Behavioral Health Partnership Oversight Council

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Meeting Summary: Wednesday March 12, 2008
Co-Chairs: Rep. Peggy Sayers & Jeffrey Walter
Next meeting: Wednesday April 9, 2008 @ 2 PM in LOB Rm 1D

Attendees: Jeffrey Walter (Co-Chair), Dr. Karen Andersson (DCF), Dr. Mark Schaefer (DSS), Lori Szczygiel (CTBHP/ValueOptions), Sheila Amdur, Rose Marie Burton, Elizabeth Collins, Thomas Deasy (Comptrollers Office), Anthony DelMastro, Heather Gates, Sharon Langer, Judith Meyers, Melody Nelson, Sherry Perlstein, Maureen Smith, Susan Walkama, Beresford Wilson. *Also attended*: Mickey Kramer (OCA), Jean Hardy (Health Net), M. McCourt (Council staff).

Council Administrative Issues
Judith Meyers made a motion seconded by Maureen Smith to accept the February 13, 2008 BHP OC meeting summary. Tony DelMastro made a motion seconded by Thomas Deasy to accept the Feb. 27, 2008 BHP OC special meeting summary. Both summaries were accepted without change.

Council Subcommittee Reports *(Click on icon under each subcommittee heading for the recent summary).*
Coordination of Care: Chair- Connie Catrone

BHP OC Coordi Care SC 2-27-08.doc

Key topics included:

- Pharmacy: Report on the Mercer pharmacy study under managed care should be available no later than April 2008. The Pharmacy carve-out issues appear to be at the local pharmacy level, where it is difficult for local pharmacies to uniformly implement another set of Medicaid rules. The HUSKY Preferred Drug List rules differ somewhat from the fee-for-service (FFS) provisions. Suggested that a member of the Pharmacy Trade Association participate in the meetings to help in problem solving.
- One of the two HUSKY transportation subcontractors, Logisticare, has done a significant amount of work with their local vendors on monitoring and improving behavioral health transportation. The issues encountered seem to be at the local vendor level: Clifford Beers is compiling postcards from clients/clinicians to highlight the nature of transportation problems the client may encounter in traveling to scheduled services.
- HUSKY transition system creates a challenge for co-managing high risk/complex needs members. The Subcommittee continues to review progress in this area with DSS & BHP.

<u>DCF Advisory Subcommittee</u> Co-Chairs- Kathy Carrier & Heather Gates

BHP OC DCF Advisory SC Resident

Focus areas include BHP focus group project, IICAPS rates and Residential Treatment Centers (RTC) authorization process connected to the claims system. Heather Gates and other Council members thanked DSS & DCF for completing the interim IICAPS rate process. Karen Andersson (DCF) provided a brief explanation of the RTC authorization process. A notice was sent to RTCs about the practice run of prior authorizations that will continue through July, providing time for RTCs to problem solve 'administrative and service denials' before the actual **prior authorization system is implemented August 1, 2008.** The BHP agencies expect denials based on medical necessity to be infrequent; as with all BHP claims, administrative denials predominate.

<u>Provider Advisory Subcommittee</u> Chair-Susan Walkama

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Susan Walkama reported on the outcome of the subcommittee recommendations and BHP ***agreement*** on the policy for the Enhance Care Clinics (ECCs) BH/primary care (BH/PC) collaboration that will become part of the ECC performance provisions. The Subcommittee recommended & BHP agreed that the ECC communication about their clients with the client's Primary Care Provider (PCP) practice be limited to those PCPs that have a memorandum of understanding (MOU) with the ECC. BHP agreed that parallel communication about the client's medical clinical status be reported to the ECC, more fully integrating medical and behavioral health care. The members further recommended, based on their clinical experience, that the process for broader ECC/PCP communication to all ECC clients' PCP be further discussed and developed. Dr. Schaefer clarified his comments at the February Council meeting regarding this communication issue. Dr. Schaefer did not mean to imply that clinics were unwilling to undertake activities related to integration of medical/BH services but was expressing concern that this initiative might not be implemented. The Subcommittee recommendations were accepted by BHP within the context of recognizing ECCs interest in improving communication about clients' medical and behavioral health status. Judith Meyers stated that CHDI will be working with CCPA, co-hosting an information meeting with ECCs on April 8, 12 -2 PM at CCPA that will identify how best to provide support and training to ECCs on this performance provision. The four CHDI grants to ECC/PCP practices will, over the next 6-9 months, provide information about the administrative process and evaluation of this integrated approach to member care.

The PASS Group Home level of care guidelines previously approved by the Council with the proviso that the subcommittee revisit them, have been reviewed by the group home provider group and Susan Walkama will send comments for revisions to the Subcommittee and Council.

<u>Operations Subcommittee</u> Co-Chairs-Lorna Grivois and Dr. Stephen Larcen The Co-Chairs were unable to attend this Council meeting – see Feb. report below.

BHP OC Operations SC 2-15-08.doc

Quality Management, Access and Safety Subcommittee Co-Chairs – Dr. Davis Gammon & Robert Franks. The Co-Chairs were unable to attend this Council meeting – see Feb. report below.

BHP OC Quality SC 2-15-08.doc

The Subcommittee agreed with Dr. Gammon's suggestion that the subcommittee name be broadened to reflect oversight of safety issues such as prescribing patterns, review of adverse medication interactions or drug effects, polypharmacy, etc. for children and adults in BHP. Dr. Schaefer reported that:

- DSS will be participating in a national study on Medicaid atypical anti-psychotics.
- The BHP will be undertaking a pharmacy analysis of BHP medications, looking at prescribing trends, provider type and assess safe/effective prescribing procedures.

Behavioral Health Partnership Report *(Click on icon below to view report with correction updates).*

BHPOC Presentation Final with Corrections

Discussion highlights included:

- ✓ The Quality SC summary reflected the SC discussion about the removal of DDS (formerly DMR) voluntary services (VS) from DCF VS, hence HUSKY/BHP. Dr. Schaefer stated that some DDS VS children may not be in HUSKY, as they were exempted from managed care and in 2006 DDS clients were removed from DCF VS program. This population's data is no longer in the BHP database, yet DDS clients may be delayed in inpatient settings because of the lack of CT resources (i.e. RTC) for appropriate discharge placement. BHP does not at this time manage RTC and there is no method for timely Medicaid/ IV-E eligibility determinations. Dr. Anderson stated that the agency is committed to identifying those children (to age 18 years) that are not connected to DCF or BHP and assessing the severity of their treatment /placement needs. State agencies (DSS, DDS, DCF, OPM) have been meeting on this issue. Dr. Andersson stated that CT has about 30 beds for specialized treatment for DDS clients with BH needs at High Meadows, Riverview and the CT Children's Place. Lake Grove had been able to provide in-state services to a number of these children prior to being closed.

- ✓ Mr. Walter that the Council has asked that DDS be added to the BHP OC.

- ✓ HUSKY enrollment was reviewed (*see above report*): about 20,000 new members have been added since July 2007. During the HUSKY transition, HUSKY A members will be defaulted to Medicaid FFS if they have not chosen a plan; however members can choose another plan/FFS after default. There are about 17,000 members in FFS as of 3/1/08.

- ✓ CTBHP/VO has sent letters to BH providers describing the HUSKY changes, offering suggestions for BH provider assistance to the member to access primary care.

- ✓ Trends in CTBHP expenditures show an increase in outpatient services. Judith Meyers noted that in 2002, $32 M was allocated to DCF Community-based Services; $68M was allocated in SFY 08. It would be useful to monitor the percent change in out-of-home services versus community-based services in future reports.

- ✓ Per member per month (PMPM) dollars have increased from $25/PMPM in 1Q06 to $27/PMPM in first 3 quarters of 2007. There has been 8.93% change in CT BHP HUSKY A & B PMPM dollars from the 1st two quarters of 2006 and 1st two quarters in 2007. BHP will consider looking at the category of service/client dollars/PMPM.

- ✓ Observations:
  - There continues to be high spending growth in inpatient and RTC. DSS noted that the increase from $4M to $10 M for Community based services is an extraordinary change and credits the growth of home-based services to providers.
  - What is the best way to assess the impact/outcomes of changes in the level of care on the family/child? How do you objectively measure improvement in the health of the child/adult in the BHP system? Mr. Walter reminded the group about the Council evaluation RFP that focuses on child/adult inpatient follow -up services. Ms. Collins invited Council members to participate in the Quality SC to define the questions/identify the data needed to answer questions about system change. Mr. Walter suggested organizing future Council meetings around the statutory objectives of the BHP program. Dr. Schaefer offered to meet with the Council Executive Committee to look at this and be sure the data provided can answer the change questions.
  - Commissioner Vogel (OHCA) cautioned about adding additional data before agreeing on benchmark data that will answer the question "how are things going".
  - Judith Meyers noted the 2006 CTBHP report that showed the impact of transparency in program development. The May 28th report required by statute will provide information about the changes in the program from the extensive data available.
  - Integrate data to understand the impact of the change in the system delivery of BH services. The BHP OC may consider hosting a conference to identify/explain the positive changes. Beresford Wilson observed that while transparency is important to the Council, we need to find a way to explain the impact of the CTBHP to the community. For some sub-populations such as delinquent/juvenile justice youth the first response seems to be punitive rather than prevention/treatment interventions.
  - The State Dept of Education representative identified the challenge of how best to bring information about the CTBHP to the schools-where an information gap exists.

Discussion about the 2008 session legislation related to program administration and the BHP OC budget recommendation for additional dollars added to the SFY09 budget for BHP program.