Behavioral Health Partnership Oversight Council

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

Summary: July 13, 2011

Next meeting: Wednesday Sept 14, 2011 at 2 PM in LOB Room 1E

Attendees: *Jeffrey Walter, Hal Gibber (Co-Chairs), William Halsey (DSS), Dr. Karen Andersson (DCF), Lori Szczygiel (CTBHP/ValueOptions), Jennifer Hutchinson (DMHAS), Rick Calvert, Elizabeth Collins, Terri DiPietro, Howard Drescher, Dr. Ronald Fleming, Heather Gates, Lorna Grivois, Sharon Langer, Dr. Stephen Larcen, Judith Meyers, Kimberly Nystrom, Sherry Perlstein, Galo Rodriques, Javier Salabarria, MD, Maureen Smith, Janine Sullivan Wiley, Susan Walkama, Alicia Woodsby, (M. McCourt, legislative staff)*

Council Administrative issues

- Reminder: the Council will not meet in August, Next meeting 2nd Wednesday – Sept 14th.
- Update on letter to DCF Commissioner from BHP O; the Council Co-chairs will meet with the Commissioner and her staff at the end of July.
- A motion by Howard Drescher, seconded by Judith Meyers to accept the June Council summary without change was approved by Council voice vote.

Committee Reports

1) *Coordination of Care* - Sharon Langer & Maureen Smith, Co-Chairs The committee meets every other month and will be meeting July 27th to discuss: Non-Emergency Medicaid Transportation (NEMT) services and CTDHP (dental) service coordination with CTBHP.

2) *DCF Advisory:* Sherry Perlstein, Chair: the Committee met July 5 and discussed: better integration between child and adult systems and understanding youngsters who require further services after completing a prescribed course of time-limited in-home treatment.

DCF Advisory Comm. 7-5-11.doc

3) *DMHAS Advisory: Heather Gates & Alicia Woodsby, Co-Chairs: met June 5th:* agenda included LMHA coordination with VO and ABH protocols, work with DMHAS on Home Health design for psychiatric care, part of the ICO initiative for dual eligibles (see June summary below). Ms. Wiley Sullivan asked about LMHA role for acceptance of in-home services for individuals with co-morbidities relating the broader question to a specific situation. DMHAS will contact her to discuss further. Mr. Walter noted agencies/providers are seeing more clients with blended benefits. Ms. Gates said private non-profits accept all payers. This access issue was referred to the DMHAS Advisory Committee.

DMHAS Advisory Comm. 6-9-11.doc

4) *Operations:* Stephen Larcen & Lorna Grivois, Co-chairs: met July 8th: agenda items included the CTBHP/VO more efficient system for PA for IOP phone request/duration of PA units/electronic submission, working to streamline concurrent review for members with chronic illness. In addition a rate blending work group is creating recommendations that expect to be ready for Council review in Sept. This was done in preparation for using the same rate methodology for FFS and HUSKY CTBHP Jan. 1, 2012 when the programs will be managed by DSS under a State Plan amendment rather than a waiver when managed care ends. One issue is looking at reimbursement policy for children's services that prevents a shift of resources from child services to adults by taking into consideration child rate and adult rate.

BHP OC Operations comm. 7-8-11.doc

5) *Provider Advisory:* Susan Walkama & Hal Gibber, *Co-Chairs:* will meet 7-20" final revisions for IICAPS and MDFT guidelines. The SC had asked the IICAPS work group to address wait lists for these services. The HUSKY Quality Committee can coordinate with the PAG Committee regarding access to care issues.
    - Mr. Walter suggested this can be a topic of discussion at the Oct 14th meeting.
    - Heather Gates commented this is not just and IICAPS capacity issue; other program wait lists that need to be looked at.
    - Susan Walkama said there is a centralized way that Yale tracks team wait lists/geographic area for IICAPS.
    - Dr. Larcen and Judith Meyers noted it is important to identify cost offsets of wait lists, what services are being used while waiting to use intermediate level services.
    - VO stated they need to know where there are wait lists by services so their Intensive Case Management team can intervene. Need Yale IICAPS outcomes data to determine optimal of member to the service and identify need for other services within the system.
    - Alicia Woodsby asked about the reasons for wait lists. Ms. Gates said it involves IICAPS team capacity, demands of the members requiring BH services, increased HUSKY enrollment numbers over the past year.
    - Sherry Perlstein observed commonality of intensive home services that relate to capacity, fidelity to the model, client/provider ratios (currently 6 patients to one provider).
    - Mr. Calvert said the impact on other services needs to be assessed.
    - Reduced in-state Residential Treatment Center capacity and system funding issues.

Next steps: Jeffrey Walter requested CTBHP and VO determine the best approach to define and answer questions raised today about service access, perhaps in collaboration with Provider Advisory & Quality Committees.

6) Child/Adolescent Quality Management, Access & Safety: Chair – Davis Gammon, MD, Vice-Chairs: Robert Franks) Met in June, no July meeting.

7) *Adult Quality Management: Elizabeth Collins & Howard Drescher, Co-Chairs:* Met in June, no July meeting.

8) Hal Gibber reported on steps to increase consumer involvement in the Council:
    - Favor sent out an invitation for a consumer meeting July 20th that will address basic

principles of family engagement, educate families about the CTBHP, strategies that are effective in working with providers, enhance self-advocacy.

- Suggest there be an ongoing ad hoc Committee to work on consumer involvement in the Council Committees.
- Consumer aspects become a regular item on the BHP OC meeting agenda.

CTBHP Agency Reports

BHOC Presentation 07-13-11Final.ppt

Department of Social Services

✓ *(Slides 2-3)* HUSKY A enrollment growth peaked in June 2011 to almost 400,000 members (parents ~ 100,000 of this number) while HUSKY B growth, generally flat in 2011, had a modest increase in July 2011. Sharon Langer said it would be useful to know the penetration rate for behavioral health services by enrollment group.

✓ *(slides 4-9)* program expenditures were reviewed:

- DSS is looking at enrollment, connecting data on users of BH services with costs. Do know there was a 10% increase in users of BH services in 2011 compared to 2010. Expenditures in HUSKY A at the end of March were $105.5M, and with the increased use, expect to exceed the projected $1140M range to ~$149M in SFY 11.
- *(Slide 6)*: the reduction in 1st Q 2011 date of payment (DOP) may be related to snow storms, missed appointments, less billing.
- *(Slide 8):* shows that the Per Member Per Month (PMPM) expenditures have a downward trend.

✓ Council members' discussion highlighted the need to evaluate the expenditure data to the Council actions and CTBHP program mission to increase community-based services and reduce institutional care. Does the data support this? Mr. Walter suggested:

- ***Operations Committee and others work with CTBHP to clarify the meaning of the data in relation to program goals.***
- Future reports on ***Medicaid low income adult (MLIA) , FFS and Aged, Blind and Disabled enrollment data*** and expenditures by ***date of service (DOS)*** rather that DOP.

Department of Children & Families (DCF) (Slides 10-16)

✓ *Slide 11* lists the DCF grant funded community-based services (CBS) and *slide 12* shows DCF annual CB S expenditures of ~ $54M/year with the expenditures for the 1st Q 2011 at $13, 989,299. Some of these services are also supported by Medicaid reimbursement. CBS grant funding reduced related to budgeting for FY12 & 13.

✓ *Slide 13:* Annual congregate care expenditures are over $120M compared to CBS expenditures. RTC and group home annual expenditures were higher in 2008 & 2009 related to additional therapeutic group homes but were lower in 2010 due to loss of RTC in-state capacity. The 2011 projected expenditures is $124M.

✓ *(Slide 14):* RTC Out-of –state (OOS) average per diem costs are $350 compared to in-state at $325/day. Slide 15 shows a decreasing trend in the average number of children in congregate care on the last day of the 1st quarter/year. DCF noted that RTC in-state numbers declined, while OOS

RTC numbers remained fairly flat as has therapeutic group home numbers.

Council questions/comments included:

- Does the data trend suggest utilization driven by system budget issues versus family need and how can that be assessed through utilization and expenditure reports?
- Upon discharge from RTCs, what level of care services are used by the child/youth? DCF is interested in this, noting that it may be more efficient and less labor intensive to track this information in a small sample.
- How does DCF plan to bring children/youth back from OOS placements? The ***Commissioner has stopped referrals to OOS facilities without her direct review of each referral.***
- It was suggested that going forward, the Quality Committees should link expenditures and budget reductions by key levels of care services.

CTBHP/VO: Coordination of Physical and Behavioral Health Care Pilot (slides 18-38)

In addition to the CTBHP Agencies' specific expectations that VO improve adult coordination of physical and BH care for FFS and other Medicaid high risk individuals, VO contracted with ***McKesson Health Solutions***, a national company with 20 years management experience *(Slide 22)* , to develop a voluntary coordination pilot of 300 most-at-risk children/adults. The goal of the pilot is to coordinate core elements as well as Wellness Care. Slides 23-24 identify the integrated care model and anticipated outcomes. This partnership expects a seamless wellness and intensive care management team with shared training and co-location within VO site. Slide 27 outlined program communications including clinical alerts to provider for sentinel events. Slide 29 summarizes pilot data management and slides 31- 34 highlight program details, Slides 36 – 38 summarizes reporting package and clinical outcomes measures.

Council feedback was enthusiastic about the pilot potential for integrated care for the targeted population and assessment of the impact of the management processes. It is a joint "wrap" system for a single person who receives services from multiple sites/providers. Pilot members may drop out of the program but will be replaced with a new 'at-risk' member. Mr. Walter noted the pilot information and outcomes can be shared with both legislative oversight Councils (Medicaid & BHP OC).

Department of Mental Health and Addiction Services (DMHAS) (Slides 40-41)

Jennifer Hutchison (DMHAS) reviewed the Intensive Outpatient (IOP) authorization parameters revised after discussion at the Committee level. Changes are in place as of July 5, 2011. The CTBHP Agencies will continue to review authorization processes for all levels of care in an effort to create system efficiencies.