



Behavioral Health Partnership Oversight Council

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Meeting Summary: **Dec. 10, 2008**

Next meeting: Wednesday Jan. 14, 2009 @ 2 PM in LOB 1D

Attendees: Jeffrey Walter (Co-Chair), Lois Berkowicz (DCF), Dr. Mark Schaefer (DSS), Ann Phalen (CTBHP/ValueOptions), Ellen Andrews, Rose Marie Burton, Rick Calvert, Molly Cole, Elizabeth Collins, Thomas Deasy (Comptrollers Office), Davis Gammon, MD, Heather Gates, Lorna Grivois, Charles Herrick, MD, Mickey Kramer (OCA), Stephen Larcen, Patricia Mardsen-Tish, James McCreath, Judith Meyers, Sherry Perlstein, Galo Rodriquez, Maureen Smith (OHA), Christine Vogel (Commissioner. OHCA), Susan Walkama, Beresford Wilson, (M. McCourt, staff).

Council Administration

Susan Walkama moved acceptance of the November meeting summary, seconded by Rose Marie Burton and accepted by the Council without change.

Council Subcommittee (SC) Monthly Reports

Coordination of Care SC: Co-Chairs Sharon Langer & Maureen Smith

The subcommittee last met Oct. 22 and the next meeting is Dec. 17 at 1 PM in LOB Room 2600.

DCF Advisory SC: Co-Chairs Kathy Carrier & Heather Gates

SC activities included:

- Family focus groups are scheduled for Jan – Feb 2009.
- IICAPS consulting report will be sent out to the SC in Dec. and the final report will be out in Jan. 2009
- DCF/DSS will present level of care proposals for Intensive Outpatient (IOP) and Extended Day Treatment (EDT) to the SC and EDT providers will form a response to the proposal. Heather Gates said she expects the SC to continue work on the proposals through the winter/Spring 2009. Any revisions of level of care guidelines will be sent to the Provider Advisory SC. Bert Plant (DCF) will provide the Council with a description of the proposal intent at the January 2009 meeting.

Provider Advisory (PAG) SC: Chair Susan Walkama: No meetings scheduled until 2009.

Operations – Co-Chairs: Lorna Grivois & Dr. Stephen Larcen

Key issues include:

- Claims issues (*see Nov. SC report below*) DSS is committed to assisting providers with short term claims trouble shooting/interim claims financial support while the complex claims system

problems are resolved. DSS will present a claims report at the Dec. 12 SC meeting.

- Dr. Larcen requested data from providers on the collection experience for their commercial clients' cost share: this information will assist the SC in looking at behavioral health reimbursement rates under BHP for the Charter Oak Health Program.



BHP OC Operations
SC 11-08.doc

Quality Management, Access & Safety SC: Chair: Davis Gammon MD; Co-Chairs: Melody Nelson & Robert Franks (see Nov. summary below).



BHP OC Quality SC
11-08.doc

Dr. Gammon reviewed key issues from the Nov. SC meeting that included:

- Safety issue - Pediatric poly pharmacy assessment: BHP agencies and ValueOptions are working with the DCF Psychiatric Medication Advisory Committee (PMAC) work group, analyzing BHP children's psychotropic medication utilization patterns. ValueOptions will compare CT analysis to other states.
- Access issue: Child/adolescent psychiatry work force challenges within the context of Enhanced Care Clinics (ECCs) timely access contract provisions were discussed. Psychiatry wants to participate in BHP transformation discussions. Dr. Gammon noted the SC recognized there may be a variety of hidden workforce problems that include non-elasticity of the service system as the ECCs see an influx of clients and/or longer treatment periods that "best practices" may not be able to fix. Council discussion points on this included:
 - There were assumptions about the increased dollars associated with ECCs that would mitigate the impact of the contractual functions (i.e. timely access); however, the (budget) landscape is changing and the assumptions may not apply.
 - The PAG SC agreed to address ECC policy standards and the *ECC work group* would focus on operational issues and "best practices" implementation. Lois Berkowitz (DCF) said psychiatry access can be put on the work group's Feb. agenda. Mr. Walter stated the Subcommittee chairs will discuss a plan to address issues that have overlap among the SCs at the Jan. 7th Executive meeting.

Further discussion on ECCs was related to ECCs' successful compliance with the timely access standards:

- Dr. Schaefer responded to questions, stating the BHP is committed to the current ECC standards. The context of the Quality SC discussion was related to potential adverse impact of workforce issues on ECC activities related to the established standards. Child and adolescent psychiatrist are welcome to participate in the SCs and the ECC work group to share their perspective on the workforce issues.
- It was noted that the last ECC evaluation showed two-thirds of ECCs on probationary status related to timely access compliance that requires an ECC submission of a corrective action plan to the BHP. Has this caused any ECC to consider withdrawing as an ECC? Dr. Schaefer replied that more than half the ECCs achieved 90-100% compliance. The evaluation profile inflated the number not in compliance in that the 9 new ECCs, not held to the standard in this reporting period, were included. Probationary status occurs after two consecutive quarters of

< 95% compliance with contractual timeliness of access.

BHP Report (click icon below to view report of HUSKY & COHP enrollment, HUSKY transition numbers, SFY09 Rate package proposal, BHP expenditures including DCF services, Inpatient utilization, LOS and delay analysis, ECC access requirement report, PRTF performance initiative and EMPS procurement update)



BHPOC Presentation
12-10-08 Final.ppt

- Enrollment:
 - Decreases in HUSKY B enrollment – DSS assessing reasons.
 - COHP enrollment 3,296 as of 12-8-08 (*DSS reported 2,687 as of 12-1-08 to Medicaid Council in Dec. At this meeting ACS & DSS outlined further steps taken to reduce application backlogs*).
 - The Governor instructed DSS to separate the HUSKY and COHP provider MCO contracting process. Previous MCO/provider contracts for the 3 programs stand. DSS said they have not received inquiries about the impact of the contract separation on BHP providers.
- SFY09 rate package proposed changes were reviewed.
 - Coverage for psychiatric consultation in ECC hospital outpatient settings was added and new emergency mobile psychiatric (EMPS) rates are substantially higher than previous rates. The hospital/EMPS memorandum of understanding (MOU) is under development as the 3rd initiative that seeks to divert ED admissions, reduce ED to inpatient admissions and provides ED aftercare and linkage to services as appropriate. The established pool for this is \$120,000. Extended Day Treatment (EDT) performance incentive pool established at \$120,000.
 - Six programs will have paraprofessional (BA level) service reimbursement including EMPS, IICAPS and other in-home services. DSS expects to include clinical ‘interns’ as a reimbursable paraprofessional.
 - Total BHP pool was updated from \$2.09M to \$2.417M which is 2% of combined SFY09 budget for HUSKY A (\$114.85) and HUSKY B (\$6.033).

Several Council members supported a vote on the proposed SFY09 package at this meeting.

Council motion: Beresford Wilson made a motion, seconded by Davis Gammon, MD, to approve the SFY09 package as presented at this meeting.

Discussion: The new EMPS initiative seemed clear to some while the EDT performance initiative was not. DCF is to present a description of the proposed changes at the January BHP OC meeting. Some members expressed concern that failure to pass this proposal in this budget environment may put the dollars at risk; however, approving the expenditures doesn’t ensure the dollars will continue in the biennial budget that will be negotiated in the 2009 session.

Amendment: Dr. Larcen made a motion, seconded by Judith Meyers, to amend the initial motion to exclude the new EMPS incentive funding in the rate package. ***Vote to exclude EMPS failed.***

Amendment: Dr. Larcen made the motion, seconded by Maureen Smith, to amend the initial motion to exclude the new EDT performance incentive funding in the rate package.

Vote: amendment passed.

Main motion as amended: *Approve the SFY09 rate package proposal as amended to exclude the EDT incentive at this time.*

Discussion of amended motion:

- Hospital outpatient case management added and will be part of the state plan amendment
- Dr. Larcen again expressed concern about the IOP rates that are 75% of the partial hospitalization (PHP) rates when Medicare created a 78% ratio: Dr. Larcen would like to discuss this in the future.

Vote: Motion as amended approved with no abstentions, no nays.

Pediatric Inpatient Access 3Q08

- Admits/1000 hospital psychiatric inpatient: while DCF children are more likely admitted than non-DCF children, there has been a notable decrease in admits/1000 for DCF involved children. The overall discharge delay days in inpatient services is in a downward trend for both DCF and non-DCF children. ValueOptions noted that BHP collaboration with the inpatient units with DCF staff now participating in hospital rounds that identify barriers to disposition to other care levels has resulted in changed in acute and delayed length of stay (LOS).
- The percent of inpatient delay days for all children decreased for hospital inpatient, PRTF and RTC: Riverview remained about 10% higher in 3Q08 compared to all other quarters.
- The Office of the Child Advocate cautioned about viewing DCF children as very different from non-DCF children in mental health care. Mickey Kramer suggested DCF utilization is not an individual child issue but a system failure in the child's life. Dr. Schaefer suggested that DCF children experience adverse life events before they become involved with DCF that creates serious, often chronic mental health problems for the child. The BHP objective is to support appropriate foster care services that mitigate the impact on the child of negative life experiences.
- ValueOptions stated they are analyzing data on children (about 52) with frequent hospitalizations (4 hospitalizations/6 months) to attempt to identify those children that are at risk for frequent hospitalizations.

Other

- Judith Meyers informed the Council that the Child Health & Development Institute of CT (CHDI) will fund an evaluation of the primary care/ECC connection in 2009.
- DCF has signed a waiver that allows clinics to waive the licensure requirement for individual case psychiatry consultation.

January 2009 meeting agenda items will include review of the PRTF performance incentive and Bert Plant (DCF) will address EMPS procurement status and EDT proposal and care coordination.