

# Meeting Summary for BHP Operations Committee Zoom Meeting

## Quick recap

The meeting discussed addressing complex standards amidst staffing challenges, anticipated audits, and potential funding adjustments for the upcoming fiscal year. Various grant programs, rate setting processes, certification procedures, and service delivery models were examined in detail. Additionally, the financial viability of outpatient clinics and the need for collaborative revisions to service standards were key topics of discussion.

## Next steps

Fatmata will work with the mass on developing a guidance application process for adding new levels of care under the 1115 waiver.

Heather will reach out to the Alliance to discuss the ECC standards and the need for revisiting them.

Alexis will present the draft implementation plan for the JI waiver to stakeholders for feedback once it's completed.

## Summary

### Addressing Standards, Audit, and Funding

The team discussed the challenges of meeting complex standards amidst staff turnover, with a focus on the need for potential adjustments in the upcoming fiscal year. They also anticipated an audit by the Quality Assurance department, prompting plans to better understand the auditing process and to prepare for the audit. Additionally, they discussed the increase in funding for FY25, the specifics of the 'H. 2, 9, 0, 8, 4, 7' code, and the ongoing rate setting process. Lastly, they addressed the topic of DNHAS' contracted dollars to Medicaid reimbursable and the need to discuss this in advance of an audit.

### Grant Funding, Behavioral Health, and Rate Adjustments

Heather and Fatmata led a comprehensive discussion on various issues related to grant funding, behavioral health providers, and rate adjustments. They explored the impact of rate gaps on provider expectations, the anticipated revenue from the new State fiscal year for addressing substance use disorders, and the planned increases to children's rates. The team also delved into the JI waiver, CC BHPC Planning Grant, Autism policies, and the 1115 waiver levels of care. Lastly, they discussed the ongoing certification process, the need for a status report, and the potential for systems improvements.

### Discussing Certification Process and Funding

Julienne and Heather discussed the resumption of off-site virtual support in 2025, the continuation of contractual monitoring, and the potential for fluctuating grant funding. They also talked about the need for a common portal for providers to submit documents and the possibility of a review process to avoid duplication of efforts. The certification process for their programs was discussed, with Julienne confirming the initial level 2 certification is for six months, and Heather raising concerns about the impact of fluctuating revenue on the process. Maria and Julienne discussed the potential for further service system cuts due to level 2 not being achieved within six months, and the need for technical assistance to help providers achieve certification.

### Addressing System Impact and Referrals

Maria, Julianne, Heather, Stacey Lawton, and Fatmata discussed the potential impact of reduced beds and loss of services on the system, expressing concerns about continuity of care and transfers. Julianne assured that DSS would lead efforts to address these issues, while also addressing the need for a plan for technical assistance. The team also questioned the source of referrals and the distribution of funds, as well as the potential consequences of changes under a waiver. The group further discussed the need for understanding barriers faced by referral sources and acute care hospitals, and the potential for adjustments to rates in the future. Lastly, Heather led a discussion about the ongoing dialogue regarding the 1115 waiver and the potential for adding additional levels of care, with Fatmata noting the development of guidance and an application process in collaboration with the mass on A.

#### Outpatient Rates Allocation Discussion

Heather and Fatmata discussed the allocation of funds for outpatient rates, specifically focusing on the breakdown for behavioral health. Fatmata explained that 7.5 million was allocated, with 3.5 million going to behavioral health clinics and 1.5 million to licensed behavioral health practitioners. The proposal also included a 10% allocation for children's codes. However, Heather challenged the idea of using the initial appropriation for integrated care as opposed to looking at it separately and suggested a 6.5% increase for clinics. Fatmata responded that this was a proposal based on provider feedback but agreed with Heather's point.

#### Proposal and Appropriation Decisions

Fatmata and Heather discussed a proposal to move forward with certain recommendations, despite potential concerns from stakeholders. The proposal included the use of specific H. and T. Codes, which were not to be given at a higher percentage to one level of care for a minority of the population in Connecticut. Fatmata emphasized that the proposed 5 million appropriation would be used to provide services to a broader population. The discussion also touched on a rate study that highlighted a significant problem with rates.

#### Addressing Outpatient Clinic Financial Viability

Heather expressed concerns about the financial viability of outpatient clinics due to the high costs of maintaining ECC standards. Fatmata acknowledged the issues but noted any changes must align with the State plan. Heather proposed reviewing standards and limiting caseloads to address staffing challenges. They discussed alternatives for providers unable to meet standards. Heather highlighted workload differences pre- and post-Covid, questioning current standards' relevance. Both agreed to a collaborative, process improvement approach and Heather suggested creating a working group for consistent feedback on revisiting the outpatient service model.

#### Alliance Outreach, ECC Standards, and Budget

Heather, with assistance from Ben at the Capitol, will reach out to the Alliance to address the current work needs. The team discussed the ECC standards and the upcoming state budget, with Heather confirming that additional rate increases are a next step. Alexis provided an update on the JI waiver, mentioning a lengthy process with five milestones and various stakeholder involvement. The team also discussed the planning grant application for October and the need for provider network coordination. Lastly, there was a detailed discussion on the access standards and their relevance, with Lauren expressing concerns about maintaining standards amidst financial constraints and the need for flexible treatment.