Behavioral Health Partnership Oversight Council

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Meeting Summary: March 14, 2007

Co-Chairs: Rep. Peggy Sayers & Jeffrey Walter

Next meeting: Wednesday April 11, 2007 in LOB 1E

Attendees: Jeffrey Walter (Co-Chair), Dr. Mark Schaefer (DSS), Dr.K. Andersson (DCF),Lori Szczygiel (CTBHP/ValueOptions) Sheila Amdur, Rose Marie Burton, Elizabeth Collins, Connie Catrone, Thomas Deasy (Office Comptroller),Stephen Fahey, Davis Gammon, MD, Heather Gates, Jean Hardy (HN), Sharon Langer, Judith Meyers, Sherry Perlstein, Susan Walkama, Beresford Wilson, Comm. Vogel(OHCA)

Acceptance of January 2007 meeting summary: motion to accept summary by Stephen Fahey, seconded by Thomas Deasy; summary accepted without changes.

BHP Oversight Council March 2007 Report to the Connecticut General Assembly

By statute the BHP Oversight Council submits an annual report to the CGA in March outlining Council activities, actions and recommendations.

Council Action: A motion to accept the report was made by Judith Meyers and seconded by Sheila Amdur. The report was unanimously approved by Council members with no substantive change. Edits were suggested and incorporated into the final report *(click on icon below to read final report).*

BHP OC Rpt to CGA 3-07 final.doc

Mr. Walter directed the Council members' attention to the BHP bill 6921 that was being heard by the Public Health Committee.

Subcommittee Reports

- ✓ **Coordination of Care SC** (*see SC report below*)

BHP OC Coordination Care SC 2-28-07.doc

Key SC issues include 1) BH transportation issues: DMV screening process as part of licensing livery drivers and development of a standardized format for DSS to track Medicaid transportation complaints (Medicaid Fee-For-Service & HUSKY); 2) DSS/Mercer will be doing a study on the extent to which HUSKY members have had access to practitioner prescribed drugs for medical

and behavioral health diagnoses and access to temporary supply of prescribed meds.

✓ **DCF SC**: deferred report/comments until the BHP presentation of the IICAPS report.

✓ **Operations SC**


BHP OC Operations SC 3-9-07.doc

Key report highlights included:

- July 1, 2007 new 'real time' inpatient bed availability tracking through provider reports to CTBHP/VOI that will reduce multiple hospital provider calls (i.e. EDs) to place a patient.
- Operations SC has referred monitoring discharge delays, other CTBHP reports to the Quality Assurance SC.

✓ **Provider Advisory**


BHP OC PAG SC 2-22-07.doc


case managementLOCguid


Home-based Treatment LOCGuidel


PASS Group Home LOC Guidelines.doc

Susan Walkama, Chair of the Subcommittee, discussed the three new level of care (LOC) guidelines sent to the Council for review prior to the meeting. The SC had questions about the "PASS Group Home" LOC guidelines; it was the SC's decision to recommend adoption of this guideline ***with the provision that the SC will review the implementation of the PASS GH service in 6 months***. This Group Home focus is less clinical as the other two levels of Group Homes, rather the goals are directed toward life skill development, education, etc.

Council discussion points prior to vote include:

- All the LOC guidelines reference "mitigating factors" – what are these? *(see guidelines for making LOC decisions - can be found at www.ctbhp.com under provider category)*


BHP guidelines for making LOC dec.doc

Ms. Walkama stated the <u>all</u> LOC guidelines take into account specific issues outside the identified guidelines to allow flexibility in the approval process for levels of care. The Provider Advisory SC will bring back the 'use' guidelines for review to ensure the language is clear and applied in the authorization decision making process.

- Can school based health centers bill for case management? (Case management (CM) LOC guidelines). Dr. Schaefer (DSS) stated the CM LOC guideline is consistent with current Medicaid language that does NOT include SBHC licensed only for medical services; if the clinic IS LICENSED as BH center then the SBHC can bill for BH case management. Few SBHC were contracted with managed care behavioral health subcontractors. Mr. Walter stated that one of the SC would look at other services provided by SBHC that are not covered in the BHP program.

Council action on the 3 levels of care guidelines:
The motion to accept the above 3 levels of care guidelines by Stephen Fahey, seconded by Davis Gammon, MD was passed by the Council by voice vote with no nays, 2 abstentions. The LOC guideline recommendations will be sent to the BHP Clinical Committee for final review, implementation.

- ✓ **Quality Management & Access SC (**see *report below for details)*


BHP OC Quality SC 2-16-07.doc

Activities include refinement of the 2007 CTBHP/VOI new performance indicators associated with financial rewards based on performance: inpatient delays and foster care (see these within the report), the 2006 consumer satisfaction survey for which results had been reviewed by the SC with recommendations for the 2007 survey content and the SC will be reviewing the BHP indicators developed by HSRI and priority levels in April.

BHP Agencies Report

Intensive In-home Child & Adolescent Psychiatric Services (IICAPS)


BHPOC Presentation 3-14-07 Final.ppt


IICAPS Rate Report to BHPOC 03-14-07.d


Acronyms 2-14-07.xls

These in home services focus on children with serious psychiatric disorders. Grant funded (at $4.4.M) services were converted to fee for service Jan. 1, 2006 in order to improve provider's ability to add teams to accommodate unmet needs. Prior to the conversion there were 30-32 active teams with an average cost per team of $169,300 and $177,600. BHP established a per team cost of $200,000 in SFY05, which exceeded per team cost by $22,600 and $30,7000, intended to bring teams up to fidelity with the model's requirement. Residual grant funding of $600,000 was reserved to fund 25 slots at about $24,000/slot for non-Husky, non-DCF involved children. An additional $299,721 was reserved to assist providers with disproportionate travel times.

New rates and conversion to FFS were effective 1/1/06 with bridge funding provided for the 1st 6 months to ease the rate conversion. CTBHP payments were approximately $1.05M for the 1st 6 months. Administrative steps were taken during the transition to FFS including: ASO system modifications in place by 11/06 to address requests for authorizations in excess of the typical 5.5 hours/week, trouble shooting revenue shortfalls, billing problems, eligibility issues and third party liability issues. The BHP further assessed the reasonableness of the key assumptions, finding that on average IICAPS programs are providing 4.1 billable hours/client/week, less than 4.565 hours assumed under the rate methodology.

The BHP concluded that the conversion has not yet achieved the stated aim to grow IICAPS services to meet the demand. BHP made recommendations related to team expansions per site,

staff quality and retention, provider technical assistance, extend bridge funding beyond the 1st 6 months to offset provider deficits incurred with the conversion, may delay a final rate determination until the conversion program has been in operation for a year and consider a differential rate schedule that would be higher for IICAPS providers that guarantee timely access and or service capacity expansion.

Discussion highlights:

- From a family perspective staff turnover and client wait lists are troubling; DSS noted wait lists are related to insufficient funding that deters service capacity increase.
- DCF subcommittee will respond to the report at the April meeting as the SC has concerns about the rate assumptions/methodology.
- Applying the 15 minute units required by CMS to IICAPS seems unwieldy; why not state fund the FFS conversion to make it work better? DSS suggested that while using this unit is unwieldy, it allows service flexibility and more clearly defines services than 'bundled fees' would allow. Really want to know if the service is doing what matters to the family.
- Build indirect costs into the model that address staff longevity, on call reimbursement, staff safety issues and recruitment of cultural, linguistic diverse staff.
- This complicated conversion process is a major effort and lessons learned from this process can be applied to other models in the future.

Enhanced Care Clinics

There are 31 ECCs designated: all will be required to meet access requirements as of 9-1-07. The target date for primary care/behavioral health requirements is 1-1-08. (*See pages 17 & for ECC list and geo-access chart).*

SFY 07 Rate Adjustments

Mr. Walter and Dr. Schaefer reviewed the rated adjustments for SFY 07 that the Council approved in January (package #4) that included adding the dollars associated with HUSKY B, ECC rates, 1% across-the-board provider rate adjustment and increasing the case management rate from $9.08/15 minute unit to $15/unit. Unexpended dollars in this budget were addressed and BHP proposed at this meeting to 1) increasing hospital and clinic EDT floor rate from $51.88 to $62.50 retroactive to July 1, 2006 and 2) increase practitioner codes related to psychiatric prescribing and consultation (see package note 6).

Council action: Sheila Amdur made the motion to accept the BHP recommendation to raise the EDT floor rate retroactive to July 1, 2006 and increase practitioner codes related to psychiatric prescribing and consultation, seconded by Beresford Williams.

Discussion: The Provider Access Subcommittee will clarify the Intensive Outpatient minimum 3 hours service period. The IICAPS bridge funds are applied to "unentitled" non-BHP clients that are not under the Council's purview; therefore are not included in the proposal to the Council. The BHP recommendations were accepted with one abstention.