



Behavioral Health Partnership Oversight Council

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Meeting Summary: February 11, 2009

Co-Chairs: *Sen. Jonathan Harris & Jeffrey Walter*
Next meeting: **March 11, 2009 @ 2 PM in LOB Room 1D**

Attendees: Sen. Johnathan Harris & Jeffrey Walter (Co-Chairs), Rep. Toni Walker, Mark Schaefer (DSS), Lois Berkowitz (DCF), Lori Szczygiel (CTBHP/ValueOptions), Pat Rehmer (DMHAS), Ellen Andrews, Molly Cole, Elizabeth Collins, Thomas Deasy (Comptrollers Office), Terri DiPietro, Davis Gammon, MD, Heather Gates, Hal Gibber, Lorna Grivois, Mickey Kramer (OCA), Sharon Langer, Stephen Larcen, James McCreath, Judith Meyers, Melody Nelson, Galo Rodriquez, Maureen Smith (OHA), Susan Walkama, Alicia Woodsby, (M. McCourt, staff).

Council Administrative Activities

- Dr. Gammon made a motion, seconded by Mr. Rodriquez, to approve the January meeting summary. Discussion on clarifying the 'at-risk' Behavioral Health Partnership (BHP) funding: agreed clarification would be included in the February summary after discussion with DSS. Summary approved.
- Mr. Walter announced an orientation session for new Council and Subcommittee members and interested families will be held one hour prior to the February meeting at 1 PM in LOB Room 2600. Those interested in attending should contact Mr. Walter.
- ***Change the Council April meeting date to April 15th instead of April 8.***

Council Subcommittee Reports

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

The Jan. 28th meeting was cancelled due to a storm; the next meeting is Feb. 25th. The subcommittee focus is on 1) identifying bench mark data for coordination of care between managed care organizations (MCOs) and CTBHP/ValueOptions (CTBHP/VO) and 2) HUSKY transition impact on members, 3) data transfer to 'new' MCOs for transitioning members.

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

Key focus areas include:

- ✓ Member focus groups (3) will be held the second week in March 2009 with a final report expected in May 2009.
- ✓ IICAPS consultant report has been sent to the Subcommittee for review and comment.
- ✓ Extended Day Treatment (EDT):

- Conversion from grant to fee-for-service and program standards being reviewed by the Subcommittee.
- Review EDT performance incentive plan; final plan approved by the Subcommittee will be presented to the Council for approval.

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



BHP OC Provider
Advisory 1-09.doc

Activities include:

- ✓ Enhanced Care Clinics (ECC) “mystery shopper” survey by CTBHP/VO for compliance with contractual timeliness of routine care appointments was reviewed. This Subcommittee recommended the final results be brought to the Quality Subcommittee.
- ✓ At the February 18th meeting new ECC standards on co-occurring disorders revised Riverview Hospital level of care guidelines will be reviewed.

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



BHP OC Operations
SC 1-09.doc

January meeting focus included the following items:

- ✓ CTBHP/VO application of intensive case management (ICM) services to young adults transitioning from CTBHP to the Dept. of Mental Health & Addiction Services (DMHAS) system.
- ✓ Claims payments, especially aging claims: Dr. Larcen has asked psychiatric hospitals to communicate the scope of outstanding claims to the SC and DSS. Expanded timely filing of BHP claims to EDS (365 days) has been extended to April 1, 2009 while DSS works with their contractors to resolve claims issues associated with the new interChange system.
- ✓ The Subcommittee Chair will work with the Quality Subcommittee Chair/Co-Chairs for revised meeting schedules and limit BHP operations reports to quarterly reports.

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



Quality SC 1-09.doc

Residential Treatment Centers (RTC) data analysis and new RTC initiatives were reviewed. The Subcommittee is interested in this data broken out by gender and age and noted legal issues that affect the range of RTC services and service flexibility. The Subcommittee will be reviewing the prescribing data produced through the DCF Psychiatric Medication Advisory Group (PMAC). Council questions/discussions regarding RTC client legal issues included:

- Rep. Walker expressed concern about arrest trends for RTC clients and asked if this information can be reported by geographic area. Ms. Kramer (Office Child Advocate) commented that the OCA receives DCF data on this: in 2008 there were over 500 arrests

of youth in RTC or group homes.

- Lois Berkowitz (DCF) observed there are a number of reasons why RTC clients end up in legal custody; she can provide this data to the Council. DCF routinely assess individual issues with the legal system.
- Rep. Walker asked for information from DCF on how RTCs apply crisis management or other strategies that make legal custody a last resort.
- Melody Nelson said DCF would like to work with local police departments; Ms. Nelson had been working with DCF to provide information to police departments on options other than legal custody for these youth.

BHP Report (Click icon below to view presentation)



BHPOC Presentation
02-11-09-vs4.ppt

Council discussion of presentation items included the following:

HUSKY transition, MCO/BHP care integration

- HUSKY enrollment, member mandatory transition (includes HUSKY FFS members) to capitated health plans is ongoing during February 2009 (*see information in handout above*). DSS will follow up with Ms. Smith (Office health Care Advocate) regarding parent reports that some HUSKY children are in FSS on an interim basis>
- Prescheduled transportation appointments were communicated to the MCOs new vendors as needed.
- MCOs will begin receiving their members' service carve-out data (dental, pharmacy, BHP) in March.
- Sharon Langer welcomes direct information to the Coordination of Care SC on problems of integration of medical, BH and Substance Abuse services for HUSKY/BHP.
- Primary Care Case Management (PCCM) delivery system began 2/1/09: 104 members (numbers are increasing) enrolled in PCCM.
- Ellen Andrews commented that:
 - The transition has created member (and provider) confusion, in part related to the mixed messages sent out.
 - It is important to remember that HUSKY A members can change health plans at any time (*HUSKY B has a plan lock-in provision after a 90-day 'free-look period'*).
 - The MCO default assignment has been limited to the new plans that have growing but lower numbers of participating providers compared to CHNCT; this is a DSS decision for new plans' financial viability in a capitated system.

BHP Funding SFY 09 & Proposals for biennial budget

Discussion points include:

- BHP funding for SFY 09 is still pending the DSS Commissioner's action. The BHP OC had approved certain budgetary provisions for SFY 09 that now are at risk:

- The 2% provider increase is under review: DSS \$1B deficit for SFY 09 and will be addressed in the Governor's deficit mitigation plan. However the elimination of the 2% rate increase is not included in the Governor's mitigation plan.
- Performance incentive funds are also at risk. These initiatives, in addition to enhancement of community based services, contribute to the overall program goals of reduction of institutional care and improved access to community-based care. Four key performance improvement incentives are:
 - The ***impatient hospital average length of stay*** (ALOS) measure (funded at \$300,000) was developed with the hospitals and BHP agencies. The goal of this measure is to reduce unnecessary pediatric inpatient days. Even with increased HUSKY enrollment in the 3rd and 4th Quarter of 2008, (*see above handout*) compared to 2007 the average delay days for delayed discharges in 4th Quarter 08 decreased from 46.50 to 25.00. This decrease was attributed to the collaborative performance measure development. The process was negotiated in good faith; the financial performance incentive now may not be available.
 - ***Psychiatric Residential Treatment Facilities (PRTF)*** financial performance improvement incentive \$140,000 is at risk: the ALOS in PRTFs has begun to decrease during the performance plan development phase, moving toward the goal of reducing institutional care.
 - ***Emergency Room/Emergency Mobile Psychiatric Services*** performance improvement project (total incentive pool of \$400,000) that involves collaboration of hospital EDs and the EMPS teams. The goal of the performance project is to divert pediatric ED admissions through onsite community crisis interventions, shorten ED pediatric psychiatric stays and/or reduce the percentage of ED admissions to pediatric inpatient services.
 - ***Extended Day Treatment*** performance improvement initiative is under review by the Council.

Biennial Budget Proposals discussed:

- Biennial budget for BHP program has a projected 8% increase that appears to be associated with projected increased HUSKY A enrollment (***09-10*** projected monthly enrollment average is 336,608, the 010-11 projected enrollment increases to 401,776, an increase of 65,168 (>16%) average HUSKY A enrollment).
 - The Governor's budget does not include a 2% managed care organization increase; the BHP program provider reimbursement was, by statute, associated with the MCO annual increase.
- Medicaid cost share budget proposal raised significant concerns in part related to the potential disenrollment of families that cannot afford the cost share, lack of clarity about subpopulations that the cost share would effect and how the cost share would be applied for intermediate level behavioral services or medical services that require more than weekly/episodic visits. Discussions points included the following:
 - The cost share will result in lower provider reimbursement rates since CMS requires a methodology that considers reduction of state payments to providers by the amount of the beneficiary cost sharing obligation, regardless of whether the provider successfully collects the cost share.

- Access to services may be limited to individuals/families that cannot pay co-pays.
- Revision of Medicaid medical necessity and appropriateness definition (budget projected savings of \$ 4.5M in 09-10 and \$9M in 2010-11 suggest changes in service utilization). Council members noted that changing the definitions with associated cost savings do not change the member's need. The BHP program has, in conjunction with the Council, developed level of care guidelines that include provider discussion with the Administrative Service Organization for prior authorization of services when their patient doesn't fit the level of care criteria (medical necessity and appropriateness of care). Changes to the more restrictive definition of medical necessity will require review of all BHP level of care guidelines. DSS stated the definition change should not affect the guidelines.
- Pharmacy provision changes that include copays (adult), elimination of 30 day 'temporary drug supply' when the prescriber does not obtain prior authorization (PA) and prior authorization of psychotropic medications, will place families at risk for not beginning or continuing prescribed regimens for medical and behavioral health medications. In some cases this could result in preventable ED visits and hospital admissions/readmissions. DSS noted that PA for off-label use of psychotropic medication is a proactive automated process to reduce harm to adults and children.
- DCF budget proposes funding reductions that may impact the growing service capacity for community based services.
- Residential bed utilization is down and the *Governor's budget proposes closing* state-operated High Meadows RTC (36 beds): *DCF is evaluating the impact of this and reviewing clinical needs of the population .*
- Riverview hospital data will be provided to the Quality Subcommittee at the Feb. 20th meeting.

Loss of previously approved funding for BHP program that includes quality improvement initiatives and programmatic changes in HUSKY A and B may undo the important improvements made in the reduction of institutional care through the BHP program work and improvement in health coverage and services in the HUSKY program. The undoing of the gains may provide the state with short term savings; however within three to 10 months the uninsured rates among eligible members will, based on other states' experience, increase.

Council members were asked to submit testimony on the Governor's proposed budget that affects BHP program since Mr. Walter will be away when the legislative committee meets.

Other: Family Perspective of BHP Program

Molly Cole suggested each BHP OC agenda focus on the family experience as a qualitative perspective along with the quantitative data presented. Mr. Walter will meet with Molly Cole and Melody Nelson to identify how this would be implemented.