

Meeting Summary for BHP Operations Committee Zoom Meeting

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Quick recap

The meeting began with administrative discussions about recording protocols and attendance before focusing on behavioral health Medicaid rate increases and the CCBHC Planning Grant implementation. The team reviewed progress on various workgroups formed to address different aspects of the CCBHC model, including certification criteria, data collection, and rate-setting, with plans to submit a no-cost extension application to SAMHSA. The conversation ended with discussions about ASAM 4 standards implementation and concerns regarding in-person evaluation requirements, including administrative burdens and access issues that need to be addressed.

Next steps

- [Alexis Mohammed \(DSS\) to verify if the Medicaid rate increases will be retroactive to July 1 and provide a timeline for implementation.](#)
- [Alexis to check if the behavioral health Medicaid rate increases apply to home health medication administration rates.](#)
- [Alexis to provide an update on the Medicaid rate increases before the November meeting.](#)
- [Alexis to share information about the number of CCBHC RFA applicants.](#)
- [Alexis to follow up on concerns about the requirement for initial evaluations to be conducted face-to-face rather than via telehealth.](#)
- [Alexis to address concerns about the administrative burden of submitting data to Carillon individually rather than in batch format.](#)
- [Alexis to provide an update on the telehealth and data submission concerns at the Oversight Council meeting on October 8th.](#)
- [Alexis to recirculate the peer support specialists flyer to the group.](#)

Summary

Meeting Attendance and Recording Rules

Chair Heather Gates discussed the agenda for an upcoming meeting, emphasizing that only the Zoom recording is allowed, and AI recordings are prohibited.

Behavioral Health Rate Increase Updates

The meeting focused on updates and discussions regarding behavioral health Medicaid rate increases, the CCBHC Planning Grant, and administrative challenges. Alexis Mohammed explained that fiscal analysis for primary care rates, including behavioral health rates, is ongoing, and she will verify the timeline and retroactive details for the rate increases. Tracy Wodatch raised questions about the impact of the rate increases on behavioral health home health medication administration, which Alexis agreed to clarify. Rob Haswell and Alexis prepared a presentation on the CCBHC project and the 1115 waiver, which they planned to share with the group for further distribution.

CCBHC Planning and Implementation Update

Rob and Alexis provided an update on the Certified Community Behavioral Health Center (CCBHC) planning grant and the 1115 Substance Use Disorder (SUD) demonstration. They

discussed the formation of a steering committee and various workgroups focused on different aspects of the project, including community providers, tribal communities, data quality, and financial rate-setting. The workgroups are meeting regularly to provide input and recommendations on certification criteria, data collection, and rate-setting, with the goal of implementing a four-year CCBHC demonstration program by December 2024.

CCBHC Workgroups Recruitment Update

Robert discussed the various workgroups formed to address different aspects of the CCBHC model, including evidence-based practices, crisis services, veteran services, workforce, and policy and regulatory issues. He highlighted the need for active recruitment of members, particularly those with lived expertise in Connecticut's behavioral health system. Rob also mentioned ongoing discussions about rate-setting, recruitment and retention, and policy alignment, and invited interested individuals to join these workgroups.

Planning Grant and Funding Updates

The team discussed the planning grant's next steps, including submitting a no-cost extension application to SAMHSA in October to extend work into 2026. They hope for a CCBHC demonstration notice of funding opportunity later this fall, which they plan to apply for. Alexis provided updates on the 1115 SUD program, including the annual public forum, provisional certification period, and upcoming changes to ACM 4th edition criteria. The team also discussed the need for public comments on the demonstration application renewal, scheduled for release later this year.

Connecticut ASAM 4 Implementation Plan

The meeting focused on the implementation of ASAM 4 standards in Connecticut, with discussions around the timeline for compliance and the need for provider input. Rob explained that while the state is working to identify flexibilities within the system to align with CMS expectations, a clearer picture of the changes and timeline is expected by early 2026. The group discussed concerns about staff training and confusion caused by the transition, with Rob suggesting that while staff should attend current ASAM 4 trainings, retraining may be necessary once Connecticut-specific changes are clearer. Kathy DeMars raised questions about the impact of ASAM 4 changes on electronic medical records, and Rob advised holding off on significant changes until more information is available in early 2026.

Telehealth Evaluation Policy Challenges

Heather discussed challenges with a policy requiring in-person initial evaluations at enhanced care clinics, which was not a CMS requirement but was implemented in Connecticut. This change has created staffing issues, particularly at locations with inadequate staff for face-to-face evaluations. A new policy from DSS requires providers to submit data on initial evaluations starting January 1, 2026, including dates of first contact, appointments, and evaluations. Heather questioned the possibility of revisiting the telehealth evaluation requirement and raised concerns about Carelon's ability to handle batch data submissions.

Addressing Access and Administrative Challenges

Heather raised concerns about administrative burdens and access issues related to the requirement for face-to-face initial assessments, which she argued are not funded and create unnecessary obstacles for patients. Alexis acknowledged the concerns and agreed to review them, including the possibility of revisiting the requirement. Marie Coutant-Skinner and Tanja Larsen highlighted the challenges faced by clients, such as transportation issues and social anxiety, which hinder their access to care. Doug Dorman emphasized the high cost of manually submitting data and suggested integrating the process into their existing system. Alexis

committed to providing feedback and addressing the issues raised at the upcoming Oversight Council meeting on October 8,, 2025.