

Behavioral Health Partnership Oversight Council

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Co-Chairs

Sen. Jonathan Harris Jeffrey Walter

Meeting Summary: June 9, 2010

Next meeting: Wednesday August 11, 2010 @ 2 PM LOB RM. 1E

Attendees: Jeffrey Walter (Co-Chair), Mark Schaefer (DSS), Karen Andersson (DCF), Steven Kant, MD, (CTBHP/ValueOptions), Commissioner Pat Rehmer & Paul DiLeo (DMHAS), Thomas Deasy (Comptroller's Office), Uba Bhan, Elizabeth Collins, Dee Bonnick, Rose Marie Burton, Terri DelPietro, Jocelyn Macky (SDE), Heather Gates, Davis Gammon, MD, Charles Herrick, MD, Sharon Langer, Judith Meyers, Sherry Perlstein, Galo Rodriquez, Maureen Smith, Susan Walkama, Alicia Woodsby, (M. McCourt, legislative staff).

BHP OC Administration

- May meeting summary was accepted without change by voting members voice vote.
- SB. 402, amendment "A" (**PA10-119**) was signed by the Governor on **6/7/10**

Subcommittee Reports

Coordination of Care: Sharon Langer & Maureen Smith, Co-Chairs: Next meeting 7/28/10 @ 1:30 LOB RM. 2800. Maureen Smith reviewed highlights of last meeting (see attached summary).

DCF Advisory: Sherry Perlstein & Kathleen Carrier, Co-Chairs: Next meeting 7/6/10. Agenda items will include DCF foster care disruption study and if available, EDT report.

DMHAS Advisory: Heather Gates & Alicia Woodsby: first meeting: 7/8 @ 2 – 3:30 at CCPA. Agenda items will include Committee organization, priority list, parameters of Committee.

Operations: Stephen Larcen & Lorna Grivois, Co-chairs: Met April 30th & June 4th with DMHAS to discuss SAGA -> Medicaid FFS BH provider operational issues. DMHAS will post Q&A updates on their website that will also be communicated thru the Committee. Next Committee meeting is June 18th @ VO, Rocky Hill that will focus on CTBHP issues.

Provider Advisory: Susan Walkama & Hal Gibber



RTC_LOC_Guideline_
summary.doc

Susan Walkama reviewed the revisions to the RTC level of care (LOC) guidelines sent to the Council.

Council Action: Ms. Walkama's motion to accept the revised guidelines as recommended by the

Provider Advisory Committee was seconded by Sharon Langer and approved by Council voting members' voice vote with no dissensions or abstentions.

*Next meeting June 16th agenda: review minor intermediate care guideline revisions to bring the guidelines into concurrence with BHP policy changes made about one year ago. **Guidelines will go out to a large PAG distribution list: please review & comment to Susan Walkama prior to the committee meeting.***

Child/Adolescent Quality Management, Access & Safety: Chair – Davis Gammon, MD, Vice-Chairs: Robert Franks & Melody Nelson. Next meeting is June 18th @ 1 PM at VO, Rocky Hill. Highlights of May meeting: high level review of CTBHP program, agreement to act on BHP OC suggestion the Committee review/& if appropriate recommend approval of the CTBHP VO report as representative of objective CTBHP program evaluation that would be sent to the CGA. Several committee members will discuss the report & review with the Committee. Dr. Gammon & Lori Szczygiel will discuss quality measurement of CTBHP with the Medicaid Council Quality SC June 10.

Adult Quality Management, Access & Safety: Chair: Elizabeth Collins: first meeting Sept 16 @ 2:30 pm at VO, following C/A quality Committee meeting.

DCF, DSS & DMHAS Reports (Click icon below to view the presentations)



BHOC

presentation_June 20

(Slides 2-5) DCF report: Dr. Karen Andersson

- **Foster Care Disruption study** focused on DCF children in 5 area DCF offices that had 1st time foster placement and had known BH history upon entering the foster care system. Children that met these criteria were more likely to have disrupted foster care than children without prior BH history. While limited resources will not permit continued study of this targeted population, VO will continue to identify foster care youth with high BH needs and assign an intensive case manager/peer support team to the DCF child & foster family.
- **Children's Outpatient Learning Community** all inclusive stakeholder initiative kick-off is June 10, 2010. Dr. Andersson noted an expressed need for focus/defining outpatient services beyond clinic settings, looking at services in independent practices, Enhanced Care Clinic (ECC) vs. non-ECC clinics. These meetings will not replace the statewide ECC initiative. This collaborative of stakeholders will look at how to enhance the effectiveness of OP system, establish top priorities in a work plan and use the recommendations in the CHDI report to inform and support the collaborative initiative, putting into context the broad array of OP services, not just services in the clinic system addressed in the CHDI report.
- **RTC outcome initiative:** completion of the first set of outcome reports and specific RTC improvement initiatives will be identified through DCF/RTC provider meetings. DCF is exploring ways to offer incentives within existing resources.

DMHAS Report: Paul DiLeo

- RFP for the Medicaid FFS *behavioral health ASO* is written and BHP OC members Maureen Smith and Sharon Langer will represent the Council on the review committee for this competitive

procurement. The Agencies expect to have an ASO in place for BH services for the Medicaid & SAGA (Low income adults –LIA- group) by the end of CY 2010.

DSS Report: Dr. Mark Schaefer (See above handout icon for details of presentation)

(Slides 7-12) **Medicaid Expansion for low income adults (LIA) - SAGA population.** The Health Care Reform bill allows states to expand Medicaid eligibility to non-pregnant, single adults up to 133% FPL by 2014 with an associated 100% FMAP in 2014. CT has requested CMS approval for a Medicaid expansion State Plan Amendment (SPA) to include current and new SAGA members at the current FPL (~70%) retroactive to April 1, 2010. Additionally approximately 2000 Charter Oak band 1 current (and new enrollees) that meet Medicaid eligibility will be put into this expansion group now that an asset test has been eliminated. UPDATE on SPA status:

- ✓ DSS has revised the SPA based on CMS questions submitted June 8th and DSS is optimistic that CMS will approve the SPA that includes the 4/1/10 effective date within the next several weeks.
- ✓ **DSS will not make any changes in operations until the CMS written approval is received.** This means:
 - SAGA eligibility process continues under current rules and new pended applications will be activated under Medicaid Title XIX upon SPA approval.
 - ABH & CHNCT will continue to process GA BH and SAGA covered services payments.
 - Special client notices to current SAGA enrollees will be sent with the effective date of Medicaid coverage, an explanation of Medicaid services, client reimbursement for non-covered Medicaid services under SAGA provided 4/1/10 forward, NEMT services and continued access to non-Medicaid DMHAS services.
 - CHNCT/GABHP open prior authorizations that extend beyond 4/1/10 will be loaded into the DSS system in June to ensure payment for these PA services.
 - CHNCT has provided DSS with a list SAGA cases that have case management or disease management.

Council questions included the following:

- *Explain the Medicaid PDL process for the expansion group.* Currently there are two Preferred Drug Lists (PDLs) for Medicaid & SAGA/small qualified group with different negotiated pharmacy rebates. When SAGA is brought under Medicaid there will be one PDL.
- *How will DSS handle the SAGA “lean provision” in the conversion?* DSS stated this provision does NOT apply to Medicaid and would not be applied after the SAGA change effective date; however there is no intent to absolve the provision for services prior to the effective date. DSS will determine how to operationalize this.
- *Other than client notices that will be shared with providers, how will SAGA clients receive assistance in navigating the Medicaid system?* HP (formerly EDS) department is adding staff to provide client assistance through the client assistance center and divert calls to DSS for more detailed assistance as needed:

HP Client Assistance Center: 1-866-409-8430 or local (860) 269-2031.

(Slide 14) **CTBHP Rates & Performance Incentives Update:** DSS reviewed the provider advances made in SFY09 and current SFY 2010 advances to be released in June '10 that were based in the rate package offered by DSS and supported by the Council in 2008. If rate package adjustments are needed, based on two year utilization data, this will be presented to the BHP OC prior to implementation. When asked if there could be downward rate adjustments, DSS stated some advance payments may not match two-year

utilization data so there may be some providers with variable increases or decreases.

(Slides 16-20)**Program changes in 2010 legislation:** DSS discussed the major changes:

✓ (Slide 16) Charter Oak cost share increased with progressive increases in premiums across bands 1-4 (<150 – 300% FPL) Feb. 1, 2010 and to those already enrolled prior to 6/1/10. There will be no state premium subsidy for clients enrolled after 5/31/10 creating a \$307/M premium cost for all bands. Income bands will still determine out-of-pocket/deductible payment levels.

✓ (Slides 17-20) HUSKY B co-pays were increased for non-preventive services and were reinstated for dental and CTBHP services effective 7/1/10. These had been suspended when the services were “carved-out” from managed care. HUSKY B Band 2 premiums were also increased.

- *Will DSS track and report on the impact of increased cost share on HUSKY B band 2 service utilization?* DSS stated this has not been discussed with the managed care plans although DSS could do this at the claims level. Mr. Walter also referred this to the BHP OC Committees that look at claims, anecdotal provider experience and utilization rates.
- *Can a provider 1) deny services for unpaid co-pays and/or 2) waive a co-payment?* DSS would have to investigate CHIP stand-alone federal regulations to answer this. In **Medicaid**, 1) unless there is approval for an alternative copayment arrangement, services cannot be denied for patient failure to pay their co-pay and 2) co-pays cannot be waived.

✓ Medicaid elimination of over-the-counter (OTC) medication coverage (*not in slides*) for members > 21 years and not in CADAP was discussed in relation to client access to diabetes test strips/lancets. DSS will send a provider bulletin to Medicaid enrolled pharmacies to inform them that Medicaid will cover these as DME supplies when obtained from a pharmacy/DME vendors. Clients can access information about this through HP call centers:

- **HP Client Assistance Center is – 1-866-409-8430 or local (860) 269-2031**
- **HP Provider Assistance Center is – 1-800-842-8440 or local (860) 269-2028**

Impact of ValueOptions Staffing changes: Dr. Steven Kant noted this had been discussed earlier when the 12% VO budget reduction was made. Prior to the budget reduction VO had left 2 ICM and 2 Regional Network Manager positions unfilled in anticipation of the cuts. The new VO contract with the BHP agencies allows increased flexibility in staff use. VO continues to monitor client access, co-management that is now more robust than prior to the cuts and performance incentives. The BHP OC Executive Committee discussed hospital discharge delay day increases thought to be associated with reductions in hospital-based ICMs. Dr. Kant stated this issue is more representative of system issues: the cohort group (older youth) and access to RTC. VO will continue to bring information back to the Council on this item.