

**MEETING MINUTES FOR THE
GOVERNOR'S COUNCIL ON BEHAVIORAL HEALTH**

TUESDAY, JANUARY, 2016

Members present: Richard Antonelli, Fred Trapassi, Maxine Heywood, Esther Picone, Sandra DelSesto, Richard Leclerc (Chair), Bruce Long, Anne Mulready, Cherie Cruz, and Sarah Dinklage.

Appointed members present: David Spencer (CEO of the Substance Use and Mental Health Leadership Council of Rhode Island), Megan Clingham (Mental Health Advocate).

Statutory members present: none

Ex-officio members present: Ruth Anne Dougherty, Chris Strnad (DCYF); Lou Cerbo (DOC); Alice Woods (DOE); Mary Ann Ciano (DEA); Jeffrey Hill, Colleen Polselli (DOH); Sharon Kernan, Jessica Mowry (EOHHS); Michelle Brophy, Linda Barovier, Dan Fitzgerald, Judy Fox (BHDDH).

Guests: Lisa Tomasso (TPC/Anchor); Christian Alvarado, Lisa Conlan (PSNRI); Keshnar Poddar (Governor's office); Shannon Spurlock (JSI); Dana Parker (NAMI); Rena Sheehan (BCBSRI); Tina Spears, Nicole Hebert (RIPIN); David Martins (RICARES); Nancy DeNuccio (RISAPA); Susan Jacobson (Thundermist); Ruth Feder (MHA-RI); Linda Johnson, John Garrett (Office of the Health Insurance Commissioner)

Staff: Jim Dealy

1. Review Minutes (Rich Leclerc): The Minutes were accepted with the correction that Denise Achin was present at the December meeting.

2. Certified Community Behavioral Health Clinics (Michelle Brophy):

The CCBHC initiative is federally grant-funded. It has two phases; a planning phase and an implementation phase. Rhode Island has received one of 24 planning grants. Implementation grants will be awarded to 8 states based on the quality of the application that is developed during the planning phase. Rhode Island has less than a year to pull together an application. The states that are awarded the implementation grants will receive significant service funding – potentially, about \$100,000,000 for Rhode Island.

The goals of the initiative are to provide a continuum of services to improve access and accessibility of services to consumers in Rhode Island and to expand quality services through a community based mental health and substance abuse disorders and services and to look at integrating behavioral health and health. The target groups are adults with severe mental illness, children with serious emotional disturbances, and individuals with serious substance abuse disorders and mental illness.

SAMHSA and the Center for Medicaid Services (CMS) are working with the states through monthly planning meetings for statewide coordination planning.

We are in the RFP process of hiring a project director for this effort. BHDDH will initiate a Steering Committee, Payment Planning group, Certification Standards workgroup, and Data Collection and Reporting workgroup. Stakeholder engagement is a major piece of this and BHDDH will be reaching out to the various trade associations and groups to work with it.

There are required to be at least six certified community behavioral health clinics in each state. The certification process has quite specific requirements for the CCBHCs. BHDDH will be reaching out to the community to look at the application process for those six community mental health centers. The Community Based Mental Health Centers need to work on a self-assessment to see how far they are currently from being able to have the qualifications to be certified by the state. BHDDH needs to establish training and assistance that will help the agencies become certified. Only the agencies included in the Demonstration Application may participate in the implementation phase.

The question was raised “Is there going to be a forensic ACT team?” Such teams are composed of clinicians and practitioners who understand that type of population. The question was raised as to what the mission is for the intersection of these programs and providers with the services planned with Medicaid. The response was that there is overlap with many of the programs. The question was asked about how many clinics would be certified in the appropriate time line. Six would be the most that BHDDH could certify in the Demonstration Application.

Power Point presentation attached with minutes

3. Healthcare Parity (Linda Johnson):

The first federal rules around Parity were adopted in 2010, later being supplemented in 2013. In 2014, Rhode Island updated its Parity Statute as well. Behavioral Health Parity applies to health care plans that offer behavioral healthcare services. These plans cannot impose financial limitations, quantitative treatment limitations or qualitative treatment limitations on behavioral healthcare services that it does not impose on medical care.

OHIC (Office of the Health Insurance Commission) is a regulatory agency enforcing the laws and regulations that have been adopted either at the federal or the state level. If they have the authority to do so, they create standards for how health insurance carriers should and should not act. One of the regulatory roles is to ensure that health insurance companies that are doing business in Rhode Island are compliant with state and federal laws. OHIC takes complaints from either consumers or from providers and responds in the most efficient way possible.

A Market Conduct Examination is a particular way of ensuring compliance which OHIC is currently undertaking. There is a state statute that allows the Commissioner to go into a company, gather information and review whether or not laws and regulations are being complied with. The scope of the current examination includes four carriers (Tufts, NHP, BlueCross and United) for 2014 calendar year except for NHPRI, for which it is examining 2015 CY. The examination does not encompass Medicaid and/or Medicare, which examine their own programs. The examination is a general review of compliance with health insurance laws and regulations. At the end of the review, the examiners put together a report that contains a description of what has been done, particular standards and/or legal requirements that were reviewed, findings on whether or not those standards show evidence of compliance or non-compliance, and if there is non-compliance, recommendations are made to the Commissioner about how to respond. After that report is delivered to the Commissioner, the Commissioner has a number of options. She may adopt the report as is or modify the report and issue an Order. The type of Order that a Commissioner would issue is requirement-based. If there are particular violations of the Laws and Regulations that are found, then the Commissioner has some regulatory options that can be taken. She can order corrective action. She can order particular penalties associated with the carrier or both.

Power Point presentation attached with minutes

4. Update from BHDDH (Becky Boss): As of January 1st, the Integrated Health Homes Act, which reinvents health homes, went into place. All behavioral healthcare services that are paid for through Medicaid went into plan for members that are in managed care plans, including all substance abuse residential treatment and methadone treatment. About 1/3 of the population are not enrolled in a managed care plan, and BHDDH manages their behavioral health benefits. BHDDH is also doing a great deal of work in the SIM and in the Overdose Task Force.

5. Update from EOHHS (Sharon Kernan): OHHS is continuing to work on the items presented last month. It has provisionally certified four Accountable Care Entities. There are two levels of ACEs. One of the newly certified ACEs is both a Type 1 and Type 2 ACE. The other three are Type 1 only.

6. Update from DCYF (Chris Strnad): The Department is ending the Network Contracts as of March 31st and is working overtime to bring the functions formerly done by the Networks back in-house, as well as procuring services for DCYF clients. The question was raised as to how many out-of-state placements there are. Chris responded that the number has decreased from about 90 to 80 over the last couple of months.

7. Old/New Business (Rich Leclerc): A draft letter has been circulated to the group for comment and approval requesting that the Governor's budget reinstate the prevention program funds taken out by the Legislature in 2014. The letter needs some edits to clarify it. The Prevention Committee will redraft the letter reflecting the comments presented. A Motion was made and passed authorizing Rich to modify the letter and forward same to the Governor.

8. Adjourn - The meeting was adjourned by vote of the members.

Next Meeting: Thursday, February 11, 8:30 A.M.

Barry Hall

Conference Room 126

14 Harrington Road, Cranston, RI 02920

Statutory and Public members, please let Jim Dealy know if you cannot attend

This meeting is open to the public.

If you plan to attend and you require special accommodations to ensure equal participation, please contact Jim Dealy at the Division of Behavioral Healthcare Services at 462-0118.