

Meeting Summary for BHP Operations Committee Zoom Meeting

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Quick recap

The meeting focused on reviewing residential rate changes, discussing autism spectrum disorder level of care guidelines, and reviewing outpatient rates. The team also discussed the Autism Spectrum Disorder Level of Care guidelines, which were reviewed by the Clinical Management Committee, and the requirements for the group intervention level of care. Lastly, they discussed the approval process for certain items, the importance of consumer input in the planning process for the CCBHC planning grant, and the payment methodology for the CCBHC planning grant.

Next steps

Lois Berkowitz (DCF) to provide a summary of the autism spectrum disorder level of care guidelines changes to David Kaplan for distribution to the BHP Oversight Council.

Fatmata Williams (DSS) to provide an update on the CCBHC planning grant progress at the next meeting in July.

Fatmata to develop a plan for broad consumer input on the CCBHC planning process.

Fatmata to provide information on the chosen CCBHC payment methodology once it is determined.

Chair Heather Gates to send concerns about the 2025 ECC Work group Question and Answer responses to Fatmata.

Summary

Residential Rate Changes and Autism Guidelines

The agenda included a review of residential rate changes, a discussion on autism spectrum disorder level of care guidelines, and a review of outpatient rates. Fatmata presented on the autism spectrum disorder level of care guidelines, with Alexis Mohammed (DSS) providing technical support. The conversation ended with the intention to forward the autism spectrum disorder guidelines to the oversight council for approval. Connecticut Law Journal Posting [Connecticut Law Journal Notice of Connecticut State Agencies](#) Comment period ends 5/28/25.

1115 SUD Demonstration Residential Rate Changes

Fatmata provides an update on the 1115 SUD demonstration residential rate changes. The changes include collapsing adult residential bed corridors for levels of care 3.1, 3.3, 3.5, and 3.5 PPW, increasing rates for adolescent care, and adding new levels of care for adolescents. The restructuring aims to expand access, improve services, and comply with CMS budget neutrality requirements. The changes are currently in the commenting period and are expected to be effective July 1, 2025, pending CMS approval. Heather raises concerns about level funding for smaller programs and the impact on room and board funding, while Rob Haswell (DMHAS) and Fatmata address these concerns and discuss future plans for rate increases across all levels of care.

Autism Spectrum Disorder Level of Care Guidelines

Jennifer Krom (Carelton) and Lynne Ringer (Carelton) presented the Autism Spectrum Disorder Level of Care guidelines, which were reviewed by the Clinical Management Committee. They

clarified the behavior assessment process, stating that it can be completed by an independently licensed diagnostic practitioner, including psychiatrists, neurologists, pediatricians, and certain licensed clinicians in Connecticut. They also discussed the authorization process and timeframe for service, emphasizing that the behavior assessment should be completed within the number of hours deemed necessary by the provider. The guidelines also specify that reassessment may be clinically indicated and medically necessary if there have been inadequate progress towards goals or new target behaviors have been identified. The team also discussed the program book development, which is authorized at the same time and cadence as the behavior assessment or reassessment. They clarified that the program book is not submitted to Caroline for review, but its contents are reviewed as part of the chart review process. The team also discussed the continued care criteria, which includes the availability of the program book and treatment plan development every six months for up to three untimed units. The guidelines also define extenuating circumstances that may include recent emergency department evaluation, inpatient hospitalization, change in family structure, living situation, or other crisis resulting in significant behavioral change.

Guidelines and Group Intervention Services

Lynne and Jennifer discussed the level of care guidelines, specifically focusing on the small print and its limitations in state law. Sheldon Toubman raised a concern about the removal of certain criteria, which Lynne clarified would remain as a footer on every page. Jennifer then introduced the group intervention services for autism, which have been part of the HUSKY Health benefit package since 2016 or 2019. The team agreed to read the guidelines independently and then discuss any questions or concerns.

Group Intervention Level of Care

Jennifer outlined the requirements for the group intervention level of care, emphasizing that it must be delivered by a board-certified behavior analyst or licensed clinician, and the group cannot exceed 8 individuals. The minimum duration of the group intervention services is 45 minutes. The treatment plan should include a skills assessment and a social skills assessment, and the intervention must be evidence-based. The group intervention can occur in any setting and is available to Medicaid enrolled members up to the age of 21. The authorization process and timeframe were discussed, and it was clarified that the guidelines would remain the same if the age limit were to change. The group intervention level of care requires prior authorization based on the individual's clinical presentation and supporting documentation. The provider must include the intervention type, frequency, intensity, setting, and duration in the request for authorization. The behavioral plan of care should outline group goals for the individual to work on within the group setting. The most recent medical and physical evaluation, as well as the description of the overall group intervention curriculum, should also be included. The group intervention level of care is reviewed for up to 90 days, and providers may request authorization for autism, social skills, group services as a standalone service or in addition to individual direct intervention. The eligibility criteria, intensity of the service, exclusionary criteria, and continued care criteria are the same as the other direct treatment services. The discharge criteria also mirror those of the other direct treatment services.

Outpatient Rates and CCBHC Planning

In the meeting, Heather, Jennifer, Lynne, Lois, Fatmata, Marie Mormile, Sheldon, and Maria Coutant-Skinner discussed various topics. They started with a discussion about the approval process for certain items, with Lois suggesting a summary statement for the Oversight Council. Heather mentioned that the next meeting would be on the 14th and that she would be in Philadelphia for the National Council Conference. The discussion then shifted to the outpatient rates, with Fatmata explaining that they need to look at rate increases based on

available funds and the results of the rich study. They also discussed the importance of consumer input in the planning process for the CCBHC planning grant. Fatmata mentioned that they had their first steering committee meeting and were working on developing work groups. The conversation ended with a discussion about the payment methodology for the CCBHC planning grant, with Fatmata explaining that they were still working on it.