HSTP AE Advisory Committee Meeting Minutes

Meeting Date, Time, and Location: April 26, 2022, 8:30 a.m. to 10:00 a.m., 3 West Road, Virks Building Training Room, Cranston, RI 02920

Meeting Facilitators/Presenters: Kristin Sousa, Medicaid Director (EOHHS); Kim Pelland, Director of Health System Transformation (EOHHS); Charles Estabrook, Accountable Entity Program Lead (EOHHS); Marti Rosenberg, Director Health Policy and Planning (EOHHS); Ryan Erickson, Chief of Staff/Director of Strategy and Public Affairs (BHDDH); Deb Faulkner (Faulkner Consulting Group).

Committee Members: Carrie Bridges-Feliz; Richard Charist; Barry Fabius; Scott Fraser; Chris Gadbois; Jennifer Hawkins; Maria Palumbo-Hayes; Deb Hurwitz; Dr. Jerry Fingerut; Linda Katz; Dr. Al Kurose; Jeanne Lachance; Ray Lavoie; Juan Lopera; Maureen Maigret; Roberta Merkle; John Minichiello; Ana Novais; Jim Nyberg; Steve Odell; Dr. Ottiano; Rebecca Plonsky; Marti Rosenberg; Sam Salganik; Cynthia Skevington; Kristin Sousa; Sue Storti; Merrill Thomas; Patrick Tigue; and Amal Trivedi.

<table>
<tr><th colspan="4">Meeting Notes</th></tr>
<tr><th>Agenda Item</th><th>Time</th><th>Facilitator(s)</th><th>Meeting Notes</th></tr>
<tr><td>I. Welcome, Introductions and Program Updates</td><td>15 Minutes</td><td>Director Sousa/Kim Pelland</td><td>Director Sousa: Welcome and Introductions. We are currently in Q4 of Program Year (PY) 4 of the AE program. AEs/MCOs are focused on PY4 operations and are preparing for a new contract year (PY5).

Program Updates
Kim Pelland
• AE Attribution Updates: February 2022 AE Attribution Counts by MCO were reviewed
• AE Program Updates
  • Total Cost of Care Program Year 3, Final Performance reports are underway
  • Tentative timeline for the 1115 Waiver Draft Interim Evaluation report
    o Meeting with NORC/stakeholders to review draft interim AE Program results: July
    o Public comment period: Est. Late July (30-day period)
  • HSTP is funding a bridges update that will move PCP selection to before MCO plan selection to help increase the percentage of instances where PCPs are selected at the time of enrollment (planned for June implementation)
  • Participatory budgeting applications were reviewed in March; award notifications issued to Central Providence and Pawtucket/Central Falls Health Equity Zones. RI Department of Health and EOHHS to present more detailed overview of this work at an upcoming Advisory Committee meeting.

No Public Comments or questions.</td></tr>
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			• **AE Certification for Program Year 5**
			  • Re-Certification applications for existing AEs were due 3/1/22 and Certification applications for new AEs were due 3/15/22
			  • All 7 AEs applied for re-certification for Program Year 5 and no new certification applications were submitted
			  • EOHHS formally communicated certification determinations on 4/15 - The review process went well, thank you to all AEs for the work that went into the applications and for the AE/MCO planning occuring around the HSTP Project Plans.
			    ○ All AEs will be fully certified for PY5 upon submission and approval of the PY5 HSTP Project Plan and submission of the application supplement outlining updates on certification standards domains 4 – 8
			      ➢ **Reminder**: MCOs will submit Project Plans on behalf of the AEs for version control purposes (due May 2nd)
			Public Comment*:*
			• Does an FQHC AE need to make a decision whether or not to enter into a downside risk contract with the MCOs prior to submitting their project plans?
			  ○ **Kim Pelland**: Not until the FQHC and the MCOs execute their contracts. If the FQHC-based AE is not taking on risk, the ROI Project Plan is due on 1-Aug.
			• Who and how many FQHC AEs are considering downside risk?
			  ○ **Kim Pelland**: Three FQHC AEs submitted pre-qualification applications; two received memos stating they meet the criteria to take on risk and the final applicant is expected to receive their memo this week.
			    ➢ **Action**: EOHHS will share the applicants with the MCOs **Complete**

HSTP Behavioral Health Investment Plan	**20 Minutes**	**Charlie Estabrook**	**HSTP Behavioral Health Investment Plan:** EOHHS has set aside $3.5 million for one-time investments to improve AE's ability to address behavioral health.
			• **Part 1** of EOHHS's HSTP Behavioral Health Investment Plan was developed and released to stakeholders for comment
			  ○ Focuses primarily on building a base of enhanced HIT capabilities and data sharing that will allow for better care and discharge coordination, which will be foundational for Parts 2 & 3
			• **Part 2** will focus on placing in-person care and discharge coordinators in BH facilities
			• **Part 3** will focus on collaboration/coordination between AEs and CMHCs (e.g., implementation of a collaborative led by neutral convenor)
			  ○ EOHHS is currently drafting SOW so we can identify a mechanism for implementation
			• Feedback received from stakeholders on part 1 was overall positive
			  ○ EOHHS is working with RIQI to finalize cost estimates and timelines for implementation

- EOHHS will keep AEs and MCOs updated as we finalize timelines for rollout of the various components of Part 1

***Public Comment*:**

- Do the hospitals seem onboard with this strategy?
  - **Charles Estabrook:** Yes, they are agreeable.

Table of Part 1 details reviewed for reference.

- **Initiative**: Flag AE members for BH providers in CurrentCare and/or Care Management Alerts and Dashboards (CMAD) - Estimated timeline: SFY 23 (Q1)
- **Initiative**: Overhaul CMAD to include new BH enhancements: opioid overdose risk flag and IHH/ACT flag - Estimated Timeline: SFY 24
- **Initiative**: Support CMHCs and OTPs in onboarding to the Quality Reporting System (QRS) - Estimated Timeline: SFY 23
- **Initiative**: Implement BH consent process and data sharing into CurrentCare - Estimated Timeline: SFY 23
- **Initiative**: Provide training & technical assistance on CurrentCare consent practices.

Public Comment/Question:

- Is the data in the dashboard driven by an algorithm or previous diagnoses?
  - **Charles Estabrook:** The data is driven by both algorithms and diagnoses; however, Charles reports he is not the subject matter expert on the reporting mechanisms.
- Will there be reporting available from the dashboard?
  - **Charles Estabrook:** Yes.
- Are the flags visible to the BH provider and the AEs and vice versa within the dashboard?
  - **Charles Estabrook:** Yes.

RI State Mental Health Law

Bill to update the Rhode Island State Mental Health Law being considered in the legislature; discussed at hearing in early April

- Bill would amend provisions relative to the disclosure of confidential healthcare records occurring through electronic means.
- Proposed changes would bring the State Mental Health Law more in line with federal standards and ensure that it doesn't place burdensome restrictions on how behavioral health data and care records can be shared, while continuing to protect patient privacy.
- Several AEs submitted letters of support for the bill – thank you! Also, thanks to BHDDH and EOHHS' HIT team for working with the legislature to move these updates forward.

No Public Comments or questions.

Certified Community Behavioral Health Centers Overview	**45 Minutes**	**Marti Rosenberg, EOHHS/ Ryan Erickson, BHDDH/ Deb Faulkner, Faulkner Consulting Group**	**RI Certified Community Behavioral Health Clinic (CCBHC) Model and Budget Initiatives**
			• Team provided overview of the vision of an integrated system of care
			• CCBHCs are intended to support the broader system of care as members of the Complex Care Teams coordinated by Accountable Entities
			    • CCBHCs are community based: Build/Enhance Community Based Behavioral Health services capacity – especially for children and moderate acuity adults;
			    • They are population health focused: Enable BH providers to partner with AEs and MCOs in addressing the needs of populations with cooccurring physical and behavioral health needs; and
			    • They are collaborative**:** Support team-based care delivery models beyond office visit.
			    • The team also displayed an overview of the current gaps in the BH system
			• The gap in inpatient/acute services appears to driven by the lack of crisis intervention and community wrap around support and prevention. Our recommendation is ***not*** to build additional inpatient capacity, rather to invest resources in better community support to alleviate the bottleneck for the existing inpatient beds
			• CCBHC is a federally defined service delivery model that will address identified gaps in Rhode Island's behavioral health system and improve BH and SUD-related outcomes for Rhode Islanders, with targeted supports for diverse/ underserved populations. Rhode Island is leveraging the federal CCBHC model and tailoring it to meet state specific needs.
			
			The proposed RI CCBHC model would:
			• Provide mobile crisis services statewide 24/7/365
			• Increase behavioral health services available to Rhode Islanders and pays providers a PMPM to provide 9 core CCBHC services
			• Eliminate the health home "cliff" by expanding the populations eligible for the 9 core CCBHC services beyond just the ACT and IHH populations to include moderate acuity adults, and moderate to high acuity children
			• Create integrated systems of care that support all populations by requiring partnerships with Direct Contracting Organizations (DCOs) that connect SUD providers, children's BH providers, and culturally-responsive CBOs
			• Support the move away from fee for service toward value-based payment with incentives to improve quality and access
			
			Evidence: There are multiple studies providing substantive evidence in support of CCBHC and mobile crisis savings opportunities. Overall CCBHC Model Saving (Inclusive of Mobile Crisis); savings shown in Emergency Department and Inpatient Hospitalization utilization.

The CCBHC Program Model includes the following service requirements – the intent is to leverage the Federal CCBHC model and tailor it to State specific BH needs and landscape

Federal CCBHC Program Model

Required Direct Services

- Screening, assessment, and diagnosis
- 24-hour crisis mental health services
- Comprehensive outpatient MH and SUD services
- Utilization of evidence-based practices
- Treatment planning
- Screening for HIV and HEP A, B, and C
- Care coordination
- Integration with physical health care
- Easy access to BH and wraparound

Direct or Partnership Services

- Primary care screening and monitoring
- Monitoring for adverse medication impact
- Case management
- Psych rehab services
- Social support services
- Recovery supports
- Assertive Community Treatment
- Services for Veterans

Rhode Island CCBHC Enhancements:

- Proposed Medicaid payment model
- DCO vs. Direct service requirements: Allowing for tailored service model and providers for specific populations (i.e. Children/Youth vs. Adults, PWIDD)
- Statewide mobile crisis model

The team provided a brief overview and status of RI's CCBHC and Mobile Crisis Initiatives. EOHHS, BHDDH and DCYF are together seeking one-time ARPA funding and additional funding sources outside state budget request to support the development of CCBHC and mobile crisis capacity. A Medicaid rate to sustain the overall model was in the EOHHS agency-submitted budget but is not in the Governor's proposed SFY23 budget.

CCBHC ARPA-funded Fiscal Proposal: The Governor's budget proposes $28.1 Million of ARPA funded startup/infrastructure funds to support CCBHC development

- As stated in the Governor's budget: The proposal includes $28.1 million to support Certified Community Behavioral Health Clinics, which are designed to provide a de-institutionalized, comprehensive range of behavioral health supports, medical screening and monitoring, and social services to particularly vulnerable populations with complex needs.
- Infrastructure grants will be established to pave the way for behavioral health providers and community mental health organizations to develop the capacity to operate as clinics; enable designated collaborating/partner organizations to be equipped to participate in service delivery

and collaboration with clinics; and support State implementation of this initiative through project management, evaluation, technical assistance, and administration.

CCBHC State Fiscal Proposal: Draft Implementation Approach

- CCBHC Development Grants: Develop BH community infrastructure, capacity to support population health approach serving all populations with expanded services incorporating a health equity model
- Estimated Funding: 60-70%
- Mobile Crisis: Statewide mobile crisis system; Support both startup/infrastructure and initial service delivery
- Estimated Funding: 20-30%
- Technical Assistance Program: Facilitated Learning Collaborative
- Estimated Funding: 5-10%
- State Administration: Project Management, evaluation, payment model development

The team provided a high-level overview of the CCBHC Development Grants Eligibility Criteria, including the criteria for Lead CCBHCs and DCOs, as well as a review of the eligible use of funds. All CCBHC Development funds must be used to directly support program goals & objectives. Eligible use varies by project phase.

- **Phase 1:** Staffing and other operational costs to support Readiness Assessment activities that are not otherwise reimbursed by other payers, such as Medicaid or SAMHSA**;** Technical Assistance and Consultation.
- **Phase 2:** Infrastructure development costs; Data capture, analysis, and sharing costs; Data reporting capabilities; Client engagement technology; Minor alternations and renovations related to facility upgrades; Staff training and workforce development costs; Staffing and other operational costs to support Infrastructure and Capacity Development activities that are not otherwise reimbursed by other payers; Credentialing, licensing, or accreditation fees; and other Technical Assistance and Consultation.
- **Phase 3:** Staffing and other operational costs to support start up and implementation

Draft Vision of an Integrated System of Care: CCBHC Populations and Services

The Expanded CCBHC services must be developed in collaboration with MCOs and AEs, in order to best meet the individualized needs of the patient in the most appropriate setting. CCBHCs are intended to support the broader system of care as members of the Complex Care Teams coordinated by AEs.

- CCBHCs will be required to partner with AEs to integrate primary & behavioral health care, in accordance with federal CCBHC guidelines

			• No "one size fits all" approach – Each AE/CCBHC partnership should build on existing capacities and strengths
			• EOHHS intends to take a flexible approach to defining these protocols - intends to provide a framework or guidelines, and allow the structure, form of these protocols to be defined by the entities
			• EOHHS will continue to work with MCOs, AEs, and prospective CCBHCs to establish a framework for these partnerships and encourages MCOs and AEs to participate in the learning collaborative established through the ARPA infrastructure project
			
			Estimated/draft timeline (*all Pending Budget Approval*):
			• CCBHC Development Grands: July 2022 – December 2023
			• CCBHC Rate Approval: July 2023
			• Certified CCBHCs Eligible for New Medicaid Rate (Pending State Budget): Jan 2024
			• CCBHC/AE Partnership Agreements in place Jan 2024
			
			Public Comments/Questions:
			• Many providers expressed the urgent need for more licensed and qualified staffing for the CCBHC initiative to begin and successfully execute. The shortage of the workforce needs to be addressed/increased first.
			• Some providers felt that if the level of care fell dependent upon the PCP, it would become an added layer of responsibility with a shortage of administrative support.
			• Since this initiative is considered a "clinic", will there be a physical location/"brick/motor" location for patients to go to for services?
			  o **Deb Faulkner:** The point of this initiative is to build a bridge between the partnerships by providing support in the workforce; funding available to increase staffing capacity; collaboration encouraged between PCP/BH partnerships. Yes, there will be physical locations for patients to be seen at.
			• Do licenses apply for those participating as a DCO? If facilities have OACF licensure, do they still need to be licensed by BHDDH to be eligible to apply? – inquirer noted that licenses would be duplicative.
			  o **Deb Faulkner:** DCOs with OACF licensure will not need additional BHDDH Licensure. This may differ for leads.
			• What is the procurement process for Lead CCBHCs/DCOs?
			  o **Deb Faulkner:** One application where applicants specify what role they intend to apply for. Interested organizations are applying for funds to become a CCBHC/DCO.
			• Will funds be provided to AEs?
			  o **Deb Faulkner:** No.

			• Is there any vision for shared savings or shared risk? ○ **Deb Faulkner:** Currently, no. **Next Steps:** • Await Legislative Process: Governor's Budget & ARPA Funding Approval Process • Continue design and implementation of CCBHC Startup/Infrastructure Funding • Continue CCBHC Model Planning: EOHHS AE program staff will continue to provide status updates on the ARPA-funded initiatives and overall CCBHC planning **Next Planning Meeting**: May 10, 2022, 11:30am – 1:00pm Zoom. If interested in attending, please contact **Marti Rosenberg** (marti.rosenberg@ohhs.ri.gov) or **Charles Estabrook** (charles.estabrook.ctr@ohhs.ri.gov) to be added to the meeting invitation.
Public Comment	**5 Minutes**	**All**	No Comments or questions.
Housekeeping	**5 Minutes**	**Kim Pelland**	**Next Meeting Date**: Tuesday, June 14, 2022 – 8:30 a.m. to 10:00 a.m. • Additional stakeholder meetings **TBD** for Program Year 6 planning.
Adjourn			Meeting adjourned at approximately 10:00a.m.