



## **Behavioral Health Partnership Oversight Council**

### **Adult Quality, Access & Policy Committee**

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[www.cga.ct.gov/ph/BHPOC](http://www.cga.ct.gov/ph/BHPOC)

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

**Meeting Summary**  
**February 27, 2014**  
**3:00 – 5:00 p.m.**  
**2<sup>nd</sup> Floor CCPA**  
**Rocky Hill, CT**

**Next Meeting: Thursday, March 27, 2014 @ 3:00 PM at CCPA,**  
**Rocky Hill**

*Attendees: Co-chair Howard Drescher, Co-chair Heather Gates, Co-chair Alicia Woodsby, Jill Benson, Tyler Booth, Cheryl Burack, Liz Collins, Susan Coogan, Lawrence Daskal, Jessica Dubey, Brunilda Ferraj, Bill Halsey (DSS), Colleen Harrington (DMHAS), Kim Haugabook, Enrique Juncadella, Dr. Steven Moore, Nancy Navarretta, Dr. Bert Plant, Katherine Powell, Justin Sleeper, and Cheryl Stockford*

### **Opening Remarks and Introductions**

Co-Chair Howard Drescher convened the meeting at 3:06 PM, welcomed everyone and asked members to introduce themselves.

### **Impact of the Implementation of the ACA on the Service Delivery System Given the Growth in the Number of Eligible Medicaid Recipients and a Shift of Payment to Medicaid FFS for Many Services – Open Discussion with Committee Members**

Co-chair Heather Gates began the discussion on the topic. She threw out a number of questions and asked committee members what will be the impact on the service delivery system and what will be the effects be on consumers and providers? How will the BHP respond to the new changes? What broad-base discussions and what sub-sets should the committee have? The discussion was divided into two parts;

- 1. Data on Quality of Services**
- 2. Payment Response and Rate Structure/Expenditures of Eligible People in the Medicaid System**

Co-chair Howard Drescher said that he comes to the table from the consumer side as a parent of a daughter with BH issues and his prime concern is with access to services and will the expansion put a strain on the system. He would like to the committee come up with solutions to help improve services in the system. Currently he sees a divide between urban and rural access to where services can be a challenge to obtain. Heather agreed and asked for feedback on this too. Liz Collins identified an issue: Access to care for home health care providers for the HUSKY C group. She said that she gets referrals for clients who were ineligible for services and she does not know what to do? For example: New England Home Care has 1500 clients on Medicaid and 5–7 clients are deemed ineligible and are denied new services per week. Her agency cannot find out why. There needs to be a system for new referrals and it needs to be determined in a timely manner. Bill Halsey (DSS) responded that providers capacity to assist clients to explain to them as to why they were denied services can be found on the CONNECT Website. Liz said that just to get a payment source, many times there is a two to four hour wait by phone. When a live person is gotten on the phone, they are often told to fax in the information and then it can take as long as a month before an answer is received back. Bill said that the Website will help in tracking Re-determination of Eligibility from a provider's prospective as well as the consumer's perspective. Howard asked Bill if there was an increase in the demand of services since the first of the year. Bill said that there was certainly more of a HUSKY D population (100,000) with another 50,000 increase expected within six months. From December 2013 to January 2014 there were an additional 12,000 people enrolled in HUSKY D through ACCESS CT (Exchange) and they can give out the number of people enrolled. Jill Benson said there has been an increase of between 400 to 600 calls and requests per week, 40% for Medicaid and 60% for commercial insurance. Howard asked if eligibility reports can be generated from Value Options as a result in a demand for services. Co-chair Alicia Woodsby asked how and where is that measured. Bill responded that the ECCs are supposed to report their access standards. Dr. Steve Moore (VO) said that reports can be generated by looking at admissions rates and rates of stay. They cannot track facilities that deny services. They can find some rate information but generally not services. This can only be tracked by narrative, not by field. Heather asked how will consumers with insurance get access if they are denied services, will it be the same as now, and how will this be tracked? A larger amount of people are getting insured but there is not a larger delivery access system being developed. How to change behavior? How will the committee define its goals in terms or quality and access to services? She asked will FQHCs get an increase for services and how will this be tracked? Bill Halsey replied that the Expenditure/Utilization report will have a FQHC category. There was a discussion on how licensed independent practitioners were not allowed to see Medicaid consumers over the age of 21. DSS only grandfathered consumers on HUSKY A for this. He said the state plan, regulations, and state statutes had to be changed. He said the fiscal note for Licensed Independent Practitioners may be complicated. Heather asked when will the Expenditure/Utilization report be ready. Bill said that he hoped it will be presented at the March BHPOC meeting when the state agency partners will state department goals. Heather said that she would like the committee to weigh in on the presentation before it is

submitted to the Council and it is a done deal. She wants the committee to pay attention to the UPC as of July 1, 2014. Bill said because of the loss of the Mid-Management code, there is less information available. Dr. Bert Plant (VO) and Howard Drescher had a conversation centered on how the data shows that people are getting better. Dr. Plant said the word “Innovation” was in his new title and he said that it meant showing different ways of looking at data and making determinations.

### **Discussion on picking a routine day and time for the meeting each month**

The co-chairs in conjunction with DSS and DMHAS determined the fourth Thursday of the month at 3:00 PM was the best day and time for the monthly meeting.

### **New Business and Announcements**

Hearing no other items, Co-Chair Heather Gates made the announcement that henceforth, all committee meetings will now take place at CCPA and she adjourned the meeting at 4:40 PM.

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