

Medical Care Advisory Committee (MCAC)

December 10, 2021 · 1:00 PM

Woolfolk Building – Room 145

501 North West Street, Jackson, MS 39201

I. Call to Order

- Dr. David Reeves called the meeting to order.

II. Roll Call

- Dr. David Reeves called roll and confirmed a quorum was present for voting purposes.
- **Voting members in attendance: Dr. David Reeves** (Long Beach), **Dr. James Rish** (Tupelo), **Mr. Benny Hubbard** (Magee), **Dr. Billy Long** (Madison), **Dr. Charles O'Mara** (Ridgeland), **Ms. Phaedre Cole** (Greenwood), **Jasmin Chapman, DDS** (Terry)
- **Voting members in attendance via phone/Zoom/Teams: Dr. Justin Brewer** (Tupelo), **Dr. Thomas Dobbs** (Jackson)
- **Voting members not in attendance: Mr. Lee Bond** (Ocean Springs), **Mr. Kent Nicaud** (Pass Christian)
- **Legislators in Attendance: Senator Hob Bryan**, Chairman of Senate Public Health and Welfare Committee and **Senator Joey Fillingane**, Vice Chairperson of Senate Medicaid Committee

III. Approval of meeting minutes from Oct. 1, 2021

- *Motion: Mr. Hubbard*
- *Second: Dr. Long*
- *Meeting minutes were approved unanimously*

IV. Old Business:

- Review of Hospital Observation Policy
 - Dr. Todd Smith recommended the subject be examined by a subcommittee.
 - *Motion: Dr. Rish*
 - *Second: Jasmine Chapman*
 - *Subcommittee approved unanimously*
 - Dr. Rish will serve as chair, and Dr. O'Mara and Jasmine Chapman volunteered to serve on the subcommittee.
- COVID Vaccination Rates
 - Wil Ervin explained there has been some complications exchanging the data, and DOM just received the data yesterday (Dec. 9, 2021). The Division would like to produce a high-level report for the committee at a later date after further review.
- Certified Community Behavioral Health Clinic Model
 - Following October's presentation on the subject, the Mississippi Department of Mental Health was invited to provide an overview of the Certified Community Behavioral Health Clinic (CCBHC) model.
 - Ms. Phaedre Cole introduced Dr. Mallory Malkin, chief clinical officer in the Bureau of Behavioral Health Sciences at the Mississippi Department of Mental

Health. Dr. Malkin gave a presentation on the history of CCBHCs, the nine required services included in the model, and the role Medicaid would play if the model were implemented in Mississippi.

- Dr. Malkin says MDMH supports and endorses the model. After her presentation she took various questions from the committee.
- Dr. Chapman asked whether an FQHC can become a CCBHC. Dr. Malkin said she believes so but would find out for sure. A follow-up question had to do with integrating primary care. Ms. Cole helped to clarify that question.
- Dr. Dobbs asked about the uninsured and would they have sliding-scale payments. Dr. Malkin said yes. Dr. Dobbs said this would require a considerable ramp-up in staff, correct? Dr. Malkin said yes, there would have to be some collaboration and logistics worked out. Dr. Dobbs asked if MAT was a required component; Dr. Malkin replied that it was encouraged, but substance abuse and mental health are required. Dr. Dobbs offered his assistance with anything related to MAT.
- Ms. Cole introduced Jerri Avery, Ph.D., LPC, Office of the Coordinator of Mental Health Accessibility (OCMHA) Consultant, who delivered a second presentation on CCBHCS model, outlining a sustainable payment model.
- Dr. Rish asked whether these would replace current regional centers or be in addition to them. Ms. Avery said only current CMHCs can be a CCBHC. The Department of Mental Health would create a certification process based on SAMHSA criteria. She said she understands costs are a concern, but the state would save money when people have increased access to mental health services in the community.
- Ms. Avery said a lot of states are using a State Plan Amendment vs. using an 1115 Waiver. Ms. Cole explained how the CMHCs would have to reach quality metrics to earn the enhanced rate.
- Dr. Chapman pointed out that the PPS rate doesn't help the uninsured. How are you going to pay for that when the grants go away? Ms. Avery explained that when the cost rates are developed, they are based on the cost of serving every individual served by that clinic, regardless of coverage. Ms. Cole explained that the state would still be responsible for covering some indigent care through block grants.
- Ms. Avery said this approach is designed to level-up CMHCs with FQHCs.
- Dr. Reeves explained that through this approach the same pool of money would be spent on outpatient care rather than emergency or inpatient care, and that's where savings come in.

Fire alarm interrupted the meeting at about 2 p.m.

Meeting resumed by approximately 2:25 p.m.

- Dr. Reeves called the meeting back to order. He said Mr. Nicaud was trying to join the meeting remotely.

- Dr. Reeves explained that Mr. Nicaud set up a video conference with counterparts in Texas recently, and an executive summary of that meeting is available. What they showed was that the program seemed to be doing what it was designed to do, which is decrease inpatient and increase out-patient services.
- Wil Ervin said if we wanted to implement this statewide it would probably have to be through a State Plan Amendment, which would also have much less administrative burden.
- Ms. Cole recommended that that committee write a letter of support for pursuing the model, saying that it could be transformative for the state and it's quickly becoming the gold standard across the country. She said it would be a win-win for the state.
- Dr. Reeves asked Dr. Malkin if she had any insight regarding the DOJ lawsuit and what direction the federal judiciary might think we should go.
- Wendy Bailey, executive director of the MDMH, answered that they have been working with the monitor appointed by the court, and the focus of the remedial order that was agreed upon by the court is around core services, several of which are the same ones provided by CMHCs, and several others that could be addressed (through the CCBHC model) to prevent unnecessary hospitalizations.
- Dr. O'Mara asked how could challenges surrounding the coordination of care be addressed? Hire more staff? Ms. Cole answered that the PPS payment would provide more resources to build that infrastructure and increase staff. Dr. Malkin said there would also have to be stakeholder meetings ahead of implementation.
- Dr. Reeves said that he was aware that local Boards of Supervisors provided oversight for CMHCs but did they provide any funding. DMH said there are county contributions based on millage taxes. The state provides grants to CMHCs usually for specific services.
- Dr. Rish asked what the timeline would look like if the model were to be adopted and implemented. Ms. Cole said it looked like an 18-month timeframe. She said her understanding is that CCBHCs can be private or public entities but they can't be for-profit.
- Sen. Bryan expressed that FQHCs are providing a critical role across the state, and it seems like there's a way to pursue this that will benefit both FQHCs and CMHCs.
- Dr. Reeves asked if Ms. Cole had a motion. Ms. Cole moved that the committee write a letter of support for CCBHCs and request ARPA funds as seed money for implementation. Dr. Rish seconded the motion. Dr. Reeves asked if there were any discussion.
- Dr. Long asked if it could be done without legislative action. Ms. Cole said some states have done it legislatively, but others have not.

- Ms. Cole amended her motion to request a letter of support and the request for seed money. Dr. Long suggested Ms. Cole and Drew Snyder collaborate on the language of that letter, and Dr. O'Mara asked that the entire committee review the letter once drafted.
- Dr. Reeves said Mr. Nicaud made a motion that the previous letter of recommendation regarding removal of the Medicaid rate freeze be revised to remove the reference to a special session and be resubmitted to the appropriate legislative leadership. Mr. Hubbard seconded, and the motion passed unanimously.

V. **Next Meeting** – **The next meeting is planned for Friday, February 4, 2021 at 1:00pm.**

VI. **Adjournment**

Motion to adjourn- Dr. O'Mara

Second- Ms. Cole

Motion to adjourn was unanimous