

Behavioral Health Partnership Oversight Council

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

Meeting Summary: Nov. 9, 2011

Next meeting: **Dec. 14, 2011 @ 2 PM in LOB Room 1E**

Attendees: Jeffrey Walter (Co-Chair), William Haley (DSS), Lois Berkowitz (DCF), Lori Szczygiel (CTBHP/ValueOptions), Paul DiLeo & Jennifer Hutchison (DMHAS), Judith Dowd (OPM), Dr. Steven Zuckerman (DDS), Mickey Kramer (Office Child Advocate), Elizabeth Collins, Howard Drescher, George Eason, Dr. Ronald Fleming, Davis Gammon, MD, Heather Gates, Dr. Steven Girelli, Charles Herrick, MD, Thomas King, Dr. Stephen Larcen, Elizabeth Hardy, Kimberly Nystrom, Sherry Perlstein, Kelly Phenix, Galo Rodriquez, Maureen Smith, Janine Sullivan-Wiley, Susan Walkama, Jesse White-Fresse, Alicia Woodsby, (M. McCourt, legislative staff).

BHP OC Administration

- October BHP OC summary was accepted without revision.

Subcommittee Reports

- **Coordination of Care:** Sharon Langer, Maureen Smith & Rep. Elizabeth Ritter, Co-Chairs

Next meeting: Nov. 30 @ 1:30 PM LOB Room 2A. The Committee will provide a bridge for the 2 Oversight Councils assessing the integration of services among the various ASOs for the Medicaid population.

- **Operations/PAG:** Susan Walkama & Elizabeth Collins, Co-Chairs (click meeting summary below)

Next meeting: Dec. 2 @ 2:30 at VO, Rocky Hill



BHP Operations
Minutes 11-4-11.doc



BHP Operations
Committee slides 11-4

- **Child/Adolescent Quality Management:** Co-Chairs: Sherry Perlstein, Hal Gibber & Robert Franks

Next meeting: Dec. 16 @ 2 PM at VO, Rocky Hill. Nov. meeting reviewed quality reports and will shift focus to alternate quality review with policy issues, continue to look at IICAPS bypass program. The 3 trade associations have made recommendation regarding reportable data elements related to DCF Agency changes. Hal Gibbers continues to work on improving family/individual involvement in the BHP OC and will submit a recruitment/orientation plan to the Executive Committee.

- **Adult Quality Management:** Heather Gates, Alicia Woodsby & Howard Drescher, Co-Chairs

Next meeting Dec. 6, @ 2:30 at VO, Rocky Hill; Reviewed the Health Home/care coordination care models. The Committee welcomes interested individuals/stakeholders to attend the meetings held on the 1st Tuesday of the month.



Adult Quality Comm
11-11.doc

CTBHP Agency Reports

Department of Social Services: Review of Rate Meld

William Halsey (DSS) discussed the rate meld process necessitated by the end of the 1915(b) 12/31/11 with the transition from the managed care program to an Administrative Service Organization (ASO) Jan. 1, 2012. Under a Medicaid State Plan the service rates need to be uniform; under a waiver rate variation is allowed within cost neutrality provisions. DSS stated they have been presenting rate calculation modeling to the Operations Committee Rate Work Group. The Agency stated rate changes need to be in the HP claims system by Nov. 14th in order to have the claims system under the ASO operational by Jan. 1, 2012. DSS presented two operations to achieve the system goal:

- Develop interim service rates
- Input final rates into the system retroactive to Jan. 1, 2012

Tight time frame to:

- Send out provider alerts regarding the rate change decision.
- Review the rates, interim and/or final with the BHP OC that has legislative authority to review the rates with the State Agencies, approve these or if concerns about the methodology, etc, bring the issues to the legislative Committee of Cognizance for review/action.

Council comments included:

- ✓ Members expressed the view that Agency action on rates, whether interim or final, communicated in provider bulletins without prior review with the Council is not in keeping with the spirit of the CTBHP statutes; members recognize the time constraints in scheduling a council meeting before December for rate review.
- ✓ Provider perspective, the agencies were encouraged to avoid retroactive rate adjustments that create a significant addition of administrative burden to providers, rather develop the final rates, follow the Council review process and then put the final rates in place.
- ✓ Lack of Medicaid 'melded rates' puts the State out of compliance with CMS requirements for uniform rates in non-waiver programs.
- ✓ DSS noted most of the home health services, used more for adults, would be unaffected by a 'rate meld'; however there are barriers to the clinic rate meld for Enhanced Care Clinics (ECC) and non-ECC clinics that may affect ECC clinic status. Janine Sullivan-Wiley presented a community perspective on the impact of ECC rate changes that would impact consumer access. Providers may change services due to provisional rate changes that may continue despite final rates.
- ✓ Several family/individual representative members strongly emphasized the critical role of the consumer/member voice in system changes.
 - Mr. Drescher asked if there are assurances that rate changes will not adversely impact service access. He noted that poor communication to members/providers often leads to problems with creating reasonable expectations about the system.
 - Mr. Wilson said rate changes do harm members' access to various service levels, although this is often undetected. He strongly stated consumers need to have a voice in system change planning rather than providing 'feedback' after the changes are in place.

- Mr. Eason said there needs to be that discussion with members, even though the ‘rate meld’ methodology can be complex. DSS agreed this is the best process; however the Jan. 1, 2012 time frame for implementing the health care delivery system changes limits this process outside the BHP OC review processes. Mr. Halsey noted:
 - CTBHP member satisfaction survey has just been completed
 - ValueOptions and DMHAS have been hosting community meetings related to adult CTBHP services.
 - CTBHP Agencies welcome the consumer perspective; DSS clarified that services aren’t being removed; the focus is on uniform rates throughout the Medicaid health care system.
- ✓ Sherry Perstein asked for clarification on:
 - The rate meld/child rehab option and if the “Child First” program is part of the child rehab option. DSS stated the child rehab services are part of the meld process. A DCF review board is responsible for reviewing the child rehab options and new services’ demonstrated evidenced-based practice model. Child First approval as a new service is based on initial provisional evidenced based model criteria.
 - A delay in finalizing the child rehab regulations is due to technical issues; these child rehab regulations need to be done before child clinic regulations can be finalized.
 - Extended Day Treatment (EDT) rates that were to be retroactive to July 1, 2011. DSS said there is agreement on the rates that will include a *one-time retroactive supplemental payment*.

{Addendum: Jeffrey Walter communicated the following to the Council on 11-10-11: “Bill Halsey called me to say that the Departments have abandoned the idea of an interim set of melded rates for Jan. 1. They will propose new rates to be implemented only once, retroactive to January 1.”}

Department of Mental Health & Addiction Services (DMHAS)



DMHAS Health Home
presentation for CT E

Jennifer Hutchinson (DMHAS) provided the Council with information on the ‘Health Home’ community practice level model that provides the opportunity for behavioral health care integration under the federal Affordable Care Act. Federal definition of health homes (*slides 3-5*) includes Medicaid beneficiaries who have 1) more than one chronic condition, or 2) have one condition and at risk for developing another chronic illness or 3) have at least one serious and persistent mental health condition. States that implement this integrated care model receive 90% federal match (0.90 cents for every state dollar spent) for eight quarters for services provided by designated providers or professional health team. DMHAS has taken the lead on the health home behavioral aspect (*slide 6*), working with the BHP OC **Adult Quality Committee**. Health homes are providers that offer care coordination and care management with referrals for other needed services such as housing. Some Person Centered Medical Homes (PCMH) may also be a “health home” for those of their patients that meet the federal criteria, while a mental health provider could be a designated health home for their clients with chronic serious mental health problems. CT has several initiatives that can be incorporated into the Medicaid medical & BH ASOs: Person-centered medical home (PCMH), an integrated care (ICO) demonstration project for Medicaid/Medicare (dual eligible) members and the health home. CT is just starting their

design for health homes: consider what the hub is for care coordination activities vs. who coordinates care with other ongoing services. Council comments included the following:

✓ DMHAS asked to consider including the VO peer specialist in the early planning of the health home model as well as psychiatry services in hospital or non-hospital based services. Mr. DiLeo (DMHAS) expects the planning process to be inclusionary. Mr. Walter encouraged interested stakeholders to participate in the BHP OC **Adult Quality Committee** and expects both this Council and the Medicaid Oversight Council to work together on model development. DMHAS also participates in the Medicaid Council's *Complex Care Committee* (aka ABD) that is working with the State Agencies in developing an integrated care system (Integrated Care Organization -ICO) demonstrations project for dual eligibles over 65 years. (The proceedings from that Committee can be found on: www.cga.ct.gov/PH/Medicaid website.)

✓ Consumer perspective: the use of 'home' in these model names can be misleading to the public in that some may interpret the model(s) to provide housing as well as health care services. DMHAS can see the confusion, but at this time states are using the federal terms and definitions.

✓ (Slide 7) The Agencies will present an initial draft of the Health Home model to the **Adult Quality Committee at the Jan. 3, 2012 meeting** (Committee meets the 1st Tuesday of each month at 2:30 at ValueOptions in Rocky Hill. Materials from the October meeting will be forwarded to the Council. Consumer and other stakeholder input into the model development will also be solicited for a proposed implementation in the 2nd Quarter of SFY 13 (Sept – Dec 2012).

Other Items

December 14 agenda items identified for BHP OC Executive Committee consideration include:

- Mr. Wilson expressed disappointment that DCF did not present a report today and requested DCF discussion of the *differential response* plan, as the RFP has been released.
- ValueOptions offered to provide the Council with a review of their performance standards.