



Behavioral Health Partnership Oversight Council

Adult Quality, Access & Policy Committee

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Co-Chairs: Heather Gates and Alicia Woodsby

Meeting Summary

December 18, 2015

2:00 – 3:30 p.m.

2nd Floor CCPA

Rocky Hill, CT

**Next Meeting: Friday, January 15, 2016 @ 2:00 PM at CCPA,
Rocky Hill**

Attendees: Co-Chair Heather Gates, Marcia Dufore, Bill Halsey (DSS), Colleen Harrington (DMHAS), Dr. Charles Herrick, Kim Nystrom, Mary Anne O'Neill, Ann Phelan, (VO), Kelly Phenix, Dr. Bert Plant, Lauren Siembab (DMHAS), Gregory Simpson Jonathan Watts, and Cynthia Zafrin McCahill

Opening Remarks and Introductions

Co-Chair Heather Gates convened the meeting at 2:07 PM by welcoming everyone and members introduced themselves. She asked if anyone had any new agenda items since this was the first date the committee has met since May 2015. None were brought up.

Home Health Med Administration Impact of Cuts to Medicaid Rates

Co-Chair Heather Gates said that there is a perception that there is a change in Home Health Rates. There is actually no change in the rates but a change in the delivery model and is a system impact issue. Kim Nystrom (New England Home Care) initiated the discussion and gave committee members the history and background of traditional Medicaid home care services. She began by saying the home care industry representatives and the DSS and OPM have been working very collaboratively to ensure the safe provision of care to individuals receiving these services and the ER and acute care hospitalization rates are being monitored and tracked by VO. She said that LMHAs both private and state work with

teams in the home care environment. In 2004, the state set a medication Administration Rate based on the non-traditional model. Two years ago, with the state budget crisis looming, in order to save money, newly created legislation required that RNs consider using Home-Health Aides where appropriate to perform medical administration based on a lower rate. This is a substantial paradigm shift in care delivery in psychiatric home care. There was Behavioral Health RNs and MDs resistance to this transfer of level of care. To save even more money, medical technicians to prompt pre-poured medications similar to the recovery aide model are now being introduced in home care to do this type of service at this level of care. Doctors must sign the orders and many doctors are being approached to see if any of their patients can administer their own medication. Currently, out of the 7000 patients receiving medical administration, 90% have severe and persistent MH issues.

Discussion

Dr. Charles Herrick asked Bert Plant (VO) if this program is keeping patients out of the hospital. Bert replied, at this point the data is inconclusive but suggests that Home Health BID Medication Administration provided over the long-term to individuals with serious and persistent mental illness may afford some protective benefit against hospitalization and/or ED visits. Bill Halsey (DSS) said that there are no cuts in the system; in fact, more people are going into home health services. Bill also stated some patients can be reduced from the level of administration on a daily basis and there is statutory language from the legislature to have \$20 million in savings. This will be followed up on the June 2016 agenda.

CCBHC Planning Grant Update- Colleen Harrington (DMHAS)

Colleen Harrington said that six agencies (CHR, United Services, CMHA, Inter-Community, Wheeler, and BH Care) have been selected to participate in the Certified Community Behavioral Health Clinic grant. The contract is currently at the AG's Office for MTM services providing technical assistance for the learning collaborative. Committee meetings are to begin in January and Mercer has been hired to do the cost reporting (PMPM). The three state agencies (DSS, DMHAS, and DCF) have had monthly calls with SAMHSA and CMS. Quality measures are being established.

Status Report on Methadone Rate- Lauren Siembab, Director of Community Support Division (DMHAS)

Lauren Siembab reported on the opiate status in the state. Like all the rest of New England, there is an opioid epidemic. DMHAS and DPH are doing public education and messaging on overdose prevention. Public service announcements are being made that will be aired on television and at the regional offices and funding will be made available for schools and public education classes. Expansion medications in assisted treatment include the use of Buprenorphine prescribed by doctors for people with an opiate addiction. Vivitrol and euphenorphene can be used as overdose prevention. DPH is

taking the lead with the assistance of the Alcohol and Drug Prevention Council (ADPC), a grassroots organization for public awareness and education. State Police Troopers are being trained to use narcan in the prevention of overdoses. Town police, first responders are also looking to be trained in using narcan to prevent accidental overdose deaths. The Governor signed a bill with a statement that eliminates the cap and allows APRNs and LPNs to administer in methadone treatment programs. There is also legislation that will allow pharmacies to fill half prescriptions in emergencies and to dispense naloxone. Bill Halsey said that CMS did not like the bundle payment for methadone services. It will be unbundled and the plan is to go with a fee for services model. This will be kept on the agenda for a future meeting.

Goals and Objectives for 2016

Due to lack of time this discussion will take place at the January 2016 committee meeting.

New Business and Announcements

Co-Chair Heather Gates asked for new business or announcements. Value Options is changing its name and after the first of the year, it will be known as Beacon Health Options. Hearing nothing else, she gave everyone best wishes for the New Year and adjourned the meeting at 3:38 PM.

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