Behavioral Health Partnership Oversight Council

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Meeting Summary: September 12, 2007
Co-Chairs: Rep. Peggy Sayers & Jeffery Walter

Next meeting: Wednesday October 10, 2007 at 2 PM in LOB RM 1D

Attendees: Jeffrey Walter (Co-Chair), Karen Andersson (DCF), Mark Schaefer (DSS), Lori Szczygiel (CTBHP/VO), Connie Catrone (SBHC), Elizabeth Collins (Hospitals), Thomas Deasy (Comptroller's Office), Anthony DelMastro (Residential Care), Davis Gammon, MD, Heather Gates (for Sen. Kissel), Sharon Langer (for Sen. Handley), Judith Meyers(for Rep. Merril), Randi Mezzy(for Rep. Villano), Sherry Perlstein(for Rep. Gibbons), Paul Potamiamos (OPM), Cheryl Resha (Dept Education), Stephen Larcen, Commissioner Cristine Vogel (OHCA), Susan Walkama, Catherine Zito(WellCare). M. McCourt (Legislative staff).

Council Administration

- ✓ Davis Gammon, MD moved acceptance of the Council July meeting summary, seconded by Thomas Deasy; summary accepted.
- ✓ Melody Nelson will be joining the Council as an appointed representative of advocate for persons with substance abuse.

Council Subcommittee Reports

Mr. Walter encouraged Council members that are not Subcommittee participants to consider choosing one to attend.

- *Coordination of Care-Chair-Connie Catrone*

BHP OC Coordination Care SC 7-18-07.doc

- *DCF Advisory Co-Chairs-Heather Gates & Kathleen Carrier*

BHP OC DCF Advisory SC 6- 19-07

In June the SC reviewed the IICAPS data and had hoped the pending rate decision would be made by September. ValueOptions will be hosting 3 regional forums on discharge delay from inpatient units & EDs in September.

- *Operations Co-Chairs-Lorna Grivois & Stephen Larcen*

Stephen Larcen stated that while there is sufficient overlap of issues with the Quality and Operations Subcommittee, both will continue to meet on the same day. Operations SC will continue to focus on ED delay reductions, provider profiling and claims. The SC may form a work group to address claim issues.

- *Provider Advisory Chair-Susan Walkama*


BHP OC PAG SC 7-1-07.doc


BHP OC PAG SC 8-15-07.doc


Intensive In Home Guideline REvisions 8:

Discussion about the ***revised*** intensive home-based treatment authorization process and time frames for treatment *(see last document above).*

- The intent of the revision was to provide more flexibility in planning treatment based on client/family need.
- All but MDFT and FFT therapy may have a range of six months duration with special review. Sherry Perstein suggested all levels of these services have the broader time frame range rather than 4 months or 4-6 months.

Susan Walkama offered to bring this back to the SC before the Council acts on the revised process.
Council Action: Sherry Perlstein made a motion to approve the revised intensive home-based treatment authorization process and time frames for treatment with the understanding that the level of care allow review and authorization beyond the 4 month time frame based on the family needs; seconded by Sharon Langer. **Council vote: motion to accept revision passed with one abstention, no nays.**
Susan Walkama as chair of the SC thanked DSS for changing the regulations that allow more than one intake per client per year, which includes reimbursement now for a clinical evaluation and psychiatric medication evaluation.

- *Quality Management & Access-Chair Davis Gammon MD*


BHP OC Quality SC 7-07.doc

Elizabeth Collins commended the BHP agencies and ValueOptions for the level of detail provided about key issues including discharge delays, provider profiling and the extensive work ValueOptions and DCF has done on a daily basis for children 'stuck' in the system.

Lori Szczygiel (Value Options) briefly described the national company system *ReferralConnect* application to CT BHP. This web based system found at CTBHP.com web site allows the user (provider or consumer) to identify BH providers, level of care services provided, location and a link to MapQuest. A feedback mechanism allows providers to update their provider data verification data and member/provider feedback of accessibility to a selected provider.

BHP Agency Reports: Department of Children & Families
Dr. Karen Andersson provided a review of residential level care utilization, the referral process and the DCF/BHP relationship, historic and current residential capacity and role of residential utilization with

BH system gridlock. *(Click on icon below to view presentation).*

Residental presentation Septemt

Highlights of discussion:

- ✓ Over the past 5 years licensed RTC bed capacity fell from 1014 to about 600 beds primarily due to poor quality of care and safety issues within 6 provider agencies and DCF efforts to improve clinical care within RTCs.
- ✓ Summary of residential treatment care (RTC) bed activity 2001 -2007 (pg 7) shows current bed status is about 90 beds short in 2007 compared to 2001.
- ✓ A major reduction (61%) was in out of state (OOS) bed use in 2007. Additional resources such as intensive home based services and Therapeutic Group Home beds have increased to 215 beds since 2003 with 10 more homes to be opened by the end of 2007. Community siting of these homes has been and continues to be problematic.
- ✓ The Juan F decree requires that no more than 11% of DCF committed and Voluntary Service children utilize RTC care (655) at any given time. The State may have to exceed that if the family/child need warrants this.
- ✓ In September 2007 104 children in RTC were waiting discharge primarily to Therapeutic group homes, foster care and PASS group homes. At the same time 202 children were waiting for access to RTCs; of these 146 were matched with a facility but were waiting for a bed.
- ✓ The RTC length of stay factors include cognitively challenged children and delays of local school planning to accept the discharged child; can be a 4-6 week delay in finalizing the IEP plan. Tony DelMastro stated that some RTCs are offering community-based services; however many of the children in RTCs have acuity needs that currently cannot be met at a community level of care.
- ✓ Provider perspective: children with high acuity needs may be involved in an intermediate level of community care while waiting for openings in RTC or another appropriate LOC. This scenario places strains on the provider community and the family.
- ✓ Commissioner Vogel asked if DCF can identify an approximate need of licensed fully staffed RTC beds, available appropriate level of care (LOC) capacity in the community and next LOC in the care continuum that would be indicated that would avoid crisis ED visits or hospitalization. The Commissioner suggested this may be worth exploring.
- ✓ While DCF will continue to work with RTC and community providers, the diversity and complexity of children that require higher levels of care suggest that there needs to another level of resource to stabilize and provide care within the continuum of services. Unclear at this time what that LC would be.
- ✓ ***Mr. Walter suggested that a work group*** be formed to look at these complex issues based on Council questions that may be answered with a more in depth look at the data and identify outcomes for those that needed residential care and got it versus those that did not.

BHP Report: Department of Social Services *(Click on icon below to view presentation)*

BHPOC Presentation 9-12-07 Final.ppt

Dr. Mark Schaefer (DSS) reviewed the SFY 08 strategic rate investment proposals. BHP needs to look at the Medicaid fee-for-service (FFS) and HUSKY budget before bringing a final proposal to the Council. Discussion:

- ✓ ***Hospital Access Initiative*** proposes to establish hospital "preferred providers" that would receive rate enhancement for all admissions in return for guaranteed access to available inpatient capacity regardless of clinical profile. This was proposed to alleviate difficulty in admitting children with special treatment needs. Response:
  - One-on-one staffing costs for these patients would, under Medicaid reimbursement, absorb the total hospital reimbursement for a day.
  - Hospital units could work to identify service needs of patients and referrals to create a statewide plan to meet complex/co-morbid clinical needs.
  - How would the state finance providing services to complex children that currently are served OOS? DSS stated that financing – current and future -needs to be assessed over the next 30 days before the October Council meeting.
  - ***Mr. Walter will convene a meeting with DSS and hospitals prior to the October Council meeting.***

- ✓ CMS released Medicaid rehab regulations on August 13 that would pertain to questions about proposals related to enhanced reimbursement to ECCs for 1) crisis psychiatric evaluation and 2) brief psychiatric evaluation for primary care provider referrals. ***DSS will provide information on this in October.***

Other Discussion

- ✓ Heather Gates, chair of DCF Subcommittee, ***asked that DSS provide information at the October meeting on the IICAPS rate change or a firm answer as to when that decision would be made.***
- ✓ OHCA Commissioner stated her agency had been contacting hospitals regarding ED delay/inpatient admission issues. What she has learned raises an important question about the hospital's responsibility in developing behavioral services for children/youth in their region:
  - In SFY 07 there were 100 fewer ED to inpatient admissions of children under age 18 compared to 2006.
  - Middlesex Hospital and Charlotte Hungerford hospitals have demonstrated an effective collaboration with community-based services, in particular EMPS services, to manage their patients.
  - In contrast St Mary's Hospital in region 5 does not provide child/adolescent psychiatric services nor are those services available to hospital patients by contract or other arrangement elsewhere in the area, yet the hospital ED sees about 40 children a month with Behavioral Health problems.