

BHA/MA/Beacon Health Options, Inc. Provider Quality Committee Meeting Minutes

Beacon Health Options 1099 Winterson Road, Suite 200 Linthicum, MD 21090 Friday, February 8, 2019 10:00 am to 11:30 am

In attendance: Karl Steinkraus, Rebecca Frechard, Cynthia Petion, Robert Canosa, Greg Waria, Jeffrey Lee, Janet Hughes, Harry Smith, Evette Griffin, Tiffini Davis, Chris McCabe, Jody Grodnitzky, Tyrone Fleming, Mary Viggiani, Jarrell Pipkin, Chandra McNeil-Johnson, Denise Taylor, Ronnie Lewis, Tekeytha Fullwood, Cynthia Roberson, Oleg Tarkovsky, Scott Gloefler, Jenny Howes, Steve Reeder, Stephanie Clark, Joana Joasil, Dr. Enrique Olivares, Andre Pelegrini, Barbara Trovinger, Susan Steinberg, Suequethea Jones, Sharon Jones, Denise Eangleheart, Spencer Gear, Stacey Diehl

Telephonically: Shanna Johnson, Mona Figueroa, Kathy Kisela, Abby Appelbaum, Nellie Power, Charity Francis, Marte Birnbaum, Deanna Thornburg, Kwante Carter, Dan Nieberding, Agnes Parks, Patricia Bunting, Sonja Moore, Lynn Duffy, Howard Ashkin, Alisha Womack, Sue Kessler, Nicol Lyon, Ocelia Pearsall, Kimberly Chase, Lynne Nielsen, Vickie Leach, Tammy Fox, Mandy Trivits, Rhonda Moreland, Amy Park, Shava Lucas, Andrea Carroll, Guy Reese, Letisha Demory, Beth Waddell, Joyce May, Paula Nash, Cynthia Hurd, Sheba Jeyachandran, Nicholas Shearin, Patricia Bunting, Bill Brooks, Steven Sahm, Terry Austin, Mary Blackwell, Monica Kirkpatrick, Craig Lippens, Michael Ostrowski, Helen Nichols, Dominick Lesperance, Cathy Murray, Davy Truong, Barrington Page, Deana Cook, Corey Pisula, Regina Miante, Sheryl Trask, Shereen Cabrera Bentley, Paula Bollinger, Lavina Thompson Bowling, Kristine Garlitz, Robin Woodell, Rebeca Gonzalez, Yvonne Harris, Jarold Hendrick, Anne Schooley, Gayle Parker, Jennifer Alldredge, Carrie Medlin, Abiba Wynn-Deceus, Linda Kuiper, Fran Stouffer, Dana Tilson, Sylvia DeLong, Lorraine McDaniels, Glenda Gurnsey, Michelle Morgan, Shanzet Jones, Crystal Slagle, Cathy Jones, Jessie Costley, Monique Felix, Leona Bloomfield, Brian Polk, Lynne Nielsen, Connie Dausch, Ocelia Pearsall, Mindy Fleetwood, Nicole Cooper, Carol Blazer, Alisha Womack, Dana Tilson, Shanna Johnson, Anna McGee, Charles Jay, Brandon Jones, Patricia Ahmed, Paula Catlett, Dominique Liverpool, Dr. Frank Chika, Chrystal Smith, Alicia Dalton, Jada Tucker, Mary Viggiani, Maritrese Nash, Linda McIntyre, Sarah Petr, Sheryl Neverson, Kristi Plummer, Jessica Hektoen, Lauren Herron, Kathleen Curry, Karen Byrd, Tiffany Rich, Geoff Ott, Joanna Weidner, Chandra McNeil-Johnson, Cathy Baker, Judith Tucker, Shawn Howell,



Magalie Brewer, Danica Thornton, Lorena Lues, Russell Berger, Della Roderick, Jonquil Ishway, Rebecca Meyers, Tracee Burroughs-Gardner, Michelle Dickens, Jonathan Lacewell, Cheryl Reiser, Imelda Berry-Candelario, Shanika Burke, Kim Motosicky, Paris Crosby, Shu Zhu, Rebecca Maloney, Darlene Jackson-Bowen, Belinda Strayhorn, Jamie Cole, Ronnie Lewis, Cristina Henriques, Samantha Sailsman, Cynthia Roberson, Risa Davis, Kimberly Qualls, Robin Elchin, Kaylen Copper, Rasheda McGuire, Arthur Griffin, Donna Boatman, Kimberly Perks, Lisa Sutton, Keeley Thomas, Gwen Lindsey, Jude Oigbokie, Vanessa Lyle, Barry Waters, Elizabeth Iweha, Robert Galaher, Carmen Hutton, Sonia Nieves, Carmen Castang, Abiba wynn, Chrisrine Nelson, Fulai Diom, Marlene Owens, Brian Polk, Abiy Wynn, Megan Pinder, Emily Suminski, Christine Branch, Carmen Castang, Charese Smith-Demory, Cathy Jones

Topics & Discussion

Minutes

BHA Update

- The kick off for the Capital Improvement Program Grants was held on January 30, 2019. The capital program grants may be used to leverage other funds to expand community-based capacity. BHA's top priority for this funding is the development or acquisition of affordable supported housing for individuals with mental illness or co-occurring disorders or recovery housing for individuals with substance use disorders. Applications are available through the MDH's Office of Capital Planning, Budgeting, and Engineering Services and are due on April 17, 2019, 12:00 P.M. The application is available on the following link: https://health.maryland.gov/ocpbes/Pages/bond.aspx
 - Providers should ensure that all necessary materials are included as requested in the application packet. Applications are reviewed by MDH, BHA, Department of Budget and Management (DBM) and the Governor's Office. Agencies must be nonprofit organizations to apply and must provide services that are in line with BHA. Additionally, there will be a new application for Recovery Residences. This application is under draft and will be available sometime in March. Once available, the due date for this application will be in May, 2019. If you have any questions you may email Cynthia Petion at
- BHA will host regional stakeholder meetings for the 2020-2021 Behavioral Health Plan. This is an opportunity for providers to participate in the decisions impacting the state planning process as well as the block grant applications. The first meeting will be held in the southern region. BHA encourages all stakeholders to participate in these meetings and give their feedback and recommendations/concepts for strategies.

Cynthia.petion@maryland.gov.

 The Governor has issued an Executive Order to establish a Commission to Study Mental and Behavioral Health in Maryland. The Commission will be led by the Lt.



Governor and will include representatives from public service, public health, behavioral health, BHA and individuals with lived experiences. Public listening sessions will also be held to inform providers of the recommendations. The executive order can be found on Maryland.gov website, Executive Orders link.

- In response to the State Opioid Response Grant Initiative, BHA will issue the crisis solicitation for the 24/7 crisis stabilization/walk in center. BHA is working to get the solicitation released today, Friday, February 8, 2019. This will be due to the LBHA's or LAA's by Friday March 5, 2019 by 5:00 PM. Approved provider proposals are due to BHA by March 22, 2019 by 5:00 PM. The available funding is up to 1.4 million dollars. The purpose of this program is to establish crisis stabilization/walk in centers that will provide services for people in immediate need of crisis intervention and stabilization for opioid use disorders, co-occurring disorders or co-occurring opioid use and mental health disorders.
- As part of HB1092 that establishes the Behavioral Health Crisis Response Grant program. This bill directs the MDH, BHA to convene a workgroup to develop this program that will implement recommendations from Strategic Plan: 24/7 Crisis Walk-in and Mobile Crisis Team Services, developed by the Maryland Behavioral Health Advisory Council. A workgroup has been convened and the first meeting has already commenced. The workgroup is also charged with task to establish how grant funds are distributed and develop new services for adults, children and older adults. In addition, the workgroup will establish standards for coordination of care and aftercare from crisis intervention. The focus of the workgroup is primarily on mobile crisis, crisis intervention and residential crisis
- RJOT calls have been ongoing for ASAM level 3.1 residential program providers every Friday. If providers are interested in attending this call you should email marylandproviderrelations@beaconhealthoptions.com
- The Division of Health Promotion and Prevention has been re-organized, and is now called Service Access and Practice Innovation. Kathleen Rebbert-Franklin remains as Director of this division. The Office of Prevention (including prevention block grants to jurisdictions, Local Overdose Fatality Review Teams, Overdose Response Program, and Harm Reduction Activities) has been moved to Public Health. In addition, PDMP and Overdose Prevention Applied Data under Kate Jackson's direction, and Tobacco Enforcement under Eugenia Conolly have been moved to Public Health. The Office of Consumer Affairs and Maryland's Commitment to Veterans have moved under Service Access and Practice Innovation. A memo detailing the changes should be coming out in the next few weeks.
- The DLA 20 is an assessment tool that is required as part of the authorization for PRP, RRP, Mobile and ACT. This is part of a requirement from Medicaid that granted Maryland additional federal funding to have a uniform assessment tool. As part of the agreement for the DLA 20 rights, BHA attests to the IP owner of DLA 20, MTM, that all providers are trained by appropriate trainers, who have



received instruction from MTM. It has come to the attention of BHA that the names of these trainers on the authorization form are being entered fraudulently. For example, names such as "some guy." BHA takes this very seriously and will take sanctions against providers that engage in these practices and providers will be recommended to the office of compliance. BHA is notifying MTM that the agreement may have been violated.

- Licensing and Accreditation would like to remind providers that if you are opening a new site or closing an old site you need to inform BHA of the change as licensure is non-transferable. If you have any questions, you may contact Stacey Diehl (Stacey.diehl@maryland.gov).
- BHA is currently reviewing how OTPs are staffing to ensure that these sites are appropriately staffed. BHA will be offering education on appropriate staffing but will be issuing retractions to providers who continue to be non-compliant.
- DEA regional trainings will be occurring in March 2019. Notices will be posted through Beacon Health Options and other communication sources as soon as a location has been confirmed [Post meeting: The March 2019 training has been cancelled]
- There has been a re-organization to the BHA's Division of Health Promotion and Prevention. All prevention-related activities and staff will be moved to MDH's Public Health Services. This includes tobacco, PDMP and overdose prevention. The Division, renamed, Service Access and Innovation, will now oversee Office of Consumer Affairs and MD. Commitment to Veterans. Offices of Gambling Services, Public Awareness and Workforce Development will remain. These changes are effective February 4, 2019.

Medicaid Update

- ePrep: Medicaid recognizes that the provider enrollment process through ePrep
 continues to be challenging. While this new process may be challenging, it is
 necessary to ensure that all Federal rules are being followed for enrollment. CBH
 will be meeting with the ePrep vendor in a few weeks to discuss ongoing issues
 with the service. Continue to bring your concerns forward and they will be
 directed to the appropriate individuals. Providers are reminded of the following:
 - The ePrep system does not send email notifications, so when submitting an enrollment application, it is the provider's responsibility to log into ePrep regularly and check the message center for any updates regarding your enrollment.
 - Applications may only be returned to the provider twice before having to resubmit the application and to start the enrollment process over.
 - If your specific provider type requires attestation paperwork, download and complete that form first (attestation forms can be found at https://mmcp.health.maryland.gov/Pages/Provider-Enrollment.aspx).
 Incomplete or incorrect attestation paperwork has been a large reason that ePrep has had to return applications to providers.



- Utilize the individuals at ePrep for any challenges you may incur. Providers can call 1.844.463.7768 or email <u>MDProviderRelations@automated-health.com</u> with questions about ePrep.
- Enrollment: Providers are reminded that they will need to obtain a new Medicaid number when changing service locations. Providers will need to go into ePrep and update your information to be able to be assigned a new Medicaid number. The first enrollment would be your Medicaid number-00 and then your new location would be your Medicaid number -01 and so on if you continue to move locations.
- 1115 Waiver: In July of 2017, the Department was awarded an amendment to the 1115 waiver that launched the expansion of SUD residential services. Medicaid is anticipating a launch date of July 2019 for ASAM 4.0 IMD. This service is for patients with a SUD primary with co-occurring MH diagnosis, who are not in need of medical detox. This will be a small sub-population with acute needs. Medicaid, BHA and Beacon are developing the program criteria and the service regulations will be in COMAR 10.09.06. Information about the 1115 Waiver can be found online at https://mmcp.health.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx.

Beacon Health Options Update

• Beacon Health Options has no updates at this time.

Provider Questions

1. Why does Maryland Medicaid provider enrollment have a new requirement that at the time of revalidation, individual providers have an SDAT number which entails registration as a business entity?

Medicaid requires that "pay to" providers need to be a registered business entity with the State of Maryland to ensure that Providers enrolled under a publicly funded system do not owe the State money. If you have a group practice, the group practice is the "pay to" provider receiving funds from the State. Each individual provider under the group practice that is individually licensed must also not owe money to the State and this is checked during their enrollment process. Individual providers that are not directly receiving reimbursement could enroll as a status "40" rendering provider instead of a "36" pay to, and they would then not be required to register with SDAT. Rendering providers are only allowed under programs (OMHC, SUD, MT etc.) but not under a group practice (Practice Type 27).

2. Can a provider bill for a PRP assessment (H0002) only at a client's initial intake, or can it be billed annually for clients continuing in PRP for more than a year?



H0002 is billable at the initial intake and then 1 time per year if the member remains in care.

Additional Provider Questions

1. Is there someone we can contact when we are having issues with ePrep and not getting resolution?

You can send an email to mdh.providerenrollment@maryland.gov or call the help line at 1.844.463.7768.

2. Can we bill the discharge date for 3.1 or 3.3 services?

The discharge date is not billable for residential services.

3. Can we bill the discharge date when the patient is transferring between levels of care for residential?

You may bill the admission date for the new level of care but you may not bill the discharge date.

Additional Items Discussed

- There was a presentation by Beacon Health Options on Outcome Based Services. There will be copies of the slides that were presented sent out with the meeting minutes and they will also be posted to the Beacon Health Options Website. http://maryland.beaconhealthoptions.com/index.html
- Regarding a concern that was expressed about Senate Bill 482 that is currently
 in legislature, MDH stated that the Department is not taking a position on this bill.
- Providers stated that consumers coming to 3.3 or 3.1 levels of care are coming from IOP with housing and they were not following ASAM criteria. This is causing consumers to rebel against the clinical nature and regulations of the residential programs.
 - The Department is aware of the concerns being shared by residential programs and will investigate the claims made. This level of care is still new to the publicly funded system and we will work with stakeholders to develop guidelines that support full utilization of the continuum of care.