



## **Behavioral Health Partnership Oversight Council**

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### **Meeting Summary: November 14, 2007**

**Next meeting: Wednesday December 12, 2007 @ 2 PM in LOB Room 2D**

Attendees: Rep. Peggy Sayers and Jeffrey Walter (Co-Chairs), Karen Andersson (DCF), Mark Schaefer (DSS), Ann Phelan for Lori Szczygiel (CTBHP/ValueOptions), Sheila Amdur, Rose Marie Burton, Connie Catrone, Elizabeth Collins, Stephen Frayne, Davis Gammon, M.D., Heather Gates, Lorna Grivois, Stephen Larcen, Judith Meyers, Randi Mezzy, Melody Nelson, Sherry Perlstein, Kevin Sullivan, Susan Walkama, Beresford Wilson.

Also attended: Mickey Kramer (OCA), M. McCourt (Legislative staff).

### **Council Administration**

Stephen Frayne stated the *October summary* should be amended to 1) reflect the annual Council report that CTBHP provider rates *be no less than* the average percent increase in the MCO negotiated rates for SFY07 and 2) omit the second bullet, page 4. A motion to accept these changes by Jeffrey Walter, seconded by Sherry Perlstein was approved by the Council.

### **Council Subcommittee Reports**

Coordination of Care SC-Chair, Connie Catrone: (Click on icon below to view 10-31 summary.)



BHP OC Coordination  
Care SC 10-31-07.do

Connie Catrone reviewed the key issues of the SC over the last month, including the local pharmacy message for temporary drug supplies that Anthem, Health Net and WellCare have implemented prior to and as of November 1, 2007. Ms. Mezzy stated that Health Net still has language in their message that the “drug is not covered, prior authorization required”. As part of the HUSKY A, B & Charter Oak procurement, pharmacy services will be “carved-out” of the three programs and placed under the Medicaid program. Ms. Catron made a motion, seconded by Judith Meyers, that a ‘transition’ work group with representatives from the BHP OC, this Subcommittee and the Medicaid Managed Care Council be formed to work with DSS on the proposed structure of the pharmacy ‘carve-out’. The Council recommended that DSS present a report on the proposed carve-out to the Coordination of Care SC, which will report back to the Council in December with issues that would be addressed by such a work group.

### DCF Advisory Subcommittee – Co-Chairs Heather Gates & Kathy Carrier

The SC discussed Residential Treatment Centers (RTC) utilization reports, working on the format for family BHP program focus groups and will devote the December 18<sup>th</sup> meeting to the

revised IICAPS rates.

Operations SC –Co-Chairs Lorna Grivois & Stephen Larcen (see Oct. summary below).



BHP OC Operations  
SC 10-07.doc

Dr. Larcen reviewed key issues, noting the SC will work with the Quality SC on the concurrent review process. BHP claim denials average about 25% per billing cycle: most are related to administrative denials that the BHP rapid response team addresses through work with providers to correct individual errors. Overall providers have found the BHP claims system more transparent and streamlined than the previous delivery system. Dr. Schaefer stated it is possible to differentiate medical necessity denials from administrative claim denials: this could be part of the Council's program evaluation. Mr. Walter has convened a work group for the evaluation process that was funded in the biennial budget. The SC will re-examine timely filing parameters. The Subcommittee will be receiving information on Region 5 service gaps at a future meeting.

Provider Advisory Subcommittee- Chair Susan Walkama (click on icon below for SC summary).



BHP OC PAG SC  
10-17-07.doc

The Enhanced Care Clinic (ECC) policy that includes primary care/BH coordination is under review. The SC views the proposed E&M brief/crisis psychiatry codes essential to the implementation of the PC/BH for ECCs in SFY08. The SC has reviewed the CCMC CARES Unit level of care guidelines and given the SC discussion, the chair suggested BHP present the program to the Council prior to review and vote on the guidelines.

Quality Management & Access SC-Chair: Dr. Davis Gammon



BHP OC Quality SC  
10-07.doc

In the interest of time, Dr. Gammon asked the Council to review the last meeting summary; the SC is working with Operations on Concurrent Review time efficiencies. The SC suggested IICAPS report parameters, per the Council Co-Chair's request.

**BHP Agency Report** (Click on icon below to view meeting handout).



BHPOC Presentation  
11-14-07 Final-B.ppt

- ✓ Over the past year there has been a steady growth, with the exception of July 2007, of total **HUSKY A enrollment** for both children and adult parent/caregivers. HUSKY B had peak enrollment in June 2007 followed by slower/unchanged enrollment growth since July 2007.
- ✓ **BHP expenditures:** about 25% of expenditures were for Community based services. DCF quarterly payments July – Sept. 2007 for residential care, therapeutic and PASS

group home averaged \$26M.

- ✓ **CTBHP per member per month** (PMPM) costs, based on DSS paid claims by date of service, ranged from \$24 first half 06 to \$26 first half 07. The provider rate increases are reflected in the PMPM rates. ***It was suggested that a quantitatively defined BHP goal for reduced reliance on institutional care be identified in order to assess success in program goals.***
- ✓ There are more DCF children in ***ED delay status*** per month compared to non-DCF children. Dr. Karen Andersson (DCF) discussed this, identifying subgroups that the state currently has limited resources to serve:
  - Children with BH and developmental and/or autistic conditions have limited discharge disposition resources. The children may become DCF involved because of limited family resources to care for the child at home. There has been an overall reduction of residential treatment centers (RTC) to about 600 beds. Recently DCF closed the Lake Grove facility that cared for about 100 children (65 were DCF committed) with developmental and mental health conditions.
  - Lack of in-state capacity to provide specialized treatment for children with certain conditions and/or co-morbidities contributes to the ED/inpatient delays.
  - Of the Court ordered referrals to River View for 10-30 days evaluations, about 10% can be referred to community level care for evaluations.
  - DCF is monitoring inpatient/RTC discharge delays on a daily basis and the local DCF offices are monitoring RTC LOS and are more proactive in identifying appropriate community based services.
  - State needs to look at treatment options for subpopulations noted above that may include additional budget options. Several state agencies are discussing how to best serve these children and support their families.
- ✓ **BHP regulations** were released from the Governor's office after the last BHP OC meeting. The agency published them and has a public hearing date for 11-16 at DSS. Council members requested that the oversight council receive notice of future proposed regulation release. Commented that Council/Subcommittee input into draft proposed regulations would improve the process and may reduce changes to the proposed regulations.

### ***Behavioral Health Partnership Program Funding***

The following motion was made by Sheila Amdur, seconded by Kevin Sullivan (*click on icon below to view **final** motion and outline of potential framework for rate increase*)



BHP Rate  
Proposal1107.doc

*The Council believes that there should be parity in provider reimbursement rates among the HUSKY, BHP and Medicaid Fee for Service programs. Toward that end, the Council recommends that DSS:*

1. *Provide the BHP with the same percentage increase that is given to the HUSKY MCOs in FY 08, including funds intended to equalize HUSKY and Medicaid fee for service rates for hospitals, clinics and physicians.*
2. *Incorporate the following framework so that the methodology for allocating BHP funding increases:*
  - (a) *provide targeted rate increases, comparable to those provided to HUSKY & FFS Medicaid providers, including: hospitals, clinics, and physicians;*
  - (b) *provide an across the board increase so that all providers get at least 2% to approach inflation;*
  - (c) *fund other strategic investments recommended by DSS in addition to these increases.*
3. *Recommend that DSS proceed with proposing a framework for BHP increases based on its best estimate of the increases to be provided MCO's, and not delay the implementation of BHP increases.*

Discussion points of the motion:

- ✓ Sheila Amdur stated the BHP program garnered support with assurances from DSS that the BHP services would receive the same funding increases as the MCO annual rate increases; each year the Council has had to address this in a formal motion. This year the biennial budget significantly increased Medicaid fee-for-service (FFS) provider rates. DSS has proposed 2% (budgeted MCO rate increase) for the BHP increase. The rate disparities give the BHP program “second class” status. Mr. Sullivan stated that cumulative economic disadvantages and symbolic disadvantage treats mental health in a non-parity manner.
- ✓ Dr. Gammon stated that if the state doesn't adequately pay services required within the structure this may doom the program to failure.
- ✓ Ms. Mezzi stated DSS by statute cannot discriminate payments by type of service; legal action could be forthcoming if this occurs.
- ✓ Mr. Frayne requested clarification regarding funding strategic investments: is this subsumed under the MCO negotiated rate applied to the BHP or is this additive? Sheila Amdur replied that recommendation 2 (c) says “in addition to these increases”.

Amendment to the motion put forward by Mr. Frayne, seconded by Dr. Gammon:

*Increased funding for BHP services shall not come from increases to the Medicaid fee for service program.* Mr. Frayne stated the CT Hospital Association is concerned that DSS may interpret recommendations in the initial motion to reduce the hospital budgeted Medicaid FFS dollars to fund BHP outpatient services.

***Council action on the amendment: Amendment carried by unanimous vote.***

**Council action on the motion as amended: unanimous vote by voting members to approve the recommendations to DSS as outlined in the motion.**