

MINUTES
HOUSE HEALTH & WELFARE COMMITTEE

DATE: Tuesday, February 02, 2016
TIME: 9:00 A.M.
PLACE: Room EW20
MEMBERS: Chairman Wood, Vice Chairman Packer, Representatives Hixon, Perry, Romrell, Vander Woude, Beyeler, Redman, Troy, Rusche, Chew
**ABSENT/
EXCUSED:** None
GUESTS: Greg Dickerson, Idaho Assoc. of Community Providers; Bev Barr, DHW-Rules; Tiffany Kinzler, Jamie Teeter, and Rosie Andueza, DHW; Darren Richman, Ascent Behavioral Health; Amy Jeppesen, Recovery 4 Life; Nikki George, Access Behavioral Health; Kelly Keele, Children's Supportive Services; Dennis Stevenson, Rules Coordinator.

Chairman Wood called the meeting to order at 9:00 a.m.

DOCKET NO. 16-0715-1501: **Jamie Teeter**, Bureau Chief, Department of Health and Welfare (DHW), Division of Behavioral Health (BH) presented **Docket No. 16-0715-1501**, which was held over from January 20, 2016.

This is a new Rule Chapter to move mental health (MH) and substance use disorder (SUD) providers into an integrated BH system of care. The proposed BH certification combines two processes into one credentialing program maintained by the Division of BH and provides an optional avenue for MH state certification. Additionally, it replaces IDAPA 16.07.20 and allows the DHW continued oversight of SUD providers while meeting the Alcohol and Intoxication Treatment Act directives. A deeming process is provided for review of audit findings from other entities, including national certification bodies.

A program-specific background check waiver process is included to allow someone who has failed the DHW background check to potentially provide services. Although the Rules are based heavily on national accreditation guidelines, allowance of variances is provided for Idaho-specific guidelines, if necessary. A new \$100 flat fee is included for each BH program location.

Responding to committee questions, **Ms. Teeter** said all MH and SUD providers need to be engaged to determine the ultimate goal for this process. The Medicaid contractor holds providers accountable for meeting national accreditation standards.

Ross Edmunds, Administrator, Division of BH, DHW, was invited to answer questions. He said Boise State University (BSU) has contracted to do a review of the state's SUD population. Future BSU contracts are being discussed for a beta analysis and ongoing system measurements to ensure MH services adequacy. The Rule responds to provider accreditation requests, with continued work with stakeholders to develop standards.

Answering committee questions, **Ms. Teeter** stated desk audits would be done, with on-site audits only in response to a complaint or for a new provider.

Greg Dickerson, MH Provider, Director, Idaho Association of Community Providers (IACP), testified **in support** of **Docket No. 16-0715-1501**. Each BH category has developed over time and under different statutes. The IACP will engage in the rule making process with the DHW.

In answer to committee questions, **Mr. Dickerson** said the majority of the Rule relates to ongoing SUD services. Access and cost analysis will bring the provider network into compliance with the statute. Individuals often cross over BH, SUD, and MH services, so integration is right.

Darren Richman, Member, IACP, on behalf of Asset BH Services, testified **in support of Docket No. 16-0715-1501**, which is a more efficient system of integration of SUD and BH services. They have had six state agency audits in their three clinics, taking them away from direct client care.

Amy Jeppesen, Board of Directors, IACP, Owner, Recovery 4 Life, testified **in support of Docket No. 16-0715-1501**. The current silo system requires MH and SUD clients, with overlapping issues, to see different providers. Transformation will move from the silo method to a BH system, allowing more and better treatment for clients. Answering a committee question, Ms. Jeppesen said a recent national standards shift defines success as an individual's recovery path, as opposed to the previous five-year time frame.

Chairman Wood turned the gavel over to **Vice Chairman Packer**.

Nikki George, Owner of an MH and SUD private agency, testified **in opposition to Docket No. 16-0715-1501**. The audits are a review of how they are doing and each audit has a different purpose, which may or may not fulfill another entity's requirement. Bringing in national standards will neither fix ongoing provider problems nor eliminate audits. Idaho's client base is different than national standards, so Idaho provider regulation makes more sense.

Vice Chairman Packer turned the gavel over to **Chairman Wood**.

Kelly Keele, Representing Children's Supporting Services, testified **in opposition to Docket No. 16-0715-1501**, which would create an unnecessary certification in conflict with and delaying the statute requirement to meet accreditation standards. The Commission on Accreditation of Rehabilitation Facilities (CARF) has 1,500 individual standards to determine a program's quality. The background check waiver is in conflict with other statute and could put a vulnerable population at risk. The variance allows an agency to not follow any part of the Rule. He requested implementation of national accreditation to assure the appropriate standards are met.

In response to committee questions, **Mr. Keele** said the five-year requirement for disqualifying crimes provides a reasonable time frame for someone to demonstrate they have their act together. National accreditation, although not easy, provides improved efficiency when helping an individual move from entry to graduation from services. CARF offers a standards manual and a basic course. Identified problems are referenced as recommendations. Both the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and CARF fees are based on the number of surveyors needed, with one surveyor reviewing only administrative and business practices. JCAHO's three-year accreditation requires 60% of the fee the first year and the balance paid over the next two years. Even if the Rules met the accreditation standards, Mr. Keele questioned the availability of experienced peers to conduct the surveys.

For the record, no one else indicated their desire to testify.

Shad Priest, Regence Blue Shield, was asked to answer a committee question. He stated Regence Blue Shield does not have a position on this Rule. They continue to discuss and support any required accreditation.

In response to testimony, **Ms. Teeter** stated the background checks waiver is similar to the one found in the Department of Licensing and Certification Rules. A variance would be issued based on clientele health and safety and would not be granted to a provider who could not meet the Rule standards.

Ms. Teeter answered further committee questions, explaining the Rule is specific to BH programs and speaks to the services profile. The provider network has expressed concern about the national accreditation cost. MH, BH, and SUD are not all covered under national certification and the national board does not review complaints the same as Idaho. There are roughly 500 BH providers, with approximately 5% nationally accredited. Other states have shared the problems surrounding the onerous process and cost associated with adopting the national standards. Adopting state standards first provides time for providers to prepare and understand the business impact of national accreditation.

MOTION: **Rep Redman** made a motion to approve **Docket No. 16-0715-1501**.

Ms. Teeter, responding to additional committee questions, said accreditation is voluntary for MH providers and a requirement for SUD providers as part of the Alcohol and Intoxication Treatment Act . The waiver process allows someone a chance to help their peers, with the provider taking on the responsibility that the person remains safe with their clients.

Rep. Rusche and **Rep. Beyeler**, in support of the motion, commented the Rule is a step in the right direction.

Rep. Perry and **Rep. Vander Woude**, in opposition to the motion, shared concerns about variances allowing providers business cost circumvention. The lack of direction clarity and time frame is also of concern.

Rep. Redman commented the waiver provides a big SUD aid by allowing someone who has struggled with substance abuse to actively help those in similar situations.

Vice Chairman Packer commented the statute refers only to Medicaid managed plans. This is a step forward, especially with DHW commitment to work with providers. Providers of quality care want to insure all providers are of the same quality.

Rep. Troy spoke in opposition to the motion, because it is not clear that a business plan and model are in place yet.

Ms. Teeter, responding to committee comments, said a deeming status in the Rule allows submission of provider audits and eliminates the need for the DHW audit. Recent stakeholder negotiations have indicated the need for more time to determine a collective direction and solidify the plan.

Chairman Wood, speaking in support of the motion, stated the Rule is a starting point that certainly requires more work. Getting to national accreditation requires a smooth transition, especially in rural Idaho.

VOTE ON MOTION: **Chairman Wood** called for a vote on the motion to approve **Docket No. 16-0715-1501**. **By a show of hands, the motion carried.** **Reps. Vander Woude, Perry, Troy, and Romrell** requested to be recorded as voting **NAY**.

DOCKET NO. 16-0720-1501: **Jamie Teeter**, Bureau Chief, Department of Health and Welfare (DHW), Division of Behavioral Health (BH) presented **Docket No. 16-0720-1501**, repealing the current chapter. Sections have been replaced or moved to other chapters. There is no fiscal impact. The changes reflects the BH provider standards changing times and align with BH integration.

MOTION: **Vice Chairman Packer** made a motion to approve **Docket No. 16-0720-1501**.

For the record, no one indicated their desire to testify.

**VOTE ON
MOTION:**

Chairman Wood called for a vote on the motion to approve **Docket No. 16-0720-1501. Motion carried by voice vote.**

**DOCKET NO.
16-0710-1501:**

Jamie Teeter, Bureau Chief, Department of Health and Welfare (DHW), Division of Behavioral Health (BH) presented **Docket No. 16-0710-1501** repeal as funds appropriated to the division for development grants has ended in 2009. BH care system eliminates the need for grants since regional health boards can now handle needs.

For the record, no one indicated their desire to testify.

MOTION:

Rep. Hixon made motion to approve **Docket No. 16-0710-1501. Motion carried by voice vote.**

ADJOURN:

There being no further business to come before the committee, the meeting was adjourned at 10:50 a.m.

Representative Wood
Chair

Irene Moore
Secretary