

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Behavioral Health and Department of Health Care Finance



Behavioral Health Integration Stakeholder Advisory Group

Meeting Minutes

August 25, 2021

4:00 – 5:30 p.m.

WebEx: <https://dcnet.webex.com/dcnet/j.php?MTID=me4f983a0a811c7e580ec174b8af69e8f>

(Meeting Number 172 017 9141; Password dbGWymPE422) or

Phone: 1-202-860-2110 (Access Code 172 017 9141)

Stakeholder Advisory Group Members

Name	Affiliation/ Designation	Attendance
Gail Avent	Total Family Care Coalition	Present
Matt Biel	MedStar Health	
Robert Buck	Family Preservation Services, Inc.	Present
James Campbell	PSI	
Irma Clay	DC Metropolitan Foster and Adoptive Parent Association	
Tanya Covington	Consumer and Caregiver	
Dr. Beth Crawford	Maryland Family Resource	Present
Marc Dalton, MD, MPH	HSCSN Health Plan	
Sheandinita M. Dyson	McClendon Center	
Mark Fracasso, MD	MedStar Family Choice-DC	Present
Christine Golden	HSCSN Health Plan	Present
Sharra Greer	Children's Law Center	
Jean Harris	NAMI DC	
Sarah Hoffman	Children's National Hospital	
Donise Holley	Consumer and Former Caregiver	
Katrina Huey	Consumer	
Gayle Hurt	DC Hospital Association	
Rhonda Johnson	Certified Peer Specialist	Present
Mark LeVota	DC Behavioral Health Care Association	Present
Michele May	Deaf Reach, Inc.	Present
Dr. Yavar Moghimi	AmeriHealth Caritas DC	Present
Maria Nunez	Capital Clubhouse, Inc.	Present
Dr. Lavdena Orr	AmeriHealth Caritas DC	Present
Jenise Jo Patterson	Parent Watch Inc.	
Jennifer Pauk	Unity Health Care	Present
Michael Pickering	RAP, Inc.	Present
Shawnique Poole	Consumer	Present
Juanita Price	Hillcrest Children and Family Center	Present
Dr. Randy Pumphrey	Whitman-Walker Health	
Patricia Quinn	DC Primary Care Association	Present
Elizabeth Reddick	Consumer	
Christy Respress	Pathways to Housing	Present

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Sabrina Richardson	Caregiver	
Eric Scharf	Depression and Bipolar Support Alliance	Present
Dr. Richard Schottenfeld	Howard University Hospital	
Senora Simpson	BH Planning Council/Caregiver	
John Smith	Prestige Healthcare	Present
Dr. Mario Testani	Beacon Health Options	Present
Fari Ghamina Tumpe	Consumer	
Karin Werner	La Clinica Del Pueblo	
Joan Williams	SOME	
Samuel Williams, MD	Magellan Health	Present
Karyn Wills, MD, CHIE	CareFirst CHPDC	Present
Joan Yengo	Mary's Center	Present
<i>Ex-Officio Members</i>		
Alvin Hinkle	Department of Behavioral Health	Present
Maude Holt	Department of Health Care Finance	Present
Yolanda Lyles	Department of Aging and Community Living	
Thomas McQueen	Department of Health	
Paul Scotman	Child and Family Services Agency	Present
Angele Moss-Baker	Department of Behavioral Health	
Omotunde Sowole-West	Department of Health	Present
Kenan Zamore	Department of Health	

Additional District Government Attendees

Name	Office or Agency
Dr. Barbara J. Bazron	Department of Behavioral Health
Melisa Byrd	Department of Health Care Finance
Dan Riffle	Department of Behavioral Health
Deniz Soyer	Department of Health Care Finance
Ellyon Bell	Department of Health Care Finance
Jennifer Joyce	Department of Health Care Finance
Keri Nash	Department of Behavioral Health
Jelani Murrain	Department of Behavioral Health
Sakina Thompson	Office of the Deputy Mayor for Health and Human Services
Taylor Woods	Department of Health Care Finance
Amelia Whitman	Department of Health Care Finance

Public Attendees

Name	Organization
Diane Stollenwerk	StollenWerks, Consultant to DBH
Meghan Monahan	Children's National Hospital
Michael Burt	McClendon Center

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Shaakira Parker	
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1. Welcome

Melissa Byrd, DHCF
Dr. Barbara J. Bazron, DBH

- Dr. Bazron thanked everyone for their work. Have viewed documents received in advance. Work has been insightful and look forward to discussion today.
- Don't have that much time – have a year and a month before move to full integration and there are a lot of moving parts.

2. Updates

Angele Moss-Baker, DBH

- Amelia Whitman shared updates:
 - Keri Nash will serve as Work Group 1 liaison and Work Stream 1 lead. While Work Group 1 has wrapped up much of their work, Keri will assist with any new issues that come along and will help ensure information flows between the Work Group and Work Stream.
 - A [new webpage](#) has been set up for the Stakeholder Advisory Group. It will house agendas and minutes for our meetings. We are also working on a one pager. That will be sent to this group for review after it goes through a few other reviews.
 - A listserve has been set up for the Stakeholder Advisory Group – please let Amelia know if you did not receive the email sent through GovDelivery and she can ensure you are added.

3. Work Group Updates

Work Group Co-Chairs

a. Work Group 1 - Services to Carve-In

- Dr. Yavar Moghimi provided an update on Work Group 1. Most recent meeting focused on Locally Funded Services recommendation.
 - Process was organized by looking at locally funded MHRS services, locally funded SUD services, and then locally funded populations.
 - Came to seven core recommendations:
 - First looks at Alliance because in terms of populations, that is the largest locally funded and we need to figure out how we will do this transition for them. MCOs cover some of their services, but for the services that are currently locally funded, the

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work group felt that those should be fully carved in to ensure whole person care for this population.

- Another thing that came up in group discussions on the provider side was the lapses in insurance for this population and the lack of retroactive reimbursement of Alliance service, so the work group also felt that retroactive reimbursement of Alliance should also be built in as a contractual change.
 - The work group noted that this may require a capitation change for MCOs for Alliance members.
- Second recommendation looks at two services that stood out because of limitations that are in place regarding Medicaid reimbursement: Flexible Spending-Child Choice and SUD Residential Room and Board. The work group felt that the best route for these services was to have an MOU between DBH and DHCF to allow for pass through funds so that payments would all be coming from one source.
 - Hope is in the future that is we go to value-based or braided funding and this can be revisited in the future.
- Third recommendation is related to environmental stability. This was recognized as a gap in the JSI needs assessment and is one of the goals of LIVE.LONG.DC. The work group recommended that a 1915(i) SPA be pursued for Medicaid coverage of the service in order to ensure adequate funding for longer term recovery support.
- Fourth recommendation is around looking at the array of SUD services for adolescent and transition-aged youth. While ACRA was included in phase 1 of the rate study and the work group is awaiting guidance on that, the group also felt that we need a broader array of evidence-based programs for this population, and in particular for cannabis use disorders.

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- Dr. Bazron asked about whether there were specific recommendations for evidence-based programs for this?
- Dr. Moghimi replied that the TIP program was brought up as something currently in place. This was the only one that was specifically recommended, but the work group can suggest additional evidence based programs for phase 2 of the rate study.
- Dr. Bazron noted that services for these populations has been a struggle across the country and there aren't a lot of practices that meet the level of evidence-based practice.
- Juanita Price noted that she would weigh in and would work with colleagues around this issue as she works with adolescent.
- Gail Avent noted that TIP was recommended because they have seen good results because of the focus on both conflict resolution and career component.
- Fifth recommend is also focused on SUD, but looking at the more broad array of treatment. Recommended that all ASAM levels of care be carved-in and that all Chapter 63 SUD levels of care should be aligned with ASAM levels of care.
- Sixth recommendation recommends maintaining Human Care Agreements with provider to ensure providers get payment for seeing uninsured populations and continue receiving grants.
- The final recommendation is about the school-based mental health expansion and the need for local funding for clinic services for uninsured students or those that have commercial insurance that the providers don't contract with.
 - Dr. Bazron noted that school-based services can be billed for like any other service. This issue is outside of the scope of the carve-in.
- Dr. Bazron noted that related to the carve-in of Alliance, we have additional discussions and buy-in from the Mayor and Council.

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- Amelia Whitman noted that we are looking at costs of this carve-in right now.
- Patricia Quinn noted that although Council does not allow us to include anticipated savings when it establishes the cost of something like a BH benefit for Alliance beneficiaries, that should be part of what we consider in making recommendations to address BH in the Alliance program

b. Work Group 2 – MCO Contractual Considerations

- Christy Respress provided an update for Work Group 2. Work group 2 is still working to formulate recommendations but have had great meetings and conversations. Since the last report out, the work group did a deeper dive on work group priorities to ensure that they are capturing the overall recommendations that can then be made into formal recommendations. Some items covered today:
 - Provider network and potential recommendations on automatically enrolling certain provider types, potentially including ACT, CBI, residential, ASAM levels 2 and 3. Also potential time limits around that process.
 - Authorization issues – really looking at transitions of care. Potentially aligning initial authorizations with the service type.
 - Started getting into medication formularies – medication management is very sensitive in behavioral health.
 - Some consideration of no “Fail first” requirements
 - Transitions of care for beneficiaries – mass enrollments in the MCO shifts was difficult. There is a potential recommendation around not having automatic beneficiary enrollment around this time.
 - Also discussed issues around point of service and potentially asking MCOs to acknowledge and pay for X number of sessions if the point of service eligibility failed.
 - Potential recommendations around value-based purchasing and strategies.
- Juanita Price noted that the issues around pharmacies and medications are of great concern to beneficiaries – how will they be fully aware of what medications are allowable based on MCOs. They also don’t want medication accessibility to be their only reason for selecting an MCO.

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c. Work Group 3 – Beneficiary and Provider Education and Training

- Juanita Price provided an update for Work Group 3. Work group 3 has recommended forums to get feedback from providers via forums. Recommendation includes:
 - Facilitation by individuals from DBH and DHCF.
 - Utilize existing meetings that are already on people's calendars.
 - Manage expectations via appropriate introductions, baseline information, and overview.
 - Begin forums in September, with separate forums for MHRS and SUD providers:
 - MHRS – September 9 and 16
 - SUD – October 7 (date change from initial recommendation)
 - Clinical Directors of both SUD & MHRS – September 23
 - Have developed specific questions
 - Dr. Bazron noted that she is exploring readiness assessments of all providers in terms of MCOs – have already done some research in terms of potential tools to use. We need to do this in a systematic way – there will be differentiation of need for different types and sizes of providers. Would like to see this group recommend readiness assessments. Doing the readiness assessment will help ensure we can do targeted TA for those individuals.

d. Work Group 4 - Performance Measures and Population Monitoring

- Mark LeVota provided an update for Work Group 4. Work group has come up with an additional recommendation regarding MCO performance standards. There are four major categories:
 - Making system level data available on a regular basis. In particular wanted to look at some enrollment information, as well as some utilization information and break that down demographically, by certain service levels, and by certain status, particularly concerns for pregnancy and postpartum status.

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- The work group reiterated the importance and value of finding ways to make reports publicly facing and to provide real time access to the same kind of information through the designated health information exchange, to the extent that is possible.
- Melisa Byrd recommended that the work group look at the DHCF Data Snapshot on Births and let us know if this kind of dashboard is what you're thinking related to this recommendation. Link: <https://dhcf.dc.gov/page/dhcf-policies-and-publications#4> - go to Data Snapshots – 2019
- Dr. Bazron noted that she is very concerned about service utilization data is very useful, but it's more important to look at outcome related data and whether they are moving between level of cares appropriately and where they are getting better.
- Mark reminded the group that there was a previous recommendation around the CMS Core Measure set, and other measures.
 - Next recommendation – one was a request for more time to find consensus and shared agreement on moving forward with the right number of tools and getting data in more consistent ways. Also put minimum standards around publicly available, evidence-based standards developed independently by a national clinical association or society, and consistent with generally accepted standards of care.
 - Third recommendation reinforces the need to track beneficiary satisfaction. Should look, in particular, if people with BH conditions have different experiences than the general Medicaid population. The work group also recommended that DHCF incentivize real-time encounter surveys, such as text-based follow up, as well as secret shoppers.
 - Final recommendation is for DHCF to incentivize or mandate MCO pursuit of the NCQA multicultural enhance certification, and to adjust capitation rate accordingly.
- At next meetings will be looking at recommendations around standards related to pharmacy, as well as wrapping up conversation around provider standards.

4. Behavioral Health Rate Study Update

DHCF

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- Amelia Whitman shared that services for phase one of the rate study was shared with the contractor. They have asked us to refine that a little bit – all the services on the list will get a rate adjustment, but a subset will get a fuller rate methodology examination. If additional services on the list need the full rate methodology assessment, those can be included in phase two.
- In addition, the provider survey was sent out last week. The deadline has been extended through September 8. This is for DBH certified providers. There is also a focus group of approximately 8 providers who will dig into issues at a deeper level.
 - Mark LeVota noted that providers need some guidance about how to share any costs that they would need to spend to meet compliance fidelity vs. sharing their current costs.
 - Melisa noted we can discuss and come back to the provider meeting tomorrow.
 - Ellyon noted that she will discuss with the contractor.

5. Public Comment

Members of the Public

- No public comments were shared.

6. Next Steps and Adjournment

Angele Moss-Baker, DBH

- Work group meetings will continue – new webpage has contact information for all of the liaisons if you would like to join meetings that you are not currently a part of.
- Next full group meeting will be on September 22, 4-5:30 p.m.