

Behavioral Health Partnership Oversight Council

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

Meeting Summary: June 6, 2011.

Next Meeting: July 13, 2011 @ 2 PM in LOB Room 1E (No August meeting)

Attendees: Jeffrey Walter, Hal Gibber (Co-Chairs), Dr. Mark Schaefer (DSS), Dr. Karen Andersson (DCF), Lori Szczygiel (CTBHP/ValueOptions), Paul DiLeo (DMHAS), Thomas Deasy (Comptroller's Office), Dr. Jocelyn Mackey (SDE), Mickey Kramer (Office Child Advocate), Uma Bhan, Elizabeth Collins, Terri DiPietro, Howard Drescher, Dr. Ronald Fleming, Heather Gates, Dr. Steve Girelli, Thomas King, Sharon Langer, Dr. Stephen Larcen, Judith Meyers, Kimberly Nystrom, Sherry Perlstein, Javier Salabarría, MD, Maureen Smith, Janine Sullivan Wiley, Susan Walkama, Beresford Wilson, Jesse White Frese (SBHC), Alicia Woodsby, (M. McCourt, legislative staff)

Administrative Items

- A motion by Maureen Smith, seconded by Sharon Langer to accept the May Council summary without change was approved by Council voice vote.
- Mr. Walter announced the Council will meet in July and ***there will be no August meeting.***
- The Council Co-Chairs sent a letter to Commissioner Katz (DCF) requesting a meeting to discuss Council role in Residential Treatment Centers "right sizing" efforts.

Committee Reports

Coordination of Care - Sharon Langer & Maureen Smith, Co-Chairs. The committee had a presentation from VO on their contract with McKesson to develop a pilot with 300 members that will integrate medical and behavioral health care management for these enrollees. The July 27th meeting will review transportation issues and coordination of dental care and BH care.

DCF Advisory: Sherry Perlstein, Chair: The committee met June 7th with a meeting focus on family experiences with the BH system that prompted a general consensus for implementing integrated family treatment plans through interagency collaboration. Discussion topics included DCF strategies to support families while discharging their child protection mandate, the 'differential response' plan that identifies the child at risk vs. the family in need of support to effectively parent their children, parental fears about losing their children to DCF custody when the parent has a mental health diagnosis and DCF review of CT data comparison with other states on outcomes of families with parental mental health problems. In addition the Committee discussed the need for descriptive, process and outcomes data on IICAPS 'outlier' families for

whom programs encounter difficulty in finding the appropriate level of transitional services. These items will be followed up in the next several meetings.

- Operations: Stephen Larcen & Lorna Grivois, Co-chairs: The Committee has been working with DSS and CT BHP in creating a policy that addresses prior authorization of services for initially ineligible clients and claim resolution process when the individual is deemed eligible (*see 1st policy bulletin below*) and hospital authorization approval for Medicaid members with Substance Abuse (SA) Diagnosis (*see 2nd bulletin*) that is the responsibility of VO or Qualidigm. DSS will review the issues with these two authorizing entities and then BHP agencies will meet to clarify the process so that hospitals receive PA and timely payments for services. DSS will provide information on the meeting outcomes at the July meeting



PA 2011-12 -
Temporary Member C



PA 2011-13 -
Inpatient Behavioral I

The Committee will join with Coordination of Care Committee in July to discuss transportation issues. An Operations Committee rate work group is meeting to look at rate changes after the 1915(b) waiver, when the medical ASO is in place.

Provider Advisory: Susan Walkama & Hal Gibber, *Co-Chairs*: The Committee met 5-18-11 to review the revised IICAPS guidelines. Questions arose regarding the program that were referred to the IICAPS work group for deliberation and comment that will be taken up by the committee. The committee is interested in reviewing the final IICAPS “bypass” program guidelines and then revisiting the level of Care guidelines, possibly in July.

Child/Adolescent Quality Management, Access & Safety: *Chair – Davis Gammon, MD, Vice-Chairs: Robert Franks*) Meeting summary below:



Quality SC 5-20-
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Adult Quality Management: Elizabeth Collins & Howard Drescher, *Co-Chairs* Focus included the Intensive Case Management process that is in place to assist hospital & ED disposition, future geo access reports parameters were discussed and Medicaid eligibility file changes that may effect VO UM reports. DSS said when the managed care system is converted to the ASO system, the agency will ‘bucket’ coverage groups to family coverage, ABD, low income adults (LIA) and those eligible for long term care. VO is doing a level of effort analysis for putting service data in these new files. DSS will provide an update at the July meeting.

CTBHP Agency Reports



BHOC Presentation
06-08-11 Final.ppt

The June CTBHP agency report includes DCF report on Riverview Hospital* (RVH)/CCP

integration (*Slides 1-6*), data analysis of cohorts for RTC units at RVH & CCP (*slides 7-11*), additional DCF activities outlined (*slides 13-14*) that include review of Therapeutic group homes, voluntary services populations that use RTC, clinic regulations, 5 State agency autism study workgroup has been convened that will culminate with agencies' recommendations on how best to serve this population. DSS reported (*slide 15*) on HUSKY/Medicaid fee-for-service (FFS) rate meld and decisions on multi-site enrollment of clinic providers that will NOT be implemented for current providers on 7-1-11 as planned; CTBHP will continue to review policy.

*Link to DCF website: The Future of Riverview Hospital Report

http://www.ct.gov/dcf/lib/dcf/latestnews/rvh_final_report_webmed.pdf

Dept. of Children & Families: Dr. Karen Andersson

Dr. Andersson provided an overview of the Agency transformation under the leadership of Commissioner Katz that includes decentralization of agency functions from central bureaus to 6 Regional DCF offices, broader staff training on family-centered models and a focus on Results Based Accountability (RBA) process that looks at outcomes of initiatives. Council comments/questions regarding River View Hospital (RVH) and RTC system:

- ✓ RVH will open two (2) step down units staffed by existing staff and CCP, an emergency placement RTC, has been asked to take 38 children/youth into their facility with an expected average LOS of 120 days. RVH current census is below bed capacity (70 beds) yet children remain in out-of-state (OOS) RTCs. DCF noted that RVH will be able to accept patients with serious psychiatric diagnoses including fire setting behaviors in the RTC units.
- ✓ RVH & CCP is institutional care. Decisions have been made to close 5 group homes: *Why is the State continuing to use institutional care instead of expanding community level care?* DCF has tried to use community based (CB) services for some of these clients but the attendant complexities of doing so led to DCF decision to use existing state resources at RVH and CCP to bring as many OOS children in RTCs back to CT.
- ✓ *Were parents involved in these DCF changes?* DCF Commissioner decides the use of these units (i.e. RVH may take teen girls while CCP will accept teen boys); however the Commissioner is engaged in a dialogue with the community with the intent to gather information to decide next steps In July.
- ✓ *If some youth will remain in OOS facilities after these changes will DCF continue on-site visits?* DCF said there are ~ 20-50 youths with highly specific co-morbid related needs and the agency staff will continue monthly on-site visits.
- ✓ *If CB providers are willing to develop additional capacity to accept more complex patients and an institutional facility's services are no longer needed, can the facility dollars be allocated to CB services?* DCF said a budget goal is down sizing, reducing expenditures. Lori Szczygiel reminded the Council that VO and CTBHP has been involved with RTC "right" sizing efforts over the past 2 ½ years. At this time RTC performance incentive program has not been able to move forward. The right sizing effort hasn't progressed to the point that families can participate.

✓ Mr. Walter said further discussion will ensue at the Executive Committee meeting and the Co-Chairs will hopefully have the opportunity to talk with the DCF Commissioner.

✓ Regarding the multi-agency autism 6 month study work group (*slide 14 above*), VO will take the lead on the clinical issues and will be interested in Council input. *Will families affected by autism participate in this work group?* DSS said the agency work group will consult families either through BHP OC subcommittee or a consumer focus group; DSS will discuss further with the Ex. Committee team.

Dept of Social Services (DSS) (Click icon below to view dual eligible health delivery system model)



BHOC presentation -
Dual eligible demonstr

Dr. Mark Schaefer (DSS) discussed the state demonstration planning process supported by a CMS grant for integrated Service Organizations (ICOs) that integrate care for dual eligible (full/partial Medicaid and Medicare) populations. The pilot will include the other major health care delivery changes beginning Jan. 1, 2012 (medical ASO(s), practice level change to patient centered medical home (PCMH) and Health Homes). Mercer will be analyzing dual eligible utilization and expenditure data. DSS will consider developing an analysis of PMPM costs by risk cell to determine savings within an ICO model. Council comments/questions included:

✓ How will an ICO (similar to Accountable Care Organization – ACO – in the Affordable Care Act) reduce costs if the state keeps the FFS system in tact with same payments. DSS said the fundamental question is how to ‘bend the cost curve’ for the dual’s health care costs. One approach can be shared saving(gains) incentive to the ICO provider team for quality, cost efficient care .

✓ Pay-4-Performance approach seemed to achieve these goals in BHP programs. Need to consider the cost increases as the member ages moving them into higher risk tier.

✓ The Medicaid Council has an Aged, Blind, Disabled (ABD) Subcommittee with 2 design work groups that will participate in the demonstration project development. Mr. Walter suggested a BHP OC Committee will work with the Medicaid Council Subcommittee work groups. CTBHP agencies will provide updates to the BHP OC related to this planning grant process for the dual eligible population > 65 years.