



ABH August Committee Meetings

Tuesday, August 3
ATS/CSS, 10 a.m.

Friday, August 6
Children's CEO, 10 a.m.

Monday, August 9
Billing, 10 a.m.

Wednesday, August 11
Outpatient, 10 a.m.

Thursday, August 12
SOAP, 10 a.m.

Friday, August 13
Corporate Compliance,
10 a.m.

Tuesday, August 17
DEI&J, 12 p.m.

Thursday, August 19
COE,/RRS, 1 p.m.
BH CP, 10 a.m.

Wednesday, August 25
PDT PHP, 1 p.m.

HRSA Substance Use Disorder Treatment and Recovery Loan Repayment Program

The Human Resources and Services Administration's (HRSA) has a "Substance Use Disorder Treatment and Recovery Loan Repayment Program." The program will repay educational loans for direct patient care treatment staff, up to \$250,000 for six years of work. Master's level social workers, psychologists, counselors, marriage and family therapists, psychiatric mental health practitioners, occupational therapists, psychology doctoral interns, and behavioral health paraprofessionals and physicians, physician assistants, and nurses are eligible.

Information about the loan repayment program, including information about Q & A sessions as well as a link to the application is available [here](#).

Racial Justice in Health Grant Program

The Blue Cross Blue Shield of Massachusetts Foundation has announced a new grant program, **Racial Justice in Health**.

The Racial Justice in Health grant program will provide \$50,000 in funding for people of color-led, grassroots organizations to strengthen their capacity and expertise in health and health care advocacy. In addition to grant funding, the program will provide technical assistance for organizations interested in dismantling institutional and structural racism in health and health care delivery through community engagement, building grassroots power, and developing campaigns, strategic partnerships, and policy advocacy to improve the health. Interested applicants are invited to submit a Letter of Inquiry, or brief pre-application, by **Tuesday, July 20, 2021**. Please find more detailed information, including application details, [here](#).

DPH's Racial Equity Data Road Map

The Department of Public Health's Racial Equity Data Road Map is a tool toward eliminating structural racism. It is a collection of guiding questions, tools, and resources to assist programs in taking concrete steps to better identify, understand, and act to address racial inequities. To access this resource, click [here](#).

Telehealth Payment Policies

During the Commonwealth's State of Emergency and the Federal Public Health Emergency, numerous payment and regulatory flexibilities around service delivery via telehealth have been allowed. While the Commonwealth's State of Emergency has ended, the Federal Public Health Emergency is still in place.

Some payment flexibilities initially in place for COVID-19 have been impacted by the termination of the Governor's State of Emergency, as well as a change in state law, but changes differ according to the payer and/or over-sight authority.

Medicaid/MassHealth: MassHealth telehealth services continue to be dictated by [All Provider Bulletin 314](#), which remains in effect until September 13 (90 days after the end of the State of Emergency), unless MassHealth releases further guidance. This includes medical necessity for telehealth services as determined by an eligible provider's clinical judgment. After September 13, rate parity for behavioral health services delivered via telehealth will remain under [Chapter 260 of the Acts of 2020](#). Reimbursement parity for telehealth services that are not considered "behavioral health services" as defined under the statute may thus end on September 13. Additional information, including on billing and coding, will be forthcoming.

Health Insurance Regulated by the Massachusetts Division of Insurance (DOI): The Massachusetts Division of Insurance regulated Massachusetts-based, fully insured health plans. The number of individuals covered by DOI-regulated insurance has been declining over time. Telehealth services paid for by commercial insurers [overseen by DOI](#) continue to be dictated by [Bulletin 2021-04](#), which remains in effect until September 13 (90 days after the end of the State of Emergency), unless DOI releases further guidance. This includes as obligation for carriers to reimburse providers at parity with in-person services for behavioral health services delivered via telehealth. Reimbursement parity for telehealth services that are not considered "behavioral health services" may thus end on September 13. After September 13, [Chapter 260 of the Acts of 2020](#) goes into effect. The law allows carriers to implement utilization review, including prior authorization, to determine the appropriateness of telehealth services; requires network adequacy be determined by in-person care; and enables individuals to decline telehealth. Additional information, including guidance and regulations, are still under development by DOI, and may not be released by September.

Medicare: Medicare telehealth policies adopted during COVID-19 remain in place until the end of the Federal Public Health Emergency (PHE), which is scheduled for July 21, 2021. The U.S. Department of Health and Human Services (HHS) has signaled their intent to extend the PHE until at least the end of 2021. After that time, current coverage and reimbursement for telehealth services for mental health disorders will continue without restrictions on geographic (provider location) and originating (patient location) site restrictions only if the clinician has conducted an in-person consult with the patient in the prior 6 months. We are awaiting further guidance from the federal government on the implementation of this provision.

Employee Retirement and Income Security Act (ERISA) Self-Funded Health Insurance: Self-funded commercial coverage is subject to oversight by the Department of Labor (DOL). To date, DOL has mandated allowances for telehealth not for coverage purposes, but for the purpose of establishing a serious health condition under the Family and Medical Leave Act (FMLA). Relative to health coverage, providers are encouraged to contact carriers for more information.

ABH COVID-19 Landing Page

ABH has created a COVID-19 resource page where we are collecting the guidance most relevant to ABH members:

<https://www.abhmass.org/newsroom/announcements/guidance-on-covid-19.html>.

Please remember that in addition to payment policies, there are scope of practice considerations, professional licensure regulations, and federal and state privacy laws such as HIPAA, prescribing-related laws such as the Controlled Substances Act and Ryan Haight Act, that may be relevant to service delivery.

Community Behavioral Health Center Payment RFI

As you know, the Executive Office of Health and Human Services (EOHHS) has initiated a multi-year strategy to transform the behavioral health delivery system to expand access to treatment, promote evidence-based treatment, and improve health equity. The blueprint for implementation is called the Roadmap for Behavioral Health Reform.

EOHHS Community Behavioral Health Center Payment RFI

A centerpiece of the Roadmap is the Community Behavioral Health Center or CBHC. CBHCs will be a new provider designation that will serve as an entry point for timely, flexible, person-centered, high-quality mental health and addiction treatment on an urgent and ongoing basis. Key service components of CBHCs will focus on quality and outcomes, including offering trauma-informed care and evidence-based practices.

In response to ABH advocacy, EOHHS has released a Request for Information (RFI) to gather input from health care provider organizations on key financial and utilization metrics to inform the rate development process for Community Behavioral Health Center (CBHC) services. Through the RFI, health care provider organizations are invited to provide information on current cost and utilization metrics, and expectations for change in costs and utilization that may result from moving to a CBHC service and payment model.

The RFI is focused on three aspects of the CBHC payment model:

- an encounter bundle rate for outpatient and urgent evaluation and treatment;
- peer support services; and
- adult 24/7 community and mobile crisis services (Emergency Service Program (ESP) services).

ABH staff are currently reviewing the RFI. RFI responses are due on **Wednesday, July 28th**. The RFI and related documents are available [here](#).

ABH Process

Our work will rely heavily on ABH Board leadership as well as regular touch points with our Health Policy Advisory Committee. Any ABH CEO is welcome to join the Health Policy Advisory Committee.

BH will solicit feedback primarily through the Health Policy Advisory Committee and may also seek feedback through other relevant standing committees.

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New BSAS Stimulant Guidance

BSAS has released new guidance regarding implementing evidence-informed strategies for the management of stimulant use disorder in program settings. This new guidance is posted on BSAS' webpage at the following link: [Principles of Care and Practice Guidance](#). This webpage also includes other BSAS recommendations for improving practices in substance use disorder prevention, treatment, and recovery. Additionally, BSAS has developed a [PowerPoint](#) presentation regarding this guidance that you can utilize for staff training.

Personnel Update

Assistant Secretary for MassHealth Daniel Tsai has been appointed Deputy Administrator for the Center for Medicaid and Medicaid Services and Director for the Center for Medicaid and CHIP Services in the Biden-Harris Administration. As such, he has stepped down from his position as Assistant Secretary for MassHealth.

Assistant Secretary Tsai has been a strong partner to ABH and its members, notably expanding SUD treatment, supporting the creation of Community Partners Program that vests complex care management with BH providers, and rapidly advancing policy and payment changes to promote BH telehealth for MassHealth members, and infusing approximately \$120 million in stabilization payments into community BH services during the pandemic. We wish him the best of luck in his exciting new national leadership role!

Turning ahead, we look forward to working with Acting Assistant Secretary Amanda Cassel Kraft. Ms. Cassel Kraft has taken a strong lead in numerous BH-related initiatives, including recent targeted increases to 24/7 SUD services and psychiatric day treatment. She previously oversaw an initiative to ensure that a MassHealth retroactive recoupment correction backlog was resolved, resulting in providers receiving more than \$500,000 owed to them, and to ensure that the process was streamlined for providers. Most recently, Ms. Cassel Kraft has taken the lead on BH Roadmap design and we look forward to engaging with her and her team as we move forward.

Interesting Reads

- [Wait Lists For Children's Mental Health Services Ballooned During COVID](#). *WBUR CommonHealth*
- [Zoom Therapy And Not Enough Beds: How The Pandemic Affected Kids' Access To Mental Health Care](#). *WBUR CommonHealth*
- [The Pandemic Left More Kids Feeling Suicidal. One Mass. Teen Found Her Way Out Of The Dark](#). *WBUR CommonHealth*
- [In Mental Health Crises, a 911 Call Now Brings a Mixed Team of Helpers — And Maybe No Cops](#). *NPR*
- [In a Murky Sea of Mental Health Apps, Consumers Left Adrift](#). *Kaiser Health News/Los Angeles Times*