Behavioral Health Partnership Oversight Council

HUSKY Quality Management, Access & Safety Committee

(*final meeting: Oct. meeting blended DCF and Quality Committees)*

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Co-Chair: Robert Franks

Meeting summary: September 16, 2011

Next meeting of the (new) Child/Adolescent Quality, Access & Policy Committee:
Friday October 21, 2011 from 2 Pm – 4 PM at VO, Rocky Hill

1. Introductions

HUSKY QA attend 9-11.pdf

2. Review of Goals of this Committee

BHPO EX Comm 9-7-11 Comm change

The BHP OC Executive Committee reviewed the oversight focus of the various Council Committees and consolidated several of the Committees for efficiencies for both State Agency participants, Committee participants and staff support. These changes were discussed at the Sept. 14 BHP OC meeting.

Jeff Walter, Co-Chair of the Council discussed the Child/Adolescent new Committee that has oversight for services and policy for this Medicaid population. The Committee: **Child/Adolescent Quality, Access & Policy** Committee is a blend of the DCF Advisory and HUSKY Quality Committees. The Committee Co- Chairs are: Sherry Perlstein, Hal Gibber and Robert Franks.

Lori Szczygiel (VO) will work with the new Committee in engaging family representatives from VO consumer Committee, suggesting there be a pre and post meeting de-briefing to clarify meeting content and answer questions.

3. Utilization data for Q1 and Q2 '11 Higher levels of Care and Congregate Care

Q&A.UM.Q211.ppt

Laurie Van der Heide (VO) reviewed the utilization data; key areas noted in the discussion included the following:

- ✓ VO plan to change the age range under "child' to 0-17 years and 364 days because DMHAS covers members 18 through adult. Concern that this fosters the idea that HUSKY doesn't provide coverage to "children" under 19 years of age. CTVoices review of child coverage showed that a portion of 18 year olds lost HUSKY at their 18th birthday when some would have been eligible for coverage to their 19th birthday; parental coverage is linked to child eligibility in HUSKY so the parents also lost coverage and may not be able to afford the new Charter Oak health plan premiums ($446/M across all income bands - no state subsidy).
- ✓ Significant decrease in DCF children's hospital days can be related to hospital performance initiative and availability of high level community based services. The development of the hospital performance incentive initiative was careful not to include incentives for hospitals to refuse DCF patients. No performance incentive in CY 2011; once CMS approves inpatient rules, CTBHP expects to resume the initiative in CY 2012.
- ✓ Non-DCF days/1000 utilization increased suggests that new HUSKY members use more of these services.
- ✓ River View inpatient data will be separated by 'court ordered' stays that tend to be slightly longer and DCF child/youth, the latter length of stay is decreasing.
- ✓ Concern that the DCF goal to reduce congregate care for those under and over age 12 may lead to increase hospital LOS and discharge delays.
- ✓ Psychiatric Residential Treatment Facilities (PRTF) have been involved in performance incentives for the past three years with one of the goals of reducing LOS to 120 days. The increased admissions to the 67 PRTF beds suggest improved access associated with gradual reduction in LOS days.
- ✓ The DCF Commissioner is committed to reducing Residential Treatment Centers (RTCs) out-of-state admissions while assessing gaps of in-state treatment programs to accommodate these more complex needs children/youth.
- ✓ Wait reasons for delayed discharge: will this data provide information on the impact of high level Community services that are encountering increased wait list. VO can identify a subgroup of those waiting for services and identify connection to services/readmission rates.
- ✓ HEDIS measure baseline 2010 for ambulatory care follow up within 7 days after hospital discharge can be tracked in the now available claims data. Question if Enhanced Care Clinics prioritized outpatient referrals for hospital discharged patients; consider 'tweaking' the ECC incentives to focus on this. DCF Commissioner is convening a work group that could consider this issue.
- ✓ Geo Access analyses may provide information on intensive home based services such as IICAPs wait lists/geographic area and use claims data to track what services are being used during the wait period.

1. The October Committee meeting (blended meeting of DCF and child/adolescent Committees) will include the agenda items previously outlined: Utilization data for Lower levels of Care and Intermediate Care for Q1 and Q2 '11; Claims Reporting and for the Nov. meeting: PDD/Autism Study & Status of Provider Analysis and Reporting Program