



Meeting Minutes
Behavioral Health and Integration Strategies (BHIS) Program
Improvement Advisory Committee (PIAC) Subcommittee

Virtual Meeting

November 1, 2023, 9:00 AM - 10:30 AM

1. Introductions

Facilitators:

- Daniel Darting Signal Behavioral Health Network
- Lexis Mitchell Health Care Policy & Financing (HCPF Liaison)

Voting Members:

- Tom Keller Statewide PIAC
- Amanda Jones Community Reach Center
- Monique McCollum Parent of special needs children on Medicaid
- Imo Succo Indigenous Wellbriety Program
- Charles Davis Crossroads' Turnings Points, Inc.
- Elizabeth Freudenthal Children's Hospital
- Deb Huston Behavioral Health Administration

Other Attendees: Alan Girard, Amanda Jones, Amy Ferris, Amy Yutzy, Angi Wold, Anne Jordan - HCPF, Ashleigh Phillips, Brandon Arnold, Breeah Kinsella, Christine O, Cindy Dandoy, Courtney Bishop - HSAG, Crystal Brown, , David Keller (he/his), AAP-CO, Elise Neyerlin, COA, Emilee Kaminski, Emily Holcomb - HCPF They Theirs, Erin Herman - HCPF, Frank Cornelia, Heather Hankins, Jamie Stefanski, Janice Lukasik, Jenn Conrad- Signal, Jennifer Holcomb - HCPF, John Laukkanen, Kara Gehring - HCPF, Karimah Sabree, Kelly McDermott, Kim Cassidy, Krista Cavataio, Kristen Dixon, Laura Don, Laurel Karabatsos, Lauren Landers-Tabares - HCPF, Lisa Pulver, Marisa Gullicksrud, Matthew Pfeifer - HCPF He Him, Matthew Sundeen - HCPF, Maureen



Carney, Melissa Eddleman - HCPF, Milena Castaneda - CCLP, Mona Allen, Monique McCollum, Nancy Mace - HCPF, Natasha Lawless, Nora Blackmon-Summit county, Olga Gintchin - HCPF She Her, Raina Ali, ReNae Anderson, Rick Rowley - BHA, Sarah Lambie, Sarah Prager, Shandra Brown Levey, Shannon Huska - HCPF, Simfoni Crowley, Stephanie Brooks, Suzanne Kinney.

2. Housekeeping

Daniel Darting calls the group to approve the October 2023 BHIS minutes. Elizabeth Freudenthal motions to approve; Imo Sacco seconds. There are no objections. October 2023 meeting minutes are approved by voting members.

3. Department of Corrections (DOC) Metric - Matt Pfeifer, HCPF

Matt Pfeifer (MP), HCPF, provided an update on HCPF activities related to Department of Corrections including the DOC metric.

- There is no new DOC data that has come in and been calculated at this time.
- SB22-196 required the Department to investigate and report back to the legislature about the feasibility and desirability of seeking authorization from CMS in the federal government to cover Services prior to release to help with the connection to care and coordination of care as people are releasing from carceral settings. That report is done and is currently going through plain language review so it can be shared.
 - We hope to be able to share that report with the committee next month.
- Consolidated Appropriations act (CAA) requires Medicaid to cover some services prior to release from youth detention settings. The department is exploring how to implement that.

4. Upcoming Provider Enrollment Changes- Jennifer Holcomb and John Laukkanen, HCPF

John Laukkanen (JL) and Jennifer Holcomb (JH), HCPF, provided an [overview](#) of upcoming provider enrollment changes and led a discussion with the committee. Committee members asked questions and provided feedback.

By July 1, 2024, House Bill 22-1278 requires the BHA to establish:

- A statewide behavioral health grievance system



- A behavioral health performance monitoring system
- A comprehensive behavioral health safety net system
- Regionally-based Behavioral Health Administrative Service Organizations (BHASOs)
- The BHA as the licensing authority for all behavioral health entities
- The BHA Advisory Council (BHAAC) to provide feedback to the BHA on the behavioral health system in the state

HCPF is working to respond and align with the new categories, criteria, and infrastructure for the safety net system as detailed in BHA rules.

This may require providers meet new BHA licensing requirements and complete/update their HCPF enrollment.

JL clarified this is just the structure, not about billing.

JL clarified that early intervention refers to the BHA definition.

High level timeline for implementation:

- BH Group PT effective 1/1/24 (BH Providers Only and ST for groups with Prescriber and without Prescriber)
- SUD ST effective 1/1/24
 - OTP ST to be created - move providers from PT 16
- Billing available 1/1/24 for BH Group and new SUD ST
- Comprehensive PT effective 3/1/24 (Will be paid a PPS)
- Essential ST effective 3/1/24 (Will be paid and enhanced rate Fee Schedule)
- Billing available for Comprehensive and Essential effective 7/1/24

The infrastructure will be created on this timeline. Provider implementation plan is still to be determined.

JH clarified that the definition for adult and child depends. When you are referring to ASAM that defines adults as 18 and above but historically when there's been a



single volume it hasn't been as clear. So, it's not a hard cut off as it is within different Medicaid definitions. We need to wait and see the ASAM volume on youth and how hard of a line they draw.

Peer support does not fall under this. Peers have their own distinction as it relates to rules that govern them and how their infrastructure exists and that is not going to change with this implementation of the comprehensive and essential infrastructure that we're building

Committee members asked questions and provided feedback:

- A committee member commented on translating ASAM levels of care that can work for children. What is the process that HCPF is using and how can people get involved?

JL and JH clarified that HCPF has not established an implementation plan for ASAM 4 yet. This all requires coordination. There will be stakeholder opportunities as we get further along the path. This will be a phased process.

- A committee member noted a concern about being sure that the pediatric codes have room for all the prevention and promotion work that happens in the mental health space.
- A question was asked about peer run organizations and if they will remain separate from comprehensive provider type. What is the provider type for RSSO going to look like?

A: There is no change at this time. RSSOs already have a provider type in the system that has been in place for a year.

- A comment was made that with the new focus on care coordination and better transitions in care there needs to be some thoughtfulness in how this will work efficiently. For hospital and clinics right now, it is confusing what will materialize regarding how care coordination will be compensated. We are trying to be proactive and its looking like there will be a separate system for behavioral health. That is going to make our transformation efforts difficult. Can we create a group that is working towards care and health coordination? We don't want a health navigator position and a separate BH position.
- A committee member asked if there has there been any information released on what the enhanced rates will be or the rates for comprehensive and essential provider types yet?



A: Right now, this is work that is happening in parallel. We are hoping that in the new year we will have more information as to what the rates will look like.

- A committee member asked when these changes are made, will SUD and MH IOP both be classified as a per diem? Currently they are different- one is per diem and one is encounter which makes reimbursement different

A: No. Those are defined by CMS.

5. SB23-174 Coverage Policy Proposal- John Laukkanen, HCPF

John Laukkanen (JL), HCPF, provided an [overview](#) of SB23-174.

SB 23-174 is a legislative mandate that requires HCPF provide access to a set number of behavioral health services for individuals under 21 without a covered diagnosis.

SB 23-174 contains 5 requirements:

1. HCPF must provide members under 21 years old with access to a limited set of services without a covered diagnosis on or before July 1, 2024. Services must be provided as part of:
 - Statewide Managed Care System (Capitated BH Benefit Benefit)
 - School Health Services (SHS)
2. Limited services must include Individual, Family, and Group Therapy; Prevention, Promotion, Education, or Outreach; Evaluation, Intake, Case Management, and Treatment Planning; and Other Services based on feedback from stakeholders
3. HCPF must engage stakeholders in the implementation of this legislation
4. HCPF must notify any impacted entity of this coverage: members, providers, DHS, counties, schools, law enforcement, etc.
5. HCPF must submit an annual report to the Legislature starting November 1, 2025, regarding the utilization of these services. Content to be determined through stakeholdering.

JL shared the timeline for Implementation:

- November 1, 2023 - Provider Bulletin Announcement.



- November 17, 2023 - Public forum - introduction and initiation of stakeholder input.
- December 1, 2023 - Update FAQs ongoing
- February 1, 2024 - Second round of stakeholder engagement/input.
- April 1, 2024 - Publish final scope of services/coverage policy documents, billing information/details, etc.
- April 1, 2024 - Communication efforts: formal notice to MCEs, communication blast/activity to all interested entities.
- July 1, 2024 - Coverage is live.

JL clarified that this must be aligned with our school health services benefit.

More details on SB 23-174 can be found on the [HCPF website](#) including [proposed services](#) and [diagnosis codes](#).

[Z codes](#) will be used to identify social determinates of health data including housing, food insecurity, lack of transportation.

- JL asked the committee if they note that codes are missing, please [share](#) that with the Department.

Committee members provided feedback and asked clarifying questions including:

- A committee member asked about implementation. If they aren't used to using a diagnosis on the claim that will be a new workflow. This may take time to implement.
- A comment was made that some providers have concerns about using Z codes due to stigma and privacy concerns.

JL shared a four question [survey](#) for committee members to share feedback

6. Wrap up and next steps (HCPF)

The next BHIS meeting is December 6, 2023.

