Behavioral Health Recovery Plan

April 14, 2010

A collaboration between the Department of Mental Health and Addiction Services and the Department of Social Services

Challenges - Medicaid FFS

- Limited assistance available to help individuals access services and navigate the complex DSS and DMHAS administered BH service systems
- Limited coordinated medical care for BH clients with serious medical needs
- Minimal DMHAS/DSS coordination on policy and management
- Hospital and ED Discharge delays

Challenges – Medicaid FFS

- Over-reliance on hospital care
- Lack of data on access and quality
- Limited ability to drive better performance
- Little or no provider and consumer involvement in policy and oversight

Purpose

- Improve the quality of public sector behavioral healthcare
- Promote health and sustain recovery
- Utilize lessons learned (Behavioral Health Partnership & General Assistance Behavioral Health Program)
- Achieve clinical and administrative efficiencies
- Coordinate behavioral and primary healthcare

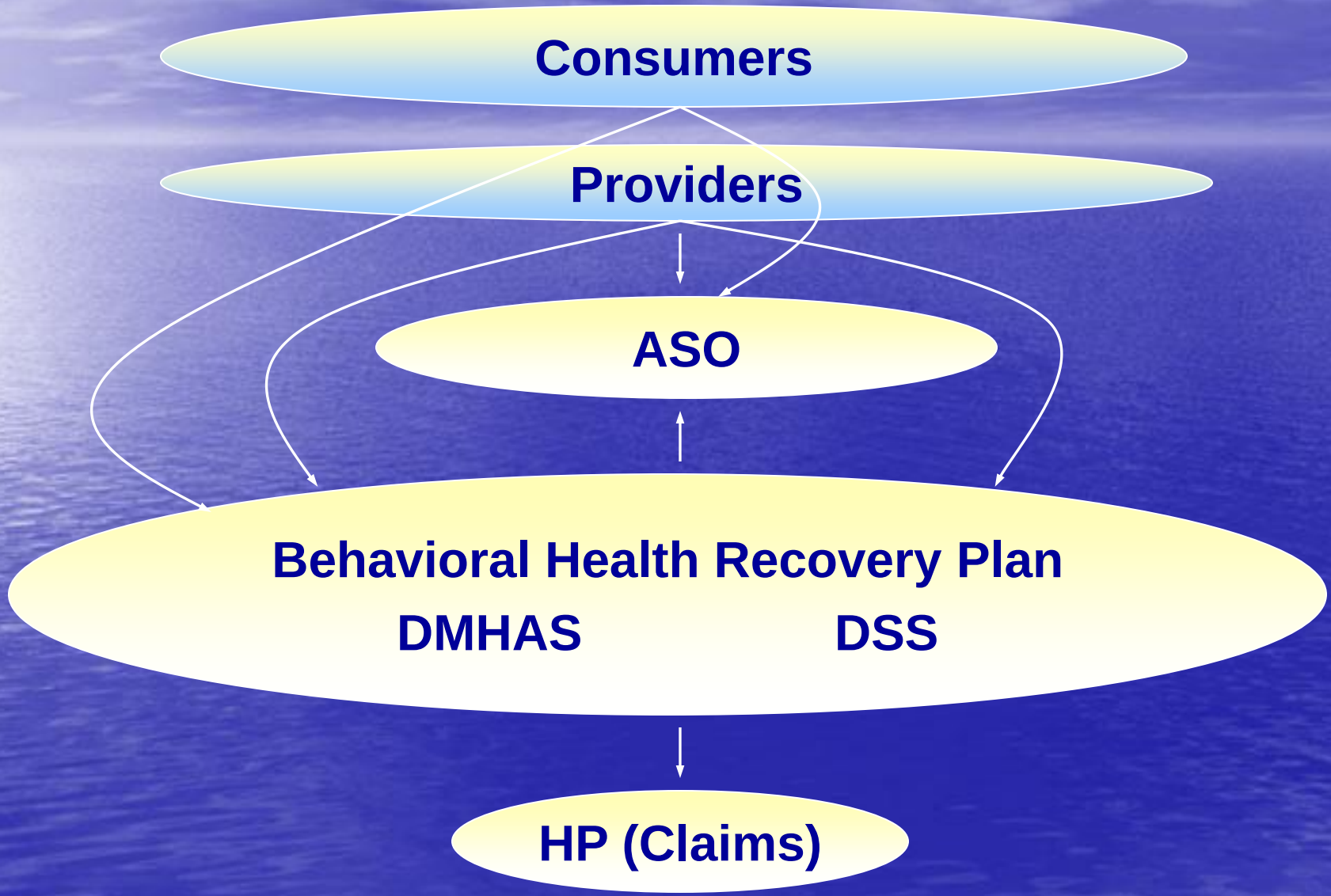
Target Populations

- Medicaid fee for service
  - Aged, Blind, and Disabled (including waiver clients)
  - Families transitioning to HUSKY A
- Charter Oak
- State Administered General Assistance
  - Individuals on SAGA will transition to Medicaid due to healthcare reform

Goals

1. Improve Access and Engagement - so individuals can initiate recovery
2. Increase Effectiveness- so individuals receive the most clinically effective services when they need them
3. Increase Recovery Oriented Services- so individuals can sustain their recovery through non acute support services

Administrative Model



Behavioral Health Partnership Oversight Council Recommendations

- Propose modified appointments to better reflect the broader focus of the Council to include the Medicaid FFS and Charter Oak programs which are predominantly adults
- Modifications
  - (b)(4) propose restricting this appointment to an advocate and including adult with psychiatric disability elsewhere,
  - (b)(7) recommend substituting one hospital appointment with a home health care agency appointment and one parent with an adult with a psychiatric disability.
- Additions - propose four new appointments including
  - one adult psych provider
  - one adult SA provider
  - one primary care adult provider and
  - one family member of an adult with psych disability

Population (FY 2009)

Target Population	Average Monthly Eligibles	Annual Users (Unduplicated)
Medicaid	32,000 single* 76,000 dual*	88,440 (single/dual)
Charter Oak	13,000	424
SAGA	45,000	25,796

* single = eligible for Medicaid only, *dual = eligible for Medicaid & Medicare

Behavioral Health Service Expenditures (FY 2009)

Target Population	Service Expenditures
Medicaid	$587,000,000
Charter Oak	$217,000
SAGA	$66,000,000

Medicaid Covered Services

- Hospital inpatient
- Residential and ambulatory detox
- Intermediate care (PHP, IOP, Day Treatment)
- Mental Health Group Home (adult)
- Routine outpatient
- Licensed home care agency services
- Targeted case management
- Chemical maintenance

Other GA BHP Services not eligible for Federal Financial Participation

- Residential Substance Abuse Treatment
- Freestanding Psychiatric Hospital (21-64)
- Certain Recovery Support Services

Administrative Services Organization

- DMHAS and DSS intend to initiate a competitive procurement process for an ASO to manage the services of all covered populations
- Non-capitated contract with performance incentives to promote access, economy, and quality

ASO Role

- Utilization management
- Intensive care management
- Quality management
- Network management
- Customer service
- Provider relations
- Ensure coordination of primary care and behavioral health
- Consultation to Departments on best practices
- Reporting

Role of LMHAs

- Care management/coordination for individuals with severe and persistent mental health disorders and co-occurring disorders
- Collaboration with ASO regarding care coordination
- Direct service treatment and support for individuals with severe and persistent mental health disorders
- Targeted case management

Claims Processing

- A new Medicaid Management Information System (MMIS) was implemented in February 2008
- MMIS will process claims for Medicaid covered services and selected state funded services at the discretion of the Departments

ASO Procurement Timeline

April 2010: Release Request for Proposals

June 2010: Proposals due

July 2010: DMHAS & DSS select vendor

August 2010: Contract negotiation & execution

October - December, 2010: Go Live

Questions

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