Behavioral Health Partnership Oversight Council

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Co-Chairs: Sen. Jonathan Harris Jeffrey Walter

Meeting Summary: ***March 10, 2010***
Next meeting Wednesday April 14, 2010 in LOB Room 1D

BHP OC Administration

- Maureen Smith made a motion seconded by Jesse White Fresse' to accept the January meeting summary that was then approved by the Council.
- ***S.B. 402***, raised in the Public Health Committee, was discussed. This bill essentially makes the following changes in the BHP OC:
    - Adding oversight of additional coverage groups
    - Includes DMHAS as part of the CTBHP partnership with DSS
    - Adds Dept. of Developmental Disabilities (DDS) to the Council

Council Action

- A motion was made by Dr. Gammon, seconded by Elizabeth Collins that the Council endorse the concepts in SB 402 and authorize Mr. Walter, Co-Chair, to testify as such at the Public Health Committee hearing.
- Discussion included the following points:
    - Heather Gates said while elements in the bill make sense, there are key parts that she could not endorse.
    - Dr. Gammon offered support for the general concept, noting that specific language needs to be revised in the current bill.
    - DSS asked if it is reasonable for one Council to have oversight over the Medicaid FFS and CTBHP programs, noting however that there is utility in a single oversight council and a single agency-based clinical management committee that creates program standards.
    - DMHAS commented that while the agency views the partnership with DSS and single entity oversight function favorably and will testify to this, the agency has reservation about some of the language in the bill and will work with DSS on alternative language to be discussed with the legislature.
    - *Sec. 9* of SB 402 deletes the language on rates in the *first year of CTBHP*, maintains the Council's ability to bring rate concerns to the CGA. Mr. Walter stated there is no assumption that BH rates would be the same in both systems - CTBHP & Medicaid FFS/DMHAS.

➢ *Council vote* on motion presented: ***motion carried with 2 opposed and 1 abstention***.

Subcommittee Reports

Coordination of Care: *Sharon Langer & Maureen Smith, Co-Chairs*: recent topics included:

- VO budget reductions will not lead to reductions in coordination of care (VO/MCOs)
- Internal agencies' Operations SC is reviewing the co-management standards.
- Dr. Janet Williams (DCF) will join the DSS Pharmacy & Therapeutics Committee.
- Co-Chairs will meet with agencies & VO to develop a report calendar.

DCF Advisory: Heather Gates & Kathleen Carrier, Co-Chairs: the SC will meet when the fiscal analysis of Extended Day Treatment (EDT) grant conversion to Fee-For-Service is available.

Operations: Stephen Larcen & Lorna Grivois, Co-Chairs: Next meeting TBA

Provider Advisory: Susan Walkama & Hal Gibber, Co-Chairs. Two revised level of care (LOC) guidelines were sent to the full Council for review prior to this meeting for Council action today:

1) Child/adolescent Acute Inpatient Psychiatric Hospitalization LOC guidelines were further reviewed in SC with additional hospital participants and the SC recommended the revised guidelines be sent to the Council for action.
Council action: **S**usan Walkama made a motion seconded by Dr. Gammon that the Council accepts the revised guidelines as presented. ***Motion carried with one abstention***.

2) ***23 Hour Observation Service*** LOC revised guidelines were presented.
Council Action: A motion made by Susan Walkama and seconded by Dr. Gammon to accept the revisions ***was approved by voice vote***.
Revised LOC guidelines will be posted on VO website: www.valueoptions.com

Quality Management, Access & Safety: Chair Davis Gammon, MD, Vice-Chairs: Robert Franks & Melody Nelson: Data presented showed that:

- VO expects to meet all performance targets for 2009.
- CTBHP is moving in the direction of meeting the program goals. The SC pays particular attention to evidence of drift from the positive direction and considers corrections.

CTBHP Report

General Updates:

- Child Rehab regulations have been amended to include EDT program – goes next to Attorney General's office for review.
- CTBHP regulations have been reviewed by both agencies. Some of the issues in the regs include:
    - VO will continue to call hospitals for ED discharge delay numbers.
    - Psychiatric bed roster language is more permissive.
    - Independent practice outpatient BH services: LCSW others can't be in CTBHP network unless there is a relationship with a psychiatrist for medication evaluation

and scripts. DSS is working to clarify this. There has been no change to ECC policy: it was thought acceptable that ECCs assume scripts for all in therapy. Dr. Andersson stated DCF is assessing the scope of the problem for DCF involved children who see an IP for therapy but come to DCF to pay for medication evaluation and script. Terri DiPietro noted their clinic does not differentiate care for children/adults and there is no mechanism or mandate for an outside therapist to do treatment planning while ECC script liability and quality of care is on the ECC. Dr. Gammon expressed concern about this process in treating complex needs children. Dr. Schaefer stated he would talk with DCF before publishing the regulations.

- DSS Preferred Drug List (PDL) Pharmacy & Therapeutic Committee (P&T) reviewed what MH drugs could be added to the PDL, those that remain off the list and require PA. Advocates and psychiatry gave comments to the Committee regarding their concerns. The Committee views a more inclusive PDL as better for the patient.
- DSS has been working with the legislatively appointed committee on a new medical necessity definition and pending the bill on the definition, DSS expects the revision to be ready July 1, 2010.
- Alicia Woodsby, Co-Chair of the medical necessity Committee, stated she hopes the revised definition will be used and expressed appreciation for the P& T Committee's receptiveness to the PDL issues.

CTBHP reports

BHPOC Presentation 3-10-10 Final TLC.ppt

- HUSKY A enrollment increased by 7372 enrollees from Jan. to Feb. 2010 to ***364,901*** *(ACS past reports showed 329,885 enrollees in Feb. 2009).*
- Expenditures *(click icon above to view report details*):
  - Program changes, claims issues somewhat influence the peaks seen. DSS noted the DOP quarterly expenditures peaked in 3Q09 related in part to delayed payments; this was seen in 1Q07 related to exiting managed care organizations' outstanding receivables.
  - Per member per month (PMPM) expenditures by service type that adjusts for membership increase show a fairly flat hospital PMPM; the most significant PMPM expenditure increase is in outpatient services. DSS will look at expenditures by provider type/LOC/program in a few months. Rick Calvert commented on the importance of looking at the pressures ECC experience.
  - Dr. Schaefer said the data shows a stepwise trend accelerated by the economy, program changes such as elimination, then reinstatement of legal non-citizens coverage.
  - Council members noted expenditure changes by level of care support the CTBHP achievement of goals in reducing reliance on institutional care and expanding community based services.

- DCF Expenditures were reviewed by Dr. Andersson. Positive trends seen with:
  - ~$4M increase in annual community-based service expenditures.
  - Reduction in RTC expenditures with growth in therapeutic group home expenditures (*slide 21).* Therapeutic group homes expanded in 2006-2007, seen as an alternative to institutional RTC. In state RTC client numbers at a point of time comparison, shows reduction in RTC in-state clients, flat level in out-of-state RTC clients but increase in therapeutic group home clients. There is a moratorium on therapeutic group homes in the budget.
  - Court Support Services (CSSD) will move dollars to DSS for HUSKY-only eligibles for IICAPS services. Local CSSD funding, initially pulled, has been reinstated.

- DCF Voluntary Services (VS) admission criteria and DCF vs. CTBHP funded services was reviewed by Dr. Andersson at the Council request *(See important details in report above).* The annual number of cases has grown from 300 in 2000 to ~825 in 2009. The goal of Voluntary Services is to help families access community-based services first before moving the youngster out of the home, when appropriate and connect families to other state agencies such as DDS. Given the increased volume of VS clients, a reduction in RTC expenditures and increase in home based services seems to be dollars well spent to keep the child in their community. For now the access to the program is through the DCF "hotline" that can be a deterrent to families. The Attorney General's Office is looking at VS clients with commercial insurance that receive state funded services.

- ValueOtions contract has been extended through 12/31/2013; there was an 11.75% reduction in the contracted budget with adjustments made to the contract provisions that maintain priority areas within the loss of staff/infrastructure changes.

Jeffrey Walter requested Council members bring issues forward for either the Council or specific Subcommittee agenda.