

## **Behavioral Health Partnership Oversight Council**

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

*Meeting Summary: Oct. 12, 2011*

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

### **BHP OC Administration**

- Sept. meeting summary: A motion by Judith Meyers, seconded by Galo Rodriques to accept the September Council meeting summary was approved by Council members
- Other: The Council recognized legislative staff for ongoing support and offered best wishes on staff retirement.

**CTBHP Agency Reports** (*click 1<sup>st</sup> icon below for meeting presentation; last 2 are communication to the Council Chairs regarding CTBHP rates*)



BHOC Presentation  
10-12-11Final(2).ppt



memo - Gibber-Lyddy  
- Walter - Rate Meld



letter-  
Gibber-Lyddy-Walter

**DMHAS:** Scott McWilliams has been working with clinics on the rate meld process.

**DSS:**

William Halsey (DSS) provided an overview of the reasons for the CTBHP rate meld project (Slides 2-4). The current 1915(b) HUSKY waiver, which ends 12/31/11, allows Departments to pay different rates and fees for different coverage groups (i.e. HUSKY A vs. Fee-for Service-FFS). The medical program for all of Medicaid will be done under a Medicaid State Plan amendment rather than a waiver that will necessitate uniform rates and fees among ALL coverage groups effective Jan. 1, 2012 that are budget neutral.

- DSS plans to submit the rate methodology to CMS for approval by Nov. 15, 2011.
- Beginning Jan. 1, 2012 **all provider performance initiatives** must be approved by CMS (Slide 20). DSS methodology: proposes to use CY 2011 incentive funds for a one time supplemental payment to providers who were previously eligible to receive the incentive payments based on a percentage proportionate to expenditures for services rendered in 2011 pending CMS approval.

Jeffrey Walter noted that the rate methodology becomes quite technical, so it is important to explain terms for a collective understanding of the changes. Rates affect providers but also member access to services and program growth that continues to achieve the goals of the CTBHP

program.

(Slides 5-19) Rate meld methodology varies by service type. For example:

- Clinics and child rehabilitation services such as non-IICAPS and IICAPS and Extended Day Treatment and child targeted case management are a fixed fee meld by type of service while chemical maintenance clinics and alcohol and drug centers are a provider specific rate meld.
- Independent practitioners have a fixed fee meld for psychiatry and other private IP are paid a percentage of this MD rate.
- Psychiatric Residential Treatment Facilities will have an interim rate that will be replaced with a final rate based on annual cost filings so there are no changes proposed for 1/1/12.
- Home health services – no meld required, will be reimbursed at the FFS rates.
- (Slides 2-3, 13-14, 17) General Hospital rates will change:
  - Adult psychiatric inpatient: development of a new inpatient hospital melded *case rate*, full per diem thru 29<sup>th</sup> day, 85% of rate thereafter, coverage for medically necessary acute care.
  - New case rate will apply to all medical inpatient admission for members of any age, and all psychiatric admission for members age 19 and over.
  - DMHAS proposes to maintain the adult certified acute intermediate duration unit.
  - (Slide 17) Child psychiatric inpatient: meld of HUSKY & FFS , full per diem for all acute medically necessary days, with a 15% reduction in the per diem rate for medically necessary discharge delays that will be added to the per diem rate.
- (Slides 15-18) summarizes broad differences in general hospital outpatient fee meld: fixed fee meld for partial hospital and intensive outpatient programs while psychiatric hospital outpatient is a provider specific meld. Slide 16 outlines specific changes for General hospital non-ECC/ECC (Enhanced Care Clinic) outpatient services.

The Departments will share rate/fee calculations with providers included in the presentation.

**Council questions/comments:**

- ✓ From a consumer perspective, questions were related to the impact of the rate changes on the system of care that has worked toward the goal of reducing reliance on institutional care and importance of CTBHP agencies ensure member access to services.
- ✓ Child BH services are provided through School Based Health Clinics: the Association needs to look at the impact of a fixed fee meld by type of services on the centers.
- ✓ The Agencies will follow up on questions related to general hospital inpatient case rate age parameters for members age 19 and over; members 18 years are on the child side. Sharon Langer noted that Medicaid provides services to some members up to age 21 years.
- ✓ Unclear to members why the CTBHP rates require adjustments. Dr. Larcen said prior to CTBHP program, some providers in the managed care programs negotiated higher rates than current FFS rates. The end of the HUSKY 1915(b) waiver authority requires rates be uniform within the various Medicaid populations/programs. During the development of the CTBHP program (covered populations were HUSKY A, B and Charter Oak Plan) the Council advocated to raise the rate floor across the board for all providers as well as created rate incentives for outpatient clinics to meet criteria as Enhanced Care Clinics that focused on

timely care access. Rate changes for hospital based ECCs could potentially reduce participation as an ECC.

✓ DSS timeline of Nov. 15<sup>th</sup> submission of rate proposal to CMS leaves little time for the BHP OC to review them and make recommendations by Nov. 9<sup>th</sup> meeting. Dr. Larcens stated the Operations “rate work group” will meet once more prior to the Nov. 9<sup>th</sup> Council meeting to review Agencies’ final rate calculations and bring recommendations from the Committee to the Council prior to Nov. 9<sup>th</sup> meeting.

✓ Jeffrey Walter explained the process for BHP OC actions related to service rates that were included in the enabling 2005 CTBHP legislation (PA05-280) that requires the Council to: “review all proposals for initial service rates, reductions to existing rates and rate methodology changes. The Council may recommend acceptance of the rates or forward Council rate-specific recommendations to the General Assembly committees of cognizance (Human Services, Public Health and Appropriations)”

**Operations Committee Rate Subcommittee Recommendations to the BHP OC:** (click icon below to review the Subcommittee’s issues and alternatives for the Council to request of the Agencies-page 2 SC recommendations)



Rate Meld  
Subcommittee 10-12-

Dr. Larcen reviewed the Operations Subcommittee concerns related to the rate methodology since there was no data provided on the impact of the meld for these levels of care or provider groups. The Subcommittee deferred making a recommendation regarding the overall rate meld methodology pending a review of this data. The rate meld methodology concerns included a shift in funding to adult services from child services, rate reductions for certain intermediate level services such as PHP & IOP, and hospital discharge delay days, changes in the hospital-based ECCs. On the basis of the Subcommittee concerns, the following 5 recommendations were presented to the Council for consideration and vote:

1. *Given the shift in resources from children to adult services in outpatient levels of care, the Subcommittee recommends that an analysis be provided showing the impact of a rate for services provided to children and services provided to adults, for outpatient, PHP and IOP levels of care. This approach should also be calculated for independent practitioners.*
2. *The calculation of discharge delay day adjustment for inpatient care should reflect data from the six hospitals that provide both child and adolescent services separately from the two adolescent only providers, given the differences in case mix, and likely impact of discharge delay days for those providers.*
3. *The impact of extending the ECC reimbursement adults served at the three general hospitals needs to be quantified, and determination of source of funding for this expansion further discussed.*

4. *The general hospital members of the committee would be interested in reviewing the adult per diem rates as part of evaluating the feasibility of this approach should DSS and its partners deem this a viable approach.*
5. *The Subcommittee will review the data for the above requested analyses prior to making a recommendation to the Oversight Council at the November meeting.*

***BHP OC Action:***

***Dr. Larcen made a motion the Council accept the Subcommittee recommendations as Council recommendations to the CTBHP Agencies. Javier Salabarria, MD seconded the motion that was approved unanimously by Council member voice vote.***

***CTBHP Wellness Care Coordination: a Collaborative Project - ValueOptions and McKesson.***

*(Click agency presentation above: slides 25-33).*

Lori Szczygiel (VO) provided an update on the program that was launched 9-1-11 and previously presented to the Council and Care Coordination Committee. This innovative program seeks to identify members (children/adults) at high-risk for services, integrate care (behavioral and physical) and reduce gaps in care. While it is challenging to contact a member and then have the member agree to participate in the program, the short term goal of this program is to enroll 300 members and assess efficacy of the program through outcomes measures.

***Committee Reports***

- *Coordination of Care:* Sharon Langer & Maureen Smith, Co-Chairs met in September: focus on transportation updates and assisting DSS in organizing focus groups regarding transportation issues. The VO/McKesson Wellness program, and re-look at Committee purpose to coordinate oversight of the soon to be 4 ASOs and DSS managed pharmacy.
- *Child/Adolescent Quality, Access & Policy:* Co-Chairs Sherry Perlstein, Hal Gibber & Bob Franks: special outreach to recruit family member participation.
- *DMHAS Advisory:* Co-Chairs Heather Gates, Alicia Woodsby, last meeting Oct. 13, 2011 with a discussion on 'Health Home' development that DMHAS has taken the lead for.
- *Adult Quality, Access & Policy: Co-Chairs: Howard Drescher, Heather Gates & Alicia Woodsby:* First meeting of this revised Committee is Nov. 1, 2011 2:30-4:30 AT VO.
- *Operations* Co-Chairs Susan Walkama & Elizabeth Collins: revised Committee met Oct 7<sup>th</sup> to identify goals and objectives of the now combined Operations/Provider Advisory Committees. The Committee meets the 1<sup>st</sup> Friday of the month (next Nov. 4) at 2:30 PM at VO.