

## Behavioral Health Delivery Workgroup Meeting Minutes September 16, 2022

### Participants

#### Committee Members

Representative James Dunnigan, Adam Cohen, Jake Shoff, Jed Burton, Lisa Heaton, Patrick Fleming, Nina Ferrell, Jennifer Ford, and Brian Monsen attended for Brandon Hendrickson.

#### Committee Members Absent

Senator Michael Kennedy, Kyle Snow, Dr. Katherine Carlson, Tim Whales, Joel Johnson, Julie Ewing, and Russ Elbel.

#### Division of Integrated Healthcare Staff

Jennifer Strohecker, Brian Roach, Brent Kelsey, Dave Wilde, Emma Chacon, Eric Grant, Nate Checketts, Tonya Hales, and Sharon Steigerwalt.

#### Attendees

Rachel Craig, Todd Wood, Dr. Scott Whittle, Tim Lougee, Bonnie Alexander, Mark Greenwood, Michael Hales, Nelson Clayton, Beth Smith, Anne Weech, Elizabeth Klc, Jared Sanford, Jeanie Willson, Juergen Korbanka, Kevin Eastman, Kristeen Jones, Melissa Huntington, Shawn McMillen, Travis Wood, Jeniece Olsen, and Katherine Rhodes.

### Welcome

Jennifer Strohecker started the meeting and welcomed the group and their participation in the workgroup.

### Approval of August 19, 2022 Meeting Minutes

Adam Cohen motioned to approve the minutes. Jake Shoff seconded the motion. No opposed. Motion passed to approve the minutes.

### Operational Issues Update

Jennifer Strohecker introduced this standing agenda item. The division has not received any new operational issues. Jennifer asked if anyone had concerns to bring up and encouraged the members to email any issues or concerns that need to be looked into.

## Subworkgroup Updates

Jennifer Strohecker kicked off this agenda item and turned the time over to Eric Grant to present on the ACO Managed Care Model.

Jennifer Strohecker mentioned the goal today is to present on the three models and have a recommendation of which model and which region the committee would like to have. We welcome engagement and feedback.

The ACO Managed Care Model subworkgroup was tasked to identify the must-have items that would be incorporated into the contracts if this model was chosen to incorporate the TAM population into the ACO and UMIC plans and identify the outcome measures. The items discussed are as listed in the embedded document below.



HB413 Subgroup\_  
ACO Model.pdf

1. Patrick Fleming asked if a subcap or prepayment to providers was not discussed. Eric Grant stated it was not but will add it to the document to be captured. Patrick Fleming stated payment first and adjudication later is a good faith effort and should be on the discussion list. Emma Chacon stated that subcapitation is one method but looking at an upfront payment or pay by episode of care or another payment methodology with less burden is helpful. Emma also clarified with respect to the ratio of care managers to members, the division would not disrupt any existing care management relationship.
2. Patrick Fleming asked if we can limit the providers who work on this population as some are more experienced with the needs of the TAM population. What is the CMS rule on limiting the number of providers we have? Eric Grant answered that under the FFS model, which is what we have now, Medicaid has to engage with any willing provider who is enrolled. When it moves to managed care it falls under the 1915(b) waiver which limits the member to the network providers the ACO has established. It would be the responsibility of the ACOs and UMIC plans to come up with the panel of providers for this population. Emma Chacon clarified that it can be done under the 1115 waiver, but it does require a waiver to limit the providers. Jennifer Strohecker asked if there is a way to craft an outcome measure or contractual language that would help achieve the metrics of adherence that you are thinking about. Patrick Fleming mentioned that members still need to have choice, but

sometimes their choice is not in their best interest and thinking about a way to address their needs with the provider base.

3. Jeanie Willson asked about the geography of this model in the rural areas. Eric Grant stated initially it was proposed to be in the four Wasatch front counties of Salt Lake, Utah, Davis and Weber. Jeanie Willson mentioned there is a need for a warm hand off when they move home from a residential facility and asked for the workgroup to think about this as they need localized managed care with community partners. Eric Grant stated that right now in the rural areas members have the option to enroll in a managed care plan and if we included the TAM population they would have this same option. Emma Chacon said that in the rural areas they do have the option to enroll in an ACO but they are also enrolled with the PMHP. Should we automatically enroll the TAM in their PMHP like we do with the adult expansion members in order to have that continuity of care.
4. Adam Cohen brought up the need for consistent utilization management policy across plans and the need for collaboration and Shawn McMillen seconded the importance.

Brian Roach presented on the FFS + Case Management model and the subworkgroup was tasked to identify the contractual requirements and performance measures. Brian asked the subworkgroup about any updates or concerns and there is a shared concern about timelines and getting things right and being thoughtful in the execution of whichever model we proceed with and ensure access to care is not disrupted. The items discussed are as listed in the embedded document below.



HB413 Subgroup\_  
FFS + Case Managei

1. Patrick Fleming asked what is the interplay with enrollment and DWS. How is the outreach happening for TAM individuals involved in criminal justice and other areas and getting them enrolled. Jennifer Strohecker mentioned that discussions are happening with Corrections. Emma Chacon mentioned previously there was a process for TAM for providers to communicate with DWS with members who may qualify. DWS made a recommendation to do away with that process, ensuring enrollment would take place. Emma suggested we may want to follow up again on this process to ensure people are not slipping through the cracks.

2. Representative Jim Dunnigan mentioned that the Salt Lake County jail has a resource center that has a person assisting individuals with the Medicaid application, but it takes 1-2 weeks to get them enrolled. Suggested a meeting with DWS to improve this process needs to take place. Representative Jim Dunnigan asked about retro-enrollment and how far back do they go for claims? Emma Chacon stated it is 90 days. Emma Chacon stated that we are missing knowing when they come in and out. There is not an exchange of data with the county jails. When they go into the jail, their Medicaid is suspended, but the process is not seamless.  
**Action Item: Representative Jim Dunnigan will coordinate a meeting with DWS.**

3. Lisa Heaton expressed a concern that TAM members move between programs frequently within a year and suggested having a pilot program where they can stay on TAM for at least a year. TAM members can stay on the program for a year if nothing changes, but there are instances where they move back and forth between programs. Adam Cohen mentioned it is usually on the pregnant parent program. If they switch from TAM to the legacy Medicaid program and they are in the middle of dental work, they lose their dental benefits.  
**Action Item: Jennifer Strohecker asked Lisa Heaton and Adam Cohen to send the names of these individuals so we can research them and understand the situation better. The switching of these plans and their eligibility is something that we need to look into.**

Brent Kelsey presented on the RFI Integrated Plan model which explored the possibility of issuing an RFI for the potential integrations for the TAM population. Issuing a broad RFI is not the way to go at this time. Issuing an RFI to identify solutions for specific problems can be done. Brent stated the reasons why the subworkgroup made these decisions. The items discussed are as listed in the embedded document below.



HB 413 RFI  
Subgroup Report.pdf

1. Scott Whittle asked to add to the objectives to clarify what data can be shared and that we would share data to measure success. Also wanted to add on the last bullet under contractual issues to have the third-party intermediary coordinate data and payment disputes. Patrick Fleming expressed the need for the third-party intermediary and having it outside of the state agency. Also stated the need of reinvestment of savings to have more services for the population.

2. Patrick Fleming spoke about the role of Salt Lake County as a network model. Brent Kelsey mentioned defining the county role and responsibilities are important along with the additional services they provide outside of the Medicaid benefit. Emma Chacon stated at some point we need to identify what the other services are. What funds the county is using for other services, what are the critical services and how are they funded. Salt Lake county is the biggest network model, but we need to be consistent along with the Wasatch front. Brent Kelsey also mentioned the need to identify who the individuals are that the counties serve who are not on Medicaid and if we disrupt the county system who will take responsibility for that population. It is a difficult problem to solve.
3. Nina Ferrell would like to see a proposal from the ACOs in regards to the items this workgroup has mentioned for integrating the TAM population. The proposal would address implementation and how they would be successful.

### Next Steps:

Jennifer Strohecker mentioned the need for the committee members to provide their recommendations on the three models. The Department will then review the recommendations and decide the path forward. House Bill 413 states the workgroup needs to have the recommendation by July 2023, not the model in place. The committee members shall provide their vote on one of the three models and indicate the intended geography such as urban, rural or statewide.

Committee members requested to have more time to decide on their vote and a request was made to have the ACO's present to this workgroup prior to voting.

**Action Item:** Jennifer Strohecker and Representative Dunnigan will confer and discuss with the ACOs about presenting. The subworkgroup documents presented in the meeting today will be emailed to the workgroup. More information will be forthcoming about the meeting with the ACO's and next steps.

### Adjourn

Jennifer Strohecker adjourned the meeting at 3:01 p.m. The next meeting is scheduled for Friday, September 30, 2022 from 1:30 - 3:00 p.m.