & board component is fully state funded. So we cannot guarantee the room & board component to new providers, whether in-state or out of state because this is a finite component to the state agencies. For the Medicaid treatment component, if the provider wants to enroll in this, they could enroll but must meet minimum requirements. You should not count on the room & board component because these are finite dollars available.
  - Q - Heather - asked for clarification on the room & board.
    - A - Bill H – we will run this as close as possible to plan because of all the uncertainties involved. We will get the program running and depending on network inadequacies, we may make changes based on the network adequacy analysis. We will need at least a couple of months before we can determine where the demands are.
- Jennifer Chadukiewicz – will send questions to Bill H. offline...email to come.
- Heather G. checked with the group to confirm that everyone has received the emails recently for the pre-certification of providers.
  - Reach out to [Robert.Haswell@ct.gov](mailto:Robert.Haswell@ct.gov) if any questions.
- DMHAS is committed to have all levels of care go over at once and looking to minimize any complications in going from ABH to Beacon. DSS understands there will be claims outstanding under ABH but we want to make this as clean as possible when going from one prior authorization to another.



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	<ul style="list-style-type: none"> <li>• Q - John Hamilton to Bill – Did you see the document that I sent you with question re: credentialing vs having all licensure and credentials of individuals?             <ul style="list-style-type: none"> <li>◦ Bill – we are not certifying individuals, we are certifying providers/levels of care and that once they are certified, they are providing that level of care. There will be an addendum to be signed to agree that the provider is complying with ASAM criteria.</li> <li>◦ Bill - Separate from the nursing requirement in 3.7, they all reference licensed staff and non-licensed staff. DSS tried to ensure the rate would allow providers to hire those licensed staff in order to meet the standards. We tried to develop a rate structure that would support the staffing structure.</li> <li>◦ John Hamilton – will resend this to Bill and thinks it would be helpful to share with this group.</li> <li>◦ Keri Lloyd – the state standards that were developed by all the agencies, were intended to mirror ASAM as well as including important components</li> </ul> </li> <li>• Rob and Debbie O'Coin at ABH will be very helpful in bringing this forward.</li> <li>• Bill – if there are any questions related to implementation, these will be prioritized.</li> <li>• Will try to get the 1<sup>st</sup> iteration of the FAQs on the website next week.</li> <li>• Q - Maria Coutant-Skinner Curious about response from the legislature during the hearings.             <ul style="list-style-type: none"> <li>◦ A – Bill H - We have to do public comment for all waivers and we received 100% from both committees of cognizance related to this waiver.</li> </ul> </li> <li>• Erin Joudrey commented that she does not feel there is a good change yet in terms of staffing. Other providers weighed in on what they are seeing and related challenges with social workers getting hired to work remotely throughout the country and those that are expecting astronomical salaries. New clinicians don't have the same skill development, so this is another challenge. Chris Prus mentioned difficulty in filling nursing positions.             <ul style="list-style-type: none"> <li>◦ Bill – there are some requirements for evaluations and treatment plans for regulated providers but they do differ.</li> </ul> </li> <li>• Laura Nesta posted in chat:             <ul style="list-style-type: none"> <li>◦ Please join behavioral health operations on Wednesday for this relevant agenda item: 4. The Behavioral Health Workforce Emergency: National and State Perspectives- Michael Hoge, Ph.D., Professor, Yale School of Medicine Senior Science &amp; Policy Advisor, The Annapolis Coalition on the Behavioral Health Workforce</li> </ul> </li> </ul> <p>Notes/Comments relating to future meeting agendas:</p> <ul style="list-style-type: none"> <li>• This topic will stay on this agenda for a while as a recurring item.</li> <li>• If anyone has other topics related to the waiver (must relate to behavioral health Medicaid), send it to Heather Gates in consideration for future meetings.</li> <li>• <u>Add to September agenda</u>: Laying out the analysis of the network adequacies.</li> <li>• Heather wants to discuss current ECC challenges with regard to what is feasible or not related to staffing challenges.</li> <li>• Add to agenda – winding down the telehealth benefit post-pandemic and what that looks like.</li> </ul>
<b>2. New Business and Announcements / Adjourn</b>	<ul style="list-style-type: none"> <li>• Introduction of Laura Nesta as new co-chair.</li> <li>• Introduction of Robert Haswell (DMHAS).</li> <li>• Meeting adjourned at 3:36 p.m.</li> </ul>



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<b>3. Upcoming Meetings</b>	<ul style="list-style-type: none"><li>• May 6, 2022 at 2:30 p.m. via Zoom, hosted by Beacon Health Options</li></ul>
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### **ATTENDEES:**

Heather Gates, co-chair  
Laura Nesta  
Jen Kurowski, Beacon  
Bill Halsey, DSS  
Keri Lloyd, DSS  
Rod Winstead, DSS  
Mike Aiello, DSS  
Colleen Harrington, DMHAS  
Mark Vanacore, DMHAS  
Robert Haswell, DMHAS  
Julienne Giard, DMHAS  
Lois Berkowitz, DCF  
Donyale Pina, DCF  
Stephney Springer, DCF  
Carrie Bourdon, Beacon  
Lynne Ringer, Beacon

ABH1004  
Asher Delerme  
Amy DiMauro  
Amy Vitale

Ben Metcalf  
Chris Prus  
Coleen Dobo  
Daena Murphy  
Dawn Patston  
Deana Murphy  
Debbie O'Coin  
Doug Dorman  
Ece Tek  
Erin Joudrey  
Jaime Calvano  
Jeff Shaw  
Jennifer Chadukiewicz  
Jennifer Doutre  
Jennifer Kolakowski  
Jennifer Krzykowski  
Jessica French  
Joe Holloway  
John D'Eramo  
John Hamilton  
Joy Pendola

Kaity CTR  
Kathryn Loga  
L. ??  
Linda Mosel  
Maria Coutant-Skinner  
Mui Mui HinMcCormick  
Rosamma Vithayathil  
Shelly Michaud  
Susan Cutillo  
Tammy Freeberg  
Tanja Larsen  
Tyler Booth  
V Santiago  
Viad Santiago