December 5, 2025 BHP Operations Committee Zoom Meeting

Meeting summary

Quick recap

The meeting focused on updates regarding Medicaid rate increases for behavioral health services and the implementation progress of Certified Community Behavioral Health Centers. The team discussed the timeline for becoming a demonstration state and reviewed updates on the 1115 waiver, including plans for interim quality monitoring and the adoption of ASAM4 standards. The implementation of ASAM4 standards was a key topic, with plans for stakeholder engagement and a gradual rollout of changes across various care levels by early 2027.

Next steps

- Fatmata Williams: Check with fiscal team on timeline for behavioral health rate increase proposal and provide advance notice to Chair Heather Gates for scheduling Operations Committee meeting
- Fatmata: Ask fiscal team for clarity on why rate increases would be retroactive to January 2026 instead of July 2025
- Fatmata: Double-check and get specifics on behavioral health allocation amounts for state fiscal year 26 to align with Alliance information
- Chair Heather Gates: Follow up with the Alliance about the amount of money appropriated for behavioral health rate increases and any specific language related to behavioral health
- All CCBHC workgroups: Submit initial recommendations to steering committee by mid to end of December
- Rob Haswell: Set up tribal community listening sessions for December and January
- Data Quality Improvement and Evaluation Committee: Submit initial recommendations next week
- Finance and rate setting work group: Meet with crisis work group regarding PPS rate methodologies
- Crisis Services work group: Meet with rate and finance setting work group to discuss PPS rate structure recommendations
- DSS: Send out reminders for ASAM4 stakeholder engagement meetings in January
- Rob: Provide status report on number of beds at all levels of care and changes over the course of the waiver at next operations meeting
- Rob: Reach out to providers for insight and potential participation in spring 2026 webinars on complex co-occurring needs

Summary

Behavioral Health Medicaid Updates

The meeting began with introductions and technical difficulties being discussed. Chair Heather Gates, the meeting facilitator, introduced the agenda, which included updates on Medicaid rate increases for behavioral health, CCBHC implementation progress, and 1115 waiver updates. Fatmata Williams (DSS) was expected to provide an update on Medicaid rate increases, but the transcript ends before she could speak.

Behavioral Health Rate Increase Planning

Fatmata and Alexis Mohammed discussed the allocation of rate increases for State Fiscal Year 26 and 27, with Fatmata explaining that the department is working on implementing the smaller SFY26 increase, which will be retroactive to January 2026, though the exact timeline is uncertain. Heather raised concerns about the timing of the rate increases and the amount allocated for behavioral health, which Alexis confirmed was $8 million for SFY27, with Fatmata clarifying that the methodology is guided by the RIT study to address rate parity issues. Rob Haswell (DMHAS) provided an update on the Certified Community Behavioral Health Center Planning Grant, outlining the progress of nine workgroups focused on various aspects of implementing the CCBHC model, with initial recommendations expected by mid-December.

Demonstration State Application Timeline

The team discussed the timeline for submitting an application to become a demonstration state, aiming for April 2026. Rob clarified that while this date is set, they are still waiting for CMS to confirm it. Alexis and Fatmata acknowledged this information. Rob also provided updates on the 1115 demonstration, including the response to written comments, upcoming interim quality monitoring for STD residential programs, and the goal to adopt the fourth edition of the ASAM criteria by April 2026.

ASAM4 Standards Implementation Timeline

The meeting focused on the implementation of ASAM4 standards, with Alexis explaining that withdrawal management will be integrated across all levels of care by January 2027, including changes to withdrawal management levels at PHP (3.5), IOP (2.7), and other care levels. Rob announced plans for stakeholder engagement beginning in early 2026 and upcoming webinars in spring 2026 focused on complex co-occurring needs, with DMAS issuing an RFP for additional residential beds. The group discussed the need to phase in the changes and explore licensing flexibilities, with Alexis noting that the implementation timeline allows for a gradual rollout over several months.