

Connecticut
Medicaid Managed Care Council

Behavioral Health Oversight Committee

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Meeting Summary: June 29, 2005

(Co-Chairs: Sen. Chris Murphy & Jeffrey Walter)

(No July meeting. Next meeting date to be announced)

Present: Sen. Chris Murphy, Jeffrey Walter (Co-chairs), Mark Schaefer (DSS), Stacey Gerber (DCF), Paula Smyth (Anthem), Janice Perkins, (Health Net), Richard Spencer (CHNCT), Robert Diaz (Preferred One), Beresford Wilson (HUSKY Parent rep.), Sheila Amdur (Adult advocate), Susan Walkama (Adult OP), Dr. Davis Gammon (Child/adolescent Psychiatry), Rick Calvert (Child Guidance Centers), Dr. Ramindra Walia (Primary Care), Connie Catrone (School Based Health Centers), Anthony DelMastro (Child Residential).

Also present: Karen Andersson (DCF), Rose Ciarcia (DSS), Susan Zimmerman (FAVOR – family advocate), M. McCourt (Legislative staff).

Behavioral Health Partnership Legislation

Senator Murphy reviewed key points of the legislation (PA05-280, Sec. 95-102)) that provides:

- ✓ The framework for an integrated BH system through the partnership of DSS/DCF, with key goals of:
 - Expanding community based services (CBS), reducing reliance on institutional & residential care.

- Maximizing federal dollars for CBS and capturing savings from the reduction of institutional care to fund the CBS expansion.
- Improving performance monitoring within the program.
- ✓ The name “Behavioral Health Partnership” (BHP) to the system change to reflect the child/adult/family membership.
- ✓ Formal role of the Administrative service Organization (ASO).
- ✓ State Agencies’ accountability and transparency in the implementation of the “carve-out”.
- ✓ Formal establishment of a BH Oversight Council, with additional representative appointments by the Chairperson of the Medicaid Council and identifies the responsibilities of the Council including, but not limited to, review and recommendations of service rate setting with a mechanism for referral of significant unresolved issues to the legislative Committees of Cognizance, BH clinical guidelines and medical/BH coordination and transition issues.

Sen. Murphy thanked Jeff Walter (Co-Chair), the BH Oversight Committee members, work groups, and state agencies for creating legislation that gives direction for the BH system change going forward. Mr. Walter commended Sen. Murphy’s diligence and guidance in shepherding this legislation through the legislative process.

Committee comments/questions:

- Is there a legislative mandate for reinvesting savings/federal matching dollars back into the CBS? Sen. Murphy stated that while there is no specific mandate, achievement of the explicit goals of the BHP would require savings go back into the program and federal dollars associated with rehab services will be part of the foundation of the program.
- Identification of baseline financial data is complicated; nitially the system will not be fully integrated, as some DCF services will continue under grant funding. Dr. Schaefer (DSS) commented that the agencies recognize the importance of establishing baseline expenditure data.
- Will the BH Council membership change from the current BH Committee? Mr. Walter stated that the legislation provides for 16 appointments, most of which are part of the

representative categories in the current Committee. Sen. Harp, Chair of the Medicaid Council, will formalize current and new appointments.

- **Current BH Committee members that do not wish to continue in the BH Oversight Council should inform Sen. Harp** (*via legislative staff who will compile the information for Sen. Harp*).
- **Those interested in appointments for the new ‘slots’ may indicate their interest to Sen. Harp** (*via legislative staff who will compile the information for Sen. Harp*).

(Please communicate your intent via email to legislative staff: Mariette.mccourt@cga.ct.gov; CC Sen. Murphy: Murphy@senatedems.ct.gov, Jeffery Walter: Jwalter@rushford.org)

BHP Implementation Update:

Dr. Mark Schaefer (DSS) discussed the start date, waiver amendment and enhanced care clinics:

- ✓ The anticipated start date for the BH “carve-out”, now the Behavioral Health Partnership, is **January 1, 2006**.
- ✓ The waiver financials will require changes to reflect the new start date. The revisions will be sent to CMS next month, leaving ample time for the CMS 90-day response/approval time period.
- ✓ The agencies are working on the draft ASO contract, looking at other state contract language and BH Committee and Work Group recommendations. The agencies expect the **ASO contract to be signed and ValueOptions (VOI) to begin working by the end of July**.
- ✓ Enhanced Care Clinics (ECC) rates and criteria are being reviewed by an internal agency work group.
 - Dr. Schaefer expects to provide an outline of the ECC criteria and final rate proposal at the September BH Council meeting.
 - The agencies are considering a phase-in of the ECC requirements and establish a provisional qualifying process that would allow the enhanced rates to be used by clinics for developing capacity to meet the full criteria.

Mr. Walter strongly encouraged the agencies to seek input from others outside the agencies. Dr. Schaefer stated the agencies could meet with representatives from the BH OC in August to review the progress of the internal agency work group and discuss BH Council recommendations.

BH Oversight Council's Transition Work Group

Mr. Walter stated that early in the process of developing the BH Oversight Committee and related work groups, the intention was to create a "Transition" Work Group when it became evident there would be a new system to transition to. Interested participants had come forward and Mr. Walter wants to start this work group within the next month.

The purpose of this work group is to provide oversight of the process of migrating members to the behavioral health carve-out program. Issues to be addressed include 1) assuring that providers receive payment for all services rendered to the date of the changeover as well as 2) assuring no disruption of services to members during the transition.

There was considerable discussion about the appropriate vehicle for the transition issues that include consumer/members transitional issues, some of which have been reviewed in the Coordination WG, as well as provider reconciliation of current outstanding BH claims and claims payment for the "run-out" period. While there has been clear DSS/MCO language and 'safeguards' added to the contract that originated from statute, providers stated the transitional claims issues are critical to moving toward the new system. The DSS has been meeting with the HUSKY MCOs and the plans will be providing DSS with transition plans, which the DSS will report to the BH Council.

It was suggested that:

- The current Work Group chairs should participate as the core membership of the Transition Work Group.
- The Group's work should be very focused, short term and some issues would be referred to other appropriate Work Groups.

Mr. Walter will review the original voluntary participant Transition Work Group list and move toward establishing the work group.

Other

Mr. Walter requested CHNCT discuss the health plan's change in their BH subcontractor. Richard Spencer, CHNCT Vendor Program Administrator, stated that effective **September 1, 2005**, CHNCT will end the contract with Magellan (the current BH subcontractor) and begin a contract with ValueOptions (VOI) as their BH subcontractor. Key points regarding the subcontractor change:

- CHNCT has been carefully reviewing its business and operational services that Magellan provides for CHNCT members and providers.
- CHNCT has developed a comprehensive transition and implementation plan, with the full cooperation of Magellan & VOI, communicating these plans to DSS, including communication/ announcement notices.
- CHNCT will align with the providers that have unresolved issues, working closely and cooperatively with providers for resolution. There will be no new cutting back in member services and claims will continue to be processed per contract standards.
- CHNCT will work with their providers to ensure adequate service access for their members.
- CHNCT will provide 1-800 numbers for providers and members to call with questions, etc. The health plan wants the transition process from Magellan to VOI as transparent as possible for all involved.
- CHNCT expects that the vendor change will allow for a smooth transition for the ASO (VOI) January 1, 2006, the anticipated start date for the BH restructuring. The CHNCT/VOI

contract has a start date of 9/1/05 and will transition into the DSS/DCF “carve-out” contract, so this contract will continue until the start of the BH “carve-out”.

Mr. Spencer stated CHNCT would provide continuing updates to the BH Council. Mr. Walter thanked Mr. Spencer for the information and welcomes ongoing updates from CHNCT. Mr. Walter stated he wished that CHNCT wasn’t doing this vendor change four months before the “carve-out” implementation date, and expressed concern that this may add further complications to an already complicated transition process.

Work Group Reports on Recommendations to the BH Oversight Committee

Each Work Group has compiled specific recommendations related to the BH service “carve-out”. These were reviewed by each WG chair/designee and the Committee voted on acceptance with or without change. (*Click on each report to view the recommendations*).

➤ **Quality Management and Access Workgroup Chair: Dr. Davis Gammon**

Description: This workgroup will work with DSS and DCF to identify the parameters that need to be included in the ASO work plan as it pertains to monitoring the quality of behavioral health services provided to HUSKY members. This includes quality indicators that monitor and assure access to care.



BH OC QA
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Dr. Gammon highlighted the following:

- Operationalizing the 8 critical ASO performance target areas will be up to the agencies and these target areas, pending identification of adequate benchmarks, would be financially driven ASO performance targets.
- The Work Group, if continued, would 1) complete their work with HSRI, contracted by DSS/DCF to establish 50 ASO monitoring indicators, 2) identify problem areas and work with the agencies & ASO to resolve the issues and 3) monitor the success of the implementation, with reports/recommendations to the BH Oversight Council.

BH OC Action: The motion to accept the report and recommendations was moved by A. Delmastro, 2nd by C. Catrone and accepted without change by BH OC voice vote.

➤ **Coordination of Care Workgroup Chair: Sheila Amdur.**

Description: This workgroup will work with the DSS and the four HUSKY plans to identify the key issues in assuring close coordination of HUSKY members' behavioral health care benefits with benefits maintained within the health plans. These include primary care, specialty care, pharmacy, and transportation. The workgroup will report to the full oversight committee on the DSS and health plans' planned strategies and processes for assuring coordination of care.



BH OC Coord
VG 6-05 Reco

Discussion:

- Rose Ciarcia outlined the DSS/MCO progress on resolving the pharmacy issues:
 - The MCOs will implement by mid-July electronic messages to pharmacies regarding a HUSKY A member's access to temporary drug supplies, the pharmacy reimbursement.
 - Mailings will go out to all pharmacies regarding this change
 - Next step is streamlining the prior authorization forms among the MCOs with formularies (3 MCOs) & development of a provider quick reference identifying which drugs require prior authorization, per the BH Subcommittee recommendation.
 - The DSS will report back to the Coordination WG and consider WG recommendations for the upcoming DSS/MCO HUSKY MCO contracts, taking into consideration costs.
- Collecting non-emergency transportation (NEMT) data by service type may be difficult; however there currently are no reports on transportation barriers (BH or medical) to use as baseline data. The 4th WG recommendation on transportation was amended to: *The DSS will collect NEMT complaints from the MCO. The MCOs will inform DSS if they can differentiate NEMT by service type.*

BH OC Action: The motion to accept the report and recommendations as amended was moved by Dr. Gammon, 2nd by Susan Walkama and accepted by voice vote by the BH OC.

➤ **DCF Advisory Work Group Chair: Morgan Meltz**

Description: This work group will work with DCF to identify and address key issues for consumers and providers as the Department moves into an ASO model. Specific focus will rest on the gradual transition to a fee for service model for selected DCF funded services, service eligibility under the Voluntary Services program, and the role of the Community Collaboratives and the Managed Service Systems within this new model.



BH OC DCF
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Susan Zimmerman (FAVOR – family advocacy) reported for the WG, commending the agencies for their consistent responsiveness to WG information requests and suggestions.

BH OC Action: The motion to accept the report and recommendations was moved by Dr. Gammon, 2nd by B. Wilson and accepted without change by BH OC voice vote.

➤ **Provider Advisory Workgroup - Clinical Management Program Chair:
Susan Walkama**

Description: This workgroup will review, and make recommendations regarding, draft Level of Care and Utilization Management guidelines developed by the Clinical Management Committee (co-chaired by DSS and DCF).



Medicaid Provider
Advisory Workgroup I



Medicaid Provider
Advisory Workgroup I



Medicaid Provider
Advisory Group Minut



Medicaid Provider
Advisory Minutes 614



Medicaid Provider
Advisory Group Reco

Discussion:

Susan Walkama reviewed the reports, stating that the WG initially focused on care guidelines. As recommendations for each level of care is complete, these will be sent to the Medicaid Council web site. Once the WG process is complete for all the care guidelines the BH OC will receive them in a packet.

- The last 8 recommendations are more general. DSS & DCF will need to clarify ‘recreational therapy’ in Extended Day Treatment programs- standardizing the components and then the billing codes
- The Work group will consider a provider appeal process beyond the ASO under the Utilization Management protocols.

BH OC Action: The motion to accept the report and recommendations was moved by S.Amdur, 2nd by Dr. Gammon and accepted without change by BH OC voice vote.

Jeffrey Walter thanked each of the Work Group Chairs and participants for their labor-intensive work in developing recommendations and the agencies responsiveness in the process. Each of the Work Groups identified continuation of the WG role in the transition, implementation and ongoing program oversight. Mr. Walter expects the WG will continue to perform their valuable function

BH OC Meeting Schedule

The BH Oversight Council will not meet in July. A **tentative meeting date was set for August 10**; confirmation will be sent to members and interested others. The BH OC will resume Wednesday meetings in September.