Behavioral Health Partnership Oversight Council

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Meeting Summary: **April 9, 2008**
Co-Chairs: Rep. Peggy Sayers & Jeffrey Walter

Attendees: Jeffrey Walter (Co-Chair), Dr. Karen Andersson (DCF), Dr. Mark Schaefer (DSS), Lori Szczygiel (CTBHP/ValueOptions), Sheila Amdur, Richard Calvert, Molly Cole, Elizabeth Collins, Thomas Deasy (Comptrollers Office), Anthony DelMastro, Stephen Frayne, Davis Gammon, M.D, Heather Gates, Lorna Grivois, Mickey Kramer (OCA), Sharon Langer, Stephen Larcen, Melody Nelson, Sherry Perlstein, Maureen Smith, Comm.Christine Vogal OHCA), Ramindra Walia, MD, Susan Walkama, Beresford Wilson. (M. McCourt, Council staff).

Council Administrative Issues
Dr. Gammon made a motion seconded by Sharon Langer to accept the March 2008 BHP OC meeting summary: the summary was accepted without change.

Subcommittee Reports *(Click on icon below the SC to view the last meeting summary)*
Coordination of Care: Chair Connie Catron
Next meeting is April 23 at 2:30 in LOB Rm 3800: subcommittee report to BHP OC in May.

DCF Advisory: Co-Chairs Heather Gates & Kathleen Carrier
Residential Treatment Centers (RTC) claims system is being developed with SC participants and VO and BHP: there will be a practice run on the claims process with full implementation August 1, 2008.

Operations: Co-Chairs Lorna Grivois & Stephen Larcen

BHP OC Operations 3-14-08.doc

BHP will provide a report on RTC data in May or June.

Provider Advisory: Chair Susan Walkama
Susan Walkama presented the revisions to DCF PASS Group Home level of care guidelines for Council approval. A motion to accept the guidelines was made by Susan Walkama, seconded by Elizabeth Collins and approved without dissension. There was discussion about the broader issues of the effectiveness and outcomes of Group Homes vs. family/foster homes. DCF will be releasing an RFI on foster care design in CT and Mr. Walter stated the Council will look at foster care and group homes in the future.

Quality Management, Access & Safety: Dr. Davis Gammon & Robert Franks

BHP OC Quality SC 3-14-08.doc

The Subcommittee will continue to address pharmacy quality/safety issues and complete the review of the outpatient registration data/required items at the April 18 meeting.

BHP Agency Reports

Prior to the BHP Agency reports, Council member Sheila Amdur raised the issue of the DCF re-procurement of the Emergency Mobile Psychiatric Services (EMPS) for Council consideration. Ms. Amdur stated that the one of the goals of the BHP redesign in 2006 was reinvestment in behavioral health services that create a family-centered system of care. The redesign of EMPS that has been released in a RFP seems to move away from that goal with the establishment of 6 large EMPS service areas and the admonition against local subcontracts. Since EMPS services have often been discussed by the BHP as a community service that have the potential to divert ED psychiatric admissions, reduce ED length of stay and divert inpatient admissions, Ms. Amdur asked why the redesign plan was not discussed in the Council that has oversight over the BHP program, prior to release of the RFP. Mr. Walter noted this issue was discussed at the April BHP OC Executive Committee after which he requested DCF brief the Council on the EMPS redesign in the context of the Council role related to changes in a significant BH service, but DCF declined because the RFP had been released.

Dr. Andersson (DCF) concurred that DCF cannot discuss the re-procurement and program redesign now that the RFP has been released. The first round of bidder responses is due at the end of next week. Dr. Andersson stated that DCF does not view this service as within the Partnership program because it is outside the ASO, solely funded and directed by DCF and therefore it was not brought to the full Council for discussion. There was no deliberate attempt to omit the Council. An overview of the redesign was discussed prior to the release of the RFP at the December 2007 BHP OC Quality Management & Access SC. The Agency has met with parents, advocacy groups and providers statewide over the past year for input into the redesign.

Ms. Amdur stated there is no sense of DCF deliberate omission of the Council in the process, rather a disconnection of a key service with the BHP program.

Motion presented to the Council: Ms. Amdur moved that the Council request DCF withdraw the EMPS RFP and discuss with the Council the intent and anticipated outcomes of the EMPS program redesign; motion seconded by Elizabeth Collins.

Discussion points included:

- This represents a *process issue* with the BHP agencies and Oversight Council: an opportunity for the BHP to receive input from the diverse legislative Oversight Council prior to release of a RFP involving either a new program or existing program. This EMPS issue is viewed as an opportunity to improve the collaborative process of the Council & the BHP agencies.
- The *content of the RFP* is of equal importance; for example consolidation of EMPS providers may improve quality management of the program, however, this may be offset by dilution of the

existing local system of care.

- EMPS is a critical service associated with $9-10M expenditures, with additional dollars from the WR settlement. EMPS will be part of the performance incentive program along with hospitals. The Council had recommended one year ago that EMPS utilization data be available that could assess geographic differences, client disposition, etc. There continues to be a need for improvement in the interface of EMPS with the school system.
- Discomfort voting on the motion language without knowing the implication of the motion.
- Subcommittee members that attended the December 2007 Quality Subcommittee observed that at the time members did not refer the issue to the Council; this issue underscores Council members' need to be attentive to proposed program changes that impact the BHP program and bring topics to the full Council attention.
- Some Council members are, or may be in the future, EMPS providers and expressed concern about voting on the motion in light of any possible 'conflict of interest'. Mr. Walter stated he would abstain from voting or commenting as Co-Chair because his agency is an EMPS provider and potential bidder. He stated that each Council member should determine the extent of self disclosure in discussion/vote.

Council Action: Total voting members present – 15. Vote on the motion: eight (8) yea, three (3) nay and four (4) abstentions. The Co-Chair announced the motion carried.

HUSKY Transition *(click on icon below to view full presentation)*

BHPOC Presentation 04-9-08.ppt

As of April 1, 2008 Health Net & WellCare are no longer involved with the HUSKY A/B managed care program. Anthem and CHNCT are the non-risk ASO type "Prepaid Inpatient Health Plans" ***(PIHPS***). HUSKY A members also have access to HUSKY traditional Medicaid (fee-for-service) by choice or default. The April 1 HUSKY A enrollment is 317,447 members with 91,926 (28%) enrolled in CHNCT, 181,689 (57%) in Anthem BCFP and 43,832 (14%) are in HUSKY FFS.

Council discussion related to presentation areas:

- ✓ Effective 4/1/08 1) all DCF committed children in out-of-state RTC or foster services are enrolled in HUSKY under Anthem (about 500 children) and 2) all voluntary service (VS) children out-of-state are enrolled in HUSKY and have the choice of Anthem, CHNCT or FFS. Early in the transition process, DCF had identified members with serious medical problems and their primary care provider (PCP) to prevent care disruption. DCF assumed the cost of care until enrollment/PCP was clarified. Sharon Langer reports there are some pharmacy access problems for children in out-of-state residential treatment centers (RTC). Dr. Andersson stated pharmacy and dental had not been reported as an issue in the 3 larger out-of-state RTCs but PCP access was; she will talk with the DCF health advocates regarding pharmacy.
- ✓ Members that call 211 for BH services will be connected to CTBHP/VO in a 'warm line' transfer for assistance in obtaining BH services.
- ✓ HUSKY centralized pharmacy operations: new provider bulletin ***(PB 2008-20)*** on line at www.ctdssmap.com clarifies the program to providers & local pharmacies, in particular how

pharmacies can override the "optimal dosing" denial if medically necessary.

- ✓ Pharmacy quality/safety: BHP is undertaking several initiatives (*see above report)* the details of which will be discussed at the Quality Management, Access & Safety Subcommittee.
- ✓ BHP rates & fees SFY08:
  - DSS expects to load the fees into the system by May 2008 and make a mass adjustment June 2008.
  - CMS is re-focusing attention on Upper Payment Level (UPL) methodology in relation to clinic and case management rates; the federal agency is reviewing the CT rate & State plan amendment language and rate methodology. While the clinic rates are likely to go forward, the state has not received approval yet for SFY 08 rate adjustment. Heather Gates stated there would be significant impact on client access to services in clinics, IICAPS programs and any future program conversions if the rate is lower than Medicare 100% MD rates.
  - *Addendum: The House Energy and Commerce subcommittee unanimously agreed to a bill to place moratorium on seven of the recent Medicaid Regulations until April 1, 2009 that include outpatient and optional case management. Information emailed to BHP OC members.*
- ✓ InterChange claims system: Elizabeth Collins asked DSS if timely filing denials, on claims where BHP is secondary payer, will be waived during the start up of the new claims system. The impact of the new system will be seen in the 1st week of June when providers will have to resubmit these claims or absorb some payment losses. Dr. Schaffer noted this issue is before the Department's operations committee and he will follow up on this.
- ✓ Pay-For-Performance initiatives: 1) There will be an inclusive process for ED diversion & EMPS development of P-4-P, 2) reduction of hospital inpatient average length of stay model will be reviewed by the Hospital Task Force 4-29-08. BHP will discuss this further with the Council at the May meeting.
- ✓ Questions related to Charter Oak (*see details in above presentation)* included:
  - Benefit parity issue: DSS stated there is parity in Charter Oak in that BH services are similar to Charter Oak primary care medical benefits.
  - Why are there differences in mental health and substance abuse (SA) services? DSS stated Methadone maintenance and rehab services are not covered services. The scope of SA benefit, comparable to commercial benefits, is designed to reduce migration from commercial insurance and maintain program affordability.
  - Why use the BHP program to deliver BH services rather than apply for a federal waiver? DSS stated the plan is to use the *infrastructure* of the existing partnership, not actually adding to the partnership: for example DCF would not be a participant. DSS has talked with DMHAS regarding their role in mental health service delivery for the adult Charter Oak members.

Mr. Walter thanked DSS for the Charter Oak update as the BHP OC has oversight of the BHP and looks forward to further discussion at the May meeting.

Jeffrey Walter reported that the evaluation team for the BHP evaluation study has completed their review of the applicant responses to the RFP and a report will be provided at the May Council meeting.