

Behavioral Health Partnership Oversight Council

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www.cga.ct.gov/ph/BHPOC

Meeting Summary: **February 9, 2011**

Next meeting: **Wednesday, March 9, 2011 @ 2 PM in LOB Room 1E**

Attendees: Rep. Christopher Lyddy, Jeffrey Walter (Co-Chair), Dr. Mark Schaefer (DSS), Dr. Karen Andersson (DCF), Lori Szczygiel (CTBHP/ValueOptions), Comm. Pat Rehmer & Jennifer Hutchison (DMHAS), Thomas Deasy (Comptroller's Office), Catherine Foley-Geib (Judicial), Mickey Kramer (Office Child Advocate), Dr. Jocelyn Mackey (Dept of Education), Uba Bhan, Dee Bonnick (Family Rep), Rick Calvert, Elizabeth Collins, Terri DiPietro, Howard Drescher (Family rep), Heather Gates, Charles Herrick, MD, Thomas King, Dr. Steve Girelli, Sharon Langer, Dr. Stephen Larcen, Patricia Marsden-Kish, Judith Meyers, Randi Mezzo, Kimberly Nystrom, Sherry Perlstein, Galo Rodriguez, Susan Walkama, Beresford Wilson (Family Rep), Jesse White-Frese, Alicia Woodsby, (M. McCourt, leg. staff).

BHP OC Administration

- Council Co-Chairs: PA 10-119 directs the council to choose the Co-Chairs from the appointed members. Sharon Langer, Maureen Smith and Heather Gates agreed to be the nominating committee that will receive nominations with an expected vote at the March meeting. Mr. Wilson suggested a family/individual adult representative be included as a third Council Co-chair. The Executive Committee will review this reasonable suggestion.
- BHP OC member appointments: current members will serve until a new appointment is made. A grid with highlighted appointee changes was made available to the Council: members interested in continuing to participate will contact the legislator.
- **Consumer Forum**, cancelled in January, is rescheduled for the April BHP OC meeting date: **April 13 from 1-3 PM – Consumer Forum**, followed by the Council meeting from 3-4:40 PM in LOB Room 1E.

HB 6227 that proposes to eliminate the BHP agencies' annual report to the General Assembly on the status of the BHP program was discussed:

Council Actions:

- A motion for the Council to oppose HB 6227 was made by Sharon Langer, seconded by Alicia Woodsby.
- Discussion: Council members stressed the importance of Agency annual reports that include measuring program impact to members, especially with program expansion to all Medicaid FFS mental health services and identified service gaps and flow through the system of care.
- Vote: motion unanimously passed, not abstentions.

Subcommittee Reports

Coordination of Care: Sharon Langer & Maureen Smith, Co-Chairs: Jan. cancelled, next meeting 2-25.

DCF Advisory: Sherry Perlstein, Chair: Feb. meeting cancelled: next meeting 3-1-11.

DMHAS Advisory: Heather Gates & Alicia Woodsby, *Co-Chairs:* DMHAS & VO presentation of Recovery Program of the BHP looked at 1915i options: DMHAS doing a cost study.



DMHAS Advisory
Comm 1-29-10.doc

Operations: Stephen Larcen & Lorna Grivois, *Co-chairs:* Feb. meeting focus on ASO processes, bypass issues, dual eligible billing.



BHPOC Operations
Comm2-4-11.doc

Provider Advisory: Susan Walkama & Hal Gibber, *Co-Chairs;* Next meeting 3-18-11 to review the revised Intermediate Bed Level of care guidelines.

Child/Adolescent Quality Management, Access & Safety: Chair – Davis Gammon, MD, Vice-Chair: Robert Franks: Jan meeting cancelled: next meeting 2-18-11.

Adult Quality Management, Access & Safety: Elizabeth Collins & Howard Drescher, *Co-Chairs* Feb. meeting cancelled: next meeting 3-1-11.

Behavioral Health Partnership

DSS discussed the Governor's plan to eliminate capitated managed care for HUSKY A, B & Charter Oak Health Plan as of **Jan. 2012** and select an Administrative Service Organization to begin Jan. 1, 2012 for the administrative management of all Medicaid health care populations' medical services (~575,000 covered lives): HUSKY, COHP, Medicaid LIA, Aged Blind & Disabled (ABD) members and dual eligibles. DSS expects the ASO to provide the framework to roll out patient centered medical homes, health homes (for chronically ill members, co-morbidities –in federal guidelines) and an Integrated Care Organization. *This service delivery change may be accomplished without a Medicaid waiver or State Plan Amendment; the current 1915 (b) waiver will not be needed.* DSS said a single ASO would not trigger the CMS Medicaid managed care rules.

This change necessitates all Medicaid provider rates be aligned with the Medicaid FFS schedule when the waiver authority ends. CMS requires provider rates be consistent all coverage groups. The BHP ASO (and dental ASO) will remain. There will be a total of 3 or more ASOs for all of Medicaid for Medicaid medical, behavioral health and dental services.

Dr. Schaefer noted FFS rate differences from MCO negotiated provider rates will impact providers such as hospitals (per diem vs. per discharge), physician rates and Enhanced Care Clinics rates will decrease by 5%. Melding rates may cause decreases to free standing clinics. CMS may approve existing provider improvement rates (P4P); however these individual initiatives in BHP are labor intensive and create a challenge in defining success within the whole system that is expanding in BHP. DSS will speak about the challenges related to the changes at the March BHP OC meeting.

Rates: click icon below to view DSS handout on fiscal impact & slide 26 in above handout).



CT BHP Fees - SFY09
Fiscal Impact Summar

(Slide 26) DSS reviewed the overall CTBHP provider rate package that was recommended by the Council 2 years ago and has been under review by DSS fiscal unit for the past 2 years. Utilization data was updated to reflect SFY09 utilization. During SFY09 & SFY10 advances were paid in a lump sum before the end of each SFY to those providers in levels of care subject to the agreed upon 1% rate increase. The adjusted package would result in an over-expenditure relative to the appropriation. As a result, in accordance with the terms of the original package, DSS eliminated the increase in the hospital floor to reduce the amount of the over-expenditure. In addition, DSS proposes to limit the IICAPS rate increase to 0.75% increase in order to stay within the appropriation. A provider bulletin will be released on the payout rates and recoupment of advanced payments. The attached Fiscal Impact summary provides detail on the rates. DSS suggested the BHP OC review the rates and provide feedback at the March council meeting.

- Mr. Wilson asked if the recoupment dollars would impact family access to services such as IICAPS. DSS stated in SFY11 there would be minimal effect on providers and no effect on client access to services.
- Heather Gates commented on the EDT service issue noting delays were not related to providers who seemed to be in the middle of 2 State agency budgets. There will be discussion at the DCF Advisory Committee March 1 on this service with DCF.

BHP reports (Click icon below to view presentation on “new” BHP Supporting Health & Recovery Program)



BHOC-presentation2
-09-11final(2).ppt

The agencies reviewed:

- The partnership agencies and covered populations (slide 2)
- (Slides 10-17). ValueOptions March 1 pre-implementation deliverables, provider authorizations for existing vs. new (April 1 and beyond)
- VO will be updating their website as of March 1 with the new ASO functions and provider training sessions.
- (Slide 19) The inpatient hospital by-pass program, originally established to reduce administrative burden of continuous review by one review, will be modified to authorize 5 inpatient days instead of 6 days for providers that qualify for the by pass program.
- (Slide 24) Policy that permitted IOP billing within EDT programs will be rescinded effective 4-1-11; expected the policy will be cost neutral for programs.

Notices to Medicaid FFS members: notices to members in the Medicaid FFS coverage groups for the BHP ASO will be sent out by March 1: the notices will emphasize that there will be no change in the current benefits, talk about linking physical health and recovery programs and give ASO contact information. Council suggested it would be helpful for providers and community-based organizations to have a copy of the notice in order to answer their clients' questions.

DMHAS: Commissioner Rehmer answered questions on the following:

- ✓ Intermediate Care beds level of care was established by DMHAS when the adult Cedar Crest beds were closed. Feb. 21, DMHAS contracted with St. Vincent Hospital for a maximum of 16 intermediate care beds. The purpose of these beds is to allow an acute care hospital stay longer than that in inpatient psychiatric hospitals, some diversion from EDs. The focus of treatment is rehab services that stabilize the member's mental health status. Final guidelines will be reviewed by the Provider Advisory Committee at the March 16th meeting and DMHAS will post a draft on their website: www.ct.gov/dmhas
- ✓ DMHAS is looking as a 1915i waiver (actually a SPA) to maximize federal match for Medicaid clients, yet maintain grant dollars for non-Medicaid clients. The BHP will consider starting with a young adult (transitioning youth) cohort. The Commissioner noted that a 1915i waiver presents challenges in maintaining adequate grant dollars while transferring an appropriate portion of grant dollars to the DSS rate system that will qualify for a federal match. DMHAS will continue to do a financial analysis to determine the best approach; the BHP OC DMHAS committee requested review of the completed analysis.