



## **Behavioral Health Partnership Oversight Council**

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*Co-Chairs: Rep. Phil Miller, Sharon Langer & Hal Gibber*  
Meeting Summary: February 11, 2015

Next meeting: **March 11, 2015 @ 2 PM in 1E LOB**

*Attendees: Representative Phil Miller (Co-Chair), Sharon Langer (Co-Chair), Karen Andersson (DCF), Rick Calvert, Sharon Dexler, Terri DiPietro, Judith Dowd, Heather Gates, Dr. Steven Girelli, Bill Halsey (DSS), Peggy Hardy, Colleen Harrington (DMHAS), Dr. Charles Herrick, Dr. Thomas King, Steve Merz, Steven Moore, Marie Mormile-Mehler, Nancy Navarretta (DMHAS), Lois Nesci, Kimberly Nystrom, Galo Rodriguez, Joseph Sullivan, Janine Sullivan-Wiley, Dennis Torres, Jeff Vanderploeg, and Dr. Robert Zavoski (DSS)*

### **BHP OC Administration**



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Co-Chair Sharon Langer convened the meeting at 2:02 PM by welcoming everyone and members introduced themselves. She then asked for a motion to accept the January 2015 Council summary. Heather Gates made the motion to accept and Steve Merz seconded. A vote was taken and passed in favor unanimously with not abstentions. Sharon next reviewed with members the letter that was endorsed by the Council from the BHPOC Co-Chairs and was sent to Secretary Ben Barnes of OPM, see above. Judy Dowd from OPM and BHPOC member represented Secretary Barnes at the meeting. She had no formal response from Secretary Barnes but she participated in a discussion with Council members. Judy mentioned that Secretary Barnes is also frustrated with the time it takes to get CMS approval for changes in Connecticut's Medicaid program.. She told the Council that the state cannot spend more than CMS approves, since the federal government only reimburses the state for costs under an approved state plan. She is hoping that money stays in the budget for the rates for continued enhanced services. Heather Gates said she was concerned with the DMHAS budget reductions. She went on to say that providers will need to look at the extent to which services will be affected by a reduction in state funding. For example, medication management services that help individuals take their medications appropriately and on time are being reduced greatly. The service system is getting bigger and bigger holes are already appearing. Judy said that if the tax receipts in April are up then maybe cuts can be restored, and therefore we must wait until the spring to see what can be done. Heather asked that individuals with higher needs get priority in services because if they do not get what they need now, they will require more expensive services later. Judy said she will pass all this information to Secretary Barnes. Co-Chair Sharon Langer asked what other

information would be useful to OPM and Governor Malloy that the Council can provide. Steve Merz asked for clarification on the Medicare Upper Payment Limit (UPL) and rate setting. Bill Halsey said that he will ask Chris Lavigne (DSS) from the Rate Setting Department to come to the next Council meeting to explain about the UPL and rate setting. Sharon thanked Judy for coming on behalf of Secretary Barnes. She said she was surprised the Council did not get a formal response from OPM. Judy said that the Council shouldn't read anything into the lack of formal response. The agency has been busy putting together the budget and getting it ready which has been a difficult and lengthy process. Steve Merz then asked what will the Council do to follow-up on this matter. Sharon said the question will go to the Executive Committee for discussion. Janine Sullivan-Wiley said that after the tragedy in Sandy Hook, people in the state thought that there would be an expansion in BH services but in reality, there is a reduction in services because resources are shriveling and people with BH issues in need of services are increasing. Citizens are not getting care. If there is no expansion in community services, people will go to the ED where they will be charged and it is expensive.

The Sandy Hook Advisory Commission recommendation to eliminate carve-outs of behavioral health services was discussed. It was referenced in the report that the Behavioral Health Partnership and the BHPOC were quite successful and any change to the partnership or Council would require legislative action. Colleen Harrington noted that the report and the recommendations were not yet official and would have to be reviewed next month when it comes out. Co-Chair Sharon Langer reported that she was asked by DCF to represent the Council on an Implementation Advisory Board related to Senate Bill 841, An Act Concerning the Implementation of a Comprehensive Children's Mental, Emotional, and Behavioral Health Plan.

### ***Action Items***

None.

### ***Connecticut Behavioral Health Partnership Agency Reports- Department of Mental Health and Addiction Services - Colleen Harrington (DMHAS)***

Colleen Harrington gave an update on the second wave of budget rescissions as it relates to Behavioral Health. The Department is absorbing and deferring implementation on the operations side for Behavioral Health Homes (BHH) for three months. The BHH for the private non-profit organizations will be delayed a few months. .

(See <http://www.ct.gov/dmhas/cwp/view.asp?a=2900&Q=528136&PM=1> for more information about BHH).

### ***Department of Children and Families – Karen Andersson (DCF)***

Karen Andersson also talked about the Governor's second round of budget rescissions which will come out of unused funds from 2014. According to Karen the rescissions will not have a direct impact on the BHP. Cindy Butterfield (DCF) will be addressing the Child/Adolescent Quality Access & Policy Committee later this month with a more comprehensive report.

## **Department of Social Services - Bill Halsey (DSS)**

Bill Halsey said that he will invite Chris Lavigne from the DSS Rate Setting Department to discuss UPL demonstration (which needs to be done before rates can go forward) and clinic rates. Bill explained that the rescissions were small, mostly in personal services relating to the Medicaid program. **Annual Reports:** agencies must report to the Committees of Cognizance on an annual basis. These reports along with the Medicaid expenditure reports can and will be shared with the Council.

## **Committee Reports:**

### **Coordination of Care:** - *Janine Sullivan-Wiley, Co-Chair*

Due to inclement weather, the next meeting will be on Wednesday, February 25, 2015 at 1:30 PM in 1E LOB. Election of new Consumer Co-Chairs and discussion on comments for newly proposed NEMT regulations will be on the agenda.

\*From previously: Consumers who are still experiencing difficulty with transportation appointments can call Logisticare at 1-888-248-9895; HUSKY Health at 1-800-859-9889 for accessing health services, coordination of care, and to file a NEMT complaint.

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

At the next meeting on February 18, 2015 at Value Options, Cindy Butterfield (DCF) will give a report on the re-investment of savings realized from reductions in Congregate Care and a presentation by Dr. Bert Plant (VO) on the Review of 2013 In-Patient Data.

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

Co-Chair Heather Gates reported that at the February meeting there was an update on BHH from DMHAS along with background data on rescissions and grant cuts in the adult system. The next meeting will be April 2, 2015 at 3:00 PM at CCPA in Rocky Hill. Discussion will focus on what data to track to examine the impact of cuts in the Adult system.

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

Terri DiPietro said that at the February meeting rates, LMSW scope and practice and licensure were discussed. There is not a lot of movement in these areas. Steve Moore (VO) gave an update on levels of care. Also discussed was that DSS is behind in inputting eligibility determinations into its system and the issues with kids and NEMT with Logisticare for services. The next meeting will be on March 6, 2015 at 2:30 PM at Value Options in Rocky Hill.

## **BHPOC Priorities for 2015**



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Co-Chair Representative Phil Miller suggested DSS customer service. Rick Calvert suggested how children's MH is addressed in conjunction with the Affordable Healthcare Act. Steve Merz

brought up the legislative \$1 million cut that the BHPOC had to work with DSS to identify. Other topics included health disputes, length of time to obtain services, parity and authorization procedures, etc. He suggested regular updates from members and their organizations. He had a whole list that he said he could forward to Council staff for distribution for the membership to review, see icon above and below. With the respect of goals for 2015 he respectfully offers the following for consideration:

- 1) **Cost:** Better understand the cost savings that can be achieved in the state Medicaid system by enhanced coordination and expansion of services for Behavioral Health patients. Ideas may include identifying potential cost avoidance or cost savings opportunities in patient populations who excessively utilize the ED or have substantial medical comorbidity that is further complicated by the presence of a psychiatric illness. This analysis could be performed through one of the existing committees of the Oversight Council or as a special ad hoc group.
  - 2) **Disparities:** Part of the Council's statutory charter is to review potential disparities in care for Behavioral Health patients relative to gender, race, ethnicity or access. I'd recommend a review of the existing activities and outcomes data produced for the Council with regard to these disparities and perform a comprehensive review of "access" beyond the traditional measures (eg. number of providers per square mile or a number of clinics or services within a geographic area) to more performance based criteria, such as the wait time for transferring from one level of care to another, the availability to schedule an appointment for patients who request it etc. to determine if the access variables are consistently applied across all populations served in Connecticut.
  - 3) **Parity:** I recommend a detailed review of the clinical criteria for authorizing payment for services and the provision of in Behavioral Health services relative to medical services provided by state agencies. At the national and state levels, legislation exists to ensure that parity for behavioral health populations is insured. However, there appears to be disparities in how clinical authorizations are managed for behavioral health patients in Connecticut versus medical populations. I would recommend a comprehensive view of the clinical criteria to ensure true parity exists for the Medicaid population.
  - 4) **Consumer and Provider Input:** I would further recommend a routine item on the agenda for a presentation by providers or provider representatives for updates on what is happening in their field and what they are hearing from the patients they serve. This could be paired with a consumer presentation that may be offered on a quarterly basis to hear directly from patients, families and consumers about how access to services is perceived and achieved. In particular, the Connecticut Hospital Association (CHA) has recently developed a set of guidelines regarding Behavioral Health Services and a presentation could be provided by the CHA on priorities.
- Again, thanks for the opportunity to share and if you have any question don't hesitate to reach me.

Janine Sullivan-Wiley suggested finding shifts and outcomes for families and a look at fees for services that pay best.

### **Other Business/Adjournment**

Co-Chair Sharon Langer thanked everyone for their reports and presentations. Next, Sharon asked for further comments, questions, or other business. Hearing none, she adjourned the meeting at 3:52 PM.

**Next Meeting: Wednesday, March 11, 2015 @ 2:00 PM 1E**  
**LOB**