



Behavioral Health

Legislative Office Building
(860) 240-0346 Info Line
www.ctbhp.org

Co-Chairs: Rep. Christopher
Meeting Summary

Next meeting: **November**

Attendees: Jeffrey Walter (Co-Chair), Hal (Terri DiPietro, Howard Drescher, Dr. Ronald Colleen Harrington (DMHAS), William Hal Nesci, Sherry Perlstein, Kelly Phenix, Galen Sullivan-Wiley, Lori Szczygiel (CTBHP/VO), Alicia Woodsby

BHP OC Administration

Co-Chair, Jeff Walter convened the meeting. BHP OC meeting summary. All members deletions or corrections.



motion to approve the September meeting agenda as written without additions,

Action Items

Operations Committee: Level of Care Guidelines-Adult and Child/Adolescent Intermediate Services. See Operations Committee Discussion below.

Committee Reports

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

The Co-Chairs reported that the Coordination of Care Committee and the MAPOC Consumer Access Committee will merge together. The two committees have many of the same members and issues in common. The next committee meeting will be on November 28, 2012 at 1:30 PM in Room 1E LOB. The last Committee meeting agenda consisted of the following items:

- **An Update on Pharmacy Utilization.** Dr. Steven Kant, Medical Director of Connecticut BHP, Child and Family Division presented a report on Preliminary Behavioral Health Pharmacy Utilization. Value Options has put together the data and now it is under review at DSS. They are reviewing the child/adult prescription numbers and looking at the most heavily used medications, where they are being filled, who are the doctors prescribing meds, and how much by age range in the categories of 0-18 years and 19 years and over.

- An **Organizational Flow Chart of the DSS, Medicaid, the four ASOs** and their breakdown sections was distributed.
- An **Update on Non-Emergency Medical Transportation**. Jim McMellon, Director of Operations at Logisticare gave the update. Regarding issues with non-emergency medical transportation, it is particularly important that Medicaid recipients who do have a problem with transportation that when reporting an issue, they must give the date and their member ID Number so that Logisticare can track it down to a particular day and particular driver. Members should not fear reprisals that giving this information will result in future retribution. If determined the transportation provider was at fault, mandatory re-training will be conducted. Provider score cards are tracked monthly by complaints that are placed by consumer members against the transportation companies. Pass backs are also tracked, that is if a provider says they cannot handle that trip because there is too much already scheduled, then Logisticare will seek additional companies to handle the work overflow. There are two full-time Field Monitors that follow the progression of the trip and if there are any inaccuracies; they will be detected by Logisticare. All complaints are relayed to the providers and they have 48 hours to respond back to Logisticare. All complaints should go to Logisticare and not to the transportation provider. Co-Chair Sharon Langer informed the Council that as of this time, Logisticare does not have its website up yet. It is not known when it will be up and running. She also reported that Uma Ganesan of DSS said that the contract with Logisticare has not yet been signed. It is hoped that will take place by the end of October 2012. In addition, Sharon said that Sheldon Toubman who also sits on the MAPOC Consumer Access Committee told the Coordination of Care Committee that his Committee is ready to make recommendations on new regulations to DSS regarding NEMT.

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

Heather Gates reported that the Committee is working with DMHAS on the design of the Behavioral Health Home initiative and coordinating with the MAPOC Complex Care Committee that has been doing work on the Health Neighborhood Initiative. The workgroup has been putting together the design, definitions, and other issues which will go through October. DMHAS previewed to the sub-group a first draft incorporating all the comments and proposals from previous meetings. DSS also had a presentation on care coordination and research on Behavioral Home draft concepts from around the country and by the end of the month, will present separately to the Complex Care Committee and to the workgroup, a presentation on the operational plan related to the co-leads and the Health Neighborhood.

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

Committee Co-Chair, Robert Franks reported on Utilization Data of PARS Initiatives outcomes 1.) length of stay and services to youth after they have been discharged from a stay within the DCF System and 2.) Ambulatory follow-up within seven days of discharge. The question he said is, "Are people getting better"? He stated that trends are headed in the right direction. Co-Chair Sherry Perlstein said that a review of the DCF Court Monitor report on *Outcome of Youth Exiting Care* will be presented to the Committee in October. There will also be an update on the

planned rebidding of community-based mental health services along with a report on the deployment of the Value Options staff to the DCF area offices.

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

Susan Walkama reported that there are modifications to Level of Care Guidelines for Intermediate Care that the committee is bringing to the Council for approval. These proposed guidelines were previously distributed to all Council members prior to today's meeting. A summary had been passed around for members. These guidelines were modified to bring them in line with existing practice standards and CMS regulation.

Discussion

A long discussion ensued. There was a question on the process for approval. Questions came up as to why there are different standards for children and adults. Members would like to see parity for both adults and children when it comes to IOP. Susan had no objection to some of the Council's amendments and changes appropriate to the adult guidelines. Lori Szczygiel, CEO-Value Options, tried to clarify the differences in language and said that currently in the adult system, there is no such thing as discharge delay so historically there are different options around the utilization management that are age-related, hence the differences in the recommendations. She said that the language for the children's guidelines, as written, may not be appropriate for the adult guidelines. In the end, the recommendations for the modifications for the children's guidelines were approved and the recommendations for the modifications for the adult guidelines went back to committee for further review, discussion, and revision. Susan also reported an update on the enhanced care clinic report by Lois Berkowitz that there is not a lot of urgent access taking place in the state and that is because of shifting models and how consumers are gaining access to some of the clinics. The Enhanced Care Clinic group is seeking to clarify the reasons why there seems to be minimal utilization at the urgent care level. In addition, Bill Halsey of DSS gave a report on the streamline of billing and claims payment for intensive home-based services and extended day services where there are commercial payers and Medicaid is secondary. No conclusion has been resolved in terms of practices and theory. Discussions are occurring to get alignment. Co-Chair Terri DiPietro reported that the Rate Meld issue and the special claims cycle will be posted in November on the HP Website.

Connecticut Behavioral Health Partnership Agency Reports

Department of Social Services, Departments of Mental Health and Addictive Services, and Department of Children and Families



BHPOC2010 CT BHP
Annual Evaluation-10

Bill Halsey of DSS gave a presentation on 2010 CT BHP Annual Report and Service Expenditure. He said this report will be better fully understood when it will be compared with the 2011 Annual Report which will go into greater depth when that report will be given before the end of the year. Karen Andersson of DCF walked the Council through the slides of the

Power Point Presentation. She said a summary of 15 to 18 pages of the highlights of the year in review will be made available later once the Agency Commissioners approve the report. She said the **Structure of the Annual Report** consisted of

1. Introduction
2. Summary of Partnership Activities for CY '10
3. Review of Medicaid Expansion
4. Inclusion of DMHAS
5. Utilization/Expenditure Reports

With **Updated Programmatic Topics Covered**

- Pharmacy Analysis (2/08-6/08)
- Residential and Therapeutic Group Home
- Voluntary Services
- Child Inpatient Care
- Foster Care Disruption Study
- Children's Outpatient Learning Community
- One-to-One Care
- Enhanced Care Clinics-Status Update
- Hospital Profiling
- Update on IICAPS
- DCF Certification Regulation
- VO Contract Update

When the full report is released, all of the topics will be summarized with a note as to where and when they were presented to the Council or to the Committees.

DSS Medicaid Expansion includes

- Monthly updates on Expansion under Patient Protection and Affordable Care
- SAGA Conversion to Medicaid for Low Income Adults
- Rates and Performance Incentives
- Updates on HUSKY Enrollment

DMHAS Behavioral Health Recovery Plan

- Presentation on Proposed Reform
- Introduction of Medicaid Fee-for-Service Behavioral Health ASO
- RFP process
- Announcement of ValueOptions as ASO contractor for all Medicaid populations

DCF Expenditures

DCF Community Based Services

- There has been a moderate increase in expenditures (-7%) from CY '06- CY '10 (\$36,738,654 to \$39,565,403)

DCF Community Based Grant Services that are managed under the CT BHP include:

- Emergency Mobile Psychiatric Teams
- Intensive Home Based Services (IICAPS, MST, MDFT, FFT)
- Extended Day Treatment
- Outpatient (Child Guidance Clinics)

- Outpatient Adolescent Substance Abuse Treatment

Co-Chair Jeff Walter adjourned the Council meeting at 4:15 PM.

Next Meeting: Wednesday, November 14, 2012 @ 2:00 PM 1E LOB