

Meeting Summary for BHP Operations Committee Zoom Meeting

Sep 27, 2024 02:25 PM Eastern Time (US and Canada) ID: 997 2656 0956

Quick recap

The meeting involved discussions on the upcoming CCBHC presentation, the implementation of rate increases, and the Certified Community Behavioral Health Clinics (CCBHC) model. The team also discussed the planning grant application for the State of Connecticut's CCBHCs, the importance of integrated care for mental health and substance use disorder services, and the proposed payment model's potential impact on consumers and providers. Lastly, updates on the 1115 waiver, the Coordinated Care Case Management rate, and the need for care coordination were shared.

Next steps

Fatmata Williams (DSS) to provide an update on CCBHC planning grant at the November operations meeting.

DSS to provide an update on including rate increases in the budget package for the coming year by the November meeting.

DSS to develop a comprehensive, balanced presentation on CCBHC model benefits and potential downsides for consumers.

DSS to involve consumers like Kelly Phenix in designing the CCBHC presentation for stakeholders.

Rob Haswell (DNHAS) to provide an update on ASAM certification landscape for providers at the November or January operations meeting.

Fatmata to follow up on the implementation plan for the Coordinated Care Management (COCM) rate code and provide an update at the October 9th oversight council meeting.

Terry to send Sheldon the link to the legislation mandating the COCM code implementation.

Summary

CCBHC Presentation Preparation

Representatives from state agencies like DSS and DCF were present.

CCBHC Planning Grant and Rate Increase Updates

Chair Heather Gates, the CEO of CHR, led a meeting discussing various topics including rate increases, the CCBHC Planning Grant, the 1115 waiver updates, and the coordinated care management rate code update. Fatmata provided an update on the implementation of the rate increases that went into effect on July 1, 2024 and mentioned that she had no information on the next budget at that time. Heather requested an update by the next meeting in November, as the State agencies were submitting their budget requests. The meeting also covered the Certified Community Behavioral Health Clinics (CCBHC) model, which is now embedded in Medicaid law and has been implemented in about half of the states. The National Council for Mental Well-being has been working on this funding strategy for over 15 years to improve funding for behavioral health services and level the playing field with FQHCs.

Planning Grant Application for CCBHCs in Connecticut

Fatmata, Stephney Springer (DCF), and Rob discussed the planning grant application for the State of Connecticut's Certified Community Behavioral Health Clinics (CCBHCs). They highlighted the compressed timeline for the application, which had a deadline of September 12th. The team also explained the role of CCBHCs, which provide comprehensive community-based behavioral health care for children, teens, adults, and seniors, and offer 24/7 crisis

intervention services. The presentation was a collaborative effort with state partners, and the team planned to provide a high-level overview of the planning grant application and its narrative.

Integrated Care for Mental Health and Substance Use

Stephney and Fatmata discussed the importance of integrated care for mental health and substance use disorder services. They highlighted the need for whole person, comprehensive care, including substance use disorder and mental health care, and the importance of care coordination with primary care. They also emphasized the need for evidence-based practice, expanded access to care, and accountability in tracking and reporting specific outcomes. Fatmata provided a timeline of the partners' thinking about outpatient services delivery, including the application for a Certified Community Behavioral Health Clinic planning grant. They also discussed the potential for an alternative payment arrangement and the use of quality and outcome data to promote improved service outcomes. The State decided to apply for the next available fiscal year 2025 Cooperative Agreement for Certified Community Behavioral Health Clinic planning grant.

Implementing CCBHC Plans and Application Process

Fatmata discusses the need for consultation with CMS and the National Council for Mental Well-being to implement their plans once approved by SAMHSA. She highlights the resources available through SAMHSA's CCBHC Conference and proposes using contractors for the application process. Rob outlines the required scopes of service for CCBHCs, including crisis services and outpatient mental health and substance use services. Stephney emphasizes the importance of demonstrating prior planning and readiness in the application narrative. Fatmata elaborates on the application's focus on population needs, service delivery system, and role of the ASO. The application proposes a monthly prospective payment system, raising concerns from Sheldon about financial risks for providers.

Payment Model Concerns and Planning Discussions

Sheldon Toubman expressed concerns about the proposed payment model's impact on consumers and providers. Fatmata confirmed stakeholder input is planned, but the model is still in the planning phase. Heather argued the current system is inadequate and the proposed model improves access and provider pay. Marie Mormile and Kelly emphasized the need for inclusive planning and consumer involvement to ensure transparency. Terri DiPietro raised concerns about the model's impact on hospitals. Sheldon stressed discussing potential risks during presentations. Heather and Stephney encouraged further discussions based on the draft plan.

1115 Waiver Updates and Service Delivery Models

Kelly and Stephney discussed the importance of considering different perspectives in their work. Heather then moved the discussion to the 1115 waiver updates, with Terri expressing her support for the changes. Heather explained the evolution of service delivery models, particularly in relation to the Medicaid program, and emphasized the need for a payment methodology that supports the cost of care and increases access to services. She also highlighted the challenges faced by the FQHCs in getting the State of Connecticut to honor their cost reimbursement status. Marie emphasized the need for increased funding to support vital services, while Jennifer from Bridges Healthcare shared her organization's experience with the CCBHC model. Sheldon and Heather discussed grants from SAMHSA, specifically for the CCBHC program, and clarified that these grants would become the Medicaid payment under the new model.

State Agencies Presentation and Waiver Updates

Heather initiated a discussion on the State agencies' presentation and feedback received. Rob provided updates on the 1115 waiver, including certification for residential programs and monitoring for ambulatory providers. Terri discussed the Coordinated Care Case Management rate's benefits for behavioral health clinics and the need for care coordination, expressing frustration over the lack of progress in implementing a coordination of care code for Medicaid patients despite legislative direction. Fatmata agreed to seek an update, and Sheldon proposed taking action together on this issue.