Connecticut BHP
Supporting Health and Recovery

Behavioral Health Partnership Oversight Council

Priority Topics for the State Agency Partners

March 12, 2014

VALUEOPTIONS®
Innovative Solutions. Better Health.

Prioritizing Process

- A significant amount of data analysis was requested and conducted in 2013, much of which we would like to share with stakeholders
- The state partners suggest future reports on specific topics, including but not limited to:
  - ED and Inpatient Utilization (kids and adults)
  - Home Health
  - IICAPS
- 2014 priorities are based on information obtained and analyzed in previous years

Priority Items for 2014

The following are the State Agency Partners priority items for Calendar Year (CY) 2014:

1. Impact of ACA on BH Infrastructure
2. Super users
3. ED Utilization
4. Hospital Inpatient Utilization
5. IICAPS
6. Outpatient Services
7. Behavioral Health Homes
8. Healthcare Integration/Coordination

Connecticut BHP
Supporting Health and Recovery

Impact of ACA on BH Service System

- Payment reform possibilities (e.g. outpatient)

- Use 2011-2012 expenditure data as a baseline to monitor expansion population:
  - Service (Level of care) Utilization
  - Provider Utilization
  - Access issues for treatment and services

- Expansion of eligible providers

ValueOptions®
Innovative Solutions. Better Health.

Super Users

- There is a considerable amount of emphasis in healthcare on super users or frequent users

- Super users generally represent a relatively small number of people who use a great deal of services and have average expenditures that far exceed their peers

- This behavioral health cohort generally uses the ED and hospital inpatient services at a significantly higher rate than most individuals and they frequently fail to connect to ambulatory services after an acute service

Super Users Continued

- It is likely that this cohort receives less primary care services than the rest of the population

- Behavioral health super users frequently have tri-morbid conditions (medical, mental health and substance abuse) or at least co-morbid conditions

- The state agency partners, along with ValueOptions, are developing reports to identify super users with the goal of improving their outcomes

Emergency Department Utilization

- Based on data analysis and the PRI ED Report, the State Agency Partners have made ED utilization a priority
- Specific Existing Steps:
  - Continue to monitor ED utilization for children and adults
  - Continue targeted interventions currently in place for children involving DCF, VO, community providers and hospitals
  - Continue targeted interventions for adults including: the DMHAS Alternative to Hospitalization Program (ATH), Opioid Agonist Treatment Program (OATP), and the Intensive Case Management Program (ICM) by ABH

Emergency Department Utilization Cont.

- Specific New Steps:
  - Identify the super users of ED and inpatient hospitalization
  - Identify providers with outlier ED utilization and re-admission rates
  - Outpost ValueOptions ICM to top five hospitals to work with adult members of the cohort to decrease inappropriate ED utilization and increase connect to care from ED and/or hospital inpatient

Hospital Inpatient

- Develop super user report in order to better understand this cohort (e.g. demographics, diagnoses, HUSKY coverage group, primary care utilization)
- Develop provider dashboard report by agreed upon cohorts (e.g. youth, adult, HUSKY eligibility groups, DCF involvement, diagnosis, gender, race, ethnicity):
  - Admission Rate
  - Length of Stay (median and average)
  - Connect to Care/Ambulatory follow-up (7 and 30 day)
  - Re-admission Rate (7 and 30 day for any cause)

Connecticut BHP
Supporting Health and Recovery

Intensive In-home Child and Adolescent Psychiatric Services

- ValueOptions, Yale, and the state agencies have been reviewing data on IICAPS for several months
- All parties are interested in ensuring that individuals receive the most effective services for the appropriate duration, intensity and frequency
- The IICAPS analysis will inform the state agencies regarding the level of effectiveness based on cohort groups
- This data may inform the authorization process and will identify additional clinical and quality areas for review
- Initial findings of the IICAPS analysis will be presented to the Council in April

VALUEOPTIONS®
Innovative Solutions. Better Health.

Behavioral Health Outpatient Services

- Outpatient services are a critical component of a strong behavioral health system of care

- It is ideal to serve individuals with behavioral health conditions in the least restrictive environment and in order to do that successfully, outpatient services needs to be a viable level of care

- Outpatient services are expected to maintain and improve the level of functioning of the people we serve

Outpatient Services Cont.

- DSS is evaluating the rate structure of outpatient procedure codes as compared to the Medicare rate structure (Upper Payment Limit)

- In aggregate, outpatient clinic services cannot exceed what Medicare would pay for the equivalent services

- The state agency partners are currently reviewing the outpatient level of care to determine if there are modifications that can be made to strengthen this level of care

Healthcare Data Integration and Care Coordination

- Integration of healthcare data and collaboration of vendors that manage healthcare improves outcomes.

- Current coordination efforts include the following:
  - ASO Collaboration and Coordination
  - Behavioral Health Homes
  - Health Neighborhoods- Medicare/Medicaid Demonstration Project

ASO Collaboration/Coordination

- There are four ASOs managing Medicaid services in CT:
  - Medical Services- CHN-CT
  - Behavioral Health Services- ValueOptions, CT
  - Dental Services- Benecare
  - Non Emergency Medical Transportation Services- Logisticare

ASO Collaboration/Coordination

- ValueOptions and CHN collaborate on members who have medical and behavioral health conditions.
- VO collaborates with Benecare on cases when dental services are being requested based on a behavioral health condition
- VO and Logisticare coordinate services for members needing NEMT to behavioral health programs:
  - weather related issues for youth after school programs and methadone maintenance,
  - transportation for family members to out of state psychiatric hospitals,
  - Long distance methadone maintenance transportation

Connecticut BHP
Supporting Health and Recovery

ASO Care Coordination- Integration of Care

- CHN, the medical ASO subcontracts with ValueOptions to manage a cohort of members with significant co-morbid medical and behavioral health conditions

- VO nurses are co-located at CHN and fully integrated into the care coordination of these members

VALUEOPTIONS®
Innovative Solutions. Better Health.

Behavioral Health Homes

- DMHAS, DCF, DSS and a provider workgroup have developed a health home model for individuals with severe and persistent mental illness
- The state agencies are currently procuring an ASO for the project
- DSS has submitted the draft state plan amendment to CMS
- Implementation is scheduled for late CY Q2 or early Q3 2014
- Behavioral Health Home services will significantly improve client health outcomes and coordination of medical and behavioral health services for target population

Health Neighborhoods (Medicare/Medicaid)

- DSS, in collaboration with DMHAS and DDS and stakeholder workgroup have developed a care coordination model of care for those eligible for Medicare and Medicaid
- Health Neighborhoods is a shared savings initiative through CMS
- If the state saves a certain amount of Medicare dollars, net Medicaid expenditures, CMS will share some of the savings with the state
- The state has agreed to share a portion of those savings with providers
- Shared savings with providers will be based on quality measures in Year 1 and then quality measures and savings in Year 2.

In Summary

- The State Partners and ValueOptions are committed to working collaboratively with stakeholders to improve care for children, youth and families and individuals with behavioral health conditions
- Build on work completed in 2012 and 2013
- Continue to move the service system to improve:
  - Efficiency
  - Effectiveness
  - Coordination
  - Integration
- Be data driven and outcome oriented