

The Connecticut General Assembly

Task Force To Study The Provision Of Behavioral Health Services For Young Adults

Co-Chairs:
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MEETING SUMMARY AND NOTES

January 14, 2014

Submitted by Co-Chairs: Daniel Connor and Sheryl Ryan

Members Present: Dr. Daniel Connor, Dr. Sheryl Ryan, Dr. Aura Ardon, Sarah Eagan, Dr. Richard Gonzales Jimenez, Judge Robert Killian, Jr., Tim Marshall, Kelly Phenix, Commissioner Patricia Rehmer, MSN, Marian Storch, Laura Tordenti, Ed.D., Cara Lynn Westcott

Members Absent: Stacey Adams, Dr. Anton Alerte, Anne Melissa Dowling, Marcy Kane, Ph.D., Scott Newgass, LCSW, Ted Pappas, M.A., Ashley Saunders, Victoria Veltri, JD, LLM

Others Present: Timothy Lyons for Anne Melissa Dowling; Jill Hall for Victoria Veltri, JD, LLM

Dr. Connor convened the meeting at 2:35 PM and provided information and an outline for additional meetings.

- The meeting on January 14, 2014 will be for public comments from parents and young adults receiving behavioral health services.
- The rough draft of the report will be prepared by the Dr. Connor and Dr. Ryan and then forwarded to the members for mid-January to allow for comments and revisions.

Today's meeting covered innovative payment models for behavioral health services for adolescents and young adults.

- Private/Public Payment model for behavioral health services – Should we look at an incremental as opposed to a broad approach.
- State Innovation Model (SIM) – focuses on primary care with some reference to behavioral health care and emphasizes equality in health care for individuals in Connecticut.

Dr. Connor explained that health care coverage for services are different based on whether you have Private or Public Insurance. In fact, the mental health care system may be in danger of going in the opposite direction than what the State Innovation Model wants to promote regarding equal access.

Dr. Ryan mentioned that the clusters for recommendations around payment models are:

- Closing gaps in private insurance
- Improving payment models for behavioral health services

Commissioner Rehmer recommended that a list of services be created to identify behavioral health services provided by private insurance for adults and adolescents in order to identify the gaps in coverage.

Dr. Jimenez agreed that a comparative list of services would be helpful. He explained that among commercial insurance companies, there are differences for services among carriers, including how they contract for services.

Tim Marshall asked for clarity on the goals of the task force regarding innovative payment models:

- Should public tax payer dollars be spent differently?
- Looking at different innovative models for Private Insurance companies: How do compel private insurance companies to do what they are not doing now?

Dr. Connor stated from a clinical point of view, that the closer we get to a single payer model, and the closer we can get to parity between public and commercial insured, the better the mental health system will be.

Previous reports by other committees that attempted to enhance mental health services:

- Increase length of stay in hospitals
- Decrease Wait List times from the ER to hospitalization
- Increase the number of in-patient hospital beds

State regulatory power over commercial/private insurance companies is very limited. Transparency is a necessary step to have accountability relating to access to services.

The following recommendations were offered to address these issues:

1. Require private insurance payers to join the BHP (Behavioral Health Partnership)
2. Develop a mechanism so that the commercial payers have to respond to requests for data from the BHP in a timely manner; require that commercial payers have to respond to data

requests from the BHP—i.e. What is your denial service rates, how long is the wait time in the ER, what is your definition of medically necessary criteria.

3. Commercial Insurers benefits by supporting publicly subsidized programs:
 - Emergency Mobile Psychiatric Service –it prevent commercially insured individuals from going to the hospital
 - IICAPS
4. Mandate a standardized definition of medically necessary criteria across commercial and public sector payers
5. Mandate prior authorization parity for mental health similar to prior authorization to medical and surgical for payers – diminishes wait time for mental health patients in the Emergency Room.

Timothy Lyons stated that there are some existing laws that address some of the issues such as state and federal parity laws. Also there is a current law that defines medical necessity – it is a more broad definition and may have to be revised to include behavioral health. He suggested that perhaps we attempt to accomplish the goals on a voluntary basis first.

Cara Westcott suggested that the members get more clarification about the language in the gun violence bill relating to the charge of the Task Force regarding clinical peer review to see if the intent would be specific for the public or private carriers or all carriers before we make further recommendations.

Jill Hall stated that we cannot mandate the commercial carriers to join the BHP.

Dr. Jimenez explained that the recommendations from the bill are taken very serious by all of the private carriers to have a standard of care to define medical necessity. There some differences on how carriers interpret them.

Timothy Lyons stated that there are sections in the bill that apply to private and public insurance companies and the information has been forward to them.

Laura Tordenti explained that students in public higher education colleges are required to purchase insurance through the university or college if they don't have insurance coverage. The outpatient and inpatient insurance coverage is quite good in the state universities and community colleges. This is in addition to the counselling services offered at the colleges.

Jill Hall stated that she will forward a report to the members that include suggestions that address private insurance companies.

Jill Hall recommended that more public service announcements be created for families when they are getting denied coverage.

Dr. Ardon suggested we address issues with obtaining prior authorization for medications for individuals in outpatient treatment.

Recommendation of developing a report card for insurance companies that includes their status on meeting the requirements in current legislation. Once the results are known:

- Identify gaps in current legislation – make concrete recommendations

Problems with mandating that private insurance companies join the BHP:

- Fixed margin of profit that a provider can make –there is a floor and ceiling amount-public insurance system.
- Private insurance based on a for-profit margin

Judge Killian stated that the process in government for establishing dialogue is to propose legislative change.

Suggestion that a mechanism be put in place to monitor the application, conduct, and processes of standardization of guidelines of managed care for insurance companies.

Timothy Lyons stated that once a comparative list of the gaps is prepared the State Insurance Department would be willing to collaborate with the providers to work on in a cooperative effort to address these gaps.

Timothy Lyons further explained that more than half of the employees in Connecticut are self-insured. The CT Insurance Department has no authority over these plans. They are federally regulated. For complaints on a commercial insurance carrier on a global scale, we conduct a market conduct audit and the results are published on the website.

Further items of discussion:

- Suggestion to define what appropriate behavioral health services should be provided to young adults.
- Recommend private insurance to cover evidence based practice in-home treatment.
- Ensure access to services that can be achieved throughout the state. What is the infrastructure to support this? The cost analysis also needs to be considered.
- Recommendation of minimum standards of care for mental health treatment for young adults across all insurance payers (Public & Private) encompassing:
 - Capacity for In-Home service delivery
 - Continuum of care

- Presence of care coordination
- Ready access to a range of treatment services
- Psycho-educational resources for families in need
- Support for interdisciplinary provider communication
- Community treatment teams
- Supportive housing

Commissioner Rehmer and Tim Marshall will prepare a comment for the report to include what the needs for mental health services for young adults and adults and articulate where the gaps are in the private and public insurance systems.

Judge Killian stated there are some unreasonable items that we can't expect the private insurance companies to cover such as housing.

Meeting adjourned at 4:21 PM.