







Operations Committee - Meeting Minutes

DATE AND TIME OF MEETING: Date October 2, 2015 Time: 2:30 – 4:00 PM Location: Hartford Room – ValueOptions Attendance Sheet for 10/2/2015:  10-2-2015-attendance sheet.pdf	Internal	External	Recorder: Jane Matyszyk  OperationsMtgAgen da10-2-15.doc	Draft	Final
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TOPIC	DISCUSSION/RECOMMENDATION				
1.Impact of Rescissions on Rate Increase	Per Bill H (DSS) State Plan was submitted on 9/30/2015				
2.Plan for APC rates for outpatient hospital clinics	APC rate increase has been pushed to 3/2016 <ul style="list-style-type: none">• Per Bill H (DSS):• currently looking at models – may use the Clinical Fee Schedules• Director of Rate Setting Unit to attend an Operations Subcommittee meeting to review models/methodology• Rates will be reviewed by Operations Subcommittee before any final decisions are made• Rates will be brought to Oversight Council• Question raised as to the anticipated timeframe where Director of Rate Setting Unit will be at the Subcommittee meeting and a suggestion was also made that this meeting be held with CHA.• Question raised as to whether APC is cost neutral – Per Bill (DSS) he will look into language for APC.				
3.ECC Clinic Expansion <ul style="list-style-type: none">• Impact of Rescissions• Process and Expected Timeline for Applications• Review geo-map of the locations of all the ECCs (noting hospital and non-hospital clinics)  Medicaid CT Outpatient Providers I	Impact of Rescission <ul style="list-style-type: none">• Per Bill (DSS) \$500,000 is still being committed to the ECC Expansion program. Application Timeline – <ul style="list-style-type: none">• the ECC -RFA will be updated and sent out to interested parties – Geo Maps (See embedded documents for additional info.) <ul style="list-style-type: none">• Concerns raised regarding hospitals providing a similar amount or care as the Clinics – If hospitals stop care will the Clinics be able to take over the patient volume (Middlesex /Waterbury was of most concern).• Question raised regarding getting actual numbers served by each location. Need data to compare/show impact if hospitals were to shut down services. – Per Bill H (DSS) data by provider is not available. Data by category (Hospitals/Clinics/FQHC’s) is currently being gathered.• Question regarding data on DMHAS /DCF state operated Programs that provide outpatient services. Per DMHAS, they will try to get this information• Question: Primary Care Clinics are providing services – are they included in data? Per Bill (DSS) they are not included however, it might be interesting to see the increase in BH services in Primary Care sites.				



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<p>4.Update on Network Development for Autism Services and Utilization</p>  <p>ASD weekly report - 09282015.pdf</p>	<p>Update on ASD Services given by Ellen Livingston (VO)</p> <ul style="list-style-type: none"> ASD Department has been in existence since January 2015 3 New Services will be added to ASD (1) Direct Observation (2) Program Book (Plan of care, interventions(what works/what doesn't); Strategies); (3) Group Socialization Fee Schedules for (1) Technicians (2) BCaBA's Ellen reviewed Trend Volume, admissions, Provider enrollment; ASD Peer/Care Coordination (see embedded document for detailed information) Question: How many families have applied for services and can't get in? Answer: there are currently families in different stages for example some don't have a diagnostic completed; some have special requests i.e.: male or female doctor or Spanish speaking. Question: How many are waiting at CDE stage and for how long? Answer: There is approximately a 2 week wait time; Although provider network has increased (9 at beginning of program to 33 currently) VO is continues to outreach to providers to enroll.
<p>Registration Data</p>	<p>Question regarding the reasons behind completing all fields in the VO Registration process. Are they all necessary data? Is it something of value or just VO's National system requirements?</p> <p>Answer: Some data is State required; data is used for ECC and Diagnosis data; VO is looking into turning off some fields – should have information on what's required to turn off specific fields.</p> <p>State Partners & VO are committed to looking at the necessity of the fields in the Registration form.</p>
<p>High Level of nursing care to Lower Level of Care</p>	<p>Question regarding whether Operations subcommittee is the proper forum to discuss Home Health nursing care requirement to reduce costs by using lower levels or care such as: med boxes; pre-pour/prompt. What the impact would be on providers? If there is no reduction in costs a rate cut is pending</p> <p>Adult QAP might be the better meeting as this is a change in process – Terri D. to bring this up at 10/7/2015 Executive call.</p>
<p>Level of Care Guidelines</p>	<p>Question regarding Level of Care Guidelines not meeting the requirements of substance abuse population. Denials on members receiving ambulatory detox services.</p> <p>Answer: Level of Care Guidelines are reviewed annually and are based on National Criteria (ASAM). Reviewed by Clinical Management Committee. Level of Care Guidelines should be used as a reference or starting point for care; conversations with clinicians and then with VO Doc are completed before a denial is issued. Each case is looked at individually and in some circumstances be fast tracked for member services.</p>