

Connecticut Medicaid Managed Care Council

Behavioral Health Oversight Committee

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Meeting Summary: February 16, 2005

Co-Chairs: Sen. Chris Murphy Jeffrey Walter

(Next meeting: **March 9th, @ 3PM in LOB RM 2D**)

Present: Sen. Chris Murphy, Jeffrey Walter (co-chairs), Mark Schaefer (DSS), Stacey Gerber (DCF), Paul Potamianos (OPM), Dr. Elizabeth Malko (Anthem), Lynn Childs representative (CHNCT), Janice Perkins, (Health Net), David Smith (Preferred One), Barbara Sheldon & Beresford Wilson (HUSKY Parent rep.), Morgan Meltz (Child advocate), Sheila Amdur (Adult advocate), Anthony DelMastro (Residential care), Paula Armbruster, Rick Calvert (Child Guidance Centers), Susan Walkama (OP adult services), Dr. Paul Dworkin (General hospital), Drs Ramindra Walia & Robert Zavoski (Primary Care), Dr. Davis Gammon (Child, adolescent psychiatry), Connie Catrone (School Based Health Centers).

Also present: Karen Andersson (DCF), Richard Sheola & Candice Nardini, ValueOptions Public Sector Division.

Work Group and DSS/DCF Updates

Work Groups

Jeffrey Walter reviewed the description of each work group and introduced the chairs of three Committee work groups:

- Sheila Amdur – Coordination of Care WG
- Dr. Davis Gammon – Quality Management & Access WG

- Susan Walkama – Provider Advisory WG

The Transitional Issues Work Group will be organized for meetings beginning in April. Mr. Walter asked the other 3 groups to convene meetings prior to the March 9 Committee meeting.

Comments:

- Partnership with the professionals for BH and medical care and MCOs is crucial to coordinating services with the BH program. Medical, transportation and pharmacy services remain within the MCO functions.
- Important to ensure the currently enrolled populations (HUSKY A child/adult, HUSKY B and DCF voluntary service) receive clear information about the restructuring process.
- Developing parameters for BH outcomes remain sensitive to the adequacy of funding the ASO and the BH carve-out system.

DSS/DCF Clinical Management Committee

- Barbara Sheldon and Susan Walkama will represent the BH Oversight Committee on the agencies' clinical management committee.
- Morgan Meltz will represent the BH Committee on the agencies' contract development group.

BH Carve-out Budget & Funding

The Departments will present information March 9th about the assumptions that are the basis for the budgeted BH dollars and rate calculations for all levels of services. OPM has reviewed the most recent Mercer analysis, the HUSKY encounter data and further information provided by the HUSKY MCOs and their BH subcontractors. This will be discussed in detail at the March 9 BH Oversight Committee meeting. Dr. Schaefer stated that the waiver amendment for the BH restructuring will be published in March. This will provide background BH expenditure trends and the waiver upper payment limits to meet the CMS criteria for cost neutrality. However the waiver amendment document will not provide the detail the Committee is looking for; this will be provided in the budget discussion.

Key areas of the discussion regarding the basis of the BH carve-out budget:

- ✓ Given that the Legislature is responsible for approving the final State budget that is then sent to the Governor, legislators stated it is crucial that 1) there be transparency of BH dollars that are included in the budget's various accounts and line items and 2) the low MCO rate increase for FY06 (2%) is not enhanced through negotiation for BH dollars that will be excluded in the MCO per member per month capitation rate. The DSS & OPM commented that:
 - \$9.8M was added into the budget, a portion of which is for administrative costs and the rest for allowing for increased service utilization.
 - The BH carve-out amount in the Governor's budget was based on previous Mercer assumptions and did not include the non-Riverview reinsurance dollars. The most current assumptions will be considered in the final budget amount.
 - OPM expects that the BH dollars currently in the MCO PMPM dollars will be available for the BH program and does not expect a shortfall in this area.
 - For March 9 the BH carve-out dollars, administrative costs and non-Riverview reinsurance will be presented along with the Mercer assumptions.

- ✓ The ASO cost can range from \$5-9M, depending on the DSS/DCF & ValueOptions contract negotiations. The previously stated 7.5% 'profit' (\$400-800,000) is related to the ASO's performance in meeting their administrative targets. ValueOptions stated that public profit margins are small, at 7-8%, compared to higher commercial contract rates.

- ✓ Voluntary Service funding is under DCF, although OPM clarified that DSS is responsible for the BH administrative costs. The DSS would pay the claims and DCF would pay DSS that amount.

- ✓ The DCF stated there are budget dollars for identified services such as intensive home-based services, BH consultants, therapeutic mentoring. DCF would maintain the services under the current contracts and the ASO would have administrative oversight.

Introduction of ValueOptions

Richard A. Sheola, President and Candice W. Nardini, Chief Development Officer, Public Sector Division of ValueOptions offered to speak to the BH Oversight Committee about VOI's experience in working with other states and expectations in CT. The company has three divisions: federal, commercial and public sector. The latter is not involved with CT BH subcontractor accounts; these are under the separate commercial sector.

Mr. Sheola described the various contracts with 13 other states that include BH services, child welfare, disabled population services, blending multiple streams of services together (Arizona) and developing and implementing performance-based standards. Given the company's varied population and contract experiences, VOI expects to bring success to CT. Committee questions:

- How does an ASO achieve positive performance standards when the ASO doesn't have direct control over the service dollars? VOI stated that:
 - Network building, the responsibility of CT ASO, is the crux of building and transitioning a service system that is more unified.
 - Data can be the leverage to influence provider quality in a positive manner without applying sanctions, etc.
 - Real time, accurate data informs policy decisions.
- What are the opportunities for family input into the system? VOI stated that in other states they have worked closely with families, trained and hired families to work in the community with other parents, providers and the VOI staff.
- What motivated VOI to seek out this contract given the small of profit? Mr. Sheola stated that the company is motivated to contribute to improving services and systems of care and believes in the model CT is developing.
- How does the ASO apply the enhanced care coordination responsibility? VOI stated that family perspective and family self-determination is a crucial part of the planning process. Their experience has been that multiple issues can be addressed with the family without the perceived threat of child welfare involvement.
- How will the source of problems in the new system be identified so resolution can occur at the appropriate level? The DSS and DCF both commented that this restructured system is an interactive system between the two agencies that monitor the ASO's contract compliance and system impact. Both departments believe that there will be greater accountability under the new model than there is now under the HUSKY program. The ASO will be held to performance targets in areas that it can clearly influence, such connection to care after leaving an institution or other high level service. Those targets will be revised annually with input

from the BH Oversight Committee Quality and Access Work Group. Timely, accurate data will allow both agencies to assess the delivery of services at the appropriate level, identify gaps and over time develop meaningful outcome measures.

Mr. Walter thanked VOI for their presentation.

The Work groups were encouraged to meet at least once before the March 9 meeting. The initial focus of the work groups is review of implementation plans and recommendations to the BH Oversight Committee for the DSS/DCF & ASO contract provisions.

The BH Oversight committee will meet on Wednesday March 9th at 3 PM (instead of 2PM) in LOB RM 2D.