

**Behavioral Health Planning Council
Legislative Committee**

**Friday, March 5, 2021
11:00 AM, CT**

Call to Order. Greg Gallagher, Facilitator, called the business meeting of the BHPC Legislative Committee to order at 11:04 AM, CT.

Members Present. Carlotta McCleary and Teresa Larsen.

BHPC Participants: Brad Hawk and Tami Conrad

Facilitator. Greg Gallagher, The Consensus Council.

Legislative Committee Charge. Greg Gallagher provided background information published within the February 12, 2021, committee minutes outlining the committee's responsibilities, including (1) identifying prospective legislative initiatives aligned with the purpose of the BHPC; (2) monitoring legislative initiatives through the legislative process; (3) coordinating communications with BHPC members and facilitating effective BHPC input throughout the process; (4) soliciting the active participation of BHPC members; (5) drafting legislation that might advance the aims of the BHPC and the state's behavioral health strategic plan; and (6) empowering the BHPC Legislative Council, with full participation of the BHPC Executive Committee, to transact legislative activities that support the aims of the BHPC.

Approval of Agenda. Mr. Gallagher reviewed the meeting [Agenda](#). Members expressed satisfaction with the agenda and Mr. Gallagher recorded the committee's approval of the agenda.

Approval of Minutes. Mr. Gallagher reviewed the minutes from the February 12, 2021, BHPC Legislative Committee meeting, including each of the legislative initiatives identified as holding particular importance to the Committee, prior to crossover.

Review of Legislative Calendar, March 1-5, 2021

Review of Legislative Calendar, March 8-12, 2021

Review of Department of Human Services Executive Budget, HB 1012

Given the shortened week following crossover, members set aside any specific bill reviews and, instead, focused discussion on certain topics that arose in the latter days of the session's first half, prior to crossover, that deserved more attention moving forward through the second half of the session.

Restoring State Funding to Programs Impacted by the Budget Cuts and the Startup of Medicaid 1915(i). Members observed that the House Appropriations Committee demonstrated an increased understanding how the startup of Medicaid 1915(i), coupled with the budget shortfall, had adversely affected state funding of some state behavioral health programs, noted by sizable cuts. Members stated that it would be crucial for the BHPC to inform the Senate Appropriations Committee of the negative impact of these cuts, going into the second half of the session.

Experienced Parent Program. Members identified the significantly negative impact in funding cuts for Part C early intervention, supportive family programs, specifically the Experienced Parent Program, totaling approximately \$260,000. Members stated that this area required specific attention during the second half of the session.

Autism Services. Members discussed late-session activity on [SB 2089](#), concerning the future of the Autism Voucher program. Members reviewed recommendations coming forward from the most recent ASD Task Force meeting and the emergence of Task Force proposed amendments to strengthen the voucher and to restructure the operations of the ASD Task Force.

Substance Use Disorder Voucher Activity. Members commented on late activity within the House Appropriations Committee to directly target the SUD Voucher to certain rural priority areas across the state, marked by less ready access to care facilities. Members identified the difficulty in accessing SUD Voucher coverage as the service-payer-of-last-resort when the process for determining service payer responsibility is as protracted as it currently appears to be. Members stated that (1) prioritized care within certain regions within the state and (2) the difficulty in determining payer status demanded more attention in the second half of the session.

WHODAS Cut Scores for Service Eligibility. Members relayed the stated frustration of certain service providers that the current WHODAS cut scores, used to determine service eligibility within Medicaid, appear to be too high, resulting in limited numbers of eligible recipients—against the professional estimation of the service providers. Members stated that there appeared to be an emergent need to open discussions among select service providers, service advocates, and the Department of Human Services to possibly re-examine the current WHODAS cut score and to explore the prospects of initiating a new standards-setting process that would allow for a more transparent determination.

Members discussed the level of confusion and uncertainty evident in the field regarding the manner in which the purpose and scope of Medicaid 1915(i) is being presented statewide. This perceived confusion and uncertainty has generated increased frustration among stakeholders that the Medicaid 1915(i) program is not as inclusive or open for use by deserving individuals, as originally depicted. Members revisited the basic eligibility structure for Medicaid 1915(i): an individual under consideration for Medicaid 1915(i) must first be eligible for Medicaid services plus be diagnosed for chronic SMI, SED, or brain injury. Central to this determination is the screening protocols used to determine chronic SMI, SED, or brain injury, including any reference to the current WHODAS cut score. Members acknowledged that since Medicaid 1915(i) is only now beginning operations, there will be a period of collecting initial data to learn how well the program is being interpreted and administered. Members stated that it will be important for the state to clearly present the program's purpose, design, and accessibility, so all stakeholders can better prepare for service opportunities and disappointment resulting from ineligibility findings. Members restated the perceived need to re-examine the screening protocols currently used to determine eligibility. Members also stated a need to heighten technical assistance to providers to help them better explain the program to clients.

Public Comments. Mr. Gallagher opened the session for any comments from the public. No public comments were forthcoming. Mr. Gallagher called the public comment period closed.

Adjournment. Having completed the work of the committee, Greg Gallagher adjourned the meeting at 12:01 AM, CT.

Next BHPC Legislative Committee Meeting: Friday, March 12, 2021, at 11:00 AM, CT.

Respectfully submitted,

Greg Gallagher
Facilitator
Deputy Director, The Consensus Council

APPENDIX

BHPC Legislative Committee Meeting

March 5, 2021

Agenda

**Behavioral Health Planning Council
Legislative Committee
Video Conference Meeting***

**Friday, March 5, 2021
11:00 AM – 12:00 PM, CT**

Agenda

11:00 AM Welcome and Call to Order: Brenda Bergsrud, Chairperson
Roll Call of BHPC Legislative Committee Members via Electronic Sign-in

Approval of February 12, 2021, Meeting Minutes
Approval of March 5, 2021, Meeting Agenda

Review of BHPC Legislative Committee Charge: Greg Gallagher, Facilitator

Review of Legislative Calendar, March 1-5, 2021
Review of Legislative Calendar, March 8-12, 2021

Consideration of Department of Human Services Executive Budget
Consideration of Select Bills

11:45 AM Public Comments

11:55 PM Review of Action Steps

12:00 PM Adjourn

Next Meeting: TBD, Pending Legislative Committee Action

Members and the interested individuals can join the Council's proceedings, via computer or phone connection at the following address or phone numbers:

***Video Conference Link:**

**Topic: BHPC Legislative Committee Meeting
Time: Mar 5, 2021 11:00 AM Central Time (US and Canada)**

Join Zoom Meeting

<https://us02web.zoom.us/j/82258718700>

**Meeting ID: 822 5871 8700
Phone Connection Option: 1-253-215-8782**