Connecticut
Medicaid Managed Care Council
Behavioral Health Subcommittee
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Meeting Summary

January 17, 2001

Chair: Eva Bunnell Co-Chair: Jeffrey Walter

DCF Report

Karen Andersson, Ph. D, Director, Division of Mental Health, reviewed the status of the initiatives:

- The January report to the General Assembly outlines the implementation plan for CT Community KidCare. The report is on these two web sites: www.state.ct.us/dcf and at www.dss.state.ct.us. Key features of the report include financing and organization:
- Flexible benefit package including treatment and `wraparound' support services,
- Full carve-out of HUSKY child behavioral health,
- Expanded culturally competent CB service capacity,
- Strengthening of family involvement in decision making,
- Training of all agency and system staff and parents,
- Reinvestment of increased Medicaid reimbursements
- Routine performance reports on specific outcomes and quality measures.

The Governor's budget, to be presented 2/7/01, will outline the startup/implementation funds. DCF will release the Family Advocacy RFP after the budget is released. The KidCare training plan will focus on new families, service delivery staff and agencies, developing a team approach with all stakeholders. Youth Service Bureaus, funded through the Department of Education,will be involved.

The Department of Children and Families is committed to bringing children in out-of-state placements back into the state. Recently, DCF issued a moratorium on out-of-state placements. The Department is assessing the children in-state and out-of-state in

residential and sub acute care, with careful assessment of children with complex needs and high security risk. The expanded mobile crisis services are expected to stabilize children in the community and provide an alternative to prolonged Emergency Room care.

Addendum to 1/17 meeting: Dr. Gary Blau provided the following information about the present plan to develop additional beds for sub acute care. The Department and St. Francis Care Behavioral Health in Portland have signed a contract to phase-in 75 additional sub acute beds at the Portland facility. These beds will be high level psychiatric care beds. In response to concerns raised at the BH subcommittee meeting, Dr. Blau stated:

- *The Portalnd campus beds are additional beds for sub acute care and special, high level care residential beds.*
- *The Mt. Sinai campus beds will be expanded so there is no net loss of acute care beds in the system.*
- *The goal of the change in the Portland beds is to 1) reduce the State reinsurance costs for inpatient psychiatric stays beyond what is medically necessary and 2) reduce the out-of-state placements. Keeping children in state will, by attrition, lower the number of out-of-state placements.*
- *When the St. Francis CB system is able to provide care for children in the community, DCF would then begin bringing children back into the state for the Portland beds or CB care.*
- *DPH will continue to license the Portland beds as hospital beds.*
- *DCF has priority care access and authorization for the Portland beds. IF there are vacancies beyond the DCF demand for beds, the HUSKY MCOs may choose to hold contracts with Portland for use of the vacant beds for children outside of DCF.*
- *DCF is paying for the additional Portland beds outside of Medicaid managed care.*

At the subcommittee meeting, Dr. Andersson stated that DCF would work with existing CB services for children scheduled for out-of-state placement during the interim phase-in of the Portland beds.

Jeffrey Walter commented that the proposed full carve-out of behavioral health may impact the role of the Council and subcommittee; yet is important to integrate physical and behavioral health in the HUSKY program.

Behavioral Health Outcomes Study (see attached Study meeting summary)

Jeffrey Walter stated that the data forms are very slow in coming in to the health plans; the MCO will send the completed forms to the researcher. The subcommittee looks to DCF to help support the study. Dr. Andersson suggested the study be brought to the

attention of the SAC BH Advisory Committee. Dr. Andersson has spoken with CAMHCC and stated that Commissioner Ragaglia is very supportive of the study.

DSS Report

The status of the PHS/PROBH payments, vendor status and PHS reports to DSS, reported at the January Council meeting, were briefly reviewed (January Council summary is on the web site). The new vendor for PHS is expected to start 3/1/01.

Addendum: On *January 26 PHS announced that PHS and PRO reached an agreement with PROBH withdrawing all legal claims in the lawsuit between the main carrier and vendor. Under the terms of the agreement, PHS and CSMA-IPA have made arrangements to meet financial obligations to physicians, hospitals and other behavioral health providers in the PROBH network. Effective March 1, 2001, ValueOptions, Inc will coordinate behavioral health services for the PHS commercial, Medicare and Medicaid members in CT.*

FirstChoice/Preferred One has not yet made a decision about the BH vendor.

James Gaito (DSS) stated that the department will review new contracts with the MCO/vendor, scrutinizing protections in the contract. Mr. Walter stated that the Council had urged DSS to consider new language in the contract amendments and new contract that would create a non-risk based relationship between the MCO and the BH vendors. The current DSS/MCO contract is in effect through June 30. 2001. The Department expects to extend the contract through June 30. 2002; however DSS and the MCOs are negotiating contract amendments to be in effect July 1, 2001.

The managed care organizations are meeting with DSS and the Attorney General's Office to review and clarify the notice of action and expedited fair hearing processes on 2/5/01

Mr. Walter noted that DSS added another report to the quarterly data reports that looks at follow-up services for children discharged from inpatient psychiatric care. The continued tracking of these HEDIS measures was suggested at the last Subcommittee meeting.

The subcommittee members were asked to review the Priority Work Group report of January 12 (sent to BH subcommittee members before this meeting) and plan to discuss the items at the next meeting. **The BH Subcommittee will meet Wednesday March 21 at 2PM. The Work Group/BH Outcomes Group will meet February 9 at 1 PM in LOB RM 2600.**

The Medicaid Council will meet Friday Feb. 9 at 9: 30 AM in LOB RM 2B. The PHS financial plans pre and post ValueOptions will be discussed and the Commissioners of DSS and DCF will present the highlights of the CT KidCare proposal.

BH Outcomes Study Meeting January 18, 2001

- A disappointingly small number of forms have been submitted to the BH plans since September 2000: CHSG: 157 OTR's, no corresponding discharge forms; Magellan: 76, with 3 completed pre-post forms; PROBH: 400 OTR's, no discharge forms. The number determined for the study completion is 4000 (minimum).
- The BH plans have contacted high volume providers and have not identified any providers that do not plan to participate.
- The group made the following suggestions:

    - Trade Associations provide the opportunity for a discussion of the study with clinic executive directors at a monthly meeting.
    - DCF involvement to support the study.
    - Eva Bunnell/Gary Blau present information about the study at the next SAC BH Advisory meeting.
    - Invite Secretary Ryan (OPM) who has made a financial commitment to the study to attend the March BH subcommittee meeting.

- The BH plans were asked to identify their provider mix within their network (hospital-based, non-hospital based clinics, private practice) and service volume by group for a baseline comparison with the study respondent representation.
- The BH plans can now send the forms to the Yale Conduct Study.

The combined OC Study and Priority Work Group will meet 2/9 at 1 PM in LOB RM 2600.