



Behavioral Health Partnership Oversight Council

Legislative Office Building Room 3000, Hartford CT 06106
(860) 240-0346 Info Line (860) 240-8329 FAX (860) 240-5306
www.cga.ct.gov/ph/BHPOC

Co-Chairs: Rep. Mike Demicco, Sharon Langer & Hal Gibber
Meeting Summary: March 11, 2015

Next meeting: **April 8, 2015 @ 2 PM in 1E LOB**

Attendees: Representative Mike Demicco (Co-Chair), Hal Gibber (Co-Chair), Sharon Langer (Co-Chair), Karen Andersson (DCF), Rick Calvert, Judith Dowd, Susan Gallagher, Heather Gates, Dr. Steven Girelli, Bill Halsey (DSS), Colleen Harrington (DMHAS), Dr. Charles Herrick, Steven Kant, Mickey Kramer, Stephen Larcen, Kate McEvoy (DSS), Steve Merz, Judith Meyers, Steven Moore, Nancy Navarretta (DMHAS), Kimberly Nystrom, Nicole Schiller, Sherry Perlstein, Galo Rodriguez, Knute Rotto (VO), Nicole Schiller (DSS), Joseph Sullivan, Janine Sullivan-Wiley, Dennis Torres, Susan Walkama, and Beresford Wilson

BHP OC Administration

Co-Chair Sharon Langer convened the meeting at 2:08 PM. She told Council members that Representative Mike Demicco was selected as the new legislative Co-Chair and that he would join the Council meeting later in the afternoon when he could get out of one of the many legislative committee hearings that he was attending. (Later, Representative Demicco said he was happy to represent the Council in the Legislature and that he was ready to learn from everyone represented.) Council members then introduced themselves. Sharon welcomed new member Susan Gallagher who is Senator Markley's appointee. She then asked for a motion to accept the February 2015 Council summary. A motion was made to accept the summary as written, seconded by Rick Calvert. The vote was taken and passed unanimously in favor with no abstentions. Sharon said that the summary will be posted on the BHPOC Website.

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 Governor's budget recommendations. She reported that there is a *\$3.1 million in FY 2016 and \$4.2 million in FY 2017 respectively to support MH Waiver slots and Money Follows the Person placements in Home and Community Services account. Funding is included for additional placements under the Medicaid Waiver for persons with serious mental illness. These funds will provide needed community living services and

supports for adults with serious mental health illness. Additional capacity under this waiver is necessitated by the planned expansion of the Money Follows the Person (MFP) program administered by DSS. Under a federal agreement, Connecticut needs to accommodate an increased number of clients who will be transitioning off MFP, while maintaining capacity for two types of clients; those in the emergency departments diverted into community settings whom in the past would have been admitted into nursing homes and clients currently in nursing homes who do not qualify for the waiver but are better served in the community.

*Reallocate ~\$3.1 million for ABI Waiver to DSS (reflects funding for 18 clients who will be enrolled in ABI Waiver II)

There was an increase in Young Adult Services (YAS) funds. These funds will support 25 net new young adult clients in each year transitioning from the Department of Children and Families to DMHAS in order to assure their services and supports continue. Expansion of Young Adult Services is in direct correlation to the increasing referrals of extremely impaired, high-risk young adults, ages 18-25 that have been identified with a severe and persistent psychiatric disability.

As a follow-up on Colleen's report:

Question: Can you explain why the Governor decreased the slots for Young Adult Services (YAS) from 50 to 25? Is this to save money in the budget or because the agency assumes fewer young adults need these services?

Answer: It was a policy decision to provide for less caseload growth than DMHAS requested in FY16 due to the state's current fiscal situation. It is important to note that the budget does still allow for caseload growth for 25 clients in FY16 and an additional 50 in FY17. While challenging, it is DMHAS's intent to work within our final YAS appropriation to serve those young adults needing our services.

YAS funding: There was no funding cut to YAS, but, in fact, an increase as indicated below. The point that might have been confusing is the difference between what was requested and what was recommended; DMHAS requested increased funding for 50 new YAS participants, and the Governor's budget gave increased funding for 25 new participants.

ACCOUNT	Gov Estimated FY15	Agency Requested		Governor Recommended	
	FY 15	FY16	FY17	FY16	FY17
Young Adult Services	74,537,055	82,766,715	88,486,636	80,206,667	85,961,827

Question: Also, with regard to rate increases, the bottom-line is that there is no rate increase?

Answer: Rate increase: regarding a rate increase in the DMHAS budget, saying that there was no increase in the DMHAS portion of the Governor's budget. There is one sentence, The Governor's budget narrative (page 17) for DMHAS states "Funds are also retained in the DSS Medicaid account to support FY 2015 rate increases for behavioral health outpatient providers."

However, no dollar amount was not attached to this statement, nor did any dollar amount get appropriated to DMHAS for rate increases. There is no corresponding language in the DSS budget. The rate increases impact Medicaid expenditures so funding would be appropriated to DSS, not DMHAS. Discussions are ongoing with DSS and OPM.

Department of Children and Families – Karen Andersson (DCF)

Karen Andersson gave a report on how the Governor's Proposed Budget rescissions will have no direct impact on DCF Medicaid behavioral health services. However, there is a \$2.6 million reduction in congregate care. Two Therapeutic Group Homes and one STAR facility will close. Facility decisions have not yet been made and will be based on a number of variables including vacancy rates, hours of direct clinical intervention provided, target population, and location.

There is a \$646,000 loss of allocation for Therapeutic Group Home Performance Improvement Center (Contract with Value Options to measure and monitor performance within the network of Therapeutic Group Homes). The goal is try to recover some of the data reports within the base ASO contract.

Also, there is a \$1.8 Million cut from various non-direct care contracts including, but not limited to, \$250K from New Haven Neighborhood Youth Centers, \$160K from Covenant to Care, \$90K from ACCESS Mental Health, \$49K from FAVOR, and \$14K from Support for Recovering Families.

Department of Social Services - Bill Halsey (DSS)

Bill Halsey reported on the Governor's budget recommendations:

DSS Reductions 2015-2016 2016-2017

* Transition Coverage to the Health Insurance Exchange of 34,000 parents and pregnant women with income above 138% FPL-44,600,000 -82,100,000 Given the availability of insurance coverage through Access Health CT, the federal tax credits that reduce premium costs and reduced cost sharing for low-income individuals, this proposal limits eligibility for adults under HUSKY A to those whose income does not exceed 138% of the federal poverty level. This proposal also eliminates coverage under HUSKY B Band 3, which serves children in families with incomes over 323% of the federal poverty level. Band 3 is not subsidized - families are responsible for the full costs - and enrollment has declined to 300 children as of December 2014. With access to affordable health insurance now available through Access Health CT, there is no need to continue to administer this component of HUSKY B. Savings figures reflect the state's share of Medicaid expenditures. After factoring in the federal share, this proposal will reduce total Medicaid expenditures by \$89.2 million in FY 2016 and \$164.2 million in FY 2017.

* Reduce Medicaid Provider Rates -43,000,000 -47,000,000. This proposal reduces Medicaid rates for most providers. The department will have discretion as to the distribution of this reduction. This proposal does not impact federally qualified health centers which are reimbursed under a federally prescribed payment system. To help with access to primary care services, rates for primary care services are not expected to be reduced. Savings figures reflect the state's share

of Medicaid expenditures. After factoring in the federal share, this proposal will reduce total Medicaid expenditures by \$107.5 million in FY 2016 and \$117.5 million in FY 2017.

* Remove Funding for the Federal Demonstration to Integrate Care for Dually Eligible Individuals -10,500,000 -15,000,000 DSS has been working with the federal Centers for Medicare and Medicaid Services on a proposal to integrate Medicare and Medicaid services and supports with the goal of improving health outcomes and the care experience of individuals eligible for both Medicare and Medicaid. Although the proposal could generate long-term savings by promoting practice transformation, facilitating person-centered team-based care, and creating a payment structure that aligns financial incentives to promote value, funding is removed given the state's current fiscal situation. Savings figures reflect the state's share of Medicaid expenditures. After factoring in the federal share, this proposal will reduce total Medicaid expenditures by \$21.0 million in FY 2016 and \$30.0 million in FY 2017.

* Restructure Rates to Achieve Medication Administration Savings -10,000,000 -10,000,000 The budget for the current biennium had assumed \$20 million in gross savings in both FY 2014 and FY 2015 as a result of nurse delegation and greater use of assistive technology. Due to the minimal amount of delegation, no savings are anticipated. Under this proposal, rates for medication administration by nurses will be reduced to achieve the savings that was originally included in the enacted budget. Savings figures reflect the state's share of Medicaid expenditures. After factoring in the federal share, this proposal will reduce total Medicaid expenditures by \$20.0 million in each year of the biennium.

* Eliminate Supplemental Pool of Funding for Low-Cost Hospitals -5,130,000 -5,130,000 The legislature added funding beginning in FY 2014 to increase the Medicaid base discharge rate for hospitals with a higher than average combined Medicare and Medicaid payer mix and less than average Medicaid expense per case. Under this proposal, these funds are eliminated. Savings figures reflect the state's share of Medicaid expenditures. After factoring in the federal share, this proposal will reduce total Medicaid expenditures by \$15.1 million in each year of the biennium.

Kate McEvoy (DSS) informed Council members that DSS has set up a process for providers to use that will enable the assignment of a temporary patient ID# for clients who have received their letter of proof of coverage, but whose data has not yet been entered in the system (therefore making it look like they're not eligible when providers check to confirm). See below.



20150331134653358
.pdf

On the CMAP website (main link below) under “Important Messages” there is a document titled “Attention Providers: Access Health CT: Frequently Asked Questions “. This document contains details referenced by Kate McEvoy at the meeting.

www.ctdssmap.com

https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=AHCT+FAQs+022015.pdf&URI=Important_Message%2fAHCT+FAQs+022015.pdf

Discussion:

After the state agency partners gave their reports on the Governor's rescissions and how it will affect Medicaid in terms of BH services, there was a discussion. Colleen Harrington (DMHAS) said these cuts can be moved around. Later, Kate McEvoy (DDSS) called it a "re-balancing agenda", which enables community-based options, rather than institutional care. Heather Gates said that Medicaid rates are already not covering the cost of services for both adults and children and adolescents. Janine Sullivan-Wiley told the Council that Regional Mental Health Boards were virtually eliminated from the Governor's budget. Steve Merz commented on the unintentional consequences of cuts and reduced services. Kate McEvoy said that the discussion will be tremendously helpful to DSS in crafting a new budget in the negotiations.

Co-Chair Sharon Langer asked what else do the agencies need from the Council to be helpful in the budget negotiations. Sherry Perlstein suggests sending a letter from the Council to the Legislature about the cuts and what the key items are that the Legislature should know about. The letter should also be sent to the Governor and OPM too (see below). Steve Larcen made a motion for the Executive Committee to write the letter and Rick Calvert seconded it. All voted in favor and the motion passed.



20150317152250973 .pdf



20150120145312399 .pdf

Department of Social Services Discussion on Rates-Nicole Schiller (DSS)

Chris Lavigne of the DSS Rate Setting Department could not attend the meeting. Nicole Schiller gave the definition for the Upper Payment Limit (UPL) demonstrations and the talked about equivalent codes for Medicare and Medicaid rates.

Committee Reports:

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



NEMTComment&Recs
2-2015.doc

At the last meeting on February 25, 2015, there was an election of new Consumer Co-Chairs, Brenetta Henry and Benita Toussaint and a discussion on agreed comments and recommendations for newly proposed NEMT regulations (see above) that will be sent to DSS soon. The next meeting will be on Wednesday, March 25, 2015 at 1:30 PM in room 2D LOB. *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 last meeting on February 18, 2015 at Value Options, Cindy Butterfield (DCF) gave 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 claims based Data. For a copy of these reports, go to: www.cga.ct.gov/ph/BHPOC and click on to the Child/Adolescent Quality, Access & Policy webpage. The next meeting date of April 15, 2015 date has been changed to accommodate a joint meeting with the Operations and Adult Quality, Access & Policy Committees on April 10, 2015 at 2:30 PM at VO in Rocky Hill.

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

Co-Chair Heather Gates reported that there was no March meeting. The next meeting will be a joint meeting with the Operations and Child/Adolescent Quality, Access & Policy Committees on April 10, 2015 at 2:30 PM at VO in Rocky Hill. Discussion will focus on Out-Patient Rate Increase and a VO Report on Out-Patient Level of Care for Adult and Child Services. At the May meeting, the 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*

Susan Walkama said the committee discussed eligibility and rates issues and the ValueOptions report that has been completed for audits of IOP level of care for hospital providers. At the next meeting there will be a discussion on what it means; to see if it clarifies for providers as acceptable based on parameters of the audit. There is a sub-committee looking at the report. There was also a discussion on Enhanced Care Clinics (ECCs). They have a set of access standards to meet to get 25% increase of Medicaid rates for reimbursements. Providers are asking if these access standards can be reviewed out of the concern that the shifts in the levels of funding are outdated, the demand for services are greater and providers are seeking a modification in the access standards. The Out-Patient report will be given at the April 10, 2015 committee meeting by VO which will be a joint meeting for the Adult and Child/Adolescent QAP Committees.

Other Business/Adjournment

Co-Chair Sharon Langer announced that the state agencies, in consultation with OPM, have decided to negotiate with ValueOptions an extension to the current contract with VO, that state's behavioral health ASO, for two additional years. There will be no re-bidding for the contract this year. This extension means the contract will end on 12/31/17. She then thanked everyone for their reports and presentations and said the Expenditure and narrative Reports that the Committees of Cognizance receive will be given at the next meeting in April. She asked for further comments, questions, or other business. Steve Larcen said that in terms of out-patients, there are no silos and the systems of care are interdependent of one another more that we realize. Rick Calvert expressed a concern in the delivery of children's mental health services through school based health centers. He suggested that other departments/agencies, such as the

Department of Public Health and Office of Healthcare Advocate be added to the Council; it would need to be legislated. He asked if this could be an agenda item for the next meeting. Co-Chair Sharon Langer said that Represented Demicco could help out with this if needed. Hearing nothing else, Sharon adjourned the meeting at 4:08 PM.

Next Meeting: Wednesday, April 8, 2015 @ 2:00 PM 1E LOB