

Connecticut Medicaid Managed Care Council

Meeting Summary: September 14, 2005

Co-Chairs: Sen. Chris Murphy & Jeffrey Walter

Next meeting: Wednesday October 12 at 2 PM in LOB RM 1E.

Present: Sen. Chris Murphy, Jeffrey Walter (Co-Chairs), Rep. Julia Wasserman, Rep. Arthur O'Neill, John Voket, Rep Patricia Dillon, Karen Andersson (DCF), Ellen Andrews, Paula Armbruster, Rose Marie Burton, Thomas Deasy (Comptroller Office), Anthony DelMastro, Stephen Fahey, Dr. Davis Gammon, Heather Gates, William Gedge, Judith Meyers, Patrick Monahan, Pat Naylor, Sherry Perlstein, Pat Rehmer (DMHAS), Dana-Marie Salvatore, Dr. Mark Schaefer (DSS), Barbara Sheldon, Jamie Bell for Vicki Veltri, Susan Walkama, Bereford Wilson, Barbara Park Wolf (OPM), Shelly Gebal for Sharon Langer.

Also present: Paula Smyth(Anthem), Richard Sheola (VOI).

Introductory Comments

Sen. Murphy welcomed new and returning Council members and reviewed the Behavioral Health Partnership Oversight Council's oversight functions outlined in PA 05-280. While the Council's purview involves multiple components of the BHP program, Bereford Wilson stated it is important to remember that the constant underlying question should be: how does the restructured Behavioral Health Partnership program between DSS & DCF impact children, parents and families and improvement in service delivery.

BHP Oversight Council Statement of Purpose

A draft Statement of Purpose was distributed. The first part provides the legislative language for the purpose of the newly created BHP followed by an overview of oversight areas. Council members suggested adding a statement about:

- Family centered services and maintaining provider accountability. (*Addendum: see pg. 2, 3rd bullet for addition to draft statement*).



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- Inviting the State Department of Education to the Council as a full member. Mr. Walter stated the Department can be invited to participate in the Council now; then added in a technical change to PA 05-280 in 2006 session.

The BHP Agencies' (DSS & DCF) Report

Implementation Update:

(Click on presentation overheads below)



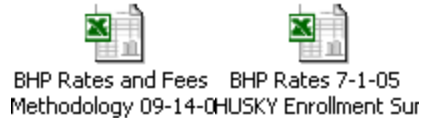
The BH restructured program is expected to begin January 1, 2006. Key work is being done on:

- ✓ Independent provider enrollment and modification of the MMIS system.
- ✓ HUSKY B state plan amendment.
- ✓ BHP/ASO contract: not yet signed, details being defined on the scope of work, deliverables, UM review requirements, network development, performance targets and reporting (the ASO is being asked to accommodate new reporting/sanctions-see *last 12 slide for highlights*). The BHP incorporated recommendations/concerns from the BH Committee Work Groups, parent groups and others in the contract provisions.
- ✓ DCF is continuing to work toward ASO integration of the MSS system and ASO interface with DCF facilities.
- ✓ Once the BHP/ASO contract is signed, the provisions can be shared with the Council. If there are substantive recommendations, the contract could be amended.
 - Provider /peer review will be available before a final service denial is made. The ASO will consider the initial request, care guidelines and medical necessity/medical appropriateness under Medicaid before a final decision is made by the ASO. Through the peer review process approved service requests may depart from the guidelines.

Mr. Walter requested more detailed information on the report of the staff analysis of the network gaps, especially for private practices and plans for consumer notification and education at the **October 12 meeting. The BHP was also asked to provide more specific information on the contract section dealing with family appeal/grievance process.**

Karen Anderson will provide an overview of the ASO and BHP to new Council members at 1 PM, October 12 prior to the 2 PM BHP Council meeting.

Rates and Fee Updates



- ✓ DCF continues work on rate setting for IICAPS (intensive home services program). The decision to first start with IICAPS conversion from grant to fee-for service was made because it is funded through DCF: other intensive community-based programs have multiple agency funding and would require more extensive system change. More information will be provided at the **October meeting, for Council feedback and guidance**. By statute intensive service rates (for inpatient, partial hospital and intensive outpatient) will be based on rates in effect on 7-1-05.
- ✓ Provider request for MCO contracts/rates/fees will be issued week of September 19.
- ✓ Based on provider organizations feedback, rates will be rebased on 1) simple weighted average of rates and 2) 7/1/05 MCO enrollment, weighted by county, rather than on SFY03 utilization data. The latter is not 100% reliable to be the basis for rate methodology.
- ✓ BHP rate configuration will not affect Medicaid FFS rates for services such as home care.

Mr. Walter requested information on percentage/county before the **October meeting** to allow providers an opportunity to evaluate the rate-setting process impact . (*DSS provided the information 9/13-see below*).



ASO Work Plan

VOI provided an implementation update (*Click on document below for presentation*).



The VOI implementation (see page 2) team that worked on other states programs is now concentrated on the CT implementation process. Key leadership positions for CT ASO require approval by the BHP. The ASO facility is located at 500 Enterprise Drive, Rocky Hill, CT. The implementation work plan has 15 sections and 4 phases.

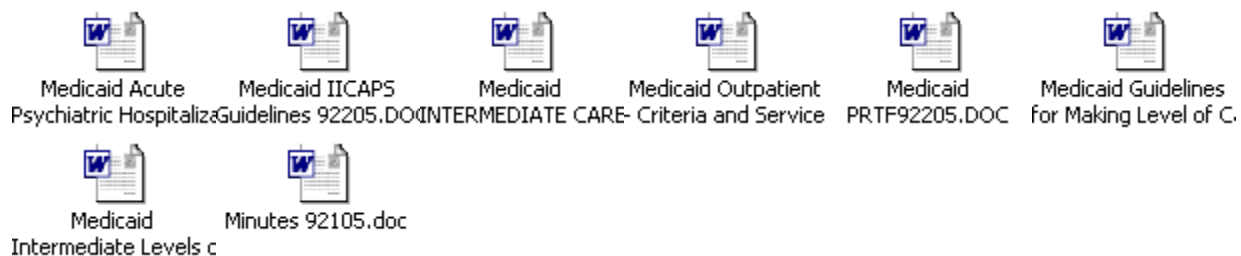
Mr. Walter requested an update on the ASO work plan and contract at the **October meeting**.

BHP Oversight Council Subcommittee (Work Group) Reports

➤ Provider Advisory Subcommittee presented the recommended care guidelines completed to date. The Work Group, composed of providers, families, advocates and BHP agencies solicited input from a broad base of 300 providers as well as the trade organizations. Additionally the work group's progress was posted on the Medicaid Council's web site. The work group will meet September 21 to review additional comments to the guidelines, make changes and then forward these to the BHP Clinical Management Committee. The Committee will incorporate guidelines into the ASO system, as determined by the BHP Clinical Management Committee. The work group added a recommendation that the ASO and BHP coordinate the level of care guidelines with the State Department of Education.

Council Action: The Council accepted the recommendations from the work group and gave the Provider Advisory Work Group flexibility in editing the guidelines, based on further comment, before sending to the BHP Clinical Management Committee.

Addendum: click on final LOC guidelines that have been sent to the BHP Committee after the 9-21 Provider Advisory meeting:



➤ The Council Steering Committee of the work group chairs met to discuss future organization of other work groups.

- It was anticipated that after a final meeting of the Coordination of Care work group to review the BHP action on WG recommendations, the work group would join the Quality And Management Subcommittee in developing ASO targets and report card indicators of the new system.

- DCF Advisory WG: The need for continued work with the BHP on Voluntary services and MSS/ASO was recognized. The future Subcommittee process will be discussed at the **October Council meeting**.

- The Transition Subcommittee will convene the first meeting September 27.

The BHP Oversight Council will meet Wednesday October 12 at 2 PM in LOB RM 1E.