



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: April 8, 2015

Next meeting: **May 13, 2015 @ 2 PM in 1E LOB**

Attendees: Representative Mike Demicco (Co-Chair), Sharon Langer (Co-Chair), Karen Andersson (DCF), Kathleen Balestracci, Rick Calvert, Terri DiPietro, Heather Gates, Dr. Steven Girelli, Bill Halsey (DSS), Peggy Hardy, Colleen Harrington (DMHAS), Dr. Charles Herrick, Mickey Kramer, Stephen Larcen, Kate McEvoy (DSS), Steve Merz, Judith Meyers, Marie Mormile-Mehler, Kimberly Nystrom, Sherry Perlstein, Bert Plant (VO), Galo Rodriguez, Knute Rotto (VO), Joseph Sullivan, Janine Sullivan-Wiley, Dennis Torres, and Beresford Wilson

BHP OC Administration

Co-Chair Sharon Langer convened the meeting at 2:06 PM and introductions were made. Sharon then asked for a motion to accept the March 2015 Council summary. A motion was made by Steve Merz to accept the summary as written, seconded by Steve Girelli. The vote was taken and passed unanimously in favor with no abstentions. Sharon told the Council that she is representing the BHPOC on the Children's Behavioral Health Implementation Advisory Board and her along with Knute Rotto and Mickey Kramer, attended the first meeting the week before. She will keep Council Members informed of the Board's progress.

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 latest wave of rescissions and said that new cuts should have no effect in BH areas. She also reported that the National Council on Management to Care training (related to the implementation of Behavioral Health Homes) will be the third week in April.

Department of Children and Families – Karen Andersson (DCF)

Karen Andersson said that in the Governor's Proposed Budget, the latest round of rescissions (ten days prior) will have no direct impact on DCF Medicaid behavioral health services.

Department of Social Services - Bill Halsey (DSS)

Bill Halsey's report focused on Provider Rates (see below). He had no other updates. Kate McEvoy (DSS) reported that the Department has gotten the approval for an amendment that would allow gender reassignment surgery for those individuals who would qualify as medically necessary. Less than ten people on Medicaid will be covered but the numbers may expand over time. This will be a State Plan Amendment (SPA) and Kate believes it will be approved in less time it is taking for other Behavioral Health SPAs in the past (two years behind). Steve Larcen asked when the Expenditure Reports will be presented to the Council. Bill replied that both the Expenditure and Utilization Reports will be shared with the Council as soon as the data and analytics match-up. Bill was optimistic that these reports could be shared with the Council in May. Steve said that he would like to have access to the data related to timeliness. He is concerned with reductions in the DMHAS grants and other rescissions.

In-Home Intensive Child Adolescent Psychological Services (IICAPS) Update- Bert Plant (VO) and Kate Balestracci (Yale Child Study Center)



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- Review of IICAPS data from Calendar Year 2011
- 55% Male and 45% female participants
- Analyses focused on service utilization post-IICAPS, at 30, 60, 90, and 180 day intervals
- 40% of clients are involved in outpatient treatment at 30 days post IICAPS discharge; 70% by 180 days.
 - These data were used to inform development of a performance initiative by VO targeting service connection rates for IICAPS clients upon discharge
- IICAPS Services and ValueOptions also examine emergency department use, inpatient use, and spending post-IICAPS
- Current volume of IICAPS includes 20 sites, 145 teams, and 2000 discharged youth and families per year
- Update on Randomized Controlled Trial (RCT) for IICAPS
 - Enrollment ended June 2014; 110 clients enrolled and 14 participants withdrew
 - First round of study results are expected by December 2015
 - The RCT has been funded by Yale and involves IICAPS clients at the Yale Child Study Center site only
 - They use parent report of other services received during and after IICAPS as well as DSS claims data
 - Randomization is stratified by prior hospitalizations and age
 - The comparison group receives a maintenance program
 - Outcome measures include hospitalizations and out-of-control behavior as measured by the Retrospective Modified Overt Aggression Scale (R-MOAS)
 - Analyses presented focused on predictors of treatment completion

- Participants noted the difference between examining treatment completion vs. symptom reduction and other factors of treatment response and effectiveness of IICAPS
- Principal Components Analysis used to group independent variables together into meaningful categories; 4 of 5 groupings were interpretable.
- Future analyses of the data will examine person-centered approaches predictors of symptom reduction
- Private insurance does not cover IICAPS

Discussion:

Sherry Perlstein, Co-Chair of the Child/Adolescent Quality, Access & Policy Committee said that the committee is looking at different types of services that are more successful than others and will try to shift the population to those services that have better success rates. Steve Merz said of the IICAPS program that though it may not have a strong “fiscal case”, it does have a strong “care case”. Beresford Wilson would like to see more data on race, in particular, to what extent African-American and Hispanic families utilize the program.

Department of Social Services Discussion on Provider Behavioral Health Rates-Bill Halsey and Kate McEvoy (DSS)

Bill Halsey reported that last month that Nicole Schiller from the DSS Rate setting Unit explained to Council Members about the Upper Payment Limit (UPL). He spoke, in particular about the chemical maintenance rate. In aggregate, the payment to providers must be below what Medicare (CMS) pays. Connecticut is well under the UPL in all areas; however, DSS is waiting for one provider to provide data. Once DSS receives that daily rate data, the turnaround time for DSS to send the rate information to CMS is relatively short. The rates under review at this time by CMS are the current rates that went into effect on January 2012 and do not represent any proposed increase. Steve Larcen asked why BH clinics operated by hospitals do not get the same considerations for reimbursement rates. Bill said that if there was not capacity to increase rates for Behavioral Health Clinics; DSS should maintain the current pay rates at the very least. Steve replied that budget reductions will vastly impact BH services in the state. Bill stated he would confirm with OPM as to whether the DSS appropriated dollars for the behavioral health rate increase are in the current proposed DSS budget.

Post Meeting Follow Up: DSS has confirmed with OPM that the dollars to increase the behavioral health clinic rates are in the current proposed DSS budget. DSS still needs to receive approval from CMS on the 2012 rates before it can increase the rates.

Committee Reports:

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

At the last meeting on March 25, 2015, the committee’s recommendations and comments on proposed Non-Emergency Medical Transportation (NEMT) regulations were sent to DSS for their consideration in making changes to the NEMT the regulations. The next meeting will be on

Wednesday, April 22, 2015 at 1:30 PM in room 1E LOB. Logisticare will be there to give an update on changes that have taken place at the ASO.

*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.

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

Co-Chair Heather Gates reported that there will be a joint meeting with the Child/Adolescent Quality, Access & Policy Committee and the Operations Committee on Friday April 10, 2015 at 2:30 PM at Value Options. The presentation will be on the Outpatient Service Delivery Design for both adult and children.

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

See above.

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

See Adult Quality, Access & Policy Committee comments.

Other Business/Adjournment

Co-Chair Sharon Langer told the Council that it has not yet received a response to its letter to the Appropriations Subcommittee on Human Services regarding BH rescissions in the Governor's proposed budget. She then asked for further comments, questions, or other business. Hearing nothing, she adjourned the meeting at 4:04 PM.

Next Meeting: Wednesday, May 13, 2015 @ 2:00 PM 1E LOB