

# Meeting Summary for BHP Operations Committee Zoom Meeting

Jan 03, 2025 02:25 PM Eastern Time (US and Canada) ID: 914 1458 0543

## Quick recap

The meeting focused on the progress and challenges of the 1115 Waiver program

[1115waiver@abhct.com](mailto:1115waiver@abhct.com) in Connecticut, including the certification process, training, and bed capacity reduction. Concerns were raised about the application process, authorizations for inpatient levels of care, and the potential impact of the CCBHC Planning Grant on access to mental health services. The discussion also covered the rate setting for the 1115 waiver, the significant difference in rates between Connecticut and comparison states, and the potential negative impact of moving to capitated managed care.

## Next steps

Rob Haswell (DMHAS) to provide a public response regarding the application process for new 1115 Waiver programs, addressing the lead time between submission and going operational. State partners to develop and implement a bed forecasting method for substance use disorder treatment levels of care.

DSS and DMHAS to follow up on recent changes in authorization practices reported by providers for different levels of care (3.7, 3.5, 3.1) with Carelon.

Providers to follow up with their staff and report back on experiences with recent changes in authorization practices.

Alexis Mohammed (DSS) to follow up on which part of the rate study (year 1 or year 2) will be presented at the MAPOC meeting and provide clarification.

DSS leadership to present findings from the rate study at an upcoming MAPOC meeting.

State partners to continue working on reviewing and potentially adjusting rates for SUD programs, prioritizing adolescent rates.

State partners to involve providers in the rate-setting process for SUD programs to vet assumptions behind the rate structure and development.

DMHAS and DSS to continue discussions on implementing ASAM 4 trainings and potential timeline for adoption by providers.

## Summary

### New Year Greetings and Meeting Setup

The group discussed the start of the New Year, with Heather expressing hope for a good year in 2025.

### CCBHC Planning Grant and 1115 Waiver

In the meeting, Heather initiated a discussion about the agenda items, which included the CCBHC Planning Grant, 1115 Waiver updates, and outpatient rate updates. John D'Eramo raised a concern about the application process for a new 1115 waiver program, emphasizing the need for quick certification before going live. Maria Coutant Skinner requested a discussion on authorizations for inpatient levels of care. Alexis announced that Connecticut had been awarded the CCBHC Planning Grant. Sheldon Toubman expressed concerns about the potential restrictions on access to mental health services due to the grant, and Chair Heather Gates clarified her previous comments about the need for a daily encounter rate. Rob was set to provide updates on the 1115 Waiver, including issues related to bed capacity.

## 1115 Waiver Program Progress and Training

Rob discussed the progress of the 1115 Waiver program in Connecticut, which started almost three years ago. He highlighted the certification process, which involved three phases of site visits for each program and provider type. Rob also mentioned the deployment of over 4,700 online training slots for the American Society of Addiction Medicine's on-demand online training, and the continuation of intensive two-day trainings. He expressed a focus on incorporating more hospital-based staff into the training process. Rob also discussed the ongoing discussions about Asam 4 and the ongoing concern of workforce development, particularly in retention and recruitment in substance use treatment facilities. He emphasized the importance of feedback and the supportive feedback loop created through the monitoring process.

The dedicated 1115 SUD Demonstration website page for providers located at [Section 1115 Demonstration Waiver for Substance Use Disorder \(SUD\) Treatment--Provider Resources](#) is in process of update. The application and full process is targeted to be posted and available for download by 1/10/2025. For the most recent updates to the application and process, providers/interested providers can sign-up for automatic updates on the website.

## Connecticut Substance Use Treatment Update

Rob provides an update on the Connecticut substance use treatment program certification and monitoring process. The state has fully certified 41 residential and 199 ambulatory programs, with hospital outpatient and federally qualified health center phases ongoing. Rob acknowledges the administrative burden of monitoring and indicates they are considering ways to streamline it. Discussion arises around training for the upcoming ASAM 4th edition criteria, with no definite implementation date set yet. Rob also reports an 84-bed decrease in the residential treatment capacity since the demonstration's start, leaving 1,083 beds currently operational across the state.

## Residential Treatment Programs and Bed Reduction

Rob discussed the state's focus on making up ground over the next year and moving forward into subsequent years of the demonstration. He also addressed the application process for residential treatment programs, stating that the application can be obtained from Advanced Behavioral Health and will soon be available on the 1115 SUD website. Rob also provided information on the reduction of beds across different levels of care. Heather asked for clarification on the bed reduction levels, which Rob confirmed had been the most significant in withdrawal management and 3.3 programs. John D'Eramo raised a question about the application process, which Rob answered by directing him to Advanced Behavioral Health for the application.

## Improving Certification Process and Implementation

John D'Eramo discussed the challenges of the current certification process, highlighting the need for a more efficient system that allows for quicker approval and implementation of new programs. He suggested filling out the policy and procedure for the 3.5 level of care he wants to bring up in Danbury and proposed a way to bridge the gap between applying and going operational. Rob acknowledged the need for a more structured lead time between submitting an application and going operational and committed to working on a response to address these concerns. Heather raised a question about the State's approach to understanding statewide needs, suggesting a request for qualifications from providers as a potential solution.

### Bed Forecasting System and Rate Setting

Rob discussed the ongoing development of a bed forecasting system that incorporates data from various agencies and entities. He mentioned that the system is open for new providers to submit applications, which will be reviewed by the State partners. Rob also noted that the budget for the next year is not yet known, which makes it difficult to forecast resource allocation. Heather asked about the application process for new programs, to which Rob responded that providers should reach out to the office of healthcare strategy to discuss the certificate of need process. Alexis then discussed the rate setting for the 1115 waiver, stating that they are currently in the planning phase and need to remain budget neutral. She also mentioned that they will likely need to bring the proposed rates to the group for feedback. Heather emphasized the importance of provider involvement in the rate setting process to ensure the assumptions are sound.

### Addressing Authorization and Referral Issues

Maria Coutant Skinner raised a concern about a recent significant change in authorizations, where they are now getting authorizations for 2 weeks at 3.7, and then having to flex down to a 3.5. She also mentioned that at 3.5, they are getting authorizations for 2 months, but then must re-up every 2 weeks. Maria's staff have observed this trend across the service system, and she sought confirmation and understanding of the driving factors. Heather and Maria Sullivan also shared similar experiences, particularly with new reviewers at Carelon. They encountered pushback on their set discharge plans, being mandated to make 2 to 3 referrals even if they knew they wouldn't pan out. Rob and Alexis confirmed that both DMHAS and DSS have administrative oversight of the Carelon contract. Heather, Rob, and John agreed to follow up with their staff to gather more information on these issues.

### 1115 Waiver and Capitated Managed Care

Heather led a discussion on the 1115 waiver and the significant difference in rates between Connecticut and comparison states, particularly in outpatient behavioral health clinics. She expressed concern about the potential unmet needs if outpatient services were to be discontinued. Alexis confirmed that the study's findings would be presented at the MAPOC meeting, but the specific year of the study was unclear. David Kaplan clarified that the study was in its second phase. Heather also discussed the potential negative impact of moving to capitated managed care, as suggested by the Manet report. She emphasized the need for providers to pay attention to this issue, as it could lead to worse payment issues and reduced care. The conversation ended with Heather encouraging participants to email her with any additional agenda items.