



Behavioral Health Partnership Oversight Council

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Meeting Summary: April 11, 2007

Co-Chairs: Rep. Peggy Sayers & Jeffrey Walter

Next meeting: Wednesday May 9, 2007 2 PM at LOB RM. 1D

Attendees: Jeffrey Walter (Co-Chair), Dr. Mark Schaefer (DSS), Dr. Karen Andersson (DCF), Pat Rehmer (DMHAS), Thomas Deasy (Comptroller Office), Rose Marie Burton, Connie Catrone, Elizabeth Collins, Anthony DelMastro, Heather Gates, Lorna Grivois, Judith Meyers, Patrick Monahan, Sherry Perlstein, Susan Walkama, Beresford Wilson, M. McCourt (staff).

Also present: Karen Snyder (DCF), Julie Revaz, John Brooks (Judicial Branch - Court Support Services).

March Council meeting summary was approved without changes.

Subcommittee Reports

✓ Coordination of Care: Sheila Amdur, Connie Catrone, Co-Chair



BHP OC Coordination
Care SC 3-28-07.doc

Connie Catrone discussed highlights of subcommittee activities that included work with DSS to develop a prescription drug study that will be undertaken by Mercer, noted changes in Anthem and Health Net pharmacy processes (*See DSS handout below*) that may be included in a limited study after the initial study and transportation system monitoring including efforts undertaken by Logisticare to ensure transportation services. Ms. Catrone welcomes interested participants to join the SC.

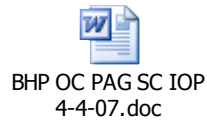
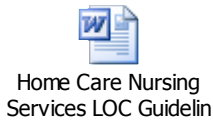
DCF Advisory: Kathy Currier & Heather Gates, Co-Chairs



Report to Council
20071.doc

Heather Gates summarized the SC report (click on icon above to read report), identifying positive steps BHP has taken to resolve some of the implementation issues as well as remaining issues related to the cost methodology and implementation of the grant/FFS conversion for IICAPS. The SC weighed in on the DCF offer to initially eight and then 11 IICAPS programs of additional one time funding to expand teams with the intent of reducing wait lists, as this process was outside subcommittee input.

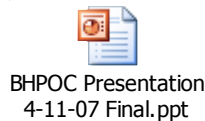
✓ **Provider Advisory Group: Susan Walkama, Chair**



Susan Walkama presented the Home Care nursing level of care (*see first doc above*) for Council approval. The motion to approve the guidelines, made by Susan Walkama, seconded by Thomas Deasy, was unanimously approved by voice vote. Ms. Walkama then reviewed the issues raised by the Subcommittee about the BHP policy change to establish Intensive Outpatient (IOP) hours at a minimum of three hours duration. Ms. Walkama stated that the issues related to this will be brought to the BHP Clinical Management Committee for clarification of acceptable therapeutic activities for this level of care.

Behavioral Health Partnership Report

(Click on icon below to review report details)



Dr. Mark Schaefer (DSS) reviewed the report. Highlights, with Council comments included:

- Psychiatric evaluations (90801) state plan amendment fiscal note has been completed. BHP will notify the BHP OC regarding the publication date in Law Journal.
- Enhanced Care Clinics (ECC) execution target date is 4-15-07. Additional sites could be added to a primary site. Policy transmittal establishing access requirements will be sent to ECCs later in April 2007. Mr. Walter suggested that specific questions about the ECC (i.e. licensing, adding secondary sites, etc.) be reviewed with BHP and ECCs outside the Council meeting. The ECC sites will be put on the CTBHP website; however the BHP wants to place this in the perspective of community BH care resources available along with ECCs.
- SFY 07 rate increase policy transmittals and rate letters will be sent in April 2007, retro-claims selection will be made May 2007 and adjusted claims payment is expected in June 2007.
- BHP agreed the Clinical Management Committee will review decision for IOP duration and clarify types of therapeutic activities in IOP.
- HUSKY pharmacy process major change: Anthem and Health Net have **waived** the requirement that providers attest to urgency of a script in order for a temporary supply to be dispensed. These two plans and WellCare require the pharmacist to call the MCO's pharmacy benefit manager (PBM) to obtain an override number when prior authorization of a script is required and not provided. CHNCT has had an "automatic" override which does not necessitate the pharmacy calling the BPM.
- HUSKY A & B program expenditures for SFY 07 Q 1-3 were reviewed; total BH expenditures was \$90.3M with inpatient care representing about 40% of the total expenditures. Questions:
 - *How can any shift from institutional care to community-based care be identified, especially when services such as residential care remain in the DCF budget?* Dr. Karen Andersson (DCF) stated that DCF BHP expenditure information could be presented at the May Council meeting. Mark Schaefer (DSS) commented that given the DCF growing small group homes initiatives, these costs may increase yet

represent more effective placements and outcomes.

- *An expenditure report by Date of Service (DOS) vs. payment* is very difficult to do; however the Council could request trending data with a breakout of some lines of service change by identified types of services.
- *Can hospital expenditures be broken out by acute general hospital, psychiatric hospital acute care vs. inpatient discharge delays?* Data is available for the proportion of acute care capacity. The Quality Assurance SC will be evaluating trends in discharge delays.

CSSD – IICAPS Status (Click on icon below to view CSSD presentation)



IICAPSconversion.ppt

Karen Snyder (DCF), Julie Revaz, John Brooks (Judicial Branch - Court Support Services) reviewed the proposed conversion of CSSD Adolescent Clinical Treatment (ACT) grant services to a fee-for-service (FFS) IICAPS migration in all program locations. Four of the 13 ACT sites currently offer IICAPS programs (*See last page of above document for current and projected scope of need for IICAPS*).

The CSSD/DCF Joint Strategic Plan seeks improved integration and coordination of services for all children with mental health needs, regardless of the portal (i.e. CSSD) through which they access the services. The proposed collaborative purchasing FFS structure lends itself to increased clinical productivity that allows services to more children within comparable expenditures.

The 5 year contracts expire 7-1-07, which provides an opportunity for service enhancement and productivity throughout the state. A Request for proposals (RFP) will be released, open to existing and other providers willing to convert to the IICAPS program. Council questions:

- *How does the CSSD/DCF collaboration in expanding IICAPS access relate to the Behavioral Health Partnership program?* CSSD wants to increase coordination with DCF but does not want to ‘overload’ the current system. The coordination could occur within or outside the BHP program.
 - What is known about the CSSD population:
 - 56% of CSSD clients are HUSKY involved, 11% are DCF involved and 33% have non-Medicaid coverage.
 - The current provider network used by CSSD includes BHP IICAPS providers and some providers outside the BHP network.
 - *Why is the focus on IICAPS vs. other intensive home programs?* CSSD stated there are about 250 slots for Multi-systemic Family Therapy (MSFT) and brief strategic family services throughout the 13 regions; however MSFT and other intensive home programs are not part of ACT.
- *The collaboration between DCF & CSSD is a positive step: how would this process accommodate minority service providers, for example helping them become credentialed in this system?* CSSD noted that the RFP addresses the importance of a diverse portfolio of provider services by looking at the strengths of the proposal, and identify how to assist service providers by reducing their administrative burdens (i.e. extend the grant time period, separate quality areas so as not to burden the provider). *Discussion about service delivery needs to include minority providers that currently*

are not represented on the BHP Oversight Council.

- The details of the implementation of this collaboration to extend IICAPS services to the CSSD and other populations need to be reviewed at a BHP OC Subcommittee level. DSS noted that even without a formal CSSD/BHP partnership, issues could be discussed at a Subcommittee level. Mr. Walter will speak further with BHP to identify a mechanism to take up policy and implementation issues. Specific issues that need to be discussed included:
 - Operationalization this change that works with children in two different systems if CSSD does not have a formal relationship with the BHP.
 - Ensure coherence to IICAPS rate discussions
 - Credentialing issues as existing IICAPS network in DCF is credentialed by Yale.

Other Business

Psychiatric bed tracking process:

Patrick Monahan, CT Hospital Association (CHA) representative, expressed concerns about this plan that is to be implemented by the BHP and CTBHP/VOI July 1, 2007, specifically:

- Lack of CHA input into a process that involves only hospital capacity reporting.
- Existing lack of appropriate capacity for inpatient psychiatric services and community-based services.
- New mandate that is not part of the contractual obligation.

DSS commented:

- BHP and CTBHP/VOI had contacted CHA to inform them about this initiative.
- The plan was discussed at the previous Operation SC meeting that has psychiatric general and free-standing hospital participation in this Subcommittee.
- A system demo is to be presented at the April 13th Operations SC meeting and the BHP agreed to “tweak” the process based on discussion at that meeting, before the July start date.
- At this time, the BHP would be requiring participation in the bed tracking system.

Mr. Walter requested the Operations SC, meeting on April 13, 2007, report on the April meeting at the May 9th BHP Oversight Council.

BHP Oversight Council Consumer Forums

Jeffrey Walter noted existing vacancies on the Council, several of which are legislator designee slots and asks for suggestions on how to attract families and BHP members to the Council. Mr. Walter is looking to provide stipends for consumer participants on the Council and Subcommittees. Mr. Walter and the Executive Committee recommend the Council host BHP consumer-focused forums throughout the state beginning in the Fall 2007 to elicit information on consumer experience with the BHP program. The Council supports this, adding input:

- Mr. Beresford commended the Council’s plan to bring the forums to the communities, expressed appreciation to State agencies for their efforts to support family input into decisions about children’s health and mental health and suggested the Council invite CSSD to be part of Council discussions.
- DMHAS described a web cast the agency hosted that allowed families to participate in discussions either on their own home computer or at community grass roots-hosted events.
- Anthony DelMastro described the Children’s Center paid parent liaison position that provides regular statewide family feedback on services.

- Judith Meyers noted the Transformation Work Group's struggle to engage the public in policy implementation and suggested the Council may want to form a Member Advisory Subcommittee that would report to the Council.
- Sherry Perlstein stated that the "real work" of the Council occurs in the subcommittees and these require broad representation, including members.
- Lorna Grivois, parent representative, observed that CBHAC struggles with securing diverse representation. Ms. Grivois has found that family/consumer mentoring, such that Karen Andersson provided Lorna, is critical to assisting families and program members as collaborative representatives to Councils. Suggested the formality of the Council meetings at the LOB are off-putting to consumers.

Mr. Walter thanked Council members for their valuable input on the forums and consumer/member outreach for the Council and will continue this dialogue with the Council and agencies. Mr. Walter encouraged family/consumer representative to bring the open Council appointments to their organizations/communities.

Next meeting: Wednesday May 9, 2007 at 2 PM in LOB RM 1D