Behavioral Health Partnership Oversight Council

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Co-Chairs: Rep. Christopher Lyddy Jeffrey Walter Hal Gibber

Meeting Summary: May 11, 2011

Next meeting: ***Wednesday June 8, 2011 @ 2 PM LOB room 1E***

Attendees: *Jeffrey Walter, Hal Gibber (Co-Chairs), Dr. Mark Schaefer & William Halsey (DSS), Dr. Karen Andersson (DCF), Dr. Steven Kant (CTBHP/ValueOptions), Paul DiLeo (DMHAS), Thomas Deasy (Comptroller's Office), Dr. Jocelyn Mackey (SDE), Hal Gibber, Mickey Kramer (Office Child Advocate), Dee Bonnick, Elizabeth Collins, Terri DiPietro, Howard Drescher, Dr. Ronald Fleming, Davis Gammon, MD, Heather Gates, Dr. Steve Girelli, Charles Herrick, MD, Thomas King, Sharon Langer, Dr. Stephen Larcen,, Judith Meyers, Kimberly Nystrom, Sherry Perlstein, Kelly Phenix, Galo Rodriquez, Javier Salabarria, MD, Maureen Smith, Susan Walkama, Beresford Wilson, Jesse White Frese (SBHC), Alicia Woodsby, (M. McCourt, legislative staff)*

BHP OC Administration

- ✓ April meeting summary: Maureen Smith made a motion, seconded by Sherry Perlstein to accept the April meeting & Consumer Forum summary; approved by Council members.
- ✓ Hal Gibber will organize a small work group to develop informational materials for consumer participants and create pre-post meeting supports. Mr. Wilson offered his assistance in this endeavor, stating it is important for programmatic information be understood in the community.

Committee Reports

Coordination of Care*:* Sharon Langer & Maureen Smith, Co-Chairs: meets every other month: *next meeting May 25*

DCF Advisory*:* Sherry Perlstein, Chair: *next meeting June 7th*

DMHAS Advisory*:* Heather Gates & Alicia Woodsby, *Co-Chairs: Next meeting June 9th*

Operations*:* Stephen Larcen & Lorna Grivois, Co-chairs *Next meeting June 3*

Provider Advisory*:* Susan Walkama & Hal Gibber, *Co-Chair* Committee met April 20th to review two guidelines (*click icon below for April 20th committee summary & LOC guidelines)*

BHP OC Provider Advisory 4-20-11.doc

1) Adult Mental Health Group Home *(see final guideline in above document):* The Committee approved the LOC guideline with the ***recommended change*** of increasing the Global Assessment Function (GAF) score from 40-45 in the admission criteria.

Council action: Susan Walkama made a motion, seconded by Beresford Wilson that the Council approves the Group Home level of care guideline with the aforementioned GAF score change. Discussion focused on system issues raised by the PAG Committee and were referred to other Committees that included:

- System capacity for this LOC with Medicaid and DMHAS funding: DMHAS said capacity is unchanged from DMHAS fully grant funded period and an identified "step down' LOC is referred to the ***DMHAS Committee***.
- Issues involving denials for PA and concurrent review approval are referred to the ***Operation Committee.***

Council approved the motion with one abstention, no nays.

2) Intermediate Duration Acute Psychiatric Care LOC guideline *(See PAG 4-20 summary for details about this LOC)*: The Committee approved the LOC guideline with the ***recommended change*** of replacing licensed psychiatric hospital with licensed general hospital in the definition of the services. Procedural question regarding this LOC will be clarified by DMHAS and will be reviewed with the Council.

Council action: Susan Walkama made a motion, seconded by Elizabeth Collins that the Council approves the *Intermediate Duration Acute Psychiatric Care* level of care guideline with the change to general hospital.

Discussion points included that DMHAS stated the length of stay would be 45 days, longer with concurrent review approval. VO will now authorize this service.

Council unanimously approved the motion to accept the LOC guidelines with the one recommended change. .

Child/Adolescent *Quality Management, Access & Safety: Chair – Davis Gammon, MD, Vice-Chair: Robert Franks (Click icon below for meeting summary and VO handout on RTC data)*

Quality SC 4-15-11.doc

Dr. Gammon provided an overview of the Residential Treatment Center (RTC) 'snap shot' of utilization patterns for in-state and out-of-state (OOS) that was reviewed and discussed at the April meeting. Dr. Andersson (DCF) restated the Commissioner's commitment to reduction of OOS RTC bed use. The data suggests the complexity of appropriate placement decisions; the provider performance incentive linked to reduction of length of stay and increased use of evidence models was suspended due to lack of resources. OOS costs to the State vary in that some facilities may cost less than in-state services while other more specialized programs are

more costly. Mr. Walter suggested the issues raised in this Council discussion can be further explored when CTBHP provides a report to the full Council. Dr. Larcen suggested the Council structure could be used to address utilization issues, similar to the success of the 8 hospital collaborative performance initiatives.

Council Action: Mr. Wilson made a motion, seconded by Dr. Gammon that the BHP OC Chairs communicate to the DCF Commissioner the council's interest in involvement in the resolution of RTC issues. Council members approved the motion.

***Adult** Quality Management: Elizabeth Collins & Howard Drescher, Co-Chairs*

Adult Quality Comm. 5-3-11.doc

Elizabeth Collins reviewed the May 3rd meeting topics *(click icon above to view the meeting summary). Next meeting is scheduled for June 7th @ 2:30 PM.*

CTBHP Agency Reports

- ***DCF:*** One-to-One Specialing Services: Dr. Karen Andersson (DCF): *(click icon below to view presentation slides 1-19)*

BHOC Presentation 05-11-11(rev1).ppt

Dr. Andersson reviewed the above program results that have been achieved since VO assumed responsibility for the authorization process since it was moved out of the DCF area offices and centralizing it at CTBHP. One to One program is designed to assist an identified youth in congregate care (group home, safe home, RTC, ED) with specific behavioral issues be safe through assessment and safety/risk factor management. The PA process is used to ensure that the service is applied to the appropriate situation and for a prescribed and carefully monitored period of time, identify alternative resources for care, in particular those situations where the current treatment is not having positive results. The process also obtains financial savings through utilization management of the service and efficiency of service delivery through a centralized approval process. The total number of denials was 13, 7 of which were for clients in RTC settings. From August 15 through Dec. 31, 2010 a 57% savings was realized in 2010 compared to the same time period in 2009 with a projected $1M savings over a 12 month period. The number of clients with MR/DD represents a small number of the total clients using this service but require the highest number of service hours compared to other clients. Questions were raised about the availability of services required to transition a youth from one-to-one services and if congregate care with one-to-one services is the safest placement for these children. This seems to part of the broader BHP OC discussion about program changes/availability of services.

➢ ***DMHAS:*** Update (*Slides 20-26)*

Paul DiLeo (DMHAS) reviewed implementation of VO management of behavioral health services that now includes the Medicaid FFS populations. Key discussion points included the following:

- Provider call volume (primarily for authorizations) is ~ four times that of members. Review times are decreasing as providers and VO staff acclimates to the new populations. Review templates have reduced the phone time. Residential detox PA process reduced questions by 40%.
- CTBHP agencies are doing an intensive review of authorization for all levels of care. EDT PA parameters ere modified to align with pre- implementation ones. MH group homes are being reviewed next followed by methadone maintenance authorization process.
- DSS final legal review of allowing authorization for services for individuals pending Medicaid eligibility (this is being discussed in the Operation Committee). A process to allow this was used under ABH mental health service management.
- A major challenge for VO in the April 1, 2011 addition of Medicaid clients was the entry of clients into the CTBHP outpatient registration system and authorization requests. The original estimate of 6,000 clients was low: current estimate is 22,000. As of 5-8-11 VO has entered ~11,300 and expects the complete the project at the end of May.
- (*Slide 26)* VO makes outreach calls to inpatient and detox facilities and EDs to assist staff in facilitating the appropriate level of care, reduce "stuckedness' through diversion to the community where appropriate.
- The EMPS system is available to 10 PM and staffed 7 days week.

➢ ***DSS:*** Dual eligible Demonstration: Dr. Mark Schaefer


BHPOC - Dual eligible demonstration - 5-11·

DSS-CMS 3-30-11 lttr prog chgs.pdf

Dr. Mark Schaefer (DSS) began a review of the Medicaid health care delivery system changes that are expected to be implemented Jan. 1, 2012. DSS has been meeting with CMS every two weeks for technical assistance related to all reforms as well as for the dual eligible planning grant. DSS plans to have consultants focus on person centered medical home and health home provider level models and the development of integrated care organization (ICO) for the dual eligible clients over 65 years. DSS will discuss this further at the June BHP OC meeting and answer questions.