



Behavioral Health Partnership Oversight Council

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*Draft Meeting summary: **Jan. 14, 2009***

Next meeting: Wednesday Feb. 11, 2009 @ 2 PM in LOB Room 2B

Attendees: Jeffrey Walter (Co-Chair), Lois Berkowicz & Bert Plant (DCF), Teddi Creel (DSS), Lori Szczygiel (CTBHP/ValueOptions), Molly Cole, Elizabeth Collins, Thomas Deasy (Comptrollers Office), Davis Gammon, MD, Heather Gates, Lorna Grivois, Charles Herrick, MD, Thomas King, Mickey Kramer (OCA), Sharon Langer, Stephen Larcen, Jocelyn Mackey (SDE), Patricia Mardsen-Tish, James McCreath, Judith Meyers, Randi Mezzi, Melody Nelson, Sherry Perlstein, Galo Rodriquez, Maureen Smith (OHA), (M. McCourt, staff).

Council Administrative Issues

- ✓ A motion to approve the December meeting summary was made by Davis Gammon, MD, seconded by Elizabeth Collins: approved by the Council by voice vote.
- ✓ Contract for the evaluation of the Behavioral Health Partnership (BHP) program by the BHP Oversight Council (BHP OC) had been completed but SFY 09 funding (\$100,000) was removed from the DCF budget by OPM.

Council Subcommittee Reports

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



Coordination of Care
Subcommittee 12-08.

Key issues include (*click icon above for Dec. summary*):

- DSS, DCF, ValueOptions and MCOs meeting regularly and reporting to SC on revised mechanisms for service integration including HUSKY/BHP co-management.
- DSS is working with current MCOs, Anthem and HUSKY FFS to transmit member utilization to the member's new plan.
- Outreach to consumer members continues

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

- Consumer focus groups to start in early Feb. 2009: with the removal of the Council evaluation funding, the focus groups are the only Council-initiated consumer feedback on the program.
- IICAPS compliance report, prepared by a consultant, will be reviewed with the SC 1-27-09.

- New area: discussions with DCF and Extended Day Treatment (EDT) providers on conversion of some grant funding to BHP fee-for-service and EDT performance incentive proposal.

Provider Advisory (PAG) SC: Chair Susan Walkama: Next meeting Jan. 21, 2009

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



BHP OC Operations
SC 12-08.doc

Focus has been on:

- Claims reports: problem resolution so reports can begin again
- Claims denial involving TPL and resubmitted recoupment payments: Dr. Schaefer is working diligently with EDS to resolve these primarily hospital claims delays.
- Dr. Schaefer has recommended to DSS to extend the timely filing time of 365 days beyond Feb. 2009 to accommodate the major claims problems.
- Charter Oak Health Plan behavioral services are under BHP (DSS) administration: Dr. Larcen is gathering data on percentages of collectable cost share dollars for commercial clients as a basis for possible rate adjustment recommendations to DSS for COHP behavioral services.

Quality Management, Access & Safety SC: Chair: Davis Gammon MD; Co-Chairs: Melody Nelson & Robert Franks



Quality SC 12-08.doc

Dr. Gammon summarized key issues:

- Identify quantitative BHP data that is meaningful and appropriate to inform the Council/SC on the BHP program performance.
- Utilization data continues to show increasing lengths of stay at Riverview. One hospital observation suggests there appears to be increasing young adult psychiatric ED “gridlock”. The Council encourages DMHAS participation as some of the young adults have moved from BHP system to DMHAS behavioral health system.

Behavioral Health Partnership Report

Department of Social Services (click on icon below to view presentation handout)



BHPOC Presentation
01-14-09 TLC.ppt

Council discussion related to the report by Teddi Creel (DSS) including the following:

- The SFY 09 rates decision is pending the DSS Commissioner’s approval. The Co-Chair stated that :

- Across the board 1% rate increase is still at risk for SFY 09.
- Performance incentives other than the hospital inpatient length of stay (LOS) are at risk (includes ED/EMPS and PRTF incentives); however the Council did not recommend DSS proceed with the EDT (Dec. meeting) incentive until more was known about this performance incentive. VO stated the Hospital LOS evaluation of incentive payments will be available for 3rd & 4th quarters of 2008.
- BHP provider timely claims filing of 365 days has been extended through March 31, 2009 with planned resumption of 120 days timely filing April 1, 2009. The period had been extended while EDS continues to resolve claims issues.
- Enhanced Care Clinics (ECC): 1) *is there a budget option to eliminate the ECC enhanced rate?* DSS stated there is no option proposed nor plans to do this, 2) *are there cross-cutting systemic issues that are creating difficulties for ECC compliance with timely access standard?* DCF stated that difficulties inputting registration data have contributed to compliance problems and expects to see this resolved very soon, 3) *ECC utilization data should focus on differences between ECC children and adult services*, which may provide information on the young adult population access problems.
- *Are the ValueOptions 2009 Performance Target dollars in jeopardy under budget change options?* The ASO contract negotiations haven't been completed. The Quality SC will be reviewing the 2009 performance targets.

Department of Children & Families (click icon below to view presentation)



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EMPS-EDT-CC-ECC.ppt

Bert Plant, PhD (DCF) reviewed Community-based services, of which Extended Day Treatment (EDT) is an intermediate level of care (*find level of care guidelines at www.CTBHP.com*).

Council discussion and questions included the following:

- *Is there a federal match (FMAP) for these services?* DCF stated there is federal reimbursement; however the variability of payer mix across the state creates a challenge for the reimbursement system. A shift to fee-for-service reimbursement system (can include outreach functions paid by Medicaid rather than grants) could capture more federal match dollars.
- The \$7 million DCF grant funds (SFY09) plus FFS billing through BHP program fund the current EDT program. Dr. Plant thought that the majority of EDT funding is grant based at this time.
- *Is the statewide capacity sufficient for the population that uses these services?* Dr. Plant noted (*see page 3 of the handout above*) that EDT served more than 854 children through the 427 DCF funded slots that are designed to turn over every 6 months.
- DCF noted that the Intensive Outpatient Program (IOP) has some similarity in services but a higher rate. Blending the rate/programs into one level of care would be a complicated process. Dr. Larsen commented that the services in these two programs are quite different but may seem similar in areas that lack one of these services. The level of care guidelines changes will be sent to the provider Advisory SC.
- EDT performance incentives (\$120,000) are based on performance targets that are being

drafted with the EDT providers.

Emergency Mobile Psychiatric Services (EMPS) procurement and the 211 call center were reviewed by Dr. Plant (*see pages 8-12 of above handout*).

211 central call system: As part of the EMPS changes, the state chose to use 211 as the call center for EMPS services rather than EMPS team local number. The change was done to provide ease of access for the caller during an emergency, flexibility to accommodate the family, referral source and EMPS provider needs and capture uniform data on the calls. In past discussions about this, providers were concerned about the impact on local EMPS providers that had developed a positive relationship with their community. Council discussion points included:

- 211 can track incomplete calls (hang up) and is linked to 911 with 211 staff triage. The 211 staff is trained in suicide prevention and supported by a masters level clinician.
- Suggested that 211 EMPS marketing include the age of the child/youth that EMPS serves: EMPS serves youth up to age 17; at age 18 DMHAS provides the services.
- Dr. Herrick (Danbury) stated few schools in his area seem to be aware of 211/EMPS. Are there plans to market this program to schools? Dr. Plant stated EMPS teams are encouraged to develop Memorandums of Understanding (MOU) with their area schools. This could be a future target for performance incentive.
- DCF will assess locally originated EMPS calls versus 211 call.
- Will future quality evaluations include 211 call system compliance with standards? Dr. Plant responded that a quality evaluation of the various EMPS components is the last component of the system change. An RFP will be issued and the focus will be on indicators related to the standardization of EMPS across contracted EMPS providers.

Mr. Walter asked DCF to defer the discussion on care coordination to the next meeting.

Other Business

- ✓ It was recommended that BHP OC Executive Committee consider legislative issues that need to be raised (i.e. budgetary reductions and impact on BHP program capacity).
- ✓ Support for EMPS adult side service legislation that includes social worker can authorize transport to ED.
- ✓ Inform CT General Assembly of the loss of the Council evaluation funding and consider how best to inform legislators about the BHP progress during the 2009 session. An executive summary of the CHDI 2007 program evaluation would be informative.