

National Association for Behavioral Healthcare



Access. Care. Recovery.

Executive Committee Call Aug. 10, 2020 Minutes

Roll Call

Present: Members: Pat Hammer, Board Chair; Michele Gougeon, John Hollinsworth, Eric Kim, Matt Peterson, Jameson Norton, Mark Covall

Staff: Staff: Shawn Coughlin, Kirsten Beronio, Maria Merlie, Julia Richardson, Sarah Wattenberg, Jessica Zigmund

I. Minutes Approval

There was a motion and a second to approve the June 8 minutes; the EC approved the June minutes unanimously.

II. Legislative Update

Shawn reported there is no near-term agreement on the next Covid stimulus package. President Trump has issued several executive orders regarding unemployment, evictions, student loans; the Senate is in session but has no votes planned. Most senators have gone home and will have 24 hours' notice if a deal comes up. The House released a new calendar that shows the House is in recess through August.

Shawn said there is hope Congress would come together to discuss the expiration of unemployment on July 31. Also, PPE proposals expired on Saturday, Aug. 8. Even with these expirations, there are significant differences between the House, which proposed a \$3+ trillion proposal in May, while the Senate version is closer to \$1 trillion. Much of the disagreement between the two chambers is centered on unemployment.

DNC is from Aug. 17-20, so it limits the number of days that Congress can come together.

III. Regulatory Update

Kirsten Beronio reported that CMS issued the IPF PPS final payment rule on Aug. 4. CMS finalized a 2.2% payment increase in the base payment rate, which the agency expects will boost total payments to \$95 million. The rule also noted the agency will follow the OMB's wage statistical areas, so there is a 5% cap on any decreases for 2021. The rule also includes a change to regulations for scope of service issues: different types of clinicians will be allowed to add to a patient's progress note.

CMS also released the 2021 proposed physician payment rule. In it, the agency proposed to maintain—either permanently or temporarily—many of the Medicare telehealth benefits and workforce flexibilities authorized during the Covid-19 pandemic. For more about this rule, please see this [NABH Analysis](#).

NABH had advocated for many of these extensions, both through conversations and letters to CMS.

Regarding the Provider Relief Fund: in June, CMS opened another portal for providers who rely on Medicaid and CHIP to access PPF. That deadline has been extended a few times and

the new deadline is Aug. 28. The agency also re-opened the portal for providers who bill through Medicare. Providers are encouraged to submit information for the funds.

Providers who have already received funds through the *CARES Act*. Kirsten said if providers have not received funding that equals 2% of revenue from the PPF—which is available through the *CARES Act*—then providers should definitely calculate and submit qualifying information through the relative portals.

Mark Covall said many NABH members use Medicaid for non-hospital line of business—for example, residential. Can our members be eligible for this because both are distinct lines of business in one company?

Kirsten said certain distributions are for hospitals, but the other Medicare funding is not limited to hospitals, so that funding does exist elsewhere. Mark added that some members would have separate provider numbers—for example, PRTFs. Those facilities are nearly 100% funded through Medicaid. Mark suggested that the team look into this.

IV. Addiction Treatment Committee Update

Sarah Wattenberg provided an update on the following items:

SAMHSA's confidentiality rule (known as part 2) came out on July 13:

- Navigating the next 18 months will be tricky as the rule undergoes two sets of changes:
 - The final rule has changes related to consent, use of informants, and the role of PDMPs.
 - CAREs 2.0 will have additional changes effective March/April of 2021.
- Programs should make sure they understand how their state laws are read alongside the new federal changes; some states may now require input into state registries which are held by law enforcement.
- Sarah said she is available if members need technical assistance.

LegitScript:

- LegitScript is the vendor that created a certification gatekeeping program for addiction providers who want to advertise on Google and other online platforms.
- We put this on hold in March due to Covid but are now set to rejuvenate this effort. LegitScript is expensive, very burdensome, and not responsive to provider questions and requests, and not transparent in their decision-making processes.
- After attempts to contact them, we wrote a letter with support from TJC, CARF and ASAM to request that Google permit additional vendors into the marketplace.
- NABH will act on this within the next couple of weeks and will keep EC members posted on how it goes.

The Joint Commission (TJC):

- TJC released new SUD standards in January and moved forward with surveying on July 1.
- TJC has strengthened individual rights while collecting specimens, including more documentation of clinical rationale, results of the screen, communication with the patients, and relationship to care plan, as well as more transparency on discussion with the patient about responsibilities for payment.

ASAM-CARF level of care certification program began on June 1.

- It will be implemented for Levels 3.1, 3.5, and 3.7 of *The ASAM Criteria*.

- CARF will not be conducting site surveys yet, but will accept applications and ASAM will be releasing a standards manual and survey preparation workbook, as well as online training so that programs can start preparing.
- A provider does not need to go through full CARF accreditation in order to receive this certification.

Shatterproof released a report on their ATLAS pilot project

- ATLAS is a web-based platform to collect and report outcome measures for addiction programs. They piloted the process in Delaware, Louisiana, Massachusetts, New York, North Carolina, and West Virginia.
- Sarah said she expects policymakers to be interested in the data as part of their effort to improve quality. If interested, please see the report on Shatterproof's website.
- Some key findings:
 - 77% of facilities offered same-day access.
 - 40% of patients received a follow-up service for SUD within 30-days of inpatient-residential discharge.
 - 35% of patients with an OUD received an OUD medication, with the majority of facilities performing below the mean average; of those who do receive medication, 24% for people continue receiving it at 180 days; 69% of facilities offer at least 1 FDA approved medication.
 - 97% offer any RSS
 - 35% of patients rated the facility a 10; and 72% rated it an 8 or higher.
 - 68% offer mental health care on-site.

V. Communications Update

Jessica Zigmond reported the following social media metrics:

- Between May 1 and July 31, NABH published 121 posts on Twitter and LinkedIn, with a mix of pre-planned and ad hoc content.
- Overall social media metrics for May 1–July 31, 2020:
 - Total impressions: 39,699
 - Total engagements: 604
 - Follower growth: 76
- Additional insights:
 - There were fewer total impressions and engagements compared with the previous period. Potential factors include: The previous period included the build up to and cancellation of the Annual Meeting (due to Covid-19), NABH participated in fewer events with partners and others during this time period, and/or the Covid-19 pandemic and Black Lives Matter movement have preoccupied the attention of most users.
 - At the same time, the overall engagement rate for this period was the highest yet (2.3%), compared with the last two three-month periods (1.9% and 1.1%, respectively), indicating that the content that people did see may have been more engaging.

VI. Covid Task Force Discussion

Shawn said the task force has been scaled back to once a month. NABH will continue this task force, even though its work has scaled back.

VII. Association Status & Update

Shawn said the association is in good position and has more than doubled its target for revenues related to new members. NABH lost one member due related to Covid-19. Shawn said this member does hope to rejoin but needed to discontinue for now because of the pandemic. NABH's investments have rebounded and NABH is in strong shape.

VIII. Fall 2020 Board & 2021 Annual Meeting Discussion

Shawn said two Board members will not be able to join in person, but 10 members have made reservations. With the recent Covid case surge, Shawn asked again about meeting in person.

NABH Treasurer Michele Gougeon said she will not be able to attend; John Hollinsworth said he is in favor of the in-person meeting.

Annual Meeting: We are scheduled for our traditional dates in March. Shawn explained that the Mandarin will not waive fees to cancel, and we are about 202 days from the Annual Meeting.

Given the surge nationwide and concerns about flu season, and the impact of meetings indoors, we started to review alternative options. We have three: 1) If we move quickly, we would have to pay 60% of our full cost as a cancellation fee, so about \$169K; however, Mandarin will consider off-setting some of those costs if the hotel re-book. We have the opportunity to re-book: Oct. 6-8, 2021 that would be a non-election year, probably a very good time for Hill meetings; 3) Cancel and go completely virtual.

All agreed with moving to the October 2021 date.

IX. Adjournment

The call was adjourned at 3:48 ET.