Behavioral Health Partnership Oversight Council

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Co-Chairs: Sen. Jonathan Harris Jeffrey Walter

Meeting Summary: ***Nov. 11, 2010***

Next meeting: ***Wednesday Dec. 8, 2010***

Attendees: Sen. Jonathan Harris & Jeffrey Walter (Co-Chairs), Dr. Mark Schaefer (DSS), Dr. Karen Andersson (DCF), Commissioner Rehmer & Paul DiLeo (DMHAS), Lori Szczygiel (CTBHP/ValueOptions), Thomas Deasy (Comptroller's Office), Catherine Foley-Geib (Judicial/CSSD), Mickey Kramer (Office Child Advocate), Uba Bhan, Dee Bonnick, Rick Calvert, Elizabeth Collins, Terri DelPietro, Howard Drescher, Dr. Ronald Fleming, Davis Gammon, MD, Heather Gates, Thomas King, Dr. Stephen Larcen, Judith Meyers, Randi Mezzy, Kimberly Nystrom, Sherry Perlstein, Kelly Phenix, Galo Rodriquez, Maureen Smith, Susan Walkama, Jesse White-Fresse (SBHC), Alicia Woodsby,
(M. McCourt, legislative staff).

BHP OC Administration

- A motion by Maureen Smith, seconded by Elizabeth Collins, to accept the October Council summary without change was approved by Council voice vote, with the friendly amendment to remove Kelly Phenix name from the attendee list.
- ***Consumer Forum:*** Jeffrey Walter suggested the Forum be held at the Jan. 12 Council meeting. The purpose of the forum is to hear directly from consumers about their experience with the CTBHP and provide the public and legislators with information about the CTBHP program. Council members interested in organizing the Forum - please contact Jeffrey Walter at jwalter@rushford.org.

Subcommittee Reports

Coordination of Care: Sharon Langer & Maureen Smith, Co-Chairs: next meeting is on Nov. 17th.

DCF Advisory: Sherry Perlstein, Chair: Primary focus at the 11/10 meting was on the DCF/VO IICAPS outlier management program. IICAPS has grown since 2006 from 30 teams to over 100 teams. Since the model conversion from grant –based to fee-for-service, expenditures have increased from $3M to $17M. An expansion of this valuable community-based intensive level of care was expected as part of the plan to reduce institutional behavioral health pediatric care. Utilization patterns show significant variability; the management program's intent is to understand this variance in the number of sessions and length of stay through a work group comprised of providers, DCF and VO.

The committee also reviewed the proposed budget reductions (the Governor's office requested a 15% reduction from State agencies): outpatient clinics alone sustained 18% of the proposed cuts and the committee requested more information on this. Mr. Calvert noted there are several inter-related issues

in the proposed cuts across the continuum of care. In addition the changes in the "medical necessity" Medicaid definition have created uncertainty about how this will be operationalized in relation to best practices that will be part of audits; this leaves providers with some financial exposure.

DMHAS Advisory: Heather Gates & Alicia Woodsby, *Co-Chairs:* DMHAS educated the committee about the DMHAS system, financial resources for adult services. Heather Gates thanked DMHAS and Alicia Woodsby for providing the information.

Operations: Stephen Larcen & Lorna Grivois, Co-chairs: Elizabeth Collins reported for Dr. Larcen on the SAGA Conversion Operations meeting. The provider alerts reviewed were 1) group therapy size change from 8-12, 2) Substance Abuse/RTC & ED/inpatient admission protocols that will involve provider communication with ABH, and 3) the retroactive adult service audits that may be implemented. The latter topic generated the most discussion, focusing on provider knowledge of the new 'medical necessity' definition that is part of the audit content. (*See further discussion on this below)*

Provider Advisory: Susan Walkama & Hal Gibber, *Co-Chairs:* The Committee will meet Nov. 17th to review the Intermediate Care Bed Adult guidelines.

HUSKY *Quality Management: Chair – Davis Gammon, MD, Vice-Chairs: Robert Franks & Melody Nelson:* Dr. Gammon reported on the Oct. committee meeting topics including:

- Hold in the ED thru put performance incentives involving the EMPS teams,
- DCF revision of the Mystery Shopper survey items for the Enhanced Care Clinics (ECCs) with the ECC statewide committee and review of the revised tool with the PAG Committee and Council. ***No further surveys will be done until the survey process revisions have been finalized***.
- New Outpatient Registration: Susan Walkama added comments regarding Wheeler Clinic's concerns raised at the Committee meeting about added questions in the registration process, raising questions about how the additional data will be used and the importance of the added questions for this lowest level of care. While the field-tested completion time is 2.3 minutes compared to the previous 6-10 minute registration and 90 service units will be authorized instead the original 26, a large agency needs 2.5 FTE support staff dedicated to completing registrations. ValueOptions said consistent barriers to timely registration can be reviewed to determine which modules would be 'turned off' in the future. ***Mr. Walter referred follow up on this to the Operations Committee.***

Medicaid Adult** Quality Management: Elizabeth Collins & Howard Drescher Co-Chairs:* The committee organizational meeting will be scheduled in early Dec. (Dec. 7th @ 2 PM at CCPA in Rocky Hill***). The Chairs invite consumers and other stakeholders of the Medicaid Low Income Adults - LIA - and aged, blind & disabled (ABD) populations to participate in this Committee.

Sustinet Presentation: Victoria Veltri, General Counsel, Office of the Health Care Advocate (*click icon below to view the presentation)*

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The Sustinet proposal is the establishment of a new, publically administered self-insured plan that

covers at least 3 CT populations: 1) HUSKY/Medicaid/LIA/Charter Oak Health Plan, 2) State employees/retirees and 3) individuals/employers that choose the plan. The plan is expected to implement 'best practices' to slow the growth in health care spending while improving quality of care. After the presentation Council members questions included:

- ✓ *How will mental health infrastructure fit into Sustinet*? Expect to be included in the medical home model but details need to be defined.
- ✓ *Can a self-insured Sustinet plan be an 'exchange' plan (under the Affordable Care Act)?* Ms. Veltri noted that the DOI regulations do not allow this and the Sustinet Board is looking at this.
- ✓ *Many of the state's uninsured are not legally present: can they be part of this plan*? Sustinet doesn't address this.
- ✓ According to Ms. Veltri, current population members such as HUSKY, LIA will not see a difference with the model as the services remain unchanged; the governance may change.
- ✓ *The plan calls for subsidies for members up to 400 % FPL; can the State afford this in this budget climate?* Ms. Veltri: the Sustinet consultants are costing out the various models; tax credits could be made to individuals to 400% FPL in the Exchanges.
- ✓ *How would "Medical necessity" be applied to the various populations?* Ms. Veltri: the definition could be broadly applied or application to specific populations would not change.

More information can be obtained at www.ct.gov/sustinet or call 1-866-HMO-4446. The SustiNet Health Partnership Board plans to submit draft legislation to the General Assembly by Jan. 1, 2011 with expected enrollment beginning July 1, 2012.

State Agency Reports

BHOC Presentation 11-10-10 Final.ppt

Dept. of Mental Health & Addiction Services (DMHAS)

- *(Slide 2)* Mr. DiLeo announced that the Administrative Service Organization (ASO) procurement for behavioral health services for the Medicaid (LIA & ABD) populations has been completed. ValueOptions has been extended the right to negotiate the contract with DMHAS and DSS. The ASO is expected to begin work early in 2011. The ASO contract elements will be discussed at the December Council meeting.
- (*Slides 10-13)* An update on the SAGA transition to Medicaid showed that
  - Case growth, budgeted at 5% for FY 11, is ~ 24% as of November.
  - There is an increasing number of Medicaid low income adults (LIA) less than 21 years of age (The state GA age minimum was 21 years).
  - BH penetration rate under Medicaid LIA is ~ 21%; under the state GABH program the rates have historically ranged from 22-23%.
  - The GABH account currently has a $23M deficiency: the Executive Branch expects this to be addressed by March 2011.
  - *(Slide 13)* The LIA BH utilization from April through August 2010 shows an increase in service utilization despite a longer claims lag. DMHAS noted it is not clear what these utilization increases reflect: more people using services or in some cases increased lengths of stays in various levels of care. GABH was an effective managed recovery program that helped clients achieve and maintain recovery for a long time periods that

resulted in savings. With the transition to Medicaid, the LIA BH services lost this re-connectivity while the ASO procurement process was in progress. (*Slides 14 & 15).* When the utilization trends and expenditures above that projected were identified DMHAS engaged ABH, the ASO for the state GABH program, to work with providers in various institutional settings.

- Ms. Collins (YNNH) noted EDs across the state are experiencing an increase in Adult ED visits. Dr. Schaefer (DSS) said ED data for the LIA/ABD populations can be provided.
- There will be more data available on these populations at the December meeting. Dr. Schaefer said the agencies are preparing charts on data trends back to April adjusted for enrollment increases to inform the agencies about the increase utilization and expenditures that may be related to loss of practice management, increased enrollment of young adults < 21 years, or other factors.

- DSS and DMHAS see the potential retrospective audits as a temporary step; the agencies would rather look prospectively at quality/cost effectiveness with provider input into new ideas to manage services within budget allocations rather than having to manage expenditures with eligibility changes or provider rate reductions. Related to the audits:

  - There is some confusion about the new medical necessity definition as the basis for service decisions. Dr. Schaefer said that if providers are applying GA BH standards or other best practices they are probably not at risk in an audit.
  - Mr. Walter stated it is important for providers to have a better understanding of the new definition and invited the agency to work with the Council to provide information about the definition/level of care guidelines relationship. Ms. Woodsby offered to have the Medicaid Inefficiency Committee that worked with DSS to revise the new definition to bring together providers and agencies to identify the best way to do training in this.
  - Ms. Walkama noted that New York state created a transparent audit process by giving providers audit tools, definitions and clear guidelines; suggested CT could consider doing this.

Department of Children & Families

(Slides 4-8) Dr. Karen Andersson presented a review of inter-agency activities on IICAPS preparation for Certification. Subsequent to the IICAPS rate conversion the program has grown in the last 4 years. Yale currently is finalizing studies to support IICAPS as an evidence-based model. Eventually all home-based providers will need to be certified to bill Medicaid and this certification is contingent upon a model that is an evidenced-based approved program or one that demonstrates positive outcomes with plans. After discussion at the DCF Advisory Committee a work group will be formed to review IICAPS data to better understand the current variance in program implementation.

Department of Social Services

- Due to length of this meeting, the draft annual CTBHP report from DSS & DCF will be reviewed at the December meeting.
- **Dr. Schaefer announced William Halsey, formerly from DMHAS, will be the new DSS CTBHP director.**