



## **Behavioral Health Partnership Oversight Council**

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

Meeting Summary: August 8, 2012

Next meeting: **September 12, 2012 @ 2 PM in LOB Room 1E**

***Attendees:** Jeffrey Walter, Hal Gibber (Co-Chairs), Paul Acker, Dr. Karen Andersson (DCF), Lois Berkowitz, Rick Calvert, Terri DiPietro, Howard Drescher, Dr. Ronald Fleming, Dr. Steven Girelli, William Halsey (DSS), Peggy Hardy, Dr. Charles Herrick, Jennifer Hutchinson (DMHAS), Mickey Kramer, Sharon Langer, Dr. Stephen Larcen, Kimberly Nystrom, Sherry Perlstein, Kelly Phenix, Galo Rodriguez, Javier Salabarria, Maureen Smith, Janine Sullivan-Wiley, Lori Szczygiel (CTBHP/VO), Susan Walkama, Jesse White-Fresse, and Bereford Wilson*

### ***BHP OC Administration***

Co-Chair, Jeff Walter convened the meeting at 2:10 PM and welcomed members. Jeff asked the Council to approve the June BHP OC meeting summary. All members accepted the summary as written without additions, deletions or corrections. Jeff informed Council members that both Sharon Langer and Susan Walkama are representing the BHP OC Council on the Advisory Council to the Basic Health Plan Workgroup. Susan reported that their most recent meetings have been postponed because there was an extensive number of questions that must be answered to determine the direction of the workgroup before it could make any progress so a sub-workgroup was formed to do more research that neither she nor Sharon sit on so there is little to report. The BHP Workgroup will reconvene some time in September.

### ***Action Items***

Co-Chair Jeff Walter spoke about why the BHP OC would like to review state agency transmittals before they are finalized and disseminated. He voiced the opinion that this is a way to bring policy issues to the committees as early as possible and that this would bring about better communication between the Council and state agencies which would be appreciated by all parties. He continued with saying that within the past week new aspects have arisen due to discussions and no action would be taken at the present time. Other action items are covered under Committee Reports for the Operations Committee.

## ***Connecticut Behavioral Health Partnership Agency Reports***

### **Department of Children and Families**

Dr. Karen Andersson of DCF introduced Lois Berkowitz, Psy.D., who is the Director of Special Projects of DCF's Clinical and Community Consultations Support Team. Lois presented an abbreviated version of the **Enhanced Care Clinic** Compliance Report which she presented in June to the Operations Committee on a new process that 34 ECCs in Connecticut are using to meet certain standards.



Microsoft PowerPoint  
Presentation

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### **Enhanced Care Clinic Overview**

- Enhanced Care Clinics (ECCs) provide routine outpatient services to CT BHP members
- Initiative began in 2006 with RFA
- From 2006 to present there are 34 ECCs with approximately 71 secondary sites across CT
- 15 Child only ECCs
- 5 Adult only ECCs
- 14 Lifespan ECCs

### **ECC Requirements**

ECCs receive higher fees in return for meeting the following requirements:

- Achieve: timely access, assess barriers to access, through screening and triage
- Collaboration and Coordination with Primary Care
- Screening-(begins at age 12), assessment & treatment of co-occurring mental health and substance use disorders
- Future requirements: Welcoming and Engagement; Evidence-Based Practice; Cultural Competence

### **Update: ECC Compliance Surveys**

- Oversight surveys of all ECCs expected to begin in September 2012
- BHP Operations Committee has reviewed the ECC Assessment Scoring Tool
- Review teams will contact individual ECCs to schedule dates and times- (begins in September 2012)
- Policy Transmittal regarding details about the survey process will be issued by DSS shortly

### **Discussion**

These ECCs receive a 25% increase above the standard rate of payment. This is designed as an incentive for better and timelier care. To keep ECC designations, ECCs must comply and meet these requirements. It was asked if there was an expectation in numbers, a benchmark that the ECCs have to meet and will these surveys meet expectations? Lois replied that it was expected to increase and would certainly open up the floodgates, a bump in volume due to a change in

population because it is recognized that there is a larger need to address. This led to the question that with limits on resources available and if the increasing trend continues, does the system have resources to support continued growth in the program to financially support ECCs without reducing rates? Due to a number of systemic issues, there is no specific answer to this and many avenues of expense sharing must be examined. The Council wants to look at this in a proactive way and wants to give as much support as it can to DCF in its new policy of shifting children out of more intensive levels of care and more into community-based services. One of the aims of the Council is to monitor to see that resources are available for support services for DCF once children are back into the community. With this trend in growth, the Council doesn't want to see a step backwards because DCF cannot manage the volume and does not have the proper resources. Co-Chair Jeff Walter has asked for the Department to present an **Expenditure/Utilization Report** by coverage group for the September Council meeting.

Another topic of conversation had to do with the recent announcement that the **Re-procurement of Outpatient Clinics** is back on the agenda for target date 2014. Several Council members expressed concern that re-procurement may de-stabilize the delivery system and be detrimental to families. Two members asked to go on record in opposition. Karen Anderson responded by stating that she will take the concerns back to the Department. She also said that the recent retirement of the Department's Director of Contracts could affect the timetable for re-procurement. Sherry Perlstein, Co-Chair of the Child/Adolescent Quality, Access & Policy Committee suggested that once a new Contracts Director is hired, DCF should report on the re-bidding for 2014 to her committee and then the recommendations of the committee will be forwarded to the BHP Oversight Council for action and/or review.

Steve Larcen requested a Policy Transmittal for performance measures on the ability to get an outpatient appointment within seven days post hospital discharge.

Co-Chair Jeff Walter expressed appreciation to Council members for their comments and discussion; observing that this is the crux of what the Oversight Council is all about.

### **Departments of Mental Health and Addictive Services/Social Services**

Jennifer Hutchinson said that there is not a lot to report for on an update on the Dual Eligible Demonstration application that went to CMS in May for approval. The initial hope was that the program would start by the end of December 2012 and now that it looks like a start date toward the end of April 2013 and there is a possibility that it still may not be as early as that. The RFP for the Health Neighborhoods was supposed to be released at the end of August 2012 and then September 2012, now it looks like that will be pushed back as well. The Departments of Social Services and Mental Health and Addictive Services have made a real commitment to work out the details on the intersection of Health Neighborhoods and Health Homes by meeting through the summer. Together with a workgroup established under the Adult Quality, Access & Policy Committee, DMHAS is working on the design of some of the aspects of a Behavioral Health Home; care coordination, care management, etc to get definitions in place and to share the same standards of a Health Neighborhood. This sub-group plans for the first of six weekly meeting to take place for four hours on August 22, 2012.

Bill Halsey of DSS said some of the reason for the delay in a response from CMS is that

The federal agency must determine under what section of the law the CT Health Neighborhoods proposal will fall in order for it to approve Medicaid reimbursement. The other significant issue is definitive Performance Measures that still must be approved.

As for Performance Measures for provider incentive payments, there is no written agreement but effected providers should have the details on just what is being measured. Expectations in the coming year (July thru December) regarding performance measures include performance initiatives; length of stay, readmission, ambulatory follow-up, consumer engagement, family engagement, and connect to care.

DSS will be putting out a new long and detailed Policy Transmittal on the clinic meld rates that will go back to 7/1/11.

## **Committee Reports**

### ***Coordination of Care:*** - Sharon Langer, Maureen Smith, Co-Chairs

Sharon Langer reported that the next committee meeting would be on September 19, 2012 at 1:30 PM in Room 1E LOB with the following agenda to date:

- A Discussion on Behavioral Health Neighborhoods
- An Introduction and Discussion with new member: Dr. Barbara Ward-Zimmerman
- An Update on Pharmacy Utilization
- An Organizational Flow Chart of the DSS, Medicaid, the four ASOs and their breakdown sections
- Update on Non-Emergency Medical Transportation - Logisticare

### ***Child/Adolescent Quality, Access & Policy:*** – Sherry Perlstein, Hal Gibber and Robert Franks, Co-Chairs

Hal Gibber reported that there was a review of outpatient ECC data and other outpatient utilization comparison presented by Dr. Laurie Van Der Heide of Value Options. She also reviewed an upcoming survey of ECC performance on policy transmittal issues Web Registration responses. He thought from the report given, that ECCs are meeting their goals. Bob Franks gave a brief history of the registration templates but Laurie pointed out that some of the information is non-actionable and some is. It really was a quality of improvement versus a utilization discussion. In addition, there was a review of preliminary data on policy and practice changes implemented in the foster care system, as proposed in “We All Need Somebody: Supporting Children, Families and the Workforce in Connecticut’s Foster Care System.” This was presented by Ken Mysogland, DCF Director of Foster Care Services. Sherry Perlstein said that foster placement with relative and kinship care is making the system friendlier to families. She pointed out that a California study showed that 67% of kids place with relatives are with that same family after one year versus 16% of kids placed in non-kinship environments. It was emphasized from the Council that having a therapeutic response over a punitive response and new leadership and direction from the Department, is benefitting the whole system.

***Adult Quality, Access & Policy: - Howard Drescher, Heather Gates and Alicia Woodsby, Co-Chairs***

Howard Drescher reported that the Committee is working with DMHAS on the Behavioral Health Home initiative and, as previously explained by Jennifer Hutchinson, a workgroup has been put together to work on the design and other issues over a six-week period.

***Operations: – Susan Walkama and Terri DiPietro, Co-Chairs***

Terri DiPietro discussed the timely filing issue. HUSKY A & B for Behavioral Health gets 120 days while HUSKY C & D on the Medical side gets 365 days to file and HUSKY C & D for both Behavioral Health and Medical gets 365 days to file. The Committee would like provider to have 365 days to file claims for all HUSKY Groups. The Department has not made a decision, but discussions with the Committee are ongoing. Susan Walkama reported on Secondary Billing issues- home based treatment and extended day treatment. The Committee is looking to find a simpler process of billing and it continues to explore different options for resolve. Co-Chair Jeff Walter explained that is why there is no Action Items for discussion because these issues are recognized by both sides and together, they are determined to come to a satisfactory agreement for everyone. Co-Chair Hal Gibber asked if there is anything the Partnership can do to prompt commercial insurers to make it less difficult for providers to serve clients with private insurance. Susan Walkama said that a few years ago, she testified before a Legislative Committee to that fact but a bill to address cost shifting died and has not been brought up again. Jeff Walter stated that the Legislative Program Review and Investigations Committee is currently undertaking a study of cost shifting in the provision of adolescent addiction treatment services. Karen Andersson noted that an internal workgroup has been convened to explore the cost shifting from commercial insurance to the State that results when private insurance does not cover services. Bill Halsey replied that, following the last Operation Committee meeting, he discussed with the co-chairs a possible solution to the secondary billing problem. While there is not yet a definitive answer, the Department is actively considering it. . Sherry Perlstein said that she would like providers help DCF to look further into this issue.

In closing the meeting, Co-Chair Jeff Walter thanked the Council Members for their participation and he looks forward to seeing everyone at the next Council meeting on September 12, 2012. He adjourned the Council meeting at 3:30 PM.

**Next Meeting: Wednesday, September 12, 2012 @ 2:00 PM 1E LOB**