Behavioral Health Partnership Oversight Council

Child/Adolescent Quality, Access & Policy Committee

Co-Chairs: Sherry Perlstein, Robert Franks & Hal Gibber

Adult Quality, Access & Policy Committee

Co-Chairs: Howard Drescher, Heather Gates & Alicia Woodsby

Legislative Office Building Room 3000, Hartford CT 06106
(860) 240-0346 Info Line (860) 240-8329 FAX (860) 240-5306
www.cga.ct.gov/ph/BHPOC

Meeting Summary
Tuesday, February 7, 2012
Joint Committee Meeting
2:30 – 4:30
Value Options in Rocky Hill

Next Meeting: Adult Quality, Access & Policy Committee
Tuesday, March 6, 2012 @ 2:30 PM at Value Option in Rocky Hill

Next Meeting: Child/Adolescent Quality, Access & Policy Committee
Friday, February 17, 2012 @ 2:00 PM at Value Options in Rocky Hill

Attendees: Howard Drescher, Co-Chair, Heather Gates, Co-Chair, Alicia Woodsby, Co-Chair, Hal Gibber, Co-Chair, Sherry Perlstein, Co-Chair, Sheila Amdur, Logan Clark, Roberta Cook, Terry Edelstein, Bill Halsey, Charles Herrick, Jennifer Hutchinson, Sabina Lim, Steven Moore, Kelly Phenix, Barry Simon, Javier Salabarria, Lori Szczygiel, Hilary Teed, Laurie Vanderheide, Susan Walkama, Sue Turi, Marie Mormile-Mehler, Victor Incerti, Colleen Kearney, James Pisciotta, Howard Reid, Jill Benson, Barry Kasdan, Terri DiPietro, Meryl Price, Linda Mastrianni, Liz Collins, Diane Michaelsen, Debra Struzinski, Karen Andersson, Alyse Chin, Ellen Coloccia, Sara Frankel, Colleen Harrington, Colleen Parker, Mary Casey, Teodoro Anderson Diaz, Nancy Navarretta, Kim Beauregard, Kathy Ulm, and Paul DiLeo

Opening Remarks and Introductions

Co-Chair, Heather Gates welcomed everyone, attendees introduced themselves and Heather introduced Jennifer Hutchinson from the Department of Mental Health and Addictive Services who gave the presentation of the Health Home Design Draft.

Health Home Design Draft (attached)


Adobe Acrobat Document


Adobe Acrobat Document

Jennifer Hutchinson of DMHAS presented the draft on the Health Home Design. Jennifer emphasized that the HH Design was still at a draft level and not complete. She introduced Meryl Price, Healthcare Consultant to the Department of Social Services. Meryl explained the background for the Connecticut Behavioral Health Home Program and said that it was open to interpretation, re-design, and discussion. This is a medical/social/behavior model that is a team based, person centered approach. All initiatives emphasize more quality rather than cost and will change positively over time for a shared-savings component meeting the needs of the person which will ultimately reduce costs over time. She explained that the terms "Dual-Eligible" and MME, (Medicaid/Medicare Eligible) are interchangeable. Jennifer said that the working model should be in place sometime after December 2012. She said that the Department is looking to the members of the committee to provide feedback as the model is developed, and there will likely be work groups to focus on specific aspects of the design and implementation.

Background

Pursuant to section 2703 of the Affordable Care Act, the State of Connecticut is seeking approval from Centers for Medicaid and Medicare Services (CMS) for the State to provide "Health Homes" to individuals with chronic conditions who are eligible for Medicaid. States may propose different models of Health Homes, and in Connecticut, the Behavioral Health Home model is being developed by the Department of Mental Health and Addiction Services (DMHAS), in collaboration with the Departments of Social Services (DSS) and Children and Families (DCF), and will include input from various stakeholder groups, including the Connecticut Behavioral Health Partnership (CT BHP) Oversight Council and individuals in recovery and their families.

Health Home Definition

A Health Home is an innovative, integrated healthcare service delivery model that is recovery-oriented, person and family centered and promises better patient experience and better outcomes than those achieved in traditional services. The Health Home service delivery model is an important option for providing a cost-effective, longitudinal "home" to facilitate access to an inter-disciplinary array of behavioral health care, medical care, and community –based social services and supports for both adults and children with chronic conditions. A Health Home has many characteristics of a Person-Centered Medical Home but is customized to meet the specific needs of individuals across the lifespan with chronic conditions. The Behavioral Health Home will specifically focus on individuals diagnosed with chronic behavioral health and substance use disorders.

Potential eligible clients would have a serious and persistent mental illness; a serious mental illness and another chronic health condition; a substance use disorder and another chronic health condition.

CMS Health Home Initiative Goals

1. Improve Experience in Care

2. Improve Overall Health
3. Reduce Per Capita Costs of Health Care

Discussion of Feedback Process on the Draft Design

Kelly Phenix, Consumer Representative said that the definition of "Home" was not clear that it was care and not a physical place to live. Howard Drescher, Co-Chair of the Adult, Quality, Access & Policy Committee asked what are the issues for consumers? Sherry Perlstein, Co-Chair of the Child/Adolescent Quality, Access & Policy Committee wondered about how this model would change the perspective of a family or individuals without families and who is paying for all the professionals, who meet about an individual? How can shared savings go to pay for compensation for care coordinators rather than going into the general fund? She also raised the issue about parents with mental illness who are involved with DCF and are afraid they will lose custody of their children. Alicia Woodsby, Co-Chair of the Adult, Quality, Access & Policy Committee said that a process and timeline for the work groups would be brought to the next committee meeting in March.

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