Behavioral Health Partnership Oversight Council

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Meeting Summary: **February 13, 2008**
Next meeting: Wednesday Marcy 12, 2008 at 2 PM in LOB Room 2D.

Attendees: Jeffrey Walters (Co-Chairs), Dr. Karen Andersson (DCF), Dr. Mark Schaefer (DSS), Lori Szczygiel (CTBHP/ValueOptions), Sheila Amdur, Connie Catrone, Elizabeth Collins, Molly Cole, Thomas Deasy (Comptrollers Office), Anthony DelMastro, Stephen Frayne, Davis Gammon, MD, Heather Gates, Sharon Langer, Stephen Larcen, Randi Mezzy, Judith Meyers, Sherry Perlstein, Maureen Smith, Susan Walkama.
Also attended: Mickey Kramer (OCA), Jean Hardy (Health Net), M. McCourt (Council staff)

Sharon Langer made a motion seconded by Dr. Gammon to accept the January BHP OC meeting summary. The summary was accepted without change. Clarification was requested on differences in adult HUSKY A and children's medication services reported in January in that the summary noted that adult medication services were higher than children: HUSKY A adults had 2.6% per capita (1000 members) medication services compared to children's 1.7% per capita.

Subcommittee Reports

- ✓ *Coordination of Care-Chair Connie Catrone*

BHP OC Coord Care SC 1-23-08.doc

Areas discussed in the SC meeting included the HUSKY transition that may result in changes to provider network capacity that could impact members' primary care relationship, coordination with behavioral health care and concern about minimal member services for HUSKY FFS. DCF and CTBHP/VO began working together early in the process to minimize the impact on the DCF population. The SC will continue to work on transportation issues.

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

BHP OC Operations SC 1-18-08.doc

Claims: the SC recommended that

- ***BHP would pay all providers for outstanding authorized secondary claims***

accumulated during the 2 years of the BHP program.

- ***BHP will allow providers to resubmit administratively denied claims for invalid PA number reason in the new Interchange system implemented at the end of January (1-25-08) 2008. The system does not require a PA number. This would resolve the denials and re-cycling of claims because of <u>incorrect PA number on initial PA request.</u>***
- Rep. Dillon requested the SC Co-chair provide her with information on the claims issues.

BHP system: the SC will continue to look at data from CARES Unit on impact on inpatient use.

✓ *Quality Management & Access – Co-chairs Dr. Davis Gammon & Robert Franks*

BHP OC Quality SC 1-18-08.doc

Among the topics in this SC:

- Dr. Gammon described a group that is looking at functional collaboration of public schools, special education and behavioral health services including BHP with the goal of developing "best practice guidelines". Funding augmented possibly with state funds would support special education within local school budgets. Molly Cole urged this committee to include families early in the planning process.
- The Subcommittee also received reports from DCF on the Emergency Mobil Psychiatric Services (EMPS) redesign that includes applying a uniform standards of operations, improve access to these services and reduce delays in connecting families to services.
- ValueOptions provided a report on one of their performance targets - the impact of foster care disruption on children's mental health needs (*see above SC report).*

✓ *DCF Advisory – Co-chairs Heather Gates & Kathy Currier*

BHP OC DCF Advisory SC focusgrp

BHP Presentation (*see presentation below with the change in local EDS number*)

BHPOC Presentation 02-13-08 Final.ppt

✓ HUSKY A & B enrollment continues to increase.

✓ Health Net & WellCare will leave the HUSKY program March 31, 2008. Members have

30 days from the DSS mailing of the letter about plan choice to choose another option; failure to choose in HUSKY A will result in default to FFS. HUSKY B non-choosers will be defaulted by rotation into Anthem or CHNCT, ***except for Band 3*** full premium members that will be disenrolled and reinstated upon ACS client notification of plan choice and payment of first month premium to the chosen plan.

- HUSKY A choice: Anthem BCFP, CHNCT or FFS
- HUSKY B choice: Anthem BCFP or CHNCT

✓ HUSKY provider reimbursement: for dates of services after Dec. 2007 (Health Net) or Jan. 1, 2008 (WellCare), these health plans are not at-risk for services. DSS stated the MCOs have a contractual obligation for tail-end claims payment for services they were at risk for.

Pharmacy Carve-out to DSS Preferred Drug List (PDL) began Feb. 1, 2008. Stimulant drugs require a diagnosis on the script; if this is missing the local pharmacy message has been saying "not covered" and members cannot get a temporary supply. Off-label meds have been problematic and have not uniformly been covered under the 30-day temporary supply. DSS is actively working on these areas to reduce medication access barriers. (*See email below from Dr. Mark Schaefer (DSS BHP) regarding clarification of PDL rules).*
(Resources for members: **1-866-409-8430** questions about pharmacy; Providers PA: **1-866-409-8386;** PDL list: www.ctdssmap.com

Addendum: Feb. 14, 2008 email from Dr. Mark Schaefer clarifying rules for temporary supply drugs.

I promised to check with our rx experts regarding rules that govern temporary supply. The following are statements of fact:

1) *PA is required for "brand medically necessary" and drugs prescribed that are not on the "PDL"*
2) *Psych drugs are exempt from PDL related PA, but are subject to "brand medically necessary" PA*
3) *For psych drugs, a temporary supply is only issued when PA is required for "brand medically necessary"*
4) *Some clients thus may not get a temporary supply when Rx is denied because:*
   a. *diagnosis is required but was not provided (typically required for stimulants) or when*
   b. *prescription violates optimal dosing rules*

Typically, the pharmacist is expected to contact the physician if there's an issue, although clearly there are reports that clients may leave without a prescription. We are in the process of taking steps to educate prescribers and pharmacists with respect to the Department's pharmacy program rules.

✓ Prior authorization for BHP services for HUSKY FFS members will be unchanged: PA goes to ValueOptions. Provider rates will be the same as BHP rates.

✓ SFY 08/09 rate investment package nearly complete and should be ready for the next Council meeting. Mr. Walter requested:

- DSS send the proposal to the BHP OC Co-chairs for BHP OC Executive Committee review/comments and then to the BHP OC.
- Consider convening a special BHP OC at the end of February for review and

recommendations on the DSS proposal if the information is available.

- ✓ Child and Adult BHP quarterly utilization for 2006 and first 3 quarters of 2007 were reviewed (*Please see details in report above: click on the icon).* Much of the discussion focused on inpatient average length of stay (ALOS) and delay analysis. Child inpatient average acute LOS (excluding Riverview) was lower for all children in the last 2 quarters of 2007; however the average delayed LOS was higher in 3Q & 4Q 07. This was attributed to some 'outlier' cases. Hospital analysis showed an increased delay in Hall Brooke, Hartford and St. Francis hospitals.
    - One of the primary reasons for inpatient delay is child placement in a group home or Residential Treatment Center (RTC). DCF's geographic teams meet weekly to review each DCF child in delay status. More than one third of those in Riverview delayed status are children with severe BH issues and developmental/MR issues. DCF has begun a dialogue with DSS, DDS and OPM on how best to collectively develop service resources for this subpopulation.
    - RTC's capacity to accept more complex cases is currently limited by staffing funding resources, staff/patient ratios and staff skill building for special RTC programs. Connecticut need to identify effective treatment models for clinically complex subpopulations and train RTC staff in applying these models. Staff funding and work force resources are central to implementing specialized RTC programs.
    - Molly Cole stated it is important to assess the family's perception on the effect of treatment in improving their child's status and functioning when looking at system issues. Random case studies may be used to learn more about 'what is working'. Mr. Walter noted the Council's RFP for the independent BHP program evaluation was released Feb. 1. This study attempt to look at some of these issues.
    - The BHP deliver system is changing; however there may not be adequate and appropriate services to address the high-cost child as well as necessary community services for other less intense-needs children and their families. It is important to identify *comprehensive plans for intervention.* Mr. Walter suggested the Subcommittee structure may need to be reviewed to address this.
    - Mr. Frayne urged the BHP to establish realistic annual goals for reduction of hospital/ED discharge delays. The BHP is working on developing strategic plans to reduce delays in care as well as ensure connection to care after hospital or RTC discharge. BHP may have more to say on strategic plans in March or April.