Meeting Summary for BHP Adult Quality, Access & Policy Committee Zoom Meeting

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Quick recap
The team discussed the 1115 CD demonstration, which aims to improve the substance use disorder service system for Medicaid beneficiaries in Connecticut. They reviewed data on the reduction of residential beds, the distribution of services across the state, and the need for increasing capacity for gender-specific substance use treatment. The team also addressed concerns about the internal referral process, the importance of considering the duration of treatment, and the need for better tracking and universal referral forms.

Next steps
Rob to send the presentation to David for publishing.
Carelon team to continue tracking and analyzing data on substance use disorder treatment access and utilization.
DSS to look into the impact of the sudden closing of Retreat Behavioral Care facility.
State partners to explore ways to better track referrals and wait times for residential substance use disorder treatment from the community.
State partners to consider utilizing Access Line data to gain insights on patients seeking residential treatment.
DSS and state partners to examine reimbursement rates for outpatient substance use disorder treatment programs.
Rob and Carelon team to provide updated data and analysis on substance use disorder treatment access at a future meeting.

Lynne confirmed that David would receive the presentation from Rob after the meeting.

Summary

1115 CD Demonstration Discussion

Co-Chair Sabrina Trocchi handed over the discussion to Rob Haswell (DMHAS) and Bonni Hopkins (Carelon) to address questions and follow-up items regarding the 1115 CD demonstration. Rob presented a PowerPoint with data points and questions raised by the committee, which included pre-demonstration numbers, impact on residential bed reductions, industry standards for residential beds, and geographic availability. The 1115 CD demonstration aims to improve the substance use disorder service system for Medicaid beneficiaries by allowing coverage of residential and inpatient SD services under Husky Health. The demonstration's objectives include reducing overdose deaths, decreasing emergency department and hospital utilization, and improving access to physical health care for individuals with substance use disorders. The demonstration will focus on clinically managed, low and high intensity residential services, and medically monitored, intensive inpatient services.

Bed Reduction and Sud Demonstration Update

Rob reported a decrease in the number of beds in operation from 1,167 to 1,067 as of July 2024, a reduction of 100 beds across all levels of care. He clarified that this reduction was observed in the context of the 1115 Sud demonstration which aimed to expand Medicaid

reimbursement to treat more people. Rob also mentioned that data on the number of people served pre and post demonstration was not yet available. In response to Kelly Phenix's inquiry about readmission rates, Rob confirmed their existence but did not provide specific percentages, promising to clarify and get back to her with this information.

SCD Residential Services Distribution Analysis

Rob analyzed the distribution of SCD residential services across the state, applying the ASAM criteria to assess regional variations in levels of care. He highlighted that the 3.1 level of care, focused on community reintegration, had the lowest number of beds, with a total of 75 statewide. The distribution of these beds varied across regions, with region 3 having the most. The reduction in beds had been a long-standing issue, affecting community focus and re-engagement in regions one and two, which had the lowest capacities. He also noted that while there were Co. Ed programming throughout the state, there were very limited gender-specific female beds at 3.1, 3.5, and 3.7 R. Additionally, he mentioned that Western Connecticut only accounted for 18% of the withdrawal management beds.

Increasing Gender-Specific Substance Use Treatment Capacity

Rob discussed the need for increasing capacity for gender-specific substance use treatment, particularly at the 3.5 level of care. He explained that reductions in bed capacity were due to various factors including increased staffing requirements, operational considerations, and the Public Health Emergency. Sabrina asked about the process for increasing capacity, to which Rob clarified that providers interested in adding more beds would need to apply to the Department of Social Services and submit an application to be part of the demonstration. Rob also mentioned that there isn't a specific number of beds needed for Connecticut, but they aim to identify the appropriate number for each level of care. Lastly, Rob highlighted the need to consider geographic access and equity in the placement of new programming. Paulo then took over to present further information on increasing capacity.

Connecticut Behavioral Health Partnership Waiver Implementation

Dr. Paulo Correa discussed the implementation of the 1115 waiver for the Connecticut Behavioral Health Partnership, which took over utilization management of services offered under CMAP. He presented data showing that in the initial six months, a significant number of requests for 3.7 level of care did not have sufficient clinical information to support it. As staff became more familiar with the new system, the proportion of such requests decreased. Sabrina asked clarifying questions about the data, and Paulo and Lynne provided further context. The group also discussed the importance of early planning and multi-faceted planning for utilization reviews.

Improving Referral Processes and Access

Lynne Ringer (Carelon) discussed the importance of building relationships between providers to improve referral processes and ensure the timely transfer of information. Sabrina raised concerns about the internal referral process within her organization, noting that patients are only referred to residential levels of care when all other options have been exhausted and the patient is at high risk. Sabrina also expressed a need to review the data on denials for higher levels of care. Brenetta Henry queried about the location of these facilities and their success rates, particularly in areas of high substance use. Rob confirmed that the placement of new facilities is being considered as part of ongoing discussions around equity and access.

Clinical Reviews, Training, and Placement Strategies

Paulo and Lynne discussed the importance of considering the duration of treatment and readiness for community transition when conducting clinical reviews, especially for health

members accessing the 3.1 and 2.5 program levels. Rob highlighted increased ASAM training across the state, provider innovation, and the need for appropriate placement for successful treatment outcomes. He also mentioned plans to expand training to other entities such as emergency rooms and sober houses and customize geographical access expectations for Connecticut. Lastly, Lynne confirmed that they track individuals awaiting placement at the next level of care.

Inpatient Psychiatric Unit Data and Concerns

Lynne presented data on the levels of care and length of stay for inpatient psychiatric unit members. The data showed a slightly higher number of members waiting for a discharge to a 3.5 level of care, with an average of 7.3 days beyond their initial planned stay. Kelly and Lynne discussed the issues of capturing data for individuals who medically detox through the medical side and the potential for longer waiting times for specific levels of care. Sabrina raised concerns about the limited number of patients accessing substance abuse residential services, to which Kelly confirmed that the presented data was a broad representation of patients requiring SUD treatment, not specific diagnostic data.

Withdrawal Management Wait Times and Referrals

Lynne presented data on withdrawal management wait times and the number of individuals waiting for different levels of care. Sabrina raised questions about how many individuals are offered access to a bed and the wait times for these individuals. Lynne and Rob agreed the data was not being captured at the provider level and proposed the need for a universal referral form and better tracking of referrals. They also discussed the issue of patients accessing lower levels of care due to access issues related to residential services. Lynne then presented data showing a decrease in length of stay and an increase in discharges for various levels of care, indicating a need for timely referrals. Lastly, they discussed the recent differentiation of SUD and mental health utilization data.

Behavioral Health Partnership and Retreat Closure

Sabrina and Terri DiPietro expressed concerns about the Behavioral Health Partnership's oversight of outpatient levels of care, noting issues with current rates and their impact on service provision. Kelly raised questions about the recent closure of the Retreat facility and its effect on the system, while Alexis Mohammed (DSS) committed to seeking more information. Brenetta announced the 9th annual iCAN Conference on September 26, 2024 at the Artist's Collective on Albany Avenue in Hartford, with Sabrina indicating that the next meeting would focus on the behavioral health home program and welcome ideas for future discussions.