

Behavioral Health Delivery Workgroup Meeting Minutes June 23, 2023

Participants

Committee Members

Adam Cohen, Nina Ferrell, Brian Monsen, Joel Johnson, Julie Ewing, Russ Elbel, Lisa Heaton, and Jennifer Strohecker.

Committee Members Absent

Senator Michael Kennedy, Representative James Dunnigan, Dr. Katherine Carlson, Kyle Snow, Tim Whalen, Jed Burton, Patrick Fleming, Jennifer Ford, and Jake Shoff.

Division of Integrated Healthcare Staff

Brian Roach, Eric Grant, Jennifer Meyer-Smart, Greg Trollan, Becky Johnson, and Sharon Steigerwalt.

Attendees

Mark Greenwood, Nelson Clayton, Kristeen Jones, Joseph White, Lynette Tesch, Emma Chacon, Janida Grima, Andrew Riggle, Ali Warcup, Maura Mendenhall, and Michael Hales.

Welcome

Jennifer Strohecker started the meeting welcoming everyone and proceeded with the approval of the March meeting minutes.

Approval of March 31, 2023 Meeting Minutes

Adam Cohen motioned to approve the minutes. Mark Greenwood seconded the motion. No opposed. Motion passed to approve the minutes.

Division updates

Jennifer Strohecker gave an update on items coming up for the department including establishing some priorities around promoting models of integration across the Medicaid program; models of integrated care for behavioral health, and oral health. We will start to have conversations with stakeholders to discuss expanding the UMIC contracts from five

counties to all ACO mandated counties. Today, we have about 65,000 individuals in the five counties for UMIC and there are about 17,000 individuals in the additional counties. The second item is to further explore the feasibility of creating a sub-workgroup to move the TAM model into the UMIC model. The sub-workgroup would bring recommendations and updates to this workgroup for consideration. This work would take place over the next 3 months.

Three years ago the division submitted an 1115 waiver amendment to CMS regarding the justice involved population. In April 2023, CMS submitted a letter to all states to have a standard for justice involved care. We're looking at beginning our conversations with CMS about this work and it's important for us to have a more integrated and uniform model for justice involved individuals which would achieve the goals of the justice involved work that has been laid out by CMS. The new guidance requires states to support high intensity case management for individuals that are justice involved as well as recommended social needs (housing, and food benefits). We are interested in exploring what these health-related social needs benefits might look like, not just for our justice-involved population but for those who would be high-risk like our TAM population. There are three areas that were not in the original submission, but we would like to look at including 1) chronic disease management (physical, behavioral, and comprehensive SUD services). 2. Case management service, 3 upon release individuals are required to have a 30-day supply of their chronic medicines to have on hand. The original amendment had a 30 day enrollment prior to release but we could go back to 90 days. We would be interested in looking at the HRSN model to provide 6 months of housing, food support, different billing codes for intensive case management versus non-intensive, etc. and some of these initiatives we would need legislative support.

We would like by August to start engaging external stakeholders and will extend out the invitation in the next coming weeks.

Jennifer Strohecker mentioned a policy update regarding medical respite. We are in the last phase of discussions with CMS for medical respite for the TAM population. Medical respite is bundled with two other requests and once we get approval we will begin this work. Once these discussions are complete, we will begin discussions on the design and implementation for the justice involved work. We will bring that to a future meeting even if it is prior to the next quarterly meeting.

Discuss specific metrics required for legislation

Jen Strohecker stated that the workgroup was directed by the legislature to develop recommendations on the five metrics. We are looking for recommendations on how we would fit the TAM population into an integrated model. We used UMIC as our model. Document presented is embedded below.

<https://medicaid.utah.gov/Documents/pdfs/hb413/2023/HB%20413%2026B-3-138.pdf>

Brian Roach presented the division's proposals for the five metrics as laid out in statute 26B-3-138. Members of the committee and public gave recommendations on the language and the recommendations. The workgroup only discussed four of the five metrics. Jennifer Strohecker stated that this conversation will continue at the next meeting.

Adjourn

Jennifer Strohecker adjourned the meeting at 2:30 p.m.