

# Behavioral Health Advisory Committee Meeting Minutes

April 9, 2024

1:00pm

Walker Building Room 274/Remote option

## Members in attendance:

Julie Wolter, Chris Kennedy, Meghan Shea, Scot Wilson, Kelley Capuchino, Chris Kozak, Holly Stevens, Lynn Stanley, Kate Skouteris, Kathy Bizarro-Thunberg, Sabrina Dunlap, Lynn Stanley, Emma Seigny (for Michele Merritt), Michelle Heaton, Alex Feldvebel, Sandra Barlow, Leigh Curtis

## Public in attendance:

Erin Lax-Shosberg (sp), Christine Thompson, Heidi Page, Daisy Cassidy, Beth Salvi-Hudgins, Ryan Aquilina

Remote: Roland Lamy, Lucy Hodder, Peter Mason, Stefanie Reardon, Heidi Kroll, Maureen Belanger, Sarah Cahn, Heidi Kroll

## Summary:

Item	Description	Lead	Notes
1	<b>Opening Statement</b>	Michelle Heaton, Director, Life and Health Division	Michelle recapped the purpose of the meeting. SB411 was proposed to better define which emergency BH services are reimbursable by commercial health coverage. During the workgroup, the NHID directed carries to work with providers to define where gaps are in contracts, etc. The Department's bulletin has been issued. Michelle also briefly mentioned the Department's work on coverage for BH integration services under the primary care behavioral health model. We plan to have informational sessions on these topics during future meetings.
2	<b>Payor policy for same day appointments with different providers discussion</b>	Kelley Capuchino, Center for Life Management	Kelley opened the discussion on what carrier policies for same day appointments. For example, therapy and psychiatric appointments on the same day. Or mobile crises visits twice in same day. Kelley indicates providers need education on policy. It was noted oftentimes it depends on the code that is billed. Sometimes it looks like a duplicate claim that is kicked back.  Michelle: Carriers- can you get back to this group with your policy? Future agenda items will include discussions around what steps carriers have taken on the two recently published NHID bulletins and this topic.
3	<b>Statewide initiative to stand up additional regional crisis response</b>	Kelley Capuchino, Center for Life Management	DHHS is working on standing up more crisis beds, to include the Cypress Center- 15 beds unit in Manchester. Length of stay is typically more than one day. Might be a 23-hour day to avoid the inpatient/full day category. What is covered- mental health crises care. Stabilization to discharge to community providers. Currently started with 3 centers, the hope is to open more centers. Kelley wants to get ahead of this and socialize the concept in advance.

	<b>centers discussion</b>		<p>“Certified Community Behavioral Health Clinics” (CCBHCs) – mental health service delivery that is comprehensive. Kelley stated this is the direction that NH wants to move into. DHHS makes this designation. CMHCs would apply to the state for the certification. Will this apply to outside the Medicaid population? It’s a federal model, but the state holds the authority to designate.</p> <p>This initiative adds BH and integration of primary care. Includes care coordination. It is an encounter-based system, similar to FQHCs.</p> <p>Kathy Bizzaro- Thundberg presented idea of future: “Mission Zero” presentation from DHHS. Name means mission of getting to zero for boarding. Marisa Hend, deputy commissioner is best person to present/reach out to. Michelle: this would be a good summer timeline agenda item before the legislature.</p>
4	<b>Review results of NHPA’s Mental Health Practice Survey Report/Solicit ideas for areas of interest for next survey</b>	Julie Wolter, NH Psychological Association	<p>Julie reviewed the NHPA’s Mental Health Practice Survey. Highlights include a 12% response rate; discussed types of practitioners and type of practice setting. Results show there is aging in the workforce. 70% are concentrated in southern regions of the state.</p> <p>Access to care is an issue, waitlists were discussed.</p> <p>Critical need to rapidly credential under licensure or to make an allowance to continue billing under supervisor until credentialing is completed.</p> <p>Workforce constraints were reviewed. Equity issue discussed – 27% of respondents will decrease their insurance panels. Roughly 58% have increased caseloads, 60% have increased time on administrative work.</p> <p>Sabrina offered to have any providers reach out to her directly with any Anthem difficulties.</p> <p>Julie collected ideas for future survey topics. Her contact information was included at the end of her presentation:</p> <p>BHAC@nhpsychology  <a href="mailto:Jwolterpsyd@gmail.com">Jwolterpsyd@gmail.com</a>  (603) 340-1167</p>
5	<b>Pending Legislation</b>	Michelle Heaton	<p>Michelle noted that the NHID is continuing to work through the issue of SB411.</p> <p>Another focus has been a bill around prior authorization, which puts in time limits for PAs.</p> <p>We are watching emergency services &amp; ground ambulance legislation. This topic was also discussed in the Opening Statement</p>
6	<b>Public Comment</b>	N/A	<p>Daisy Cassidy spoke that she is in private practice. She has been debating about to accept insurance. She also wanted to push back on</p>

			<p>workforce shortage phrasing- felt it might be a shortage of who wants to deal with the administrative burdens.</p> <p>Beth Salvi-Hudgins: part of a DVT outpatient intensive program. Wants to become more involved in dialogues such as these.</p> <p>Heidi Stevens (not on sign in sheet) mentioned treatment modalities – some are hard to get prior auth for, specifically “TMS”.</p>
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Next meeting: TBD (likely end of June).