A Statewide SUD Redesign: The Missouri CSTAR Program Case Study

April 10, 2025 | 1:00 pm ET

Note: *The following text was transcribed using Otter.ai. Any misspellings and typos are a result of that service being used.*

Hello everyone.

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00:29:11.095 --> 00:29:12.995
My name is Christina Melvin DOIs.

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00:29:13.275 --> 00:29:15.195
I am the Executive Vice President

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00:29:15.215 --> 00:29:16.955
of Market Intel here at Open Mind.

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00:29:17.535 --> 00:29:20.995
And I wanted to welcome you to today's Executive Roundtable,

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00:29:21.475 --> 00:29:23.355
a statewide SUD redesign,

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00:29:23.415 --> 00:29:25.715
the Missouri C Star Program case study.

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00:29:26.415 --> 00:29:29.035
And today's round table features Natalie Cook,

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00:29:29.175 --> 00:29:31.155
the Vice President of Clive Solutions,

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00:29:31.215 --> 00:29:34.915
and Ryan Essex, the Chief Operating Officer of Gibson Center

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00:29:34.975 --> 00:29:36.115
for Behavioral Change.

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00:29:36.815 --> 00:29:39.515
Ms. Cook has spent over 10 years in various positions

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00:29:39.515 --> 00:29:42.125
with the state and was able to take policy and procedure

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00:29:42.225 --> 00:29:43.325
and conceptualize it

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00:29:43.585 --> 00:29:44.685
and to practice guidance

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00:29:44.825 --> 00:29:46.885
for community behavioral health agencies.

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00:29:47.235 --> 00:29:49.765
Natalie joined the Missouri Behavioral Health

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00:29:49.765 --> 00:29:50.925
Council in 2019.

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00:29:51.025 --> 00:29:53.285
In her current role, she focuses on policy

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00:29:53.385 --> 00:29:54.485
and quality improvement

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00:29:54.625 --> 00:29:57.165
of Missouri Certified Community Behavioral Health Clinic,

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00:29:57.765 --> 00:30:00.205
C-C-C-B-H, federal Demonstration.

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00:30:00.705 --> 00:30:03.525
Mr. Ek has been in his role for 13 years

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00:30:03.545 --> 00:30:05.125
and has served in many clinical

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00:30:05.125 --> 00:30:07.645
and supervisory roles over the last 21 years.

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00:30:08.105 --> 00:30:10.925
The responsibility of his current role are to oversee

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00:30:10.925 --> 00:30:13.325
and guide the day-to-day operations of a comprehensive

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00:30:13.885 --> 00:30:15.365
substance abuse and mental health program

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00:30:15.715 --> 00:30:18.765
that includes modified medical detoxification

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00:30:19.185 --> 00:30:21.045
and residential and outpatient services.

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00:30:21.985 --> 00:30:24.365
And before we get started here, I just wanted

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00:30:24.365 --> 00:30:26.765
to take a second to go over a few housekeeping reminders.

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00:30:27.145 --> 00:30:29.685
Um, as attendees, your audio will be muted

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00:30:29.685 --> 00:30:30.965
during today's briefing.

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00:30:31.035 --> 00:30:32.365
However, during the question

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00:30:32.365 --> 00:30:33.885
and answer period, we do encourage you

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00:30:33.885 --> 00:30:35.325
to submit questions that you have.

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00:30:35.925 --> 00:30:38.925
I will go ahead and ask the participants at the end,

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00:30:39.305 --> 00:30:41.805
and you can use the question box located on the right side

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00:30:41.805 --> 00:30:42.845
of your screen to do so.

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00:30:43.185 --> 00:30:44.245
And finally, the slides

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00:30:44.245 --> 00:30:47.125
and recording from today's round table will be archived

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00:30:47.125 --> 00:30:49.685
and available for subscription members on the Open

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00:30:49.735 --> 00:30:51.045
Minds website starting tomorrow.

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00:30:51.745 --> 00:30:55.045
And with that, I will turn it over to Natalie and Ryan.

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00:30:58.695 --> 00:31:00.685
Hello everyone. Thank you for joining us today.

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00:31:01.145 --> 00:31:04.725
Um, as introduced, I'm Natalie Cook, the Vice President

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00:31:04.725 --> 00:31:05.925
of Clive Solutions at the

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00:31:06.045 --> 00:31:07.165
Missouri Behavioral Health Council.

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00:31:07.865 --> 00:31:10.485
And Ryan and I are gonna share some exciting things

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00:31:10.485 --> 00:31:12.405
that we did here in Missouri that, um,

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00:31:12.955 --> 00:31:14.965
that really changed the way our

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00:31:15.605 --> 00:31:18.085
SUD programming is done in the state.

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00:31:18.545 --> 00:31:22.165
And we're really hopeful that folks will like what they see

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00:31:22.425 --> 00:31:25.245
and perhaps wanna do something similar in their state.

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00:31:30.455 --> 00:31:34.915
So, to get started, um, outcomes for the session.

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00:31:36.115 --> 00:31:38.815
So we want you to understand the historical context

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00:31:39.155 --> 00:31:42.055
and evolution of the C STAR program in Missouri

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00:31:42.075 --> 00:31:45.255
and C star, that's our, our, uh, rehabilitation

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00:31:45.845 --> 00:31:47.375
plan option here in Missouri.

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00:31:47.835 --> 00:31:49.935
It stands for Comprehensive Substance

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00:31:49.935 --> 00:31:51.215
Treatment and Rehabilitation.

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00:31:52.235 --> 00:31:56.055
Uh, we also will analyze the impact of the a a M criteria

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00:31:56.395 --> 00:31:59.375
and the new payment model of delivery for our SUD services.

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00:31:59.915 --> 00:32:02.615
And then lastly, evaluate the collaborative efforts

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00:32:02.715 --> 00:32:05.895
of state leaders and treatment providers in the SUD redesign

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00:32:05.895 --> 00:32:07.095
process here in the state.

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00:32:09.635 --> 00:32:12.095
Transforming the system, um,

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00:32:13.075 --> 00:32:16.535
we really value partnerships here in Missouri.

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00:32:17.235 --> 00:32:21.255
And, um, this whole process was done in partnership with,

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00:32:21.395 --> 00:32:23.575
uh, the Missouri Department of Mental Health Division

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00:32:23.575 --> 00:32:26.135
of Behavioral Health and the Missouri Department

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00:32:26.135 --> 00:32:28.175
of Social Services, the MO Health Division,

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00:32:28.315 --> 00:32:30.735
MO Health Net Division, which is our Medicaid agency,

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00:32:31.195 --> 00:32:33.775
and then here the Missouri Behavioral Health Council.

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00:32:34.395 --> 00:32:38.255
So in this picture, um, this was post implementation

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00:32:38.635 --> 00:32:40.205
of our SUD redesign

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00:32:40.465 --> 00:32:44.725
and recognized the, uh, core group of providers

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00:32:45.025 --> 00:32:48.925
and, um, and our state partners that helped with getting,

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00:32:49.505 --> 00:32:52.605
um, this process up and running and making it successful.

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00:32:53.265 --> 00:32:57.805
So, just wanted to highlight how, um, how

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00:32:57.885 --> 00:32:59.205
that work is done here in Missouri.

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00:32:59.305 --> 00:33:02.445
So, again, this picture is, you know, these are providers

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00:33:02.585 --> 00:33:04.045
and, and state officials

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00:33:04.225 --> 00:33:06.645
and a picture together, uh, celebrating the work

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00:33:06.645 --> 00:33:10.645
that we've done a little bit

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00:33:10.645 --> 00:33:13.365
of history on, um, Missouri's SUD system.

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00:33:13.785 --> 00:33:17.925
So again, we call our system our, our rehab system,

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00:33:18.365 --> 00:33:21.605
C Star Comprehensive Substance Treatment and Rehabilitation.

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00:33:22.305 --> 00:33:27.125
Um, what we had were three levels plus, uh, you know,

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00:33:27.155 --> 00:33:29.165
what is formerly called detox.

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00:33:29.345 --> 00:33:33.005
So we offered basic outpatient intensive outpatient

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00:33:33.155 --> 00:33:36.205
residential, and then we had social setting detox

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00:33:36.345 --> 00:33:38.045
and medically monitored detox.

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00:33:38.555 --> 00:33:41.045
This was the system, um, when we got started

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00:33:41.835 --> 00:33:43.205
with our transformation process.

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00:33:44.825 --> 00:33:46.645
And then a little history about the system.

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00:33:47.305 --> 00:33:50.685
Uh, it was developed in state regulations in the 1990s.

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00:33:51.555 --> 00:33:54.725
Very few program updates since it was developed.

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00:33:55.265 --> 00:33:59.605
Uh, we did have, uh, an M-O-U-D-M-A-U-D requirement added

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00:33:59.745 --> 00:34:00.925
around 2010.

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00:34:01.545 --> 00:34:02.645
And then in 2019,

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00:34:02.785 --> 00:34:06.045
the state did start requiring peer support, uh,

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00:34:06.105 --> 00:34:08.045
to be used within the CA program.

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00:34:08.945 --> 00:34:11.925
And historically, very little data output.

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00:34:12.065 --> 00:34:15.685
So nothing that can providers could use to, um,

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00:34:15.775 --> 00:34:18.325
drive services in any meaningful way.

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00:34:21.665 --> 00:34:25.085
And those who provide the services are contracted

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00:34:25.085 --> 00:34:26.685
through the Department of Mental Health.

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00:34:26.905 --> 00:34:28.885
So they have to meet certification requirements.

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00:34:29.425 --> 00:34:31.205
Um, here in Missouri, we are,

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00:34:31.945 --> 00:34:34.565
are rehab services are carved out of managed care.

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00:34:35.185 --> 00:34:37.645
And so providers bill directly to the Department

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00:34:37.645 --> 00:34:40.405
of Mental Health from Medicaid services services built

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00:34:40.405 --> 00:34:44.445
to general revenue, and any federal grants such as, uh,

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00:34:44.445 --> 00:34:46.525
the state opioid opioid response grant.

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00:34:47.395 --> 00:34:48.535
And we offer three type.

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00:34:48.535 --> 00:34:51.775
They offer three types of contracts, general adult, women

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00:34:51.775 --> 00:34:55.255
and children, adolescent and opioid treatment programs.

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00:34:59.275 --> 00:35:01.815
Our traditional rates were fee

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00:35:01.815 --> 00:35:04.055
for service billed in 15 minute increments.

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00:35:04.295 --> 00:35:06.175
I think most people are familiar with that.

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00:35:06.715 --> 00:35:08.935
Um, they're probably also familiar that, uh,

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00:35:09.175 --> 00:35:11.095
SED service rates are typically lower

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00:35:11.095 --> 00:35:12.215
than other Medicaid rates.

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00:35:12.645 --> 00:35:14.975
That was certainly true in Missouri.

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00:35:15.515 --> 00:35:20.135
Um, and, and really those rates, um, did not,

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00:35:20.835 --> 00:35:24.135
uh, correlate with the, the level of provider

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00:35:24.205 --> 00:35:26.135
that was providing the services.

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00:35:26.395 --> 00:35:27.575
So it incentivize,

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00:35:27.575 --> 00:35:30.975
it incentivized the lower level low cost staff services

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00:35:31.515 --> 00:35:35.255
and de-incentivize the high level, high cost staff services.

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00:35:35.515 --> 00:35:39.605
So, um, for example, peer support versus seeing a physician,

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00:35:40.105 --> 00:35:44.365
um, it was a lot more beneficial at the provider level

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00:35:45.025 --> 00:35:46.565
to provide a lot of peer support

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00:35:46.625 --> 00:35:49.765
or community support versus, um, a lot

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00:35:49.765 --> 00:35:52.645
of physician services, which is not what you wanna see.

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00:35:53.225 --> 00:35:55.805
Um, and, and substance use disorder treatment.

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00:35:56.975 --> 00:35:58.965
These are all Yeah, absolutely.

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00:35:59.005 --> 00:36:01.165
I was, I was just gonna briefly interject on that.

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00:36:01.305 --> 00:36:03.565
You know, I, um, you know, most

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00:36:03.565 --> 00:36:05.365
of our community based providers in Missouri,

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00:36:05.365 --> 00:36:08.325
almost exclusively our community based providers in Missouri

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00:36:08.425 --> 00:36:12.485
are, are, uh, nonprofit, um, you know, providers

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00:36:12.865 --> 00:36:16.485
and are very good at pinching pennies, um,

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00:36:16.865 --> 00:36:18.325
as most nonprofits are.

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00:36:18.785 --> 00:36:23.025
Um, and the system that we were operating in

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00:36:23.025 --> 00:36:26.785
before, as Natalie mentioned, was very, um, lopsided in

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00:36:26.785 --> 00:36:30.465
that it, it, it did financially incentivize you from a

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00:36:30.465 --> 00:36:32.145
profit margin perspective to

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00:36:33.135 --> 00:36:35.905
lean heavily on particular services.

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00:36:36.325 --> 00:36:40.895
Um, and, uh, that was one of the largest driving forces

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00:36:41.195 --> 00:36:45.995
behind, you know, undertaking this process, was figuring out

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00:36:46.015 --> 00:36:49.275
how to, to create some parody in those rates and, and,

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00:36:49.455 --> 00:36:53.555
and, you know, make a system where all things were equal

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00:36:53.855 --> 00:36:56.995
and, you know, we could get back to doing what we all wanted

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00:36:56.995 --> 00:36:58.715
to do, which was provide good quality care.

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00:37:00.475 --> 00:37:01.765
Exactly. Yeah.

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00:37:04.835 --> 00:37:07.255
And I, I'll talk a little bit more about some of the,

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00:37:07.255 --> 00:37:09.535
the issues that Ryan just mentioned, um, and some,

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00:37:09.535 --> 00:37:10.575
and some slides coming up.

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00:37:10.595 --> 00:37:11.695
But the how and why.

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00:37:12.435 --> 00:37:15.655
So, you know, our vision when we started this,

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00:37:15.725 --> 00:37:19.055
when we started our work group in September of 2019, um,

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00:37:19.055 --> 00:37:21.575
that consisted of the Department of Mental Health, uh,

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00:37:21.595 --> 00:37:23.095
the Missouri Behavioral Health Council

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00:37:23.355 --> 00:37:24.895
and our provider leadership.

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00:37:25.595 --> 00:37:28.655
Uh, we really wanted, you know, we sat down, we were,

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00:37:28.655 --> 00:37:30.015
it was a small group at first,

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00:37:30.435 --> 00:37:33.975
and we were, we were sitting around the room saying, what,

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00:37:34.485 --> 00:37:37.375
what is our vision for what care could be

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00:37:38.155 --> 00:37:40.735
for our substance use disorder treatment programs?

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00:37:41.395 --> 00:37:45.175
And, you know, our, our focus was to modernize the,

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00:37:45.195 --> 00:37:47.735
the SUD model of care to be more medically focused,

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00:37:48.615 --> 00:37:50.375
evidence-based and outcomes driven.

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00:37:50.675 --> 00:37:55.015
So we were really trying to, um, you know,

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00:37:55.955 --> 00:37:58.295
you know, fix those issues with payment,

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00:37:58.595 --> 00:38:01.775
but also improve care across the state

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00:38:02.075 --> 00:38:06.535
and hopefully make it more, um, you know,

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00:38:06.535 --> 00:38:09.535
make it more equal across the state, regardless

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00:38:09.595 --> 00:38:11.095
of the size of your organization.

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00:38:11.495 --> 00:38:14.495
'cause of course, the smaller organizations have a more

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00:38:14.495 --> 00:38:16.055
difficult time meeting needs.

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00:38:19.195 --> 00:38:23.535
So once we had that vision, we, you know, immediately knew

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00:38:23.845 --> 00:38:26.095
that we had to decide what was gonna drive that vision.

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00:38:27.195 --> 00:38:29.295
And when looking through our options,

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00:38:30.075 --> 00:38:32.815
and we looked at a SAM, we knew

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00:38:32.815 --> 00:38:35.725
that other states were implementing A-S-A-M-M, um,

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00:38:36.145 --> 00:38:38.085
the American Society of Addiction Medicine,

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00:38:38.705 --> 00:38:42.245
and we really saw that it was the gold standard of care

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00:38:42.505 --> 00:38:43.845
for SUD programming.

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00:38:44.465 --> 00:38:48.045
And so we decided it didn't take much for us to decide that,

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00:38:48.075 --> 00:38:50.405
that that was what we were gonna focus our new

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00:38:50.665 --> 00:38:51.765
system around.

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00:38:52.985 --> 00:38:56.845
And we had a lot of good conversations with providers about

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00:38:57.685 --> 00:39:01.685
A SAM standards and what it means to implement a SA

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00:39:01.705 --> 00:39:04.165
and to say that you are, you know,

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00:39:04.165 --> 00:39:06.725
providing services according to their criteria.

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00:39:07.625 --> 00:39:10.085
And, you know, things that we heard from other states,

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00:39:10.345 --> 00:39:12.885
we had, we had a few providers, Ryan included,

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00:39:12.945 --> 00:39:14.765
who are carf uh, surveyors,

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00:39:14.945 --> 00:39:16.965
and, you know, they'd surveyed in a lot

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00:39:16.965 --> 00:39:18.765
of states on SUD programming.

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00:39:19.345 --> 00:39:22.605
And, um, you know, we, we just knew that there were,

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00:39:22.735 --> 00:39:27.085
there were plenty of practices out there that were, um, kind

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00:39:27.085 --> 00:39:31.205
of doing a SA and name only, maybe because a provider req

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00:39:31.205 --> 00:39:33.645
or a payer required it or something like that.

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00:39:33.705 --> 00:39:36.765
But we, we did not want, we did not wanna go that route.

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00:39:36.865 --> 00:39:41.125
We wanted to, um, really follow the a CM criteria as,

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00:39:41.385 --> 00:39:45.485
as it was intended when our providers implemented that into

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00:39:46.175 --> 00:39:48.005
their, um, agencies.

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00:39:49.145 --> 00:39:51.685
And what we really liked about it are these things

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00:39:51.685 --> 00:39:55.005
that are listed that it had objective decision making,

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00:39:55.105 --> 00:39:57.005
it had a multidimensional assessment.

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00:39:57.825 --> 00:40:00.285
Um, it created a continuum of care

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00:40:00.395 --> 00:40:03.925
that was very different than, uh, those, those levels

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00:40:03.925 --> 00:40:06.525
that I, I showed in my earlier slide.

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00:40:07.425 --> 00:40:09.565
And it was shown to improve outcomes

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00:40:09.825 --> 00:40:10.925
and standardized training.

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00:40:11.065 --> 00:40:12.925
And so those were things that,

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00:40:13.395 --> 00:40:17.765
that all went into our decision when, you know, we, we,

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00:40:17.865 --> 00:40:19.125
we came to A SAM

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00:40:19.125 --> 00:40:21.085
and decided that's what it was gonna be for us.

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00:40:22.325 --> 00:40:23.925
I think there was maybe about a,

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00:40:24.285 --> 00:40:28.125
a 10 minute conversation about us developing our own system.

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00:40:28.625 --> 00:40:32.685
And, um, we quickly moved away from that when we realized

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00:40:32.985 --> 00:40:37.005
how much of an undertaking that would be to, to do that.

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00:40:37.065 --> 00:40:38.525
And then we just, you know, I mean,

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00:40:38.525 --> 00:40:40.525
it's not like we discovered a a m out of nowhere,

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00:40:40.665 --> 00:40:43.045
but I mean, you know, as a m had been around

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00:40:43.465 --> 00:40:48.085
and, you know, it had, it, it, it had been hard to find, um,

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00:40:48.965 --> 00:40:52.275
a test example of

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00:40:52.875 --> 00:40:55.715
a SAM being implemented on such a full scale before.

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00:40:56.175 --> 00:40:59.635
Um, so we kind of, you know, kind

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00:40:59.635 --> 00:41:02.555
of leapt off a cliff really, uh, with this not knowing

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00:41:02.665 --> 00:41:06.035
what we were gonna find at, at, at, at the end, um,

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00:41:06.035 --> 00:41:09.855
because we couldn't really find anything

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00:41:09.885 --> 00:41:10.975
that was comparable.

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00:41:11.155 --> 00:41:13.575
But, um, you know, yeah, it, it, it,

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00:41:13.575 --> 00:41:15.495
it worked out well in the end, obviously,

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00:41:15.675 --> 00:41:19.535
but, um, there was a, some consternation

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00:41:19.535 --> 00:41:20.735
and anxiety in the beginning.

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00:41:22.225 --> 00:41:25.955
Yeah, very true. And we did talk to other states, um,

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00:41:26.685 --> 00:41:30.875
about their implementation of, of the a CM criteria and,

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00:41:31.335 --> 00:41:33.035
and found kind of what Ryan was saying, is that,

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00:41:33.130 --> 00:41:35.805
that some states were just doing, like part of it.

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00:41:36.265 --> 00:41:37.965
For instance, one state I talked to,

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00:41:38.235 --> 00:41:39.685
they had just implemented,

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00:41:40.265 --> 00:41:43.085
but only in their adult system, not the adolescent system.

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00:41:43.225 --> 00:41:46.645
And so, you know, we were trying, we tried really hard

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00:41:46.645 --> 00:41:49.005
to find someone who was, you know,

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00:41:49.005 --> 00:41:50.885
throughout their entire system and,

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00:41:50.885 --> 00:41:53.285
and didn't really find that when talking to other states.

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00:41:53.465 --> 00:41:55.685
So, but we knew that that's what would,

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00:41:55.685 --> 00:41:57.045
what would be best for our system.

353
00:41:57.105 --> 00:41:58.605
So that was the plan for us.

354
00:41:59.815 --> 00:42:03.995
Um, so something that that helped us in that pro

355
00:42:04.805 --> 00:42:09.075
along our process, um, that was really timely was in, in

356
00:42:09.595 --> 00:42:12.475
February of 2019, which seems like a really long time ago,

357
00:42:13.095 --> 00:42:16.435
um, the, our Department of Social Services that, again,

358
00:42:16.655 --> 00:42:21.315
houses our Medicaid division, had, uh, contractors come in

359
00:42:21.375 --> 00:42:23.315
and do a complete review

360
00:42:23.615 --> 00:42:25.275
of our Medicaid programs in the state.

361
00:42:26.015 --> 00:42:30.435
And they issued an impact report on what they found

362
00:42:30.725 --> 00:42:34.235
after interviewing state officials, providers,

363
00:42:34.545 --> 00:42:35.595
individuals served.

364
00:42:36.295 --> 00:42:41.115
And, um, part of what they found was that, uh,

365
00:42:41.115 --> 00:42:42.715
payment levels in rural

366
00:42:42.735 --> 00:42:45.475
and safe for safety net providers were just not cutting it.

367
00:42:45.615 --> 00:42:50.355
So, um, they suggested that we consider

368
00:42:50.355 --> 00:42:53.275
that the state consider, uh, increasing payment levels

369
00:42:53.455 --> 00:42:55.315
and using value-based care structures

370
00:42:55.655 --> 00:42:57.075
within the Medicaid system.

371
00:42:57.815 --> 00:43:01.515
And then it also outlined the need to

372
00:43:02.225 --> 00:43:05.035
improve reimbursement specifically for physicians

373
00:43:05.175 --> 00:43:09.875
and other, um, mental health professional type services,

374
00:43:10.225 --> 00:43:12.515
because we had a shortage of those providers,

375
00:43:12.735 --> 00:43:16.315
and they really felt that if we, if we helped

376
00:43:16.875 --> 00:43:20.635
increase the pay for those services, then in, in turn,

377
00:43:20.775 --> 00:43:24.195
we would hopefully get more of those providers in the state.

378
00:43:24.895 --> 00:43:29.395
So we had a, we had something that we could fall back on

379
00:43:29.495 --> 00:43:31.635
to say, this is why we're doing this.

380
00:43:31.735 --> 00:43:34.835
You know, your, your own Medicaid review showed

381
00:43:34.835 --> 00:43:37.515
that it was needed, and so we're gonna tackle this.

382
00:43:37.735 --> 00:43:41.995
And, um, and I think having, again, the timing was just,

383
00:43:42.535 --> 00:43:45.035
was just really good for this report to come out.

384
00:43:45.915 --> 00:43:48.655
Um, 'cause it really helped us when we started our work

385
00:43:48.655 --> 00:43:51.135
group to, to make changes with the program.

386
00:43:54.475 --> 00:43:57.135
So we wanted to do payment reform, um,

387
00:43:58.035 --> 00:44:01.855
and we, we have ended up with a CM team-based rates.

388
00:44:02.675 --> 00:44:05.095
Uh, I'll talk a little bit more in future slides about this,

389
00:44:05.275 --> 00:44:09.135
but, uh, our team-based rates are based on services

390
00:44:09.475 --> 00:44:12.855
and staffing for the intensive outpatient

391
00:44:12.915 --> 00:44:14.055
or level two services,

392
00:44:14.235 --> 00:44:15.535
and then the residential levels

393
00:44:15.555 --> 00:44:17.015
of care level three services.

394
00:44:17.915 --> 00:44:21.815
Um, so basically those rates

395
00:44:22.695 --> 00:44:26.615
encompass all of the, the staff types, all of the services

396
00:44:26.845 --> 00:44:30.775
that are, are required by a a m in those levels of care.

397
00:44:31.585 --> 00:44:36.485
And, um, we worked with Mercer, which is an actuarial firm,

398
00:44:36.865 --> 00:44:39.445
so they helped us with our rates to make sure that,

399
00:44:39.755 --> 00:44:42.725
that we could, you know, back up the reason why we were,

400
00:44:42.985 --> 00:44:45.285
we chose these numbers that we didn't just pull 'em out

401
00:44:45.285 --> 00:44:46.445
of, out of thin air.

402
00:44:46.945 --> 00:44:50.525
Um, and then we, here in Missouri, we,

403
00:44:50.545 --> 00:44:51.845
we have implemented CC

404
00:44:51.845 --> 00:44:54.965
or certified Community Behavioral Health Clinics statewide,

405
00:44:55.465 --> 00:44:58.925
and they have their own, um, SUD program requirements,

406
00:44:59.705 --> 00:45:02.365
and the team-based rates didn't impact them.

407
00:45:02.505 --> 00:45:05.405
So they're, they're still billing their prospective payment

408
00:45:05.665 --> 00:45:09.245
system rate, but those SUD programs

409
00:45:10.155 --> 00:45:12.975
are required to do all of this work

410
00:45:12.975 --> 00:45:16.255
that we created under our SUD transformation.

411
00:45:16.515 --> 00:45:20.255
So they would just adjust their, their PPS rates

412
00:45:20.355 --> 00:45:21.415
and their cost reports.

413
00:45:22.725 --> 00:45:25.445
I will just mention on that too, I mean, uh, the, the fact

414
00:45:25.445 --> 00:45:28.495
that Missouri has been a, uh,

415
00:45:28.655 --> 00:45:32.055
a leader on the C-C-B-H-C front, um,

416
00:45:34.065 --> 00:45:37.085
really pushed our SUD system as well.

417
00:45:37.345 --> 00:45:41.405
You know, we have A-A-A-A-A, not an insignificant number

418
00:45:41.465 --> 00:45:43.805
of SUD only providers here in Missouri

419
00:45:43.905 --> 00:45:47.925
who are not C-C-B-H-C, um, organization's,

420
00:45:47.925 --> 00:45:49.125
mind being one of them.

421
00:45:49.585 --> 00:45:52.685
And, um, you know, a a lot of

422
00:45:52.685 --> 00:45:55.365
what drove this conversation was, was the fact that,

423
00:45:55.425 --> 00:45:57.925
you know, those providers who were outside of

424
00:45:57.925 --> 00:46:00.245
that system felt like they were being a bit left behind

425
00:46:01.025 --> 00:46:02.165
by the system itself.

426
00:46:02.505 --> 00:46:07.325
And, you know, that's when we, you know, as providers

427
00:46:07.345 --> 00:46:10.165
and, and the council and the state decided that, that,

428
00:46:10.165 --> 00:46:12.965
that this was what we had to do to, to,

429
00:46:12.985 --> 00:46:14.245
to move the system forward.

430
00:46:14.515 --> 00:46:17.805
I'll just say briefly, we used to, in the beginning, I used

431
00:46:17.805 --> 00:46:20.085
to sit in meetings when they were talking about C-C-B-H-C,

432
00:46:20.105 --> 00:46:23.415
and, you know, um, it was great.

433
00:46:23.615 --> 00:46:24.655
I loved hearing about it.

434
00:46:24.915 --> 00:46:27.415
Um, it was, it was hard at times for me to hear,

435
00:46:27.415 --> 00:46:31.055
because I knew that, you know, we were basically doing,

436
00:46:31.515 --> 00:46:34.855
you know, our system as usual,

437
00:46:35.275 --> 00:46:36.535
um, as it's always been.

438
00:46:36.755 --> 00:46:39.295
And we used to hear about all this job creation

439
00:46:39.295 --> 00:46:41.095
that was happening in CCBHCs.

440
00:46:41.095 --> 00:46:44.855
And really what was happening was, it was, it was, um,

441
00:46:45.715 --> 00:46:50.455
CCBHCs creating jobs by creating holes in SUD only

442
00:46:50.935 --> 00:46:53.815
providers, because those SUD providers were not able

443
00:46:53.815 --> 00:46:56.735
to compete from a financial perspective salary wise.

444
00:46:57.475 --> 00:46:59.295
And, uh, that was part of this too, was

445
00:46:59.295 --> 00:47:00.855
to level the playing field a bit

446
00:47:01.115 --> 00:47:03.535
and, you know, be able to provide that good quality care

447
00:47:03.675 --> 00:47:08.525
for all Missourians, uh, regardless of what door they enter.

448
00:47:10.215 --> 00:47:11.235
Yes, good point, Ryan.

449
00:47:11.265 --> 00:47:13.355
Yeah, that was, those were definitely part

450
00:47:13.355 --> 00:47:17.075
of the discussions, um, that the c CCBHCs were,

451
00:47:17.725 --> 00:47:19.715
we're pulling staff away from our outpatient

452
00:47:19.715 --> 00:47:21.155
or from our SUD providers.

453
00:47:21.295 --> 00:47:23.515
And that was it. I mean, that was causing a lot

454
00:47:23.515 --> 00:47:24.755
of problems across the state,

455
00:47:24.935 --> 00:47:28.115
and we knew we needed to address that issue,

456
00:47:28.455 --> 00:47:29.845
um, as best we could.

457
00:47:30.145 --> 00:47:33.365
And that doing an overhaul

458
00:47:33.365 --> 00:47:35.085
of the payment system would really help.

459
00:47:35.705 --> 00:47:39.205
Um, we couldn't have A-P-P-S-A prospective payment system

460
00:47:39.385 --> 00:47:42.125
for the SUD, um, providers

461
00:47:42.125 --> 00:47:43.965
that we would love to be able to do that.

462
00:47:43.965 --> 00:47:45.845
Hopefully that will be an option in the future.

463
00:47:46.505 --> 00:47:48.485
But we had to work with what was available

464
00:47:49.025 --> 00:47:52.325
and, um, you know, this is, this is what worked for us

465
00:47:53.145 --> 00:47:55.165
at the time and is working for us now.

466
00:47:56.135 --> 00:47:57.815
I think we got as close as we could get,

467
00:47:58.075 --> 00:47:59.075
Uh, in the moment. Yeah,

468
00:47:59.075 --> 00:48:00.535
we did. Yes.

469
00:48:02.365 --> 00:48:06.585
So we, we also wanted to, uh, address quality improvement

470
00:48:06.665 --> 00:48:08.425
of our services at the same time.

471
00:48:09.285 --> 00:48:14.225
Um, so we, so we said that for providers who wanted

472
00:48:14.225 --> 00:48:17.105
to be able to bill these new a SAM team based rates,

473
00:48:17.735 --> 00:48:20.385
that they would have to have national accreditation,

474
00:48:21.045 --> 00:48:23.705
and most of our providers already did,

475
00:48:23.885 --> 00:48:25.505
but there were also a number of them,

476
00:48:25.605 --> 00:48:27.505
mostly smaller organizations

477
00:48:27.615 --> 00:48:29.985
that did not have accreditation status.

478
00:48:30.245 --> 00:48:31.665
And so that was a requirement.

479
00:48:32.325 --> 00:48:33.865
Um, they're, they're required

480
00:48:33.885 --> 00:48:36.385
to report outcomes data in the, for we use,

481
00:48:36.445 --> 00:48:37.585
uh, TED'S reporting.

482
00:48:38.045 --> 00:48:40.105
And the TED'S reporting, um,

483
00:48:40.625 --> 00:48:42.665
historically has always been really spotty.

484
00:48:42.965 --> 00:48:47.185
And so this kind of increased that requirement of, uh,

485
00:48:47.185 --> 00:48:50.625
completing those, those teds that Teds data submission.

486
00:48:51.485 --> 00:48:54.185
And then we wanted to incorporate some additional

487
00:48:54.465 --> 00:48:57.945
evidence-based practices into the SUD treatment providers,

488
00:48:57.945 --> 00:48:59.825
because these were actually, some

489
00:48:59.825 --> 00:49:03.665
of these were lessons learned in, um, our C-C-B-H-C model.

490
00:49:04.285 --> 00:49:08.585
And again, we wanted folks who, like Ryan was saying,

491
00:49:08.935 --> 00:49:10.865
whether they went to A-C-C-B-H-C

492
00:49:10.965 --> 00:49:14.185
or they walked into, um, what we call standalone, um,

493
00:49:14.385 --> 00:49:17.065
C star provider, that they were gonna get that same level

494
00:49:17.485 --> 00:49:18.785
of, of care.

495
00:49:18.935 --> 00:49:21.265
They were gonna, it was gonna be trauma-informed.

496
00:49:21.845 --> 00:49:26.065
Um, the, the C Stars could handle co-occurring illnesses

497
00:49:26.775 --> 00:49:30.465
that they had peer specialists that they were required to,

498
00:49:30.885 --> 00:49:33.945
you know, internally provide the, uh, those medications

499
00:49:33.965 --> 00:49:35.745
for OUD and a UD.

500
00:49:36.205 --> 00:49:39.145
And we added, um, the need

501
00:49:39.225 --> 00:49:40.705
for tobacco treatment specialists.

502
00:49:40.805 --> 00:49:43.665
We wanted to see tobacco use being addressed within

503
00:49:44.325 --> 00:49:45.705
all the treatment agencies.

504
00:49:46.405 --> 00:49:50.785
And then, uh, we implemented Zoo Zero suicide, which is a,

505
00:49:50.905 --> 00:49:52.545
a statewide prevention effort.

506
00:49:53.165 --> 00:49:57.665
And we, you know, the state gets reports on suicides

507
00:49:57.665 --> 00:49:59.025
that happen within our system,

508
00:49:59.205 --> 00:50:03.185
and they were seeing, um, they were seeing reports

509
00:50:03.325 --> 00:50:07.385
of individuals who had, were either in treatment for SUD

510
00:50:07.385 --> 00:50:10.185
or had recently been discharged from treatment for SUD,

511
00:50:10.205 --> 00:50:13.145
who had either attempted or completed suicide.

512
00:50:13.205 --> 00:50:14.745
And so we wanted to address

513
00:50:14.745 --> 00:50:16.705
that issue within this population.

514
00:50:17.595 --> 00:50:19.615
And then, of course, implementing a SAM

515
00:50:19.615 --> 00:50:20.975
throughout their organization.

516
00:50:21.555 --> 00:50:25.375
Um, no, you know, half doing it

517
00:50:25.395 --> 00:50:28.045
or half implementing, like, we're all in,

518
00:50:28.045 --> 00:50:29.845
when we say we're all in, we're all in.

519
00:50:32.885 --> 00:50:35.055
Okay. So now I get to talk to some about some

520
00:50:35.055 --> 00:50:36.655
of the fun stuff with our rate development.

521
00:50:37.395 --> 00:50:41.775
Um, so, so we began, we engaged

522
00:50:41.775 --> 00:50:43.895
with this whole process started in 2019,

523
00:50:44.195 --> 00:50:47.935
and then, you know, um, 2020 kind

524
00:50:47.935 --> 00:50:50.415
of steered us in a different direction for a while.

525
00:50:50.555 --> 00:50:55.175
And so, uh, we had to do what we needed

526
00:50:55.175 --> 00:50:56.175
to do in 2020.

527
00:50:56.475 --> 00:50:59.575
And then, um, we were able to start

528
00:51:00.175 --> 00:51:02.335
reengaging on the project in 2021.

529
00:51:02.915 --> 00:51:07.175
And it was actually, um, the,

530
00:51:07.395 --> 00:51:10.895
the pandemic actually emphasized some of those issues

531
00:51:10.895 --> 00:51:12.895
that Ryan mentioned earlier, that

532
00:51:13.245 --> 00:51:15.855
that even made it more apparent that we needed to address.

533
00:51:16.635 --> 00:51:20.855
So, you know, when the pandemic hit, our CCBHCs were able

534
00:51:20.855 --> 00:51:24.335
to pivot quickly to using telehealth to, um,

535
00:51:24.565 --> 00:51:28.255
provide services and bill, whereas our, our outpatient

536
00:51:28.435 --> 00:51:31.655
and residential SUD providers didn't have that structure

537
00:51:31.725 --> 00:51:35.775
that, that infrastructure to, to pivot like that.

538
00:51:36.475 --> 00:51:40.215
And, and the rates didn't allow for them to, you know,

539
00:51:40.735 --> 00:51:42.015
purchase telehealth equipment

540
00:51:42.355 --> 00:51:45.735
and, um, get set up for that kind of service model.

541
00:51:46.515 --> 00:51:49.735
So again, it just, it really, um,

542
00:51:50.535 --> 00:51:54.815
emphasized the need of doing something,

543
00:51:54.835 --> 00:51:57.215
of moving forward with our plans to,

544
00:51:57.755 --> 00:51:59.375
um, transform our system.

545
00:52:00.715 --> 00:52:05.135
So we began meeting with Mercer in January of 2021, um,

546
00:52:05.235 --> 00:52:06.575
to restructure our rates.

547
00:52:07.355 --> 00:52:10.935
And we used methodologies that Mercer suggested.

548
00:52:11.195 --> 00:52:14.615
Um, they had someone who was an expert with a SAM,

549
00:52:14.635 --> 00:52:16.255
the A SAM criteria, uh,

550
00:52:16.535 --> 00:52:17.935
included in their team to help us out.

551
00:52:18.795 --> 00:52:22.315
Um, we use national

552
00:52:22.455 --> 00:52:24.795
and state data to apply to the process.

553
00:52:25.975 --> 00:52:28.795
And what we ended up with, um, I mentioned the,

554
00:52:29.015 --> 00:52:31.395
the team-based rates for levels two

555
00:52:31.575 --> 00:52:35.035
and three, um, for our level one outpatient services,

556
00:52:35.035 --> 00:52:39.185
having a team-based rate wasn't really, um, we couldn't,

557
00:52:39.185 --> 00:52:41.905
we just couldn't do it because you don't, it's

558
00:52:41.905 --> 00:52:45.265
so individualized that, you know, not everyone's gonna need,

559
00:52:45.765 --> 00:52:48.385
um, you know, certain services.

560
00:52:48.645 --> 00:52:52.185
And so we didn't wanna try to, uh, cookie cut

561
00:52:53.145 --> 00:52:55.785
services into a team-based rate in level one.

562
00:52:55.845 --> 00:52:59.385
So what we did is we looked at the, the list

563
00:52:59.385 --> 00:53:02.425
of our outpatient services that the state currently had,

564
00:53:02.885 --> 00:53:05.385
and I think it was seven or eight pages long.

565
00:53:05.845 --> 00:53:09.265
Um, and we condensed those services

566
00:53:09.975 --> 00:53:11.225
down to one page.

567
00:53:11.885 --> 00:53:16.145
And, um, and then we, you know, we, we condensed even, um,

568
00:53:16.325 --> 00:53:18.745
you know, services that had all these different, um,

569
00:53:18.925 --> 00:53:20.145
sub billings underneath them.

570
00:53:20.205 --> 00:53:23.345
We put those all together so that we could create rates

571
00:53:24.045 --> 00:53:27.845
for those specific services based on the level

572
00:53:27.865 --> 00:53:29.165
of the staff providing them.

573
00:53:29.225 --> 00:53:31.325
And some of the other things that went into our rates

574
00:53:31.325 --> 00:53:32.805
that I'm gonna talk about next.

575
00:53:37.385 --> 00:53:39.965
We did rate assumption logs.

576
00:53:40.235 --> 00:53:44.685
This was a not a fun process, I will admit.

577
00:53:45.065 --> 00:53:50.005
Um, it was very tedious going through the rates, um, and,

578
00:53:50.065 --> 00:53:52.645
and getting the, the rate models together

579
00:53:52.945 --> 00:53:54.605
for our rate ranges.

580
00:53:55.265 --> 00:53:58.565
Um, we had to include a wage exhibit.

581
00:53:58.945 --> 00:54:03.125
So we used, uh, national BLS data in addition

582
00:54:03.145 --> 00:54:07.325
to a Missouri survey that we did on, um, staff types

583
00:54:07.465 --> 00:54:08.965
and costs for those staff types.

584
00:54:09.465 --> 00:54:12.965
And again, uh, keep in mind that this was in 2021,

585
00:54:13.585 --> 00:54:17.805
and so I'm sure you all remember at that time, the need

586
00:54:17.805 --> 00:54:21.125
for nurses absolutely skyrocketed.

587
00:54:21.385 --> 00:54:25.485
And so the cost for our providers to hire nurses,

588
00:54:26.715 --> 00:54:30.325
just, it was way more than, than what it had been,

589
00:54:30.785 --> 00:54:32.005
um, a year prior.

590
00:54:32.585 --> 00:54:36.655
So, so we started looking at what does it really cost

591
00:54:36.675 --> 00:54:40.015
to hire someone now in our current environment?

592
00:54:40.595 --> 00:54:45.095
Um, and that BLS data was actually outdated by this point

593
00:54:45.095 --> 00:54:48.855
because it didn't include everything that had happened

594
00:54:48.855 --> 00:54:51.655
to the healthcare sector during the pandemic.

595
00:54:51.835 --> 00:54:55.215
And so that bringing in our state data was really important

596
00:54:55.565 --> 00:54:56.855
when we went through that process.

597
00:54:58.395 --> 00:55:02.255
Um, then we used, uh, we created staffing assumptions

598
00:55:02.395 --> 00:55:05.375
and staffing patterns based on the levels

599
00:55:05.475 --> 00:55:06.895
of care within a SAM,

600
00:55:07.775 --> 00:55:10.595
and we came out with rate ranges.

601
00:55:11.295 --> 00:55:13.875
Um, so this is typical when you're,

602
00:55:14.345 --> 00:55:17.035
when you're creating new, um, service rates.

603
00:55:17.695 --> 00:55:22.115
Uh, Mercer gave us, they actually gave us, um, 25th

604
00:55:22.755 --> 00:55:27.195
50th and 75th percentiles of our rate ranges.

605
00:55:27.975 --> 00:55:31.155
And when we saw the number, the 25th percentile,

606
00:55:31.255 --> 00:55:33.555
we immediately said, well just take that out, because,

607
00:55:34.885 --> 00:55:37.735
because it, it was almost worse than

608
00:55:37.815 --> 00:55:39.735
where we were currently with our, we already had

609
00:55:39.735 --> 00:55:41.175
That system. We already had that system.

610
00:55:41.235 --> 00:55:44.135
We didn't need that. Yeah. With our fee for service rates.

611
00:55:44.355 --> 00:55:48.175
And so even, you know, when we talked to the state, um,

612
00:55:48.275 --> 00:55:50.095
we talked to the Medicaid division,

613
00:55:50.795 --> 00:55:55.055
and even looking at the 50th percentile, it was too low.

614
00:55:55.355 --> 00:55:58.095
It didn't meet it, it didn't cover the cost,

615
00:55:58.145 --> 00:56:01.455
which was the whole purpose of, of changing the rates.

616
00:56:02.315 --> 00:56:03.975
And we basically told the state,

617
00:56:04.075 --> 00:56:07.855
if we don't get the 75th percentile in the rates,

618
00:56:08.265 --> 00:56:10.415
we've basically wasted all of this time

619
00:56:10.415 --> 00:56:13.615
because we can't implement something if we're not gonna

620
00:56:13.615 --> 00:56:14.775
get paid to do it.

621
00:56:15.395 --> 00:56:19.175
Um, and, uh, this, this part of the process

622
00:56:19.725 --> 00:56:21.335
just always makes me really proud

623
00:56:21.335 --> 00:56:24.965
because, um, the state went that, you know, the Department

624
00:56:24.965 --> 00:56:27.685
of Mental Health took that information to the Department

625
00:56:27.685 --> 00:56:31.285
of Social Services and explained all of that,

626
00:56:31.945 --> 00:56:33.765
and they approved it.

627
00:56:33.835 --> 00:56:35.885
They approved the 75th percentile.

628
00:56:36.145 --> 00:56:39.885
And, um, the Medicaid director at the Department

629
00:56:39.885 --> 00:56:41.485
of Mental Health at the time told us

630
00:56:41.565 --> 00:56:45.005
that was the first time in her career that she had ever seen

631
00:56:46.205 --> 00:56:49.345
the Department of Social Services approve a 75th

632
00:56:49.345 --> 00:56:50.545
percentile for a rate.

633
00:56:50.925 --> 00:56:53.465
She said, typically, it's 25th or 50th.

634
00:56:53.605 --> 00:56:57.545
And so I think that that folks understood at the time

635
00:56:57.645 --> 00:56:58.945
how important it was

636
00:56:59.095 --> 00:57:02.305
that we do something about our SUD system.

637
00:57:02.885 --> 00:57:05.905
Um, you know, in addition to a pandemic, we were, we're,

638
00:57:06.245 --> 00:57:09.985
we were, and still are in the middle of an opioid epidemic.

639
00:57:10.645 --> 00:57:12.785
And, you know, we were losing thousands

640
00:57:12.805 --> 00:57:15.945
of lives every year in our state due to opioid overdose.

641
00:57:16.165 --> 00:57:21.105
And they really saw this as an opportunity to, um, address

642
00:57:21.535 --> 00:57:22.825
that population as well.

643
00:57:23.835 --> 00:57:26.855
And I'll also add that around this time, um,

644
00:57:27.415 --> 00:57:31.015
Missouri voters passed, uh, Medicaid expansion in the state.

645
00:57:31.515 --> 00:57:35.575
And so it was this really fortunate, um,

646
00:57:37.475 --> 00:57:41.575
you know, wave of events that came together that helped us

647
00:57:42.125 --> 00:57:43.415
with the work we were doing.

648
00:57:44.075 --> 00:57:47.295
And, you know, it helped us to, to ensure that,

649
00:57:48.285 --> 00:57:50.375
that the work we were doing was going

650
00:57:50.375 --> 00:57:51.975
to be successful once implemented.

651
00:57:54.155 --> 00:57:56.755
I will say there was about a, a a about a two week period

652
00:57:56.755 --> 00:58:00.675
of time in there where there was some questions about, um,

653
00:58:00.935 --> 00:58:03.395
you know, while the voters did a approve it,

654
00:58:03.565 --> 00:58:05.755
there was some questions about whether our general assembly

655
00:58:06.415 --> 00:58:08.995
was actually going to fund expansion or not.

656
00:58:09.215 --> 00:58:12.355
So we were a little bit concerned that, um, you know,

657
00:58:12.375 --> 00:58:14.955
the work that we had done over that last year was gonna,

658
00:58:15.455 --> 00:58:17.315
you know, get put on a shelf for a while.

659
00:58:17.455 --> 00:58:19.915
And, and fortunately, you know, through a lot

660
00:58:19.915 --> 00:58:23.075
of good advocacy, um, you know, everything worked out.

661
00:58:24.205 --> 00:58:25.545
Yes, that's so true.

662
00:58:26.525 --> 00:58:29.665
Um, yeah, advocacy was a very important piece

663
00:58:29.765 --> 00:58:30.865
of, of this work.

664
00:58:31.005 --> 00:58:33.625
And, um, a lot of that came from, uh,

665
00:58:33.645 --> 00:58:36.265
our CEO here at the Missouri Behavioral Health Council.

666
00:58:36.965 --> 00:58:41.065
And, um, you know, talking with our providers and, and,

667
00:58:41.285 --> 00:58:42.545
and getting those real stories

668
00:58:42.725 --> 00:58:44.505
to help him advocate for the need.

669
00:58:46.545 --> 00:58:48.765
So some of the other factors that went into our rates,

670
00:58:48.945 --> 00:58:51.485
we looked at our labor market, our staffing shortage,

671
00:58:52.725 --> 00:58:55.245
shortages of the qualified staff needed an A SAM.

672
00:58:55.665 --> 00:58:58.725
Um, we, we looked at increased costs associated

673
00:58:58.795 --> 00:59:00.685
with the public health emergency.

674
00:59:00.865 --> 00:59:04.605
So PPE, you know, our providers, again, that was something

675
00:59:04.605 --> 00:59:07.725
that they had never had to worry about purchasing,

676
00:59:07.745 --> 00:59:11.445
and now they, they had to purchase all of this PPE, um,

677
00:59:12.615 --> 00:59:13.715
and then we had to account

678
00:59:13.735 --> 00:59:16.075
for those new quality improvement requirements

679
00:59:16.075 --> 00:59:17.115
that were in a few slide.

680
00:59:17.255 --> 00:59:18.635
Uh, there were a few slides ago.

681
00:59:18.935 --> 00:59:20.755
Um, all those evidence-based practices

682
00:59:20.755 --> 00:59:21.765
and other requirements.

683
00:59:27.185 --> 00:59:29.325
So that's what it went into our rates,

684
00:59:29.705 --> 00:59:30.885
how we kind of got there.

685
00:59:31.425 --> 00:59:33.445
Um, we know our work isn't over.

686
00:59:34.305 --> 00:59:36.845
We, while we were working on this

687
00:59:36.865 --> 00:59:39.365
and we were finalizing it, um, a SAM announced

688
00:59:39.365 --> 00:59:41.565
that they were issuing their fourth edition,

689
00:59:42.145 --> 00:59:44.205
and that had us panicked a little bit,

690
00:59:44.345 --> 00:59:47.125
but we kind of just set that to the side.

691
00:59:47.135 --> 00:59:48.765
We're like, okay, we'll keep an eye on this,

692
00:59:48.825 --> 00:59:50.165
but we're, we're moving forward

693
00:59:50.165 --> 00:59:52.085
with the third edition, and that's what we did.

694
00:59:52.745 --> 00:59:56.285
Um, and then also, we're still working

695
00:59:56.385 --> 00:59:58.925
to improve our statewide data collection and process.

696
00:59:59.105 --> 01:00:03.645
So, um, the state created a new TEDS data collection system,

697
01:00:04.305 --> 01:00:07.485
and it's gotten a lot better since we first rolled it out,

698
01:00:07.585 --> 01:00:10.085
but we continue to see

699
01:00:10.085 --> 01:00:11.965
that there are areas to improve there.

700
01:00:12.065 --> 01:00:13.485
And so that's something that we,

701
01:00:13.625 --> 01:00:15.085
we will continue to work on as well.

702
01:00:16.955 --> 01:00:19.005
Well, and I think anything you're doing on a a

703
01:00:19.965 --> 01:00:23.805
a scale this large is, you know, even the smallest of things

704
01:00:23.915 --> 01:00:27.805
that we might do within our own organizations can seem,

705
01:00:28.815 --> 01:00:32.315
uh, insurmountable when you're looking at, uh, uh, uh,

706
01:00:32.715 --> 01:00:34.355
changing an entire state's model,

707
01:00:34.645 --> 01:00:36.075
which is why the cooperation

708
01:00:36.075 --> 01:00:38.035
and partnership from so many people being

709
01:00:38.355 --> 01:00:39.995
involved, uh, was helpful.

710
01:00:40.375 --> 01:00:42.035
Now, when we were going through the process,

711
01:00:42.185 --> 01:00:44.995
Natalie mentioned earlier with the assumption logs

712
01:00:44.995 --> 01:00:46.275
and all those things, there were a lot

713
01:00:46.275 --> 01:00:47.955
of very long days involved in that,

714
01:00:48.055 --> 01:00:51.445
and a lot of, uh, heated discussions about

715
01:00:51.995 --> 01:00:53.845
whether things should be included or not,

716
01:00:53.945 --> 01:00:56.165
or whether we were, uh, accounting

717
01:00:56.165 --> 01:00:58.685
for these costs or those costs.

718
01:00:59.025 --> 01:01:01.205
And, um, you know, we had a,

719
01:01:01.205 --> 01:01:03.045
we had a really good group, you know, just

720
01:01:03.985 --> 01:01:04.925
We did. Yeah.

721
01:01:05.025 --> 01:01:08.325
Um, we had a, uh, a lot of people with

722
01:01:08.325 --> 01:01:10.165
that brought different experiences to the table.

723
01:01:11.445 --> 01:01:13.865
Yes. And, and with our fourth edition work,

724
01:01:13.875 --> 01:01:17.585
we've actually had our first meeting, um, this last month,

725
01:01:18.105 --> 01:01:21.225
bringing that small group back together to talk about how,

726
01:01:21.805 --> 01:01:24.825
you know, what changes are in fourth edition that we'll need

727
01:01:24.825 --> 01:01:27.505
to consider when, um, we start the work

728
01:01:27.605 --> 01:01:29.705
to start the process over, basically

729
01:01:30.275 --> 01:01:32.065
based on those changes to A SAM.

730
01:01:34.525 --> 01:01:36.895
Fortunately, we don't have to start from scratch this time.

731
01:01:38.115 --> 01:01:41.975
Um, so some of the, uh, the, the,

732
01:01:42.835 --> 01:01:46.975
the less fun parts of it were, um, figuring out how

733
01:01:47.155 --> 01:01:51.575
to make sure that providers were ready to, to onboard

734
01:01:52.125 --> 01:01:56.215
with a SAM that they were, they met those requirements of,

735
01:01:56.595 --> 01:01:58.575
uh, the transformation so

736
01:01:58.575 --> 01:02:00.575
that they could start billing those new rates.

737
01:02:01.235 --> 01:02:04.055
Um, along with the Department of Mental Health,

738
01:02:04.275 --> 01:02:07.655
we created this, this transformation review, kind

739
01:02:07.655 --> 01:02:10.895
of a checklist to tell them, um, are you ready to go?

740
01:02:10.995 --> 01:02:12.775
Or do you need longer to prepare?

741
01:02:13.475 --> 01:02:17.575
Um, because they started, we started actually in July

742
01:02:17.635 --> 01:02:20.845
of 2022, our first provider onboarded,

743
01:02:20.905 --> 01:02:23.245
and then every quarter, um,

744
01:02:23.375 --> 01:02:25.605
after that was an opportunity

745
01:02:25.745 --> 01:02:27.725
for new providers to come on board.

746
01:02:27.785 --> 01:02:30.165
So it was a quarter, um, schedule,

747
01:02:30.825 --> 01:02:34.405
and providers had to have their checklist, uh, reviewed

748
01:02:34.405 --> 01:02:39.045
and turned in prior to that quarter onboarding so

749
01:02:39.045 --> 01:02:41.685
that they could review that with the state to ensure

750
01:02:41.685 --> 01:02:43.085
that they were gonna be successful

751
01:02:43.085 --> 01:02:44.125
with their implementation.

752
01:02:47.575 --> 01:02:50.545
This is just, uh, more of the checklist, uh, things

753
01:02:50.545 --> 01:02:54.345
that we made sure that they had considered,

754
01:02:54.345 --> 01:02:55.585
that they had implemented,

755
01:02:55.685 --> 01:02:57.305
or that they had a plan to implement.

756
01:02:57.885 --> 01:03:01.665
So all of those required pieces are included in this,

757
01:03:02.325 --> 01:03:05.865
and, um, this is what they completed and filled out

758
01:03:06.045 --> 01:03:08.545
and sent into the state so that they could get on

759
01:03:08.545 --> 01:03:09.705
that onboarding schedule.

760
01:03:13.035 --> 01:03:15.775
We did a lot of technical assistance throughout the

761
01:03:15.775 --> 01:03:17.015
process with the providers.

762
01:03:17.515 --> 01:03:21.375
Um, I'm sure you, some of you recall that there was a lot

763
01:03:21.375 --> 01:03:24.415
of funding, um, federal funding being pushed out

764
01:03:24.415 --> 01:03:25.735
to states during this time.

765
01:03:26.395 --> 01:03:30.415
And so the state was able to, um, for, for everyone

766
01:03:30.415 --> 01:03:34.775
who was preparing to onboard, they, they worked with the,

767
01:03:34.835 --> 01:03:37.775
the Missouri Behavioral Health Council to contract

768
01:03:37.935 --> 01:03:39.175
with different trainers

769
01:03:39.235 --> 01:03:41.855
to help get everyone prepared for onboarding.

770
01:03:42.115 --> 01:03:46.615
So, um, so we contract with Resilience Builders out

771
01:03:46.615 --> 01:03:49.095
of Kansas City for our trauma-informed assessments,

772
01:03:49.755 --> 01:03:53.815
and they work individually with each CSAR provider to,

773
01:03:54.595 --> 01:03:56.855
um, to do a pre-assessment on

774
01:03:56.855 --> 01:03:58.975
where they are in the trauma-informed spectrum.

775
01:03:59.795 --> 01:04:03.095
And then, um, did a bunch of, of, um,

776
01:04:03.575 --> 01:04:06.175
specific technical assistance with them on what they needed

777
01:04:06.175 --> 01:04:09.055
to do within their organization to start moving up

778
01:04:09.055 --> 01:04:11.535
that trauma-informed, uh, spectrum or scale.

779
01:04:12.355 --> 01:04:15.175
And we also host quarterly trauma-informed care

780
01:04:15.775 --> 01:04:18.055
learning collaborative sessions to where, um,

781
01:04:18.815 --> 01:04:21.215
providers can come in and hear different topics

782
01:04:21.425 --> 01:04:22.695
about trauma-informed care.

783
01:04:23.115 --> 01:04:25.095
And that was a requirement, um, of course,

784
01:04:25.205 --> 01:04:27.895
because it was included in the A SAM criter or,

785
01:04:27.915 --> 01:04:30.775
or transformation criteria to be trauma-informed.

786
01:04:32.055 --> 01:04:35.035
And then the Department of Mental Health also hosted weekly

787
01:04:35.465 --> 01:04:38.395
open office hours to all the providers so

788
01:04:38.395 --> 01:04:40.235
that they could join and ask questions.

789
01:04:40.855 --> 01:04:45.275
Um, lots of really good conversation happened

790
01:04:45.275 --> 01:04:46.435
during those office hours.

791
01:04:46.615 --> 01:04:47.835
It was, there was no agenda,

792
01:04:47.975 --> 01:04:51.195
it was just what's happening this week, so that those,

793
01:04:51.245 --> 01:04:54.035
those providers that had already onboarded could talk about

794
01:04:54.035 --> 01:04:55.435
some of the issues they were facing

795
01:04:56.185 --> 01:05:00.155
that would prepare future onboarding providers on, on issues

796
01:05:00.255 --> 01:05:02.875
and, and perhaps something that we could course correct

797
01:05:02.935 --> 01:05:05.075
before we had more providers come on board,

798
01:05:06.365 --> 01:05:07.735
I'll say, on those office hours.

799
01:05:07.875 --> 01:05:11.175
One of the things that struck me the most was, um,

800
01:05:12.125 --> 01:05:16.255
just the level of, um, support that organizations

801
01:05:16.655 --> 01:05:19.285
provided, uh, to each other, you know, um,

802
01:05:22.065 --> 01:05:25.165
you know, within the, the state at that time, you know,

803
01:05:25.165 --> 01:05:27.165
we had probably, I don't know, 15

804
01:05:27.865 --> 01:05:32.585
or so, um, providers that were expected to,

805
01:05:33.245 --> 01:05:34.505
to go through this process.

806
01:05:34.845 --> 01:05:38.505
And the ones that were early adopters were able

807
01:05:38.505 --> 01:05:42.825
to lend a lot of, um, support to those that came later, uh,

808
01:05:42.835 --> 01:05:46.785
especially if they shared, um, electronic, uh,

809
01:05:46.785 --> 01:05:48.905
health record vendors and things like that.

810
01:05:49.125 --> 01:05:53.605
So it was, uh, it was, uh, uh, really great

811
01:05:53.905 --> 01:05:56.605
to see that much cooperation between providers.

812
01:05:57.855 --> 01:06:00.865
Yeah, very true. I have fond memories of those meetings.

813
01:06:02.245 --> 01:06:06.835
Um, so zero suicide also requirement, um,

814
01:06:06.975 --> 01:06:09.355
the Department of Mental Health was already offering an

815
01:06:09.355 --> 01:06:13.555
annual zero suicide Academy for our, um, for their,

816
01:06:13.845 --> 01:06:15.355
their contracted providers.

817
01:06:15.355 --> 01:06:19.075
And so we, um, we expanded that.

818
01:06:19.305 --> 01:06:22.555
They started offering two during the year so

819
01:06:22.555 --> 01:06:24.035
that we could get some of, some more

820
01:06:24.035 --> 01:06:27.355
of our SUD providers onboarded with zero suicide.

821
01:06:27.415 --> 01:06:30.155
And then the council continues

822
01:06:30.155 --> 01:06:33.755
to host a quarterly zero suicide learning collaborative, um,

823
01:06:33.865 --> 01:06:38.515
that, again, our, our agencies are required to attend so

824
01:06:38.515 --> 01:06:39.515
that they continue

825
01:06:39.515 --> 01:06:41.395
to implement those zero suicide tools

826
01:06:41.395 --> 01:06:42.515
within their organization.

827
01:06:43.375 --> 01:06:46.115
And then the department also hosts annual tobacco

828
01:06:46.115 --> 01:06:47.315
treatment specialist training.

829
01:06:47.815 --> 01:06:50.995
Um, they increased those from annual to,

830
01:06:51.275 --> 01:06:52.915
I think they did two or three a year

831
01:06:53.095 --> 01:06:56.875
to get folks trained in TTS so that the C Stars had

832
01:06:56.875 --> 01:06:59.635
that offer to the individuals who were coming in the doors.

833
01:07:03.035 --> 01:07:06.295
And then the really fun stuff, um, you know,

834
01:07:06.435 --> 01:07:09.655
and again, this was, this work, um, was mostly done

835
01:07:09.655 --> 01:07:10.895
with our Department of Mental Health.

836
01:07:11.635 --> 01:07:13.895
I'm very fortunate because I, I worked there

837
01:07:13.915 --> 01:07:15.655
for a long time, and I know folks well,

838
01:07:15.655 --> 01:07:18.855
that they included me in this process of, um,

839
01:07:18.855 --> 01:07:20.695
developing our state plan amendment

840
01:07:21.395 --> 01:07:24.495
and, uh, revising state regulations

841
01:07:24.675 --> 01:07:28.055
and Medicaid manuals to include all of this new criteria

842
01:07:28.675 --> 01:07:31.415
for our SUD uh, transformation.

843
01:07:34.445 --> 01:07:37.665
We were also doing all of this applying for a CMS waiver

844
01:07:38.085 --> 01:07:40.465
to waive the, uh, IMD rule.

845
01:07:40.925 --> 01:07:43.905
Uh, we worked with, uh, HMA and Mercer on that waiver.

846
01:07:44.725 --> 01:07:46.865
And, you know, what we wanted it

847
01:07:46.865 --> 01:07:50.105
to do was increase residential, residential SUD capacity,

848
01:07:50.285 --> 01:07:52.105
so our level three A CM services.

849
01:07:52.565 --> 01:07:57.545
And, um, and it has, so we went from 16 beds max

850
01:07:57.885 --> 01:08:01.065
to the state, decided on a 25 bed maximum.

851
01:08:01.685 --> 01:08:04.905
And so we have lots of providers that took advantage of,

852
01:08:04.965 --> 01:08:08.065
if they have the space available, of course, took advantage

853
01:08:08.125 --> 01:08:09.785
of that, um, option

854
01:08:09.845 --> 01:08:12.265
to increase their SUD residential capacity.

855
01:08:16.505 --> 01:08:18.245
The state developed monitoring tools.

856
01:08:18.585 --> 01:08:22.365
And I think what's really cool about this is that, again,

857
01:08:22.765 --> 01:08:26.125
providers were included in the development process, so

858
01:08:26.125 --> 01:08:29.245
that nothing was a surprise, um, on

859
01:08:29.245 --> 01:08:31.045
what the state would look for when they came in

860
01:08:31.145 --> 01:08:34.845
to monitor the agencies to make sure that they were, uh,

861
01:08:35.405 --> 01:08:37.525
compliant with the programming rules

862
01:08:37.665 --> 01:08:39.365
and with the A SAM criteria.

863
01:08:44.535 --> 01:08:48.345
Just another, um, another example of what

864
01:08:48.345 --> 01:08:50.265
that those monitoring tools look like.

865
01:08:50.415 --> 01:08:52.625
They wanted to make sure that, again,

866
01:08:52.625 --> 01:08:56.225
that providers could use these tools to, um, make sure

867
01:08:56.225 --> 01:08:58.785
that they're not going to have disa allowances if someone

868
01:08:58.785 --> 01:09:00.345
comes in and reviews their services,

869
01:09:00.535 --> 01:09:04.865
that their team-based rates, that all that stuff being paid

870
01:09:04.865 --> 01:09:06.665
for through their team-based rates is

871
01:09:06.695 --> 01:09:08.345
implemented and is happening.

872
01:09:10.105 --> 01:09:12.285
You know, I have to say on this too, Natalie, uh,

873
01:09:12.285 --> 01:09:15.365
this was another area where I was very happy with the level

874
01:09:15.365 --> 01:09:18.885
of cooperation we got from our, our state agency.

875
01:09:19.345 --> 01:09:21.245
You know, early in my career when

876
01:09:21.245 --> 01:09:22.285
things like this would happen.

877
01:09:23.225 --> 01:09:24.885
We didn't go through changes on this scale,

878
01:09:24.905 --> 01:09:27.205
but when changes would happen, it would almost

879
01:09:27.795 --> 01:09:30.365
feel like it was happening to you as a provider.

880
01:09:30.915 --> 01:09:33.885
Whereas with this process, when they developed these tools,

881
01:09:34.265 --> 01:09:37.045
it was happening in, in concert with us.

882
01:09:37.425 --> 01:09:40.965
Um, so that was, uh, I, I can't stress enough if any,

883
01:09:41.065 --> 01:09:43.365
anyone is, is considering going

884
01:09:43.365 --> 01:09:46.125
through a process like this is to have the right partners.

885
01:09:47.575 --> 01:09:48.975
Absolutely. Uh,

886
01:09:48.975 --> 01:09:51.455
those were lessons learned in Missouri a long time ago.

887
01:09:51.555 --> 01:09:53.495
And so I too am very happy

888
01:09:53.495 --> 01:09:56.855
that it's a collaborative process, um, with all

889
01:09:56.855 --> 01:09:58.335
of these big projects that we work on,

890
01:09:58.335 --> 01:10:00.695
even the small projects that we work on, it's collaborative.

891
01:10:02.055 --> 01:10:05.675
Um, so the, uh, staffing allocations were also monitored.

892
01:10:05.935 --> 01:10:08.555
And, um, basically, again, it goes back

893
01:10:08.555 --> 01:10:11.115
to those requirements under each a SA level of care

894
01:10:11.655 --> 01:10:13.715
and the amount of staff time

895
01:10:13.715 --> 01:10:16.595
that was built into those a a team based rates.

896
01:10:19.275 --> 01:10:22.725
Okay. Now I'm gonna turn it over to Ryan to talk about

897
01:10:23.285 --> 01:10:25.485
a pers a provider's perspective on

898
01:10:25.545 --> 01:10:29.285
how his agency implemented, um, the transformation.

899
01:10:30.295 --> 01:10:34.825
Great. So, yeah, I mean, it was a, a, it

900
01:10:35.815 --> 01:10:37.015
was kind of interesting for me

901
01:10:37.015 --> 01:10:39.175
because I had been living it already

902
01:10:39.355 --> 01:10:42.255
for about two years when it was finally time for

903
01:10:43.505 --> 01:10:44.965
my agency to implement it.

904
01:10:45.105 --> 01:10:47.685
So I was almost kind of exhausted by the process

905
01:10:47.945 --> 01:10:51.605
by the time we were ready to get started internally, uh,

906
01:10:51.605 --> 01:10:53.245
which is why, you know, I

907
01:10:53.995 --> 01:10:56.925
largely stepped away from the process when it was, uh,

908
01:10:56.925 --> 01:10:58.885
implemented internally in my organization.

909
01:10:59.085 --> 01:11:00.405
I was always there to support.

910
01:11:01.145 --> 01:11:03.765
Uh, but I had a, we put a, a great team together

911
01:11:03.765 --> 01:11:06.565
to implement it internally in our organization that had a,

912
01:11:06.845 --> 01:11:07.925
a really broad membership,

913
01:11:07.985 --> 01:11:09.965
but from all levels of the organization,

914
01:11:09.965 --> 01:11:12.605
we had direct care staff, leadership staff,

915
01:11:12.615 --> 01:11:15.405
front desk staff, you know, uh,

916
01:11:15.405 --> 01:11:19.765
executive level staff involved in the process, um, just to

917
01:11:21.535 --> 01:11:23.185
kind of look at everything.

918
01:11:23.365 --> 01:11:26.825
You know, the, again, going back to the cooperation,

919
01:11:27.065 --> 01:11:28.905
collaboration with the, the council

920
01:11:29.125 --> 01:11:33.045
and the, uh, state of Missouri, you know, they, they,

921
01:11:33.245 --> 01:11:37.645
I feel like they equipped us, uh, really well, um, to,

922
01:11:38.105 --> 01:11:40.605
um, begin the process of implementing this.

923
01:11:40.665 --> 01:11:41.845
It was a very, uh,

924
01:11:41.845 --> 01:11:43.725
well thought out process in the beginning.

925
01:11:44.705 --> 01:11:47.525
Um, that's not to say that there weren't some, you know,

926
01:11:47.595 --> 01:11:49.125
hiccups and things like that,

927
01:11:49.385 --> 01:11:53.325
but it, it was, uh, as smooth as it could be.

928
01:11:53.665 --> 01:11:56.085
You know, we were, I believe, the second provider

929
01:11:56.155 --> 01:11:58.685
that implemented, um, this process.

930
01:11:59.065 --> 01:12:02.165
Um, the, the first provider, uh, just so happens

931
01:12:02.165 --> 01:12:04.165
to be the largest provider we have in Missouri.

932
01:12:04.425 --> 01:12:05.725
Um, um,

933
01:12:07.165 --> 01:12:08.945
and, uh, so the forming

934
01:12:08.945 --> 01:12:11.225
that implementation team was really important,

935
01:12:11.485 --> 01:12:13.865
and having that really broad membership, uh,

936
01:12:14.405 --> 01:12:16.825
during the course of that implementation team's work,

937
01:12:16.855 --> 01:12:19.665
they looked, they took a look at all of our, uh,

938
01:12:19.945 --> 01:12:21.705
staffing models and everything,

939
01:12:21.705 --> 01:12:24.305
and determining where our capacity lay now

940
01:12:24.925 --> 01:12:29.695
and with implementing a SAM, along with, you know,

941
01:12:29.795 --> 01:12:33.615
the potential approval of this 1115 waiver for, uh,

942
01:12:33.635 --> 01:12:37.255
the IMD exclusion, what our new capacity would be,

943
01:12:37.475 --> 01:12:39.815
and where we needed to look at adding staff.

944
01:12:40.115 --> 01:12:43.895
And, um, so that was quite a long process as well.

945
01:12:44.555 --> 01:12:48.735
And then the other track to that was we had

946
01:12:48.735 --> 01:12:50.015
to make sure our staff were trained.

947
01:12:50.115 --> 01:12:51.295
Now, there were some, some,

948
01:12:51.405 --> 01:12:53.335
obviously Natalie mentioned earlier,

949
01:12:53.405 --> 01:12:55.775
some requirements, uh, to implement.

950
01:12:55.795 --> 01:12:57.535
You know, staff had to go through foundation

951
01:12:57.535 --> 01:13:01.435
and skill building courses that were, uh, facilitated

952
01:13:01.695 --> 01:13:04.115
by a a m, you know, trainers.

953
01:13:04.975 --> 01:13:07.195
Uh, but then, you know, as part

954
01:13:07.195 --> 01:13:10.755
of our implementation process internally, we had, um,

955
01:13:12.505 --> 01:13:15.835
members of our implementation team become subject matter

956
01:13:15.835 --> 01:13:17.835
experts in a particular level of care,

957
01:13:18.175 --> 01:13:20.275
and it was their job to make sure

958
01:13:20.275 --> 01:13:23.595
that the appropriate people internally were trained on that.

959
01:13:23.815 --> 01:13:26.475
And we still, we have all of those trainings recorded,

960
01:13:26.575 --> 01:13:29.755
and, you know, we update them as often as we can and,

961
01:13:29.775 --> 01:13:32.395
and new employees now, when they start along with going

962
01:13:32.395 --> 01:13:34.395
through foundation and skill building training,

963
01:13:34.455 --> 01:13:37.515
if it's needed, depending on their, uh, position,

964
01:13:37.825 --> 01:13:39.915
they also go through all of our internal training.

965
01:13:41.555 --> 01:13:43.015
Um, we also had to look at

966
01:13:43.045 --> 01:13:45.735
what the implications were gonna be on our policies

967
01:13:45.735 --> 01:13:46.735
and procedures long term.

968
01:13:46.915 --> 01:13:51.455
We had to rewrite a lot of those things to, um, to mirror

969
01:13:51.525 --> 01:13:53.415
what we were doing, uh, with the process.

970
01:13:54.075 --> 01:13:56.135
And then probably one of the largest things we had

971
01:13:56.135 --> 01:13:59.415
to do was overhaul our, our electronic medical record, uh,

972
01:13:59.435 --> 01:14:03.935
system to, uh, be able to support this one, uh,

973
01:14:03.935 --> 01:14:06.175
this new model from a clinical perspective,

974
01:14:06.355 --> 01:14:09.575
but most importantly, um, and,

975
01:14:09.675 --> 01:14:13.085
and the largest amount of the work went into figuring out

976
01:14:13.235 --> 01:14:16.005
what the, that was gonna look like from the billing

977
01:14:16.105 --> 01:14:17.885
and financial side of things.

978
01:14:17.985 --> 01:14:20.045
You know, we really had to, uh, kind

979
01:14:20.045 --> 01:14:21.765
of tear down the back end of our EMR

980
01:14:21.765 --> 01:14:25.245
and rebuild it, um, uh, with this new process in mind.

981
01:14:25.385 --> 01:14:27.485
So, uh, there was a lot of work that went into that.

982
01:14:27.485 --> 01:14:29.205
There was a lot of testing that went into that.

983
01:14:29.515 --> 01:14:32.725
That was one of the lessons learned that we were able to

984
01:14:33.615 --> 01:14:35.445
share with providers that came along

985
01:14:35.445 --> 01:14:37.965
after us, was to slow down a little bit

986
01:14:37.985 --> 01:14:39.685
and do as much testing as you can,

987
01:14:40.115 --> 01:14:42.765
because if you don't do, if, you know, there were providers

988
01:14:42.765 --> 01:14:45.485
that didn't do testing, they were going, you know,

989
01:14:45.645 --> 01:14:49.165
a a significant amount of time, uh, with, you know,

990
01:14:49.165 --> 01:14:50.605
billing failures and things like that

991
01:14:50.605 --> 01:14:52.805
because their backend systems weren't set up right.

992
01:14:52.905 --> 01:14:54.925
So that was some of the advice we gave to them.

993
01:14:55.665 --> 01:14:57.285
Uh, you can move on to the next slide.

994
01:14:58.775 --> 01:15:00.475
Um, you know, just to, I'm gonna go

995
01:15:00.475 --> 01:15:02.595
through just a few metrics on increase

996
01:15:02.595 --> 01:15:03.675
in access and revenue.

997
01:15:04.015 --> 01:15:07.995
So, and I wanna preface all this by saying that,

998
01:15:09.365 --> 01:15:12.705
you know, when we implemented, we were coming off of, um,

999
01:15:13.045 --> 01:15:14.745
you know, the public health crisis of covid.

1000
01:15:14.965 --> 01:15:19.185
So we were getting back to providing service, you know,

1001
01:15:19.275 --> 01:15:21.625
fully in office, and we were seeing, you know,

1002
01:15:21.625 --> 01:15:22.945
already a spike in the number

1003
01:15:22.945 --> 01:15:24.385
of patients that were coming in.

1004
01:15:24.885 --> 01:15:27.305
But we did see about, you know, within, um,

1005
01:15:28.645 --> 01:15:32.345
we compared the first six months of implementation, um,

1006
01:15:33.695 --> 01:15:35.035
to the previous six months.

1007
01:15:35.135 --> 01:15:38.035
We saw nearly 20% increase in patients seen,

1008
01:15:38.095 --> 01:15:41.195
and, uh, about a 65% increase in revenue.

1009
01:15:42.175 --> 01:15:45.435
Um, now that revenue did level off,

1010
01:15:45.445 --> 01:15:48.155
we're not still seeing year over year 64%.

1011
01:15:48.295 --> 01:15:50.555
But, you know, I mean, it, it, it did

1012
01:15:50.555 --> 01:15:51.635
what it was intended to do.

1013
01:15:51.935 --> 01:15:55.475
You know, we were able to, um, you know,

1014
01:15:56.455 --> 01:16:00.725
completely reform our internal, um,

1015
01:16:01.145 --> 01:16:04.725
salary schedule and payment, um, to, to, to our staff

1016
01:16:04.865 --> 01:16:08.645
and, you know, uh, invest in things that we hadn't been able

1017
01:16:08.645 --> 01:16:11.045
to invest in in a long time as an organization,

1018
01:16:11.045 --> 01:16:14.605
because we were always previously

1019
01:16:16.115 --> 01:16:19.935
on the razor's edge, um, because of where our rates were.

1020
01:16:20.555 --> 01:16:23.095
And, uh, this process allowed us,

1021
01:16:23.095 --> 01:16:26.495
because we went through that very laborious process

1022
01:16:26.725 --> 01:16:29.135
with Mercer to get our rates right

1023
01:16:29.195 --> 01:16:31.295
and make sure we were included in everything that needed

1024
01:16:31.295 --> 01:16:35.845
to be included, we were able to, um, you know,

1025
01:16:36.785 --> 01:16:38.525
get paid appropriately for what we were doing,

1026
01:16:38.525 --> 01:16:39.765
which was the goal all along.

1027
01:16:40.855 --> 01:16:44.225
Uh, next slide. So, impact on patient care.

1028
01:16:44.385 --> 01:16:47.945
I mean, obviously we saw, uh, uh, an impact in, uh,

1029
01:16:47.955 --> 01:16:50.465
engagement and the level of service we provided.

1030
01:16:50.725 --> 01:16:54.305
I'm gonna share in a few minutes, some, um, some, uh,

1031
01:16:54.405 --> 01:16:56.625
quotes directly from some patients, uh,

1032
01:16:56.845 --> 01:16:59.065
and from some staff that went through the process.

1033
01:17:00.025 --> 01:17:01.805
Uh, we offer patients more choice.

1034
01:17:02.025 --> 01:17:03.725
We reduced our readmission rates,

1035
01:17:03.825 --> 01:17:05.565
and I think I have a graph that shows that.

1036
01:17:06.105 --> 01:17:08.205
And we also provided a much smoother transition

1037
01:17:08.205 --> 01:17:09.285
between levels of care.

1038
01:17:09.385 --> 01:17:12.045
Before it was a very regimented process.

1039
01:17:12.305 --> 01:17:14.845
You know, it was, you know, it was, you're gonna go,

1040
01:17:14.945 --> 01:17:16.725
you're gonna start here, and you're gonna go here,

1041
01:17:16.725 --> 01:17:17.725
and you're gonna go here now.

1042
01:17:17.725 --> 01:17:20.645
It's a very free flowing environment that we're in.

1043
01:17:21.425 --> 01:17:25.005
Um, and, and that's been great for retention, uh,

1044
01:17:25.465 --> 01:17:27.405
and of both patients and staff.

1045
01:17:28.245 --> 01:17:32.515
Staff. Uh, next slide. Yeah, so enga session engagement.

1046
01:17:32.615 --> 01:17:35.915
We saw about a 10% session, uh, engagement in the number

1047
01:17:35.915 --> 01:17:39.635
of sessions, um, year over year from, you know, um,

1048
01:17:39.975 --> 01:17:42.435
12 months in to the previous 12 months.

1049
01:17:42.575 --> 01:17:45.035
So, um, a lot more people were

1050
01:17:45.715 --> 01:17:47.115
engaging in care at that point in time.

1051
01:17:47.295 --> 01:17:49.955
Now, some of that could be attributed a bit to the pandemic.

1052
01:17:50.255 --> 01:17:51.475
Um, uh,

1053
01:17:51.735 --> 01:17:55.115
but, um, you know, we're, we're looking at those numbers now

1054
01:17:55.135 --> 01:17:57.835
to see kind of where we are year over year at this point.

1055
01:17:58.015 --> 01:18:01.195
But we may not, you know, it may not be as big

1056
01:18:01.195 --> 01:18:02.475
of a jump in engagement.

1057
01:18:02.735 --> 01:18:04.995
Uh, but I think the, I remember right,

1058
01:18:05.155 --> 01:18:06.595
the next slide is probably the one

1059
01:18:06.595 --> 01:18:09.195
that I'm more interested in, uh, telling you about.

1060
01:18:09.495 --> 01:18:13.315
We saw a 34% drop in readmissions into treatment.

1061
01:18:13.855 --> 01:18:17.675
And so I had to ask my staff, I said, is, is that drop due

1062
01:18:17.675 --> 01:18:19.275
to the fact that people are staying

1063
01:18:19.305 --> 01:18:20.755
engaged in treatment longer?

1064
01:18:21.985 --> 01:18:26.525
Uh, or the fact that we're people are completing treatment

1065
01:18:26.525 --> 01:18:28.005
and discharging and not coming back.

1066
01:18:29.595 --> 01:18:33.095
And what we found was that people were just engaging longer.

1067
01:18:33.155 --> 01:18:35.095
We weren't seeing that level of dropout

1068
01:18:35.155 --> 01:18:37.975
and readmission that we had been seeing over the years

1069
01:18:37.975 --> 01:18:41.175
because of the one, the level of care we were providing,

1070
01:18:41.315 --> 01:18:43.255
but a little bit more of the freedom

1071
01:18:43.285 --> 01:18:45.295
that we were providing of care too.

1072
01:18:45.515 --> 01:18:47.415
You know, treatment wasn't so

1073
01:18:48.225 --> 01:18:50.175
regimented in cookie cutter anymore.

1074
01:18:50.235 --> 01:18:54.335
It was very free flowing, as I said. Uh, next slide.

1075
01:18:55.595 --> 01:18:56.655
So what are people saying?

1076
01:18:57.235 --> 01:18:59.935
Uh, so this is from a staff member, uh, prior to

1077
01:18:59.935 --> 01:19:02.815
as a MR patients had a steady diet of back-to-back groups,

1078
01:19:03.055 --> 01:19:06.615
a very frenetic pace that you wouldn't wanna subject himself

1079
01:19:06.615 --> 01:19:07.695
to on their best day.

1080
01:19:08.455 --> 01:19:09.595
And then as a m happened,

1081
01:19:09.775 --> 01:19:11.755
and, uh, next we'll see some quotes.

1082
01:19:12.415 --> 01:19:16.075
Um, and these are, um, uh, from some of our staff.

1083
01:19:16.295 --> 01:19:18.755
Um, I hate to just read from a slide,

1084
01:19:18.755 --> 01:19:20.515
but that's basically what I have to do here.

1085
01:19:20.855 --> 01:19:22.355
In withdrawal management, we're able

1086
01:19:22.355 --> 01:19:24.875
to provide many more services like peer support

1087
01:19:24.875 --> 01:19:27.435
and case management, where previously, you know,

1088
01:19:27.495 --> 01:19:30.835
our rates didn't support us providing any services other

1089
01:19:30.835 --> 01:19:31.835
than med management.

1090
01:19:32.255 --> 01:19:36.195
And, you know, uh, a safe place for a person to withdraw.

1091
01:19:36.815 --> 01:19:39.275
Uh, we weren't really providing a lot of clinical service

1092
01:19:39.405 --> 01:19:42.235
until after they were completing that withdrawal.

1093
01:19:42.235 --> 01:19:45.315
And now we can, you know, offer so many more things.

1094
01:19:46.505 --> 01:19:49.205
Uh, one clinician noted from a diagnostic perspective,

1095
01:19:49.405 --> 01:19:51.565
I feel much more equipped using the six dimensions.

1096
01:19:51.565 --> 01:19:54.445
It gets a much better snapshot in time in order

1097
01:19:54.445 --> 01:19:55.685
to make clinical decisions.

1098
01:19:57.025 --> 01:20:00.125
Uh, another noted treatment's no longer focused on a

1099
01:20:00.285 --> 01:20:01.565
singular issue of substance use.

1100
01:20:01.725 --> 01:20:02.845
A A A M allows

1101
01:20:02.845 --> 01:20:04.845
for a much more comprehensive look at the patient.

1102
01:20:05.545 --> 01:20:07.325
You know, we were always using that kind

1103
01:20:07.325 --> 01:20:09.125
of bio psychosocial model of care,

1104
01:20:09.225 --> 01:20:13.885
but it was always with a very heavy emphasis on, you know,

1105
01:20:13.885 --> 01:20:16.045
their SUD um, issues.

1106
01:20:16.735 --> 01:20:18.445
While that's still very important

1107
01:20:18.625 --> 01:20:21.485
and we do place a, an emphasis on it, um,

1108
01:20:21.775 --> 01:20:25.045
doing this allowed us to open up, uh, a lot more.

1109
01:20:26.665 --> 01:20:28.645
Uh, it's become very individual approach

1110
01:20:28.665 --> 01:20:30.765
to taking into consideration the complexities

1111
01:20:30.765 --> 01:20:32.085
and nuances of the disease.

1112
01:20:32.975 --> 01:20:35.195
Uh, since the program's been in implemented,

1113
01:20:35.195 --> 01:20:36.915
we've seen fewer behavioral issues

1114
01:20:37.175 --> 01:20:39.515
and, uh, particularly in our residential programs.

1115
01:20:40.015 --> 01:20:44.035
And that is due in part a lot to, uh, the fact that,

1116
01:20:44.415 --> 01:20:46.675
you know, they're not sitting in groups for eight

1117
01:20:46.675 --> 01:20:47.715
to 10 hours a day.

1118
01:20:47.975 --> 01:20:51.355
You know, they're transitioning levels of care within

1119
01:20:51.355 --> 01:20:55.925
that kind of level three model, where we may have someone

1120
01:20:55.925 --> 01:20:58.525
that's in that kind of 3.5 for a few weeks,

1121
01:20:58.705 --> 01:21:01.845
and then, you know, we're, we're stepping them down

1122
01:21:01.865 --> 01:21:03.205
to a lesser intensive level

1123
01:21:03.205 --> 01:21:05.765
of care while supporting them still in a residential

1124
01:21:05.765 --> 01:21:07.605
setting, but we might allow them, you know,

1125
01:21:07.605 --> 01:21:09.725
they might go out and get a job and work two

1126
01:21:09.725 --> 01:21:11.725
or three days a week and then come back in for,

1127
01:21:12.145 --> 01:21:14.885
for treatment in the evenings or, or, or whatever.

1128
01:21:14.985 --> 01:21:19.165
So it's been very, very, um, uh, freeing.

1129
01:21:19.245 --> 01:21:22.215
I think for our staff. Um,

1130
01:21:23.925 --> 01:21:25.325
patients are allowed to experience

1131
01:21:25.325 --> 01:21:26.645
treatment a whole new way.

1132
01:21:27.065 --> 01:21:30.245
Um, they can, uh, collect their thoughts now.

1133
01:21:30.245 --> 01:21:32.685
They can relax, they can, you know, rest.

1134
01:21:32.865 --> 01:21:35.885
And as this one clinician said they can recover.

1135
01:21:37.135 --> 01:21:39.155
Uh, next slide. Yeah, that's it.

1136
01:21:39.275 --> 01:21:40.635
I mean, you know, it's, it's, it's,

1137
01:21:40.635 --> 01:21:43.075
it's been a really great process for us,

1138
01:21:43.295 --> 01:21:46.365
and, um, you know, the work is just beginning.

1139
01:21:46.495 --> 01:21:47.925
It'll constantly be evolving

1140
01:21:48.425 --> 01:21:51.045
and, uh, we're, we're trying to make it better,

1141
01:21:51.225 --> 01:21:53.235
but, um, yeah.

1142
01:21:54.175 --> 01:21:56.195
Walter, questions or anything?

1143
01:21:57.225 --> 01:21:59.405
Yes. Thank you so much, Ryan and Natalie.

1144
01:21:59.905 --> 01:22:01.845
Um, we do have a couple of audience questions.

1145
01:22:01.925 --> 01:22:03.205
I don't think we're gonna get to hold of them,

1146
01:22:03.265 --> 01:22:04.285
so I will follow up

1147
01:22:04.285 --> 01:22:05.925
and we can share them with people later on.

1148
01:22:06.505 --> 01:22:08.845
Um, but just to start, we have a couple of minutes.

1149
01:22:08.985 --> 01:22:11.885
Um, from your experience, what were some

1150
01:22:11.885 --> 01:22:13.245
of the potential pitfalls

1151
01:22:13.705 --> 01:22:16.885
to avoid when implementing the a a, uh, payment model?

1152
01:22:19.365 --> 01:22:20.655
Ryan, you wanna take that?

1153
01:22:21.605 --> 01:22:24.015
Yeah, I mean, I, I, I think some of the things

1154
01:22:24.115 --> 01:22:27.375
to avoid are thinking that, you know, uh,

1155
01:22:28.835 --> 01:22:32.285
it can be done singularly by one.

1156
01:22:32.425 --> 01:22:34.565
You know, I, I know I've talked a lot about the partnership,

1157
01:22:34.665 --> 01:22:37.805
but I know, again, you know, speaking from past experience

1158
01:22:37.875 --> 01:22:41.965
with, you know, I've been working in a system in Missouri

1159
01:22:41.965 --> 01:22:45.005
for over 20 years, and it felt like things were happening

1160
01:22:45.005 --> 01:22:47.485
to us as providers, and now they're happening with us.

1161
01:22:47.705 --> 01:22:50.605
So, um, if there are any state agencies on here

1162
01:22:50.605 --> 01:22:52.685
that are thinking about it, involve your providers,

1163
01:22:52.685 --> 01:22:55.405
involve your provider, uh, association into that process,

1164
01:22:55.605 --> 01:22:58.205
I think that's probably one of the biggest pitfalls,

1165
01:22:58.405 --> 01:23:01.325
is thinking that it can be done singularly by one entity.

1166
01:23:01.385 --> 01:23:02.885
You gotta, you have to include your,

1167
01:23:02.885 --> 01:23:04.205
include your Medicaid program as well.

1168
01:23:05.555 --> 01:23:07.575
But that's, Go ahead, Carolyn.

1169
01:23:07.865 --> 01:23:10.735
Sorry. Yeah, I was just gonna say that from the planning

1170
01:23:11.445 --> 01:23:13.295
perspective, um,

1171
01:23:14.745 --> 01:23:16.555
it's gonna take longer than you think it will.

1172
01:23:16.975 --> 01:23:19.315
Um, at least that's how, that's what we experienced.

1173
01:23:19.575 --> 01:23:24.355
And, um, even, and it, it costs money to do this cost.

1174
01:23:24.355 --> 01:23:27.515
You know, we, we had to pay Mercer, we paid, uh, HMA,

1175
01:23:28.095 --> 01:23:31.235
and so there were some expenses behind it as well.

1176
01:23:32.055 --> 01:23:33.275
Um, but again,

1177
01:23:33.455 --> 01:23:36.235
we felt like it was worth it. It was worth the investment.

1178
01:23:36.985 --> 01:23:38.715
Yeah, we paid as a for training as well.

1179
01:23:38.715 --> 01:23:41.635
There was, there was yes. Training costs as well, so

1180
01:23:42.215 --> 01:23:43.155
That's true. Yeah.

1181
01:23:43.925 --> 01:23:45.995
Would love to follow up on some questions about the

1182
01:23:46.115 --> 01:23:47.955
training, but let's get to the audience questions first.

1183
01:23:48.575 --> 01:23:51.635
Um, and what are some of the, as i billing nuances

1184
01:23:51.705 --> 01:23:54.195
that require providers to make a shift in their mindset,

1185
01:23:54.415 --> 01:23:56.755
how they deliver services or how they bill for services?

1186
01:23:58.695 --> 01:24:02.845
Um, I would say probably the biggest, um, difference

1187
01:24:02.845 --> 01:24:06.725
for us now is are, uh, so within the A SAM levels of care,

1188
01:24:06.735 --> 01:24:09.565
there are service thresholds that have to be met in order

1189
01:24:09.665 --> 01:24:14.285
to, um, so for example, uh, level 2.1,

1190
01:24:14.285 --> 01:24:17.085
intensive outpatient, there's a, a service threshold

1191
01:24:17.085 --> 01:24:18.285
that has to be met for the week.

1192
01:24:18.385 --> 01:24:20.685
So then a number of hours that a person has

1193
01:24:20.685 --> 01:24:24.205
to participate in order for you to actually receive that,

1194
01:24:24.945 --> 01:24:29.565
um, uh, uh, you know, daily bundled rate

1195
01:24:30.025 --> 01:24:31.085
or team-based rate.

1196
01:24:31.665 --> 01:24:34.245
Um, and if you don't meet that service threshold,

1197
01:24:34.245 --> 01:24:38.165
then those services revert back to a, uh, fee for service.

1198
01:24:38.545 --> 01:24:40.045
Um, so, uh, you know,

1199
01:24:40.045 --> 01:24:42.405
if they don't meet the service threshold for the week, then

1200
01:24:42.995 --> 01:24:45.005
your, you're, you know, they're, they're, they're,

1201
01:24:45.005 --> 01:24:46.285
they're kicking back to that kind

1202
01:24:46.285 --> 01:24:49.885
of just general outpatient, um, uh, payment, uh,

1203
01:24:50.135 --> 01:24:51.605
model, which is fine.

1204
01:24:51.685 --> 01:24:52.805
I mean, those rates were designed

1205
01:24:52.805 --> 01:24:54.125
and developed to cover cost.

1206
01:24:54.465 --> 01:24:55.685
Um, that's not an issue.

1207
01:24:55.945 --> 01:24:58.205
But from an EMR perspective, that's one thing

1208
01:24:58.205 --> 01:25:00.205
that we've been struggling with, uh,

1209
01:25:00.205 --> 01:25:02.805
really since the implementation, is them figuring out

1210
01:25:02.835 --> 01:25:04.485
that kind of rollback and,

1211
01:25:04.625 --> 01:25:08.405
and, um, uh, the service threshold rules.

1212
01:25:10.225 --> 01:25:13.955
Yeah, and I, I would, I've definitely echo the, the

1213
01:25:14.915 --> 01:25:19.335
EHR, um, issues

1214
01:25:19.485 --> 01:25:20.695
with, with this model.

1215
01:25:20.885 --> 01:25:24.135
They, there, it, it is difficult when we have,

1216
01:25:24.195 --> 01:25:26.055
we have seven EHRs in the state.

1217
01:25:26.675 --> 01:25:30.935
Um, mo many of those are throughout the SUD providers.

1218
01:25:31.035 --> 01:25:34.695
And so it required a lot of work on their end

1219
01:25:35.115 --> 01:25:39.855
to get their EHR systems to work in a way that, you know,

1220
01:25:40.005 --> 01:25:42.375
that helped with their billing like Ryan described.

1221
01:25:42.605 --> 01:25:46.695
Because unfortunately, the EHR vendors aren't gonna do that

1222
01:25:46.835 --> 01:25:50.855
for one state or for one provider, um, out of hundreds.

1223
01:25:51.275 --> 01:25:54.295
And so, um, so yeah, that was, that was,

1224
01:25:54.985 --> 01:25:57.475
that was un I think unanticipated

1225
01:25:57.795 --> 01:25:59.435
or un, we just didn't think about it,

1226
01:25:59.655 --> 01:26:01.115
but it was definitely an issue.

1227
01:26:02.625 --> 01:26:05.555
Um, and we have a question to piggyback off of the EHR.

1228
01:26:05.735 --> 01:26:07.955
Um, and did provider orgs need to change eh,

1229
01:26:08.465 --> 01:26:09.795
EHRs to support these changes?

1230
01:26:11.465 --> 01:26:13.245
No one did. Yeah.

1231
01:26:13.285 --> 01:26:17.445
I don't think any provider changed EMRs to, to implement,

1232
01:26:17.585 --> 01:26:21.245
you know, I mean, the good thing about our all the EMRs now

1233
01:26:21.305 --> 01:26:24.965
is, is that, you know, when, you know, when you implement,

1234
01:26:24.995 --> 01:26:26.085
they come in and, and,

1235
01:26:26.145 --> 01:26:29.285
and you become the subject matter expert on your system.

1236
01:26:29.665 --> 01:26:31.605
You know, I mean, they have backend control

1237
01:26:31.705 --> 01:26:32.725
and there are certain things

1238
01:26:32.725 --> 01:26:34.205
that you have to go to them to fix.

1239
01:26:34.305 --> 01:26:38.205
But a lot of the things that we did, I would say 80%

1240
01:26:38.205 --> 01:26:40.925
of the things that we did we were able to do ourselves

1241
01:26:41.385 --> 01:26:42.485
and we had to go to them

1242
01:26:42.665 --> 01:26:44.205
for some assistance on a few

1243
01:26:44.205 --> 01:26:45.285
things, some of the bigger things.

1244
01:26:45.465 --> 01:26:47.625
Um, and some of those things, you know,

1245
01:26:47.625 --> 01:26:50.345
they just weren't able to do and we had to work around them.

1246
01:26:52.015 --> 01:26:56.275
And, And we did include in the rates costs

1247
01:26:56.335 --> 01:26:57.395
of eh r systems.

1248
01:26:57.535 --> 01:26:59.795
So for, you know, the costs of providers having

1249
01:27:00.385 --> 01:27:03.075
EHRs was actually included in the rates as well.

1250
01:27:05.975 --> 01:27:08.595
And when you did your overhaul that you mentioned, um,

1251
01:27:08.685 --> 01:27:10.155
where audience member asking

1252
01:27:10.215 --> 01:27:12.155
for a little bit more details on that,

1253
01:27:12.215 --> 01:27:13.595
and I think this will be our last question,

1254
01:27:13.615 --> 01:27:14.715
we have to wrap up soon here.

1255
01:27:17.055 --> 01:27:18.055
I'm sorry, what was the question?

1256
01:27:18.815 --> 01:27:21.915
Um, your EMR overhaul mentioned, you mentioned.

1257
01:27:22.055 --> 01:27:23.915
Can you provide a little bit more details about that?

1258
01:27:24.135 --> 01:27:25.995
How it worked and what process you guys

1259
01:27:26.185 --> 01:27:29.715
Yeah, I mean, so my organization, we use, um,

1260
01:27:30.515 --> 01:27:33.915
qualifax CareLogic as our, um, uh, vendor.

1261
01:27:34.175 --> 01:27:36.195
And, you know, it was,

1262
01:27:38.055 --> 01:27:40.835
we basically had this old model, so we had to build out new,

1263
01:27:41.255 --> 01:27:46.115
uh, service arrays, new programs, um, new, you know, um,

1264
01:27:46.555 --> 01:27:48.755
I forget some of the, the terminology that they used,

1265
01:27:48.755 --> 01:27:50.995
but new contracts, new billing rates.

1266
01:27:51.175 --> 01:27:53.555
We had to rebuild all of those things

1267
01:27:53.975 --> 01:27:57.915
and have them ready to go to deploy when we it,

1268
01:27:58.205 --> 01:28:01.155
which again is another thing where, you know,

1269
01:28:01.645 --> 01:28:04.235
every state obviously I'm sure does things differently,

1270
01:28:04.415 --> 01:28:07.915
but with us, once we built that out in our kind

1271
01:28:07.915 --> 01:28:10.835
of test system, we were able to work with the state agency

1272
01:28:10.935 --> 01:28:12.235
to start testing out the billing

1273
01:28:12.255 --> 01:28:13.835
to make sure everything was working right.

1274
01:28:14.335 --> 01:28:16.795
So I would say the overhaul, the biggest part of that was,

1275
01:28:17.495 --> 01:28:21.555
um, you know, building out those new contracts

1276
01:28:21.555 --> 01:28:24.675
and service menus and programs within our EMR.

1277
01:28:26.165 --> 01:28:29.855
Yeah, we basically discovered that none of the EHRs did,

1278
01:28:29.995 --> 01:28:33.015
um, that, that threshold that Ryan talked about, none

1279
01:28:33.015 --> 01:28:37.495
of them did that, that rollup of services provided in a day

1280
01:28:37.595 --> 01:28:41.575
or a week so that they would know if they met the threshold

1281
01:28:41.595 --> 01:28:44.055
to bill 2.1 or 2.5

1282
01:28:44.055 --> 01:28:45.895
or, you know, whatever the level of care was.

1283
01:28:45.955 --> 01:28:49.495
And so I believe for some providers they're,

1284
01:28:49.495 --> 01:28:52.095
they're still doing some manual work on their backend to

1285
01:28:53.285 --> 01:28:56.015
make sure that they're not billing a level of care

1286
01:28:56.045 --> 01:28:58.455
that they shouldn't because the threshold wasn't met.

1287
01:28:58.595 --> 01:29:01.945
So, um, and some of that is a lookback process.

1288
01:29:02.215 --> 01:29:05.465
Some of it is, uh, you know, doing daily checks

1289
01:29:05.605 --> 01:29:07.225
and so every provider kind

1290
01:29:07.225 --> 01:29:09.145
of tackled it a little different depending on

1291
01:29:09.145 --> 01:29:12.705
what their sophistication within their own EHR

1292
01:29:13.205 --> 01:29:15.065
and ability to make changes themselves

1293
01:29:15.445 --> 01:29:16.865
or what they were comfortable with doing.

1294
01:29:19.505 --> 01:29:21.085
And that makes perfect sense.

1295
01:29:21.465 --> 01:29:23.725
Um, and we could go and talk about this all day,

1296
01:29:23.825 --> 01:29:25.965
but regrettably, it's time to wrap up.

1297
01:29:26.165 --> 01:29:27.365
I just wanted to thank you Ryan

1298
01:29:27.425 --> 01:29:28.805
and Natalie so much for your time.

1299
01:29:28.835 --> 01:29:29.845
This was a great session.

1300
01:29:30.465 --> 01:29:32.805
Um, and I wanna thank everybody else for joining us today.

1301
01:29:33.245 --> 01:29:34.765
I just wanna remind everyone that the slides

1302
01:29:34.765 --> 01:29:36.845
and recording, uh, will be available on the Open Minds

1303
01:29:36.845 --> 01:29:37.845
website starting tomorrow.

1304
01:29:38.425 --> 01:29:39.645
And we invite you to join us

1305
01:29:39.805 --> 01:29:41.325
for our next round table on Thursday,

1306
01:29:41.325 --> 01:29:43.845
April 24th at 1:00 PM Ketamine

1307
01:29:43.845 --> 01:29:45.125
and emerging psychedelics,

1308
01:29:45.125 --> 01:29:46.965
the Solace Behavioral Health case study.

1309
01:29:47.305 --> 01:29:48.445
To register for that event

1310
01:29:48.545 --> 01:29:50.725
or for a full list of upcoming round tables,

1311
01:29:50.725 --> 01:29:53.685
you can visit the executive round table page under executive

1312
01:29:53.685 --> 01:29:55.445
education tab on the Open Minds website.

1313
01:29:56.025 --> 01:29:57.845
And again, thank you so much Ryan

1314
01:29:57.845 --> 01:29:59.645
and Natalie. Have a great day everyone.

1315
01:30:00.265 --> 01:30:01.645
Thanks. Thank you.

1316
01:30:02.705 --> 01:30:02.925
Bye.