Conn
Medicaid Mana

Behavioral Health

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Meeting Summary: May 10, 2005

Next meeting: Wednesday June 29 @ 2-4 PM in LOB RM 1D

Present: Sen. Chris Murphy, Jeffrey Walter (Co-chairs), Rep. Patricia Dillon, Mark Schaefer (DSS), Stacey Gerber (DCF), Pat Rehmer & Lauren Siembab (DMHAS), Karen Snyder (DCF), Barbara Park Wolf (OPM), Paula Smyth (Anthem), Janice Perkins, (Health Net), Beresford Wilson (HUSKY Parent rep.), Barbara Sheldon (HUSKY parent), Sheila Amdur (Adult advocate), Susan Walkama (Adult OP), Rick Calvert (Child Guidance Centers), Connie Catrone (School Based Health Centers).

Also present: Karen Andersson (DCF), Michael Starkowski & David Parrella (DSS), Richard Sheola (VOI)

BH Waiver Amendment Update

The Department of Social Services (DSS) outlined the waiver amendment approval process for changing the BH service delivery model under the HUSKY A (1915(b) waiver) that includes: legislative committees of cognizance (Human Service and Appropriation committees) recommendation to approve, modify or disapprove the presented waiver amendment followed by Centers for Medicare & Medicaid Services (CMS) approval.

(Addendum: on May 24 the legislative committees of cognizance approved the submitted waiver).

Other comments/questions regarding the waiver amendment:

✓ Behavioral Health spending may be under the waiver upper boundary 7.76%: expenditures over the upper limit will not receive the federal match.

✓ The waiver amendment financials and public comment to the waiver amendment can be found on the DSS web site: www.dss.state.ct.us.

✓ Rate setting:

- Hospitals would be considered for the enhanced care clinics early in the process, weighted average methodology will be updated with more recent MCO hospital rates and reinsurance will not change, although it will not be called reinsurance. No change in funding.

- MH non-enhanced care clinics proposed rates would be updated with recent MCO contact rates.

- DCF is working with ICAPs providers for the change from grant funding to fee-for-service rates.

Network Development: Karen Snyder (DCF) and Richard Scheola (VOI) (see handout)


ASO Role in Network Development-5-10-05


ASO Role in Network Development - Diagra

The goal of network development is the expansion of networks and comprehensive networks at all levels of care. Karen Snyder stated the agencies welcome input from the Oversight Council.

✓ Mr. Sheola noted that in other states network development is the responsibility of the ASO. In CT (see above doc #2):

- The ASO system managers are responsible for identifying local service gaps and recruit providers to meet service needs.
- Through ASO intensive care management (ICM), a provider may be recruited for a single case need.

- The state agencies retain responsibility for provider enrollment, as well as rate setting.
- DCF is looking at provider data and payments made outside the Medicaid network. DCF will work with the ASO to analyze the potential for some of these non-Medicaid participating providers to become part of the system.

✓ How does the ASO role in CT differ from Massachusetts? Mr. Sheola stated VOI's role in MA is similar to CT's network development responsibilities; the main difference is that the CT state agencies are responsible for provider enrollment and contracting. The data monitoring and quality initiatives in MA are similar to the CT contract parameters.

✓ What are CT financial incentives for the ASO to invest time in network development, since the final decisions are with the State agencies? Dr. Schaefer (DSS) stated some amount of the 7.5% ASO withhold will be allocated to ASO system manager performance in local area development plans. The overall focus is to develop alternatives to hospitalization through improved community-based services.

✓ The ASO identifies local needs, establishes a local system plan that the agencies are responsible for ensuring network adequacy through enrolling providers recruited by the ASO.

✓ An independent evaluation system of the ASO and system change is important and should be considered in oversight responsibilities in legislation.

✓ How will the ASO system managers work with local systems of care? Karen Snyder stated it is expected that area DCF, DSS and system mangers work together. The system managers will bring a broader program perspective to the table, not limited to just DCF populations and local staff. While network development is part of the service expansion, the child specific teams are an important component. The ASO ICM can, for the short term, facilitate service access and care organization with the other involved care managers in the DCF system.

✓ Specialty services are under-developed in some areas. The basic issue of service expansion is rates. Dr. Schaefer stated the rate methodology supports service expansion and DCF is working with providers on the rates and timing of conversion of some DCF grants to fee-for-service, which will offer opportunities for service expansion in intensive home services.

✓ While some local systems collaboratives are working well, others need more assistance. Mr. Walter noted that some of the Committee work groups would offer specific recommendations on this.

Work Group Reports

Each Work Group has or is in the process of developing recommendations. The draft recommendations from the Coordination of Care and Quality & Access Work Groups were distributed. The work groups will provide interim reports at the June meeting.

Outpatient Services

DSS distributed information with comparative methodologies for enhanced care clinics (see below).


MH Clinic Outpatient
ECC Option 05-10-05

Comments:

- Emergency Mobile Crisis Service rates are being reviewed. Only direct client encounters are billable services. Access to EMPS varies by local area and will be part of the ASO local development plans.

- Outpatient rates are provider specific. IOP and EDT rates are provider specific and are the weighted average of current HUSKY MCO rates.

- There remains a lack of clarity about OP rates. Perhaps the trade association can continue to distribute accurate information to providers and convey feedback to the BH Oversight Committee Co-Chairs. Mr. Walter will discuss rate issues with the trade association and OP providers to get their input.

- Timely discussions around the home- based service rate conversions are very important. Mr. Walter noted that it is important to take time to evaluate and establish specialty services rate, with or without the BH carve-out, in order to effectively expand these services. DCF is working with intensive home-based service providers on FFS rate conversion.

- Services such as family therapy, currently under utilized, can be looked at within the dollars in the base rate and the enhance Care Clinics where additional dollars will be allocated.

The BH Oversight Committee will meet Wednesday June 29th from 2-4 PM in LOB RM 1D.