Utah Department of
Health & Human Services
Integrated Healthcare

Behavioral Health Delivery Workgroup
Meeting Minutes July 8, 2022

Participants

Committee Members

Adam Cohen, Jake Shoff, Jed Burton, Jennifer Ford, Representative James Dunnigan, Joel Johnson, Dr. Katherine Carlson, Lisa Heaton, Patrick Fleming, Tim Whalen, Nina Ferrell, and Brian Monsen attended for Brandon Hendrickson.

Committee Members Absent

Senator Michael Kennedy, Julie Ewing, Kyle Snow, and Russ Elbel.

Division of Integrated Healthcare Staff

Jennifer Strohecker, Brian Roach, Dave Wilde, Emma Chacon, Eric Grant, Greg Trollan, Jennifer Meyer-Smart, Nate Checketts, Tonya Hales, and Sharon Steigerwalt.

Attendees

Audry Wood, Janida Emerson, Rachel Craig, Todd Wood, Scott Whittle, Tim Lougee, Blaine Bergeson, and Bonnie Alexander.

Welcome

Jennifer Strohecker opened the meeting up.

Approval of June 24, 2022 Meeting Minutes

Jed Burton motioned to approve the minutes. Adam Cohen seconded the motion. No opposed. Motion passed to approve the minutes.

Operational Issues Update

Jennifer Strohecker reviewed the list of plan/provider issues. No new issues were submitted in the last two weeks. There are two issues (IOP Bundle which is pending PRISM programming and Copays) that are pending resolution.
Jennifer Strohecker reviewed the Discussion Summary list with the three areas of concentration surrounding the goal of a patient/person centered integrated delivery model

for the TAM population. The three areas are: Utilization Data, Other Needs/Coordination strategies and Defining Success.

The document presented is embedded below.

July 8 Presentation.pptx.p

Data Review

Brian Roach presented the data on the Targeted Adult Medicaid (TAM) Top 10% based on Medicaid expenditures in 2021. The top decile accounts for about 53% of all TAM expenditures which equates to $61.4 million. The document displayed the subgroups, age groups, primary language, race/ethnicity, location, service delivery, medications, chronic conditions (95% have a substance use disorder), and co-occurring behavioral physical health conditions (3 out of 4), and cost ($5,065 PMPM).
The document presented is embedded below.

Targeted Adult Medicaid Top 10% 2

Patrick Fleming: Asked since the top decile across the state is concentrated in the urban areas, what is the county of origin? For the committee to consider is to ensure people are getting enrolled in TAM in the community they reside in and receiving early access to care.

Emma Chacon: Regarding the high utilization of hospital and ER, is it their physical or behavioral health issue that is getting them there?
Brian Roach stated the most common diagnosis of ED is suicidal ideation and the most common diagnosis for inpatient is alcohol dependence with withdrawal.

Jennifer Strohecker commented that frequency of use and frequency of visiting their PCP is a data point to consider as well.

Joel Johnson: There is a national movement to get the Health and Behavior Assessment and Intervention (HBAI) services covered.

Nina Ferrell: Regarding the role of housing and housing models in terms of service delivery, how can we bring them into this picture?

Jennifer Strohecker: There are other states using housing models for this population and we can take this to the sub-workgroups for them to consider. Asked the group if there are any other items we need to add to the discussion summary list for the sub-workgroups to consider?

Janida Emerson: Recuperative care or respite care services are critical items to add to the list.

Jennifer Strohecker: We did meet with CMS today as part of the 1115 waiver and we are working on respite care.

Patrick Fleming: Opportunity to get people enrolled (add to the list). Making sure we have a broad robust enrollment system and ensuring it is not a barrier to the population.

Joel Johnson: Rural counties do not realize TAM is available. Let the group know that CCBHC was moved from SAMHSA to CMS about a week and a half ago.

Dave Wilde: Wanted to provide an update that the 1115 waiver housing related services and support waiver which will be started later this year and that anyone in TAM would be able to participate on this waiver as well.

Breakout Groups / Workgroup Items

Jennifer Strohecker presented on the three breakout groups. Next step is to begin brainstorming models of care to achieve person centered goals for this population. Propose a TAM integrated model which would consider the following approaches:

- Request for Information (RFI) - Integrated Plan: would allow different groups to submit ideas and strategies for this population through an integrated approach.
- Fee-for-Service (FFS) + Case Management - Use our existing FFS model and enhance it with intensive case management services.
- Accountable Care Organization (ACO) Managed Care Model - ACO model to manage this group.

Went over the objectives of the three subgroups as guidelines to consider. Members were asked to volunteer to participate in one or two of the subgroups. Asked for an opportunity for response on these objectives.

Joel Johnson: Recommend looking at timeline. Proposed timeline for implementation.

Adam Cohen: Question for Brian on the high utilizers, are they always high utilizers or do they change to low utilizers after a year? Is this a data element that is discoverable?

Brian Roach: We do not have the data right now, but we do have programs like the restriction program. This can be an action item to bring back to the group.

Tim Whalen: Are there other national organizations that cross our product? And if there would be an enhanced FFS model, how would it be different from what it is today?

Jennifer Strohecker: The RFI could be proposing one of these models.

Nate Checketts: If other groups wanted to join under the existing structure and join as a UMIC or ACO plan right now they could. The RFI would be looking at other potential models versus other potential players.

Jennifer Strohecker: Case management does not exist on the FFS side, but we could consider what this would look like for this population.

Tim Whalen: Case management codes are available, I was wondering if providers are utilizing those codes?

Adam Cohen: We are not really using these codes. Given the environment before, TCM was not available and for residential TCM is bundled. It is available but we use it more on the mental health side.

Dave Wilde: TCM codes are open and available through the local mental health authorities. But I see a difference there between a provider providing TCM versus care management model who can oversee all the different services the member versus someone who is connecting them to services in a TCM model.

Patrick Fleming: On the value based contracting opportunities, I think there is potential for a lot of profit to be made. I would like to see limiting the ACOs or MCOs to a margin for profit and anything over that would be redirected to other creative services. New services could be developed from that. It limits the amount of money people could make on the population and asks for a reinvestment.

Jennifer Strohecker: The subworkgroup should define a cap on the value-based payments and excess of the cap to be used on developing other services.

Jennifer Strohecker: Asked the working group members to join a subgroup to evaluate one of the three proposed models. Subgroups will meet outside of this working group meeting and bring recommendations back. Identify one working group leader. Will bring the proposals back to the main workgroup for vetting and discussion.
Action Item: Sign up for a subgroup is due by next Wednesday July 13th to provide the information.

Adjourn

Jennifer Strohecker adjourned the meeting at 2:33 p.m. The next meeting is scheduled for Friday, August 5, 2022 from 1:30 - 3:00 p.m.