

## Contract & Financial Issues Committee, March 15, 2018, 1:00pm

EDIT Update – Carol Mills

Carol reported that the CHAMPS deadline has been extended past March 1; no new date was reported. The NPI for atypical providers is being worked on. ACT code has been added to tele-practice. BH TEDS completion dates were discussed. Psychiatric HRA payment is being changed. Nurse Practitioners can now do psych evaluations. Carol stated that the EDIT group expressed concern that a physician cannot. Kathy Haines will take this feedback from the group back to the Department to evaluate and discuss to see if they can be allowed to do psych evaluations as well as Nurse Practitioners. Group discussed differences in HEDIS and MMBPIS performance measures, and the fact that Peer Mentors are not able to bill for the H0038, and how this could be billed for Substance Abuse. Carol stated that T1012 is to be used in place of that. Group expressed concern about previously using H0038, then moving to the T1012. Carol suggested telling Milliman to look at those 2 codes together. Lisa Morse asked if there was anything that needed to be brought forward in contract negotiations. Carol reported that potential loss of funding due to HEDIS/MMBPIS performance measures could be an issue for Lisa.

GF Negotiations – Lisa Morse (enc)

Lisa reviewed the notes from the March 9 Contract Negotiations meeting regarding Amendment #2. She gave details on 1115 Waiver approval, COFR, PCP terminology for Supports Coordinator to primary case holder, and several other items brought forth by the Department. She also gave details on several items brought forth by the CMHs such as employment works and School to Community transition. Lisa stated that she and John Duvendeck continue to work on minor inconsistencies throughout this process.

\*\*\*Important Contract Negotiations Information\*\*\*

Lisa reported that there are changes in the contract process for FY19 and beyond. CHAMPS is going away so the only remaining way to pay out on the contract and make the contract available is through “e-grams” (This is what is currently used for block grants and SUD). With this change, Christine Sanchez, from Grants & Purchasing, has moved up the timeframe for processing the contract. The dollar amounts for the FY19 GF contracts apparently have to be in the e-gram system by 3/31/18 (yes 12 days from today). Since Appropriations are not finalized, the current GF allocations will be used. Contract language has to be set by the end of May 2018 and CMH boards need to approve the contract in June of 2018. There is hope that the dollar amounts will be modified using the new GF allocation method for 10-1-18, as already agreed to by the parties through negotiations.

CMH boards should probably consider a motion/resolution that authorizes a designated e-gram staff to approve the contract. The FY19 language will be identical to the FY18 language as modified by amendments 1 & 2. (Amendment 2 will likely be out in the next week or so). Any future changes will be part of FY19 Amendment #1. It was noted by CFI that committing to dollar amounts before final appropriations is not appropriate or a good business practice.

For the negotiation group – FY18 Amendment #2 will be finalized today for April. Any pending items will be part of FY19 Amendment #1.

Inpatient Psychiatric Screenings

Lisa spoke about an email from Scott Gilman, which initiated a discussion between them, regarding a letter to Mr. Gilman from Tom Renwick, and the issue the Department takes with the CMHs not doing inpatient psychiatric screenings. Group discussed, clarifying that some CMHs do them, and some have offsite facilities do them. Lisa stated that this discussion was regarding whether or not CMHs were REQUIRED to do them. Group discussed the difference between this screening being required, and this screening being needed. Group agreed that the need was there, and that many CMHs just “do it”, but group wondered if, when the evaluation was performed outside of the CMH, are the CMHs being billed? Do they pay those bills, or dispute them? Lisa stated that after reviewing this, there are 2 different statutes in place. The question of which practice to follow was discussed. Bob Sheehan stated that this topic is going to be brought up at the Directors’ Forum, and asked that any examples of what individual agencies are doing and why it is the preferred rule to follow, be sent to him for that discussion.

School to Community Transition Data

Lisa reviewed a spreadsheet distributed to the group and gave details of the data that the Department wants to collect regarding this topic. She stated that the Association will ask all CEOs to review this document and asked that feedback be sent to Lisa K. Morse via email. Monique will send this email out to the CEOs and CFOs.

Legislative Update – Alan Bolter

Alan reported on the Governor’s proposed budget, stating that the House and Senate are done with hearings on building their budget recommendations. The House and Senate versions of the budget are expected to be reported out the 2<sup>nd</sup> week of April after the Legislature returns from their Spring Break. He stated that the amount of the Autism Services recommendation has caught the eye of legislators, and they are curious as to why this line jumped up from \$105 Million to \$199 Million. Alan stated that the expansion of services from 0-5 year olds to 0-21 year olds is the reason for this increase. Alan went on to report that a legislative transfer of about \$35 Million will likely be seen in the next few weeks, followed by another \$35 Million later in the year. Alan stated that his testimony focused on the DAB issue along with the Direct Care Wage increases and the funding needed to implement this. He stated that to implement the 50 cents increase, it cost the employer 66 cents per employee. Alan reported that regarding the DAB issue, the Association will be requesting Boilerplate language be added to allow PIHPs to claim ISF risk reserve contributions be allowed as expenditures.

Alan then reported on Senator Shirkeys bill regarding work requirements. He stated that the term "able-bodied" needed to be clarified. This bill will likely pass.

Alan reported on the Association's opposition to HB 5619 which listed multiple diagnoses and how we should prioritize services, removing the term "most severe", adding Mild/Moderate and Foster Children to priority populations. This bill has been shelved and will hopefully not see any progress.

Funding Issues – Bruce Bridges

Issues discussed were Medicaid Funding Report, DAB Funding, Wage Pass Through Implementation and Autism Services

Bruce reviewed the spreadsheet that was distributed to the group regarding the comparison of actuarial projected funding versus actual funding advances. Details were given on specific lines such as DAB, TANF, HSW, HMP and Autism. Group discussed the definition of DAB, which is Disabled, Aged and Blind. Bruce stated that those who are 21 years of age were supposed to be classified with the 22 year old group, but the Department classified them with the 20 year old group, and this is affecting the capitation with a difference of \$200 per member/per month rate. Bob and Bruce will bring this to the Department's attention. Alan stated that the meeting held this morning with Rep. Canfield went very well and that most legislators now understand the problem with the rates being paid incorrectly for those who migrated out of DAB.

Meeting adjourned at 2:15pm.