

Connecticut
Medicaid Managed Care Council
Behavioral Health Subcommittee
Legislative Office Building Room 3000, Hartford CT 06106
(860) 240-0321 Info Line (860) 240-8329 FAX (860) 240-8307
www.cga.state.ct.us/ph/medicaid

Meeting Summary: March 18, 2003

Chair: Jeffrey Walter Co-Chair: Donna Campbell

(Next meeting: Tuesday May 20, 2003, 2 PM, LOB RM 1A)

Behavioral Health Partnership (BHP) updates

KidCare: Ann Adams, Director of Community BH Services, DCF provided an update on the various community-based (CB) program initiative that include:

- **Emergency Mobile Psychiatric Crisis Teams (EMS):** 11 providers have contracted with DCF across the state. There is 24/7 phone triage and mobile services until 8 PM. Highlights of the discussion about EMS:
 - There may be need for mobile services beyond 8 PM in some areas and the contracted providers are tracking the calls & assessing the need. There is no current funding available to expand the mobile service hours.
 - The DCF recognizes the need to balance the crisis service demand for EMS without becoming after-hours coverage for private BH providers.
 - Approximately 61% of the calls are for non-DCF children and 50% of calls responded to by the EMS team are for commercially insured children/youth. These HMOs do not contract with DCF for nor reimburse for 'wrap around' CB services such as EMS. Mr. Walter asked if DCF can track community provider reimbursement sources & DCF responded that only demographic information is being tracked at present. Given that alternative services can reduce hospitalization and/or LOS, it would seem that commercial HMOs would benefit from reimbursing for these services. Mark Schaefer (DSS) commented that Secretary Marc Ryan (OPM) has emphasized the importance of a private/public partnership for 'wrap-around' BH services. The DSS is identifying national models for developing such a partnership.
- There are 60 **care coordinators in the local systems of care collaboratives** that provide intensive case management services. Work is being done to develop policy & protocols with the coordinators and the EMPS coordinators. Attention is now focused on relieving the coordinator wait list.
- Over the next several months, **crisis stabilization beds** will be opened in the north central region at Wheeler clinic (8 beds), south central region at the Child Center of Hamden (8 beds) and an RFP has been released for one more region. The beds will be used for short-term 15- day stabilization periods and referrals will be sent to the EMPS coordinators for admission to a crisis bed. Initially, beds will be dedicated to that region until the utilization patterns can be evaluated.
- The Community Mental Health Strategy Board has funded the following initiatives:
 - **Early childhood MH Initiative** *K-12 MH Supports for Education:* work with schools to prevent, identify, treat and reduce the impact of social, behavioral and BH problems among children K-12.
 - **Flexible funding** for non-DCF children allows these children/youth to receive wrap-around services from discretionary funds. The mandatory criterion for justifying

expenditures is direct linkage to a stated objective in the Individualized Service Plan and released through the local collaboratives. Seven sites have been fully operational.

- **Therapeutic mentoring** has been rolled out in the north central region; the final KidCare budget will determine if or when other regions can establish this program.

BHP: Dr. Mark Schaefer (DSS) reviewed the BHP plans, found detailed in the summary of Governor's budget (pg 100-105):

- The major change is that the date of the BH carve-out has been moved to July 1, 2004. This was necessitated by the program changes in PA03-2 (elimination of adult coverage for 100%-150%FPL, continuous 12 month eligibility for children) the FY04-05 proposed elimination of the SAGA program, state employee layoffs and early retirements. The delay will permit issues of provider readiness, provider reimbursement levels and policy development to be thoroughly addressed.
 - The selection of the successful ASO bidder will be made after March 31.
 - Modification of the MMIS claims system that includes HIPAA provisions is underway.
 - The agencies are working on state Medicaid regulation changes associated with the program changes that involve UM regulations, edits of MH clinic regulations, non-hospital subacute care regulations and inclusion of LCSW and LMFT in the regulations who are currently not reimbursed under Medicaid FSS (but are reimbursed in Medicaid managed care).
 - The BHP will arrange for provider input (child, adult) regarding the regulations, the draft will be sent to the Commissioners by June 1, then published in the CT Law Journal which will be followed by a public hearing.
 - Levels of care guidelines are being developed along provider certification criteria.
- BHP carve-out funding sources (\$293,482,059) for FY05 will come from the Medicaid carve-out (\$197,240,000), HUSKY B carve-out (\$2,760,000), DCF KidCare (\$93,482,059). DMHAS funding will be included in the BHP if the GABHP is not grant funded or the SAGA services are not reduced.
- Reimbursement plans: The Mercer actuarial report will be made public within the next 2 months. Mark Schaefer described the planned configuration of the provider reimbursement levels:
 - General hospital inpatient acute psychiatric services will be reimbursed at the current per diem rate and subject to the standard case rate per discharge cost settlement. A new code will be added for late discharge/medically necessary care related to lack of lower level capacity for Medicaid recipients under age 21. Acute psychiatric care to HUSKY B, DCF Voluntary Service and GABHP recipients will not be subject to cost settlement.
 - Outpatient clinic rates will not change; a child/ adolescent modifier will be introduced to pay a FFS rate that approaches the HUSKY MCO rates.
 - Based on a concept recommended by the MH Strategy Board, a new class of enhanced care BH clinics will be established that receive a rate increase approximately 25% more than the FY2001-02 fee schedule. It is expected that 20% of existing MH and hospital outpatient clinics will qualify as these enhanced clinics.
 - Implementation of the rehab option is now more in the future, in 2004.
- On the DMHAS side, selected portions of adult grant funded residential rehabilitation programs will be converted to FFS that will be managed by the ASO. Six pilot programs will be established and DMHAS will evaluate the data to determine the feasibility of a statewide expansion.

Intensive Home-based Services Update

Mark Schaefer reported that the HUSKY MCOs met with DCF, DSS and the Yale Child Study Center that developed the Intensive In-Home Child and Adolescent Psychiatric Services (IICAP

) model. The program provides family specific in-home treatment for high risk child and their families to divert children from higher levels of care. The four HUSKY plans are receptive to working on the coding and payment issues, identifying codes that will be HIPAA compliant and applicable under the ASO. Jeffrey Walter suggested payment could be modeled after the extended day treatment cost. The work group will provide the Subcommittee with follow up reports.

Managed Care Issues

Janet Izzo (Magellan) and Rich Spencer (CHNCT) discussed the impact of the Magellan filing of Chapter 11 that will allow the nationwide BH company to restructure their finances. Provider Q&A can be found on the website: www.magellanprovider.com. CHNCT has been meeting with Magellan, the MCO's non-risk BH subcontractor and will be meeting with providers to address business standards and hold Magellan accountable for their BH ASO contract with CHNCT.

HUSKY Program Changes

As of April 1, adults at 100-150%FPL were to be disenrolled from HUSKY, as were about 7000 children due to the elimination of continuous eligibility (PA 03-2). The implementation of the statute will create a hardship for families, as well as providers who may be unaware the patient has lost HUSKY coverage.

The District Court issued a temporary restraining order to the State on March 31 and DSS is re-instating those who lost coverage on 4/1. The web site: www.huskyhealth.com has an update on the DSS process & a new toll-free line for consumers who cannot reach their regional DSS caseworker (1-866-277-5319). The Children's Health Council's 'Covering Kids' April 15 meeting at CHA will have a panel including DSS, ACS and Legal Aid that will answer questions about these issues. Call Regina Radikas @ CHC for information, RSVP, at (860) 548-1661.

Please see second document, provided by Sheila Amdur on the Community MH Strategy Board Funded Initiatives. *Without the resource of federal match funds for the rehab option that would be dedicated to MH services, these services will be eliminated by December 2003.*

- You all probably know the SAMHSA's information web site: www.mentalhealth.org/cmhs. Under 'related to children & adolescents', there is a publication for parents of teen, describing warning signs of problems.

Also, a reminder, DCF is hosting a free program on Assessing & Intervening with Parasuicidal & Suicidal Youth on May 7, 9-12, at the Hartford Marriott, Rocky Hill. Susan Walkama & Marcy Kane are presenters.

Call 1-800-232-4424 by May 1 to register.

The BH subcommittee will meet Tuesday May 20, 2003, 2 PM in LOB RM 1A.