National Council for Behavioral Health

Association Executives Teleconference Summary Notes

Tuesday, March 31, 2020

1:30 – 2:30 p.m. ET

Participants:

Laura Aldinger, Melanie Brown-Woofter, Shelley Chandler, Ann Christian, Paul Curtis, Bahney Dedolph, Terry Dosch, Lori Doyle, Mark Drennan, Annette Dubas, Candy Espino, Mark Fontaine, Robyn Garrett, Shannon Hall, Lisa Henick, Kimberly Higgs, Lauren Grimes, Heather Jefferis, Julia Jernigan, Lee Johnson, Mark LeVota, John Magnuson, Brent McGinty, Pete Neilsen, Carolyn Petrak, Michelle Ponce, Cherryl Ramirez, Harvey Rosenthal, Mary-Linden Salter, Flora Schmidt, Malory Shaughnessy, Christine Stoner-Mertz, Julie Tessler, Ellyn Wilbur, and Mary Windecker

Staff in Attendance:

Chuck Ingoglia, Jeannie Campbell, Brett Beckerson, Frankie Berger, Neal Comstock, Rebecca Farley-David, Tom Hill, Sophia Majlessi, Diane Millard, Joel Nepomuceno, Joe Parks, Michael Petruzzelli, Sarah Surgenor, and Reyna Taylor.

Guests:

Kyle Tillotson, Thorn Run Partners

**Summary Notes:**

**COVID-19 Policy Update**

Presented by Reyna Taylor and Frankie Berger –

Reyna Taylor gave Association Executives an update on the passage of the third COVID-19 relief bill and its implementation. She described how small business loans are part of this legislation and that we do not yet know when the funds will be released. Reyna stated that we are also looking ahead to a fourth legislative package which, according our information, will include additional funding for healthcare providers, local and state governments, and workforce protection.

We need input from Association Executives on priorities including:

* What you are seeing in terms of additional needs at the state and federal levels for implementation of the new legislation and for funding?
* What is of importance in Phase 4 legislation in terms of funding?
* How can we be a resource to each other?

Chuck added that the bill that passed includes $425 million for SAMHSA with $250 million dedicated to community behavioral healthcare providers. We worked with SAMHSA to ensure that eligibility is broad, with all 50 states eligible for funding. While we are happy with the funding from the Phase 3 bill, we know that more resources are needed for our field. In order to prepare for the next package, we need critical information from our members including:

* Cash on hand
* Number of programs closed
* Staff laid off

He continued this is why we created a simple short survey. We will circulate a list of questions to state associations and all members. We also sent around a letter that we sent to the heads of the National Association of State Mental Health Program Directors, the National Association of State Alcohol and Drug Abuse Directors, and the National Association of Medicaid Directors asking that their members begin making interim prospective payments to behavioral health providers. We have information from some states that have proposed to keep providers whole and we would love feedback on other ideas that you have.

Reyna further stated that the survey is looking at two things, why the funds from Phase 3 need to be allocated to our members, and why these funds are not enough as behavioral healthcare providers are dealing not only with the current pandemic, but with the ramifications of the people we serve having lasting effects because of the anxiety and social distancing that is occurring now. What we are trying to do is frame that into additional need from the next package for additional funding for our members.

Frankie Berger noted that we currently have surveys from Ohio, New Jersey, Illinois and California. She asked other Association Executives who have done a survey to please send it to us to help us compile the needed information.

**Open Discussion**

Reyna asked Association Executives if they have questions regarding policy issues or what they have been hearing from members (Similar discussions grouped together - Not all conversation threads captured).

Cherryl Ramirez (OR) asked if the $250 million go through state or directly to providers?

Chuck responded that funding will go through Certified Community Behavioral Health Clinic funding (CCBHC) lines so it will not have to go through the states. We have followed up with SAMHSA to reiterate that it does not just go to CCBHCs or CCBHC states.

Shannon Hall (MD) asked about the timing of the survey. Chuck responded that we are open to ideas on timing. Reyna responded further saying that while Congress will not be back until April 20th at the earliest, we want to get our request in ahead of that.

Carolyn Petrak (DE) stated that providers may be in a different situation now than on April 20th. She asked about the best way to project accurate information forward. Reyna responded that the questions focus cash on hand and projected layoffs.

Mallory Shaughnessy (ME) said that they are in negotiations with administration to get an average monthly interim payment to keep cash flowing without which a lot of agencies will not meet payroll within a week, and that there is a meeting with their Governor tomorrow. Heather Jefferis (OR) stated that their average billing cycle is 1-4 weeks and they have been home for three weeks, so most providers will be hitting their cashflow wall next week. Some folks have already started layoffs so they have to get ahead of the curve or else it would spell complete program collapse so they are pushing for 1/12 of annual payments per month.

Paul Curtis (CA) stated that they have several approaches because they are a fee for service state and a county-based system. They are strongly advocating for 1/12 payments, and there is an addition $100 million funding request for additional payments to providers.

Frankie asked states to please send us clips of legislative language that we can compile. We have a compilation of language from Section 1135 waiver requests governors have made of CMS.

Shannon added that they are having early discussion with the State of Maryland about doing interim payments to providers. They have talked about requesting a Section 1135 waiver, but that another option is Section 1115 waiver. She asked what are the authorities and flexibilities offered by waivers, and does advocacy need to be focused on understanding options better. Joe Parks said he will research. Ann added that Washington State has done a combination of 1135 and 1115 waivers. She explained that 1135 is more focused on regulatory and administrative relief while 1115 waiver to actually request new flexibility. Their 1135 request has been approved. Their 1115 request is still pending. Frankie said in the National Council’s 1135 research, we learned that some states are using Section 1915 waivers for these purposes.

Robin Garrett (GA) stated that most of her members in Georgia are developmental disability treatment providers as well. She said Georgia has submitted a section 1915 waiver. Georgia has also submitted 1115 and 1135 waivers but have not yet received approval. She stated that Georgia providers are in dire straits and laying off crisis units, some of whom have been exposed to the virus.

Paul mentioned that while they are looking at financial stability of their providers, they are also looking at whether the clients they currently serve are too sick or not able to receive services and how it impacts overall service rate. They have been able to use that argument to request for higher contract rates.

Heather stated that they know that after a trauma, six months later is when we often see hikes in addiction and mental health treatment needed and we do not want access to be shutdown in interim when we’ll have larger need of services down the road.

Julie Tessler (VT) stated that according to the state legislative appropriations committee, Vermont providers will get $1.25 billon added to general fund, but after that, they are planning for rescissions. They will feel stress next calendar year when less revenue and funds are available.

Reyna asked Association Executives about telehealth and Medicare beneficiaries. Julie replied that many of their population do not have access to advanced technology and they are concerned that in Medicare reimbursement is allowed for telephone only for evaluation and check in, but not for psychotherapy or other clinical services.

Brent McGinty (MO) stated the biggest telehealth reimbursement problem in Medicaid is for dual eligibles. He describes how Medicaid will pay for telephone only services for dual eligibles, but only after a rejection from Medicare. Chuck stated guidance from CMS going in right direction, and we will focus on telephone only more broadly in Medicare. Reyna added the FCC is realizing need for resources to make telehealth more accessible and is seeking an additional $200 million in funding for resources in telehealth.

Chuck brought up three questions in the chat: One is will there be any help at the federal level to help pay for personal protective equipment (PPE) for behavioral health providers? Chuck stated that this is one of the uses of funds we suggested to SAMHSA for the $250 million dollars. There was also a question asking if anyone was doing anything to address lack of phone minutes in some low-income families? Chuck stated that this issue needs to be addressed by phone carriers.

Terry Dosch (SD) asked about the National Council’s interpretation of Department of Labor’s guidance pertaining to definition of emergency healthcare providers and whether it includes behavioral health providers. Chuck mentioned that our attorneys believe that it does and that we are working on memo on this right now.

Reyna introduced Kyle Tillotson from Thorn Run Partners, the national Council’s federal consultant who is a Small Business Administration (SBA) loan expert. Kyle discussed several SBA programs:

* The paycheck protection program is a $10 million forgivable loan. This loan can be given for 8 weeks operating expenses if organizations maintains its payroll. Small businesses and Section 501(c)(3) organizations with fewer than 500 employees qualify.
* Injuries loan for business loss revenue are available due to natural disasters, and these loans are open to both private non-profits and small businesses (up to $10,000).

**Next Association Executives Teleconference**

April 7, 2020 1:30 PM ET