MEETING MINUTES: CBH BOARD OF DIRECTORS MEETING

Purpose:	Community Behavioral Health (CBH) Board of Directors Meeting
Date:	Thursday, May 14, 2026
Time:	3:07 p.m.
Location:	Hybrid: Zoom and Conf Room 1154C
Board Members Present:	Kehinde Solanke/President; Dr. Marquita Williams/VP; Amanda David/Secretary and Treasurer; Crystal Yates-Gale/Member; Nicole Mitchell/Member, Cheryl Hill/Member
Other Attendees:	Donna Bailey, Katie Dunphy, Abigail Concino, Linda Trinh, Alexander Gauthier, Rhashidah Perry-Jones, Lauren DellaCava, Andrew Kunka, Andrew DeVos, Trupanshi Desai, Nate Thompson, Arshad Hussain, Dr. Suet Lim

Agenda Item	Discussion	Action Taken/Follow Up
Call to Order	The meeting was called to order.	*The meeting was called to order at 3:08 p.m. by Kehinde Solanke*
Minutes Review	The meeting minutes from December 11, 2025, were reviewed and approved.	*The meeting minutes were approved.*

Organizational Updates	➡ Staff Updates
	• Recently hired
	  • Dr. Mitali Patnaik, Deputy Chief Medical Officer
	  • Arshad Hussain, Chief Information Officer
	• Promotions
	  • Dr. Suet Lim, Chief Data and Research Officer
	  • Samuel Wright, Sr. Director of Information Technology	

Agenda Item	Discussion	Action Taken/Follow Up

Culturally and Linguistically Appropriate Services (CLAS)	➡ The CBH CLAS Program Description serves as a blueprint for the organization to address the cultural and linguistic needs of:
	➡ CBH Organization - Foster a diverse and inclusive workforce that reflects that communities we serve
	➡ Member Network – Ensure that CBH members receive high quality health care services
	➡ Provider Network – CBH will uphold a network to enhance behavioral health services and reduce healthcare disparities
	• The 2025 CBH workplan goal was met.
	• Additions to the 2026 CLAS program description:
	  • HAIR Project
	  • Six new PIP ITMs – Social Needs Screening
	  • Population Health Assessment
	  • Disparity Reports
	  • Clinical Performance by Sexual Orientation
	  • Clinical Performance by Disability
	• DEI Updates: Equity Centered Improvements Across CBH
	  • Building a Foundation of Equity and Transparency. The
	  • Job Analysis Initiative
	  • Equitable Salary Adjustments
	• Member Advidory Council:
	  • The role and function of the CLAS MAC is to serve as a continuous evaluation platform to identify deficiencies, opportunities to improve service delivery, and to ensure quality of care for our diverse member population.
	• Annual PD/Board & MAC Approval requested for 2026
		Board voted to approve CLAS.

Compensation and Career Framework Initiative	➡ Exude, the external consultant, supported the CBH leadership team to review Pay Equity and Pay Transparency across the organization. ➡ The initiative included job analyses, job leveling, salary range development and calibration.	

Agenda Item	Discussion	Action Taken/Follow Up
	➡ Every role now has an assigned level and a salary range. ➡ The framework built is not a one-time tool. It will guide how CBH makes pay decisions, conduct equity reviews, and bring on new employees going forward. The next phase will review exempt and non-exempt categories.	
Federal and State News	➡ Medicaid Impact: State and Federal Updates • PA DHS will release a preliminary list of hundreds of diagnosis codes that may be used to determine medical fragility and provide Medicaid beneficiaries with the option to self-attest that they meet an exemption to HR 1 work requirements. The attestation would need to be auditable within six months with documentation proving the exemption. • Federal focus: Fraud, Waste and Abuse (FWA) • CBH has a mature program integrity infrastructure. • The CBH H.R.1 response strategy includes member and stakeholder engagement, data capacity building and Medicaid knowledge building. • Goal: mitigate unnecessary member coverage losses, ensure behavioral health treatment continuity for Philadelphia's Medicaid population, and maintain system integrity. ➡ Healthier Communities Series: Medicaid Matters, event at Concilio June 13, 2026, from 9:00-2:00pm; 141 E. Hunting Park Ave, Philadelphia PA 19124	*No board action required.*
Finance Report	➡ Review of CY 2026 Projections ➡ Membership trend • Membership continues to decline following end of the COVID 19 pandemic and the unwinding of Medicaid continuous coverage. ➡ CY 2027 Rate Setting • Review of data validation and rate development process and timeline. ➡ CY 2026 Provider rate increases • CBH increased rates for all standard levels and in-network, non-standard levels of care. These levels of care have not been increased for a	*No board action required.*

Agenda Item	Discussion	Action Taken/Follow Up
	considerable period. These increases will replace CBH's provider-initiated rate increase process for CY26. • Effective July 1, 2026, all standard levels of care will receive a 5% increase to the current rate. Standard levels of care have established rates for all providers of that service. These rates are not negotiated. • Effective October 1, 2026, in-network, non-standard levels of care will receive a 3% increase to their current rate. Non-standard levels of care have rates that are negotiated due to program variations, such as population served, services offered, specialty, modality, etc. • The following levels of care will not receive an increase: Intensive Behavioral Health Services (IBHS) Regionalized, Intensive Behavioral Health Services (IBHS) Applied Behavioral Analysis (ABA), Federally Qualified Health Centers (FQHC), Integrated Community Wellness Centers (ICWC), Psychiatric Rehabilitation Services (PRS), and Opioid Use Disorder (OUD) Centers of Excellence (COE).	
Smarter Care Initiatives	➡ A member-centered and data-informed care management strategy developed by the Clinical team to improve member outcomes by aligning with state regulations and evidence-based clinical care best practices. ➡ Updates on interventions for the following levels of care: o Applied Behavioral Analysis (ABA) Intensive Behavioral Health Services (IBHS) Realignment ▪ Changes in the utilization management strategy: new medical necessity criteria for highly restrictive services, inclusion of family goals, and careful alignment of services with school provided support. o Community Integrated Recovery Centers (CIRC) unbundling ▪ Unbundling of CIRC program into its component parts, PRS and Outpatient. This includes sunsetting of case rate payment model and initiation of care management of PRS.	*No board action required.*

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	○ ASAM 3.5 prior authorization ▪ Reinstating the prior authorization of ASAM 3.5 (Prior authorization was discontinued in 2018). ▪ Review of data shows poorer member outcomes without prior authorization. This includes decreased follow-up and community tenure, increased re-admission rates. Interim attempts to shorten initial authorization period have not improved member care. ○ Assertive Community Treatment (ACT) utilization and referral management ▪ Implementing consistent utilization management for members receiving ACT, including direct management of referrals. ○ Extended Acute Care (EAC) Management ▪ Initiating performance standards and enhanced Care Management for EAC.	
Network Updates	➡ Community Integrated Recovery Centers (CIRC) ○ Psychiatric Rehabilitation Services (PRS) shifted to an in-state plan. This included a transition for transportation to Modivcare. ➡ Intensive Behavioral Health Services (IBHS) ○ Review of Service Assessment & Selection Process for IBHS provider transitions planned for the upcoming school year.	*No board action required.*
Board updates	No further board updates.	*No board action required.*
Adjournment	The session ended at 4:14 p.m.	*No board action required.*

Respectfully submitted,

Amanda N. David, MSW, DSW
Secretary Treasurer