

# March 26, 2026 BHP Operations Committee Zoom Meeting

## Meeting summary

### Quick recap

The meeting focused on updates regarding the Rural Health Transformation Program in Connecticut, including funding details, behavioral health initiatives, and related policy updates. Joel Norwood (DSS) and his team provided an overview of the program's goals, funding structure, and specific projects, emphasizing the need for rapid implementation due to strict federal timelines. The discussion highlighted several behavioral health initiatives, including Access Mental Health Expansion for adults and adolescents, autism services, and school-based mental health programs. Participants also addressed Medicaid rate increases for behavioral health codes, the challenges of implementing CCBHC (Certified Community Behavioral Health Clinic) programs, and updates on the 1115 waiver, including new residential substance use treatment facilities and training requirements. The conversation ended with discussions on peer support specialist programs for adolescents and the governor's budget proposals affecting SUD waiver funding.

### Next steps

- [Alexis Mohammed/DSS: Verify and respond to Heather regarding whether the intensive outpatient mental health codes \(specifically S9480\) were included in the recent rate increases.](#)
- [Alexis: Confirm with the department head of fiscal and report back at the next meeting on whether the \\$8 million total for behavioral health rate increases in FY27 is in addition to the rate increases of the last 2 years, or if it is annualization of what was done this year.](#)
- [Rob/DMAS: Develop and release new, shorter on-demand ASAM training for non-licensed staff/shift monitors in residential programs and send out clear guidance in the interim regarding who should take which trainings.](#)
- [Rob Haswell/DMHAS: Provide an overview at the next operations meeting of all new residential programs \(including agencies, locations, and bed capacities\) resulting from the recent RFPs, once negotiations are complete.](#)
- [Rob/DMHAS: Provide an overview by summer of reinvestment projects and related data, including substance use employment services expansion outcomes.](#)
- [Rob/DMHAS: Provide a breakdown of all projects funded with the SUD reinvestment fund, including details on service expansions and funding opportunities, at the next operations meeting.](#)
- [Rob/DMHAS: Provide information in the interim about how reinvestment funds are being used across projects, for review by stakeholders.](#)
- [Dr. Stephney Springer/DCF: Send program fact sheet and brochures about the new peer support specialist program to David for distribution.](#)
- [Joel Norwood/DSS and team: Continue to work on project design, procurement, and application requirements for the Rural Health Transformation Program, including ongoing hiring and preparation for CMS approval of remaining projects.](#)
- [Joel/DSS and team: Return in about 6 months to provide an update on Rural Health Transformation Program implementation to this group.](#)

- [Rob/DMHAS: Follow up with PPW programs regarding potential flex bed capacity for women without children and report back as conversations progress.](#)

## Summary

### Rural Health Funding Update Meeting

The meeting began with participants joining and informal greetings. Chair Heather Gates opened the formal meeting, noting a preference for the current time slot over previous Friday afternoon meetings. The agenda included an update on funding from the Rural Health Transformation Act, specifically regarding behavioral health in Connecticut, with Joel Norwood or Bill Halsey from DSS tasked to provide this update.

### Connecticut Rural Health Transformation Program

Joel led a presentation on Connecticut's Rural Health Transformation Program, which received \$154 million in federal funding. He introduced new team members including Dan Sinclair, Margarita Ostafin, and Julie Vigil who were recently hired to lead the program. The team discussed the program's goals, funding constraints, and 31 projects across four broad buckets, with particular focus on behavioral health initiatives led by Rob and Dr. Springer. The presentation highlighted the fast-moving nature of the program, with Year 1 requiring all funds to be obligated by October 30th and noted that CMS is still reviewing two specific projects related to outdoor recreation and non-traditional farming infrastructure.

### Mental Health Service Expansion Plans

The meeting focused on the expansion of Access Mental Health services to adults, building on an existing program for children and adolescents. Rob Haswell and Stephney Springer discussed plans to create hubs focused on autism services and school-based mental health, while Joel highlighted additional workforce development projects and a flagship initiative to improve primary, behavioral, and dental health through direct investment and value-based payment in rural areas. Rob also explained the implementation of up to four 23-hour crisis stabilization centers in rural communities using the Rural Health Transformation Program. Heather raised a question about the potential for implementing some services statewide while using transformation funds specifically for rural areas, though no definitive answer was provided.

### Rural Health Program Funding Requirements

Joel explained that rural health transformation program dollars must be spent on programs benefiting people and providers in rural areas, with clear documentation required to show funds are specifically directed to rural areas. When asked about care coordination across different areas, Joel clarified that while the initiative provides separate funding from Medicaid, they are still determining whether services should be based on patient location or provider location, with each project having unique considerations. Heather suggested looking at other states' value-based payment models in

rural areas, particularly those with larger rural populations, which Joel acknowledged as a good suggestion for future consideration as they are still in early design stages.

### Rural Health Grant Discussion

The group discussed a \$150 million rural health grant covering approximately 9% of the state's population across several counties. Joel explained that while some programs already exist in non-rural areas, the grant aims to expand them to rural regions, with specific projects including home visiting programs and health information technology improvements. Ben Shaiken (The Alliance) raised concerns about the significant federal investment in a small population and questioned plans for expanding successful pilot programs like the DCF Urgent Crisis Centers beyond their current locations. The discussion concluded with an agreement to revisit the grant progress in about 6 months, with Heather emphasizing the need for behavioral health-specific investments across all areas of the state.

### Behavioral Health Rate Increases Discussion

Heather and Alexis discussed rate increases for behavioral health clinic and outpatient fee schedules, effective January 1, 2026. Alexis presented a list of codes that received a 3.75% increase, excluding SUD codes and methadone rates. The increases were implemented to align adult codes with previous child code adjustments, though no child codes were increased in January. Ben requested that Alexis share the spreadsheet with David Kaplan (Posted) for broader distribution to providers. The discussion concluded with Heather raising questions about future rate increases to address gaps identified in the rate study.

### Medicaid Rate Increases and Funding

The group discussed Medicaid rate increases and funding allocations for fiscal year 27, with \$5 million appropriated for adult behavioral health and \$3 million for children. Ben clarified that \$45 million total was appropriated for Medicaid rate increases, including \$15 million to annualize current year increases and \$12 million for FQHC settlements. The discussion highlighted concerns about outpatient rates being insufficient to support demand and access, particularly for rural providers. Heather raised questions about ECC requirements, specifically the in-person evaluation mandate, which she suggested should be revisited to allow telehealth options where appropriate.

### CCBHC Implementation and Waiver Updates

The meeting focused on CCBHC (Certified Community Behavioral Health Clinics) implementation and 1115 waiver updates. Alexis reported that Connecticut clinics were awarded planning grants but will not submit a demonstration application this year, with plans to resubmit in 2028. Ben expressed disappointment about missing an opportunity to become one of the 10 states accepted into the demonstration program, noting this was Connecticut's second missed opportunity in a decade. The group discussed concerns about upcoming grant expirations in September, with Marie Mormile

noting a potential \$2 million decrease in CCBHC services support. Regarding the 1115 waiver, Rob addressed questions about monitoring visits and ASEM training requirements, explaining that while there are opportunities to streamline these processes, there are still necessary differences between DMHAS contractual requirements and ASAM Medicaid requirements.

### ASAM Program Updates and Developments

Rob provided updates on ASAM training requirements, explaining that web-based trainings are required for clinical staff and non-licensed staff providing therapeutic services, while a new shorter training for shift monitors and technicians is being developed. He announced several new programming developments, including the Root Center's new 16-bed ASAM 3.5 program for men in New Britain, five successful RFP applications for new residential programs (three 3.1 programs and two 3.4 programs), and the expansion of substance use employment services statewide. Rob also highlighted the opening of SCAD's first medically enhanced recovery house in New London and Chrysalis Center's planned recovery house in Hartford.

### DCF Youth Support Program Updates

Stephney presented updates on DCF projects, including a new MOA with the Department of Social Services to develop a manualized training curriculum for peer support specialists serving adolescents aged 14-17. The program will be implemented through contracted agencies including Choice Recovery Coaching, Connecticut Community for Addiction Recovery, and Advocacy Unlimited, with a goal to serve 140 young people annually across different DCF regions. Rob agreed to provide a detailed breakdown of all funded projects during the next operations meeting, including information about service expansions and funding opportunities for current waiver providers.

DMHAS will be providing an ASAM 3 training in May 2026-contact ABH for details at 1115Demo

[1115Waiver@abhct.com](mailto:1115Waiver@abhct.com)

### From Ben Shaiken, The Alliance

[https://www.cga.ct.gov/app/related/20260226\\_2026%20Subcommittee%20Documents/20260225\\_Health/DMHAS%20-%20Subcommittee%20Work%20Session%20Responses%202026%20with%20Addendum\\_s.pdf](https://www.cga.ct.gov/app/related/20260226_2026%20Subcommittee%20Documents/20260225_Health/DMHAS%20-%20Subcommittee%20Work%20Session%20Responses%202026%20with%20Addendum_s.pdf) This is the document I'm referring to, pg 18