A Snapshot of Connecticut Strategies

NASHP Conference

Body and Soul: Leading Change in Behavioral Health Integration

Tuesday, October 24, 2017

Our goals today:

- Set context within Connecticut Medicaid LTSS reform agenda, focusing on features that enable behavioral health integration
- Review leading areas of focus:
  - 1915(c) waiver
  - Collection and analysis of quality of life data under MFP
  - Administrative Services Organization structure/Medicaid coverage of behavioral health services
  - Integration within value-based payment initiative

Medicaid LTSS Reform Context

We are guided by a **comprehensive, Governor-led, legislature-supported rebalancing plan** with these key goals:

- *Improve the effectiveness and efficiency of Connecticut's Home and Community-Based Services (HCBS) system*
- *Decrease hospital discharges to nursing facilities for those requiring care*
- *Transition 8,000 people from nursing homes to the community by 2020*
- *Build sufficient capacity in the community workforce to sustain goals*
- *Increase availability of accessible housing and transportation*
- *Adjust and calibrate supply of institutional beds and community services/ supports based on demand projections*

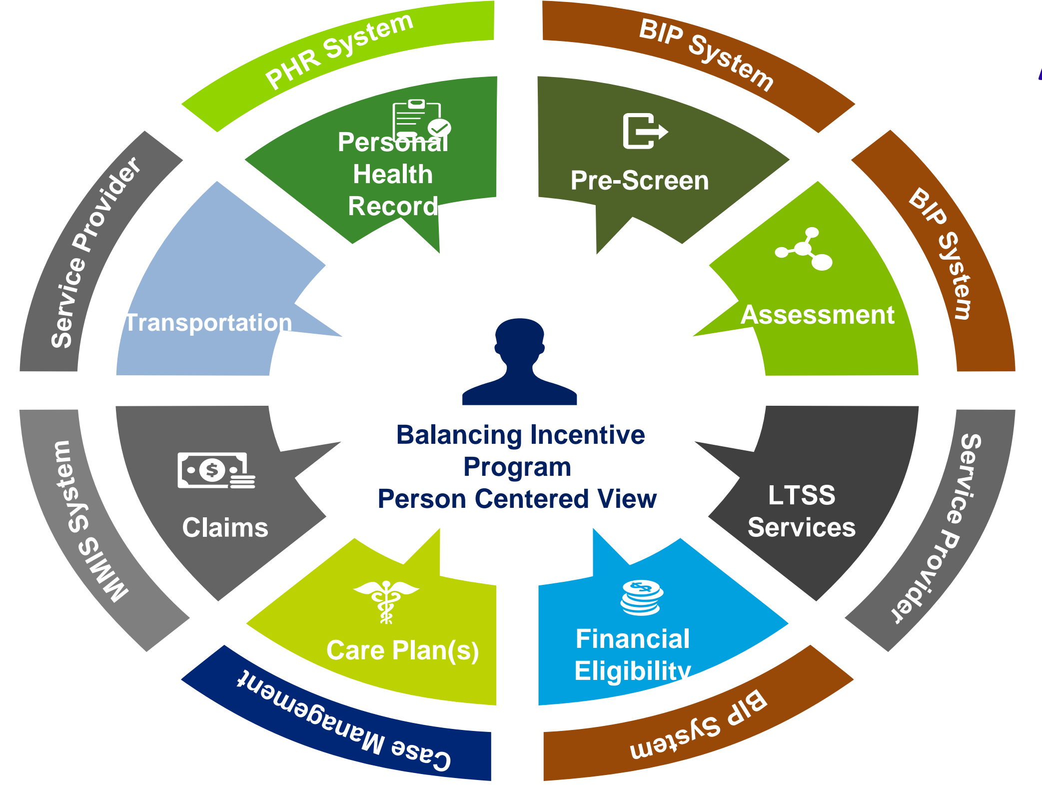
Connecticut's plan 'Strategic Rebalancing Plan: A Plan to Rebalance Long-Term Services and Supports 2013- 2015 is found at the following link: http://www.ct.gov/dss/lib/dss/pdfs/frontpage/strategic_rebalancing_plan___1_29_13_final2_(2).pdf

Key Strategies

Our rebalancing strategies include:

- a “housing plus services” MFP model
- an unwavering focus on use of data
- using Balancing Incentive Program (BIP) resources to take a systems approach to connecting people with information
- implementing supports for self-direction
- enabling access to affordable, accessible housing
- streamlining the LTSS eligibility process
- supporting development of an adequate community workforce through nursing home “right-sizing” and a web-based forum for direct care workers

Our Goal



Achievement of a person-centered, integrative, rebalanced system of long-term services and supports

What are the leading elements of our efforts to integrate behavioral health supports?

1915(c) Waiver for Individuals with Behavioral Health Conditions

DMHAS Mental Health Waiver

Mental Health Waiver - Home and Community-Based Services

Working for Integration, Support and Empowerment

Given a choice . . .

We choose to live in the community.

If you:

- ☑ Are eligible for Medicaid

- ☑ Are interested in living in the community

dmhas
State of Connecticut Department of Mental Health and Addiction Services

Call today
1-866-548-0265
to find out about the Mental Health Waiver.
www.ct.gov/dmhas/mentalhealthwaiver

- intensive psychiatric rehabilitation provided in the individual's home/community setting
- attention to both psychiatric and medical needs
- wellness and recovery orientation
- person-centered development of individualized recovery plans
- use of certified peer supports with lived experience who are trained in rehabilitative care

Key Services

Key behavioral health services:

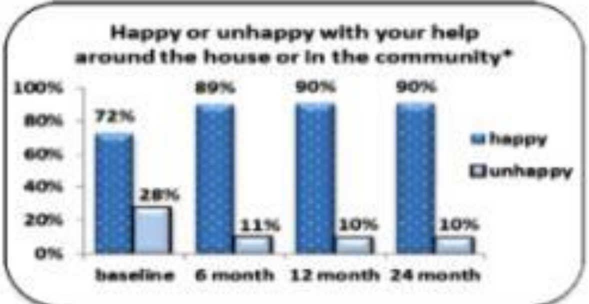
- **Community Support Program (CSP)** – a flexible, team-based approach to community rehabilitation.
- **Peer Support** – an alternative or "step-down" and follow-up to CSP provided by a trained and certified peer specialist
- **Recovery Assistant** – homemaker, companion, personal care, and in-home respite services deigned to help a participant maintain his/her own home.

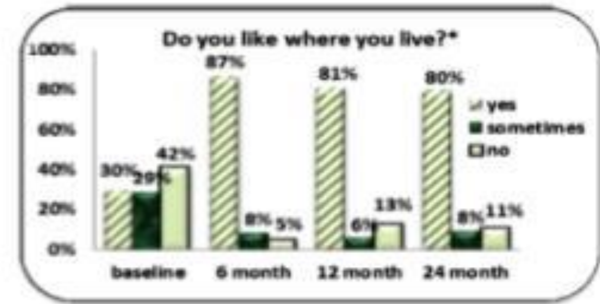
Key Services (cont.)

- **Transitional Case Management** – services provided during the weeks prior to, and immediately following discharge from a nursing home, to help locate and set up a suitable apartment or other living arrangement.

- **Brief Episode Stabilization** – services designed to stabilize a participant in an emerging crisis situation or following discharge from an institutional level of care.

Collection of Quality of Life Data
Under MFP





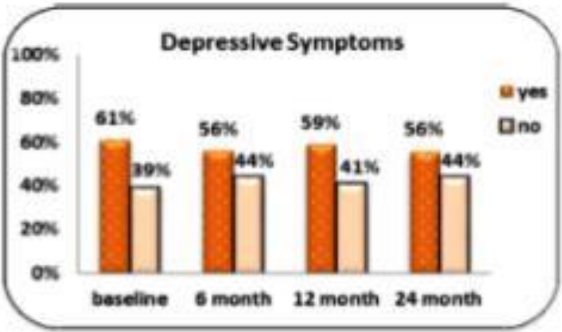
MFP

Quality of Life

MH Dashboard

As of 6/30/2017

Note: Percentages may not sum to 100% due to rounding



Information

- We have increased the percentage of people who:
  - **are happy with the way they live their lives** - from 62% while institutionalized to 79% after their move to the community
  - **report that they are doing fun things in their communities** - from 42% while institutionalized to 60% after their move to the community
  - **report that they are being treated the way in which they wish to be** - from 82% while institutionalized to 93% after their move to the community

ASO Structure

Unique Administrative Structure

We are improving outcomes and controlling costs through a **unique administrative structure:**

- By contrast to almost all other states, HUSKY Health does not use capitated, managed care arrangements.
- HUSKY Health is self-insured, and contracts with four Administrative Services Organizations (ASOs) to help manage services and supports as follows: CHN-CT (medical), Beacon (behavioral health), BeneCare (dental) and LogistiCare (transportation)

Features of our structure that enable behavioral health integration include the following:

- Joint oversight of Connecticut Behavioral Health Partnership by Departments of Social Services, Mental Health & Addiction Services, and Children & Families

- Analysis of our fully integrated, statewide claims data set using a Johns Hopkins tool (CareAnalyzer), in support of identifying Medicaid members who need help now or may need help in the future

- Care delivery interventions through the behavioral health ASO:

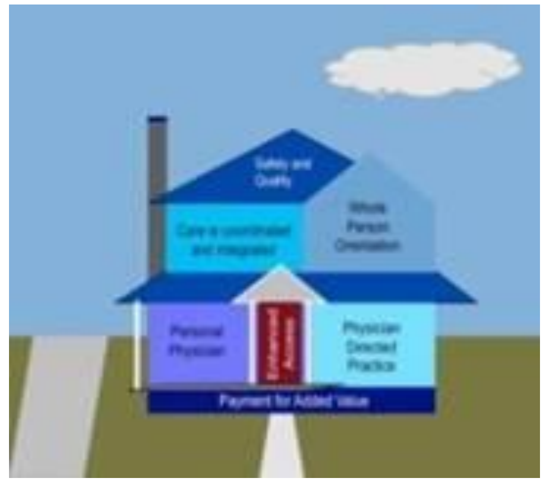
  - Hospital discharge support through Community Care Teams
  - High need, high cost member initiative centered on intercepting frequent use of ED
  - Use of peer supports

- Active “grand rounds” approach between medical and behavioral health ASOs

Integration Within
Value-Based Payment Initiative

In January, 2017, DSS launched an upside-only shared services initiative called PCMH+.

- PCMH+ builds on the success of the current Medicaid Person-Centered Medical Home program by enabling practice transformation, enhanced care coordination capacity, and further improvements in health and satisfaction outcomes for Medicaid members who are served by Federally Qualified Health Centers (FQHCs) and “advanced networks”



Person-Centered
Medical Homes

Community-based
care coordination through
expanded care team

“Upside-only”
arrangements in which
providers that meet
health and satisfaction
measures and produce
savings share in a
portion of those savings,
but do not absorb losses

- In addition to enabling shared savings arrangements with all Participating Entities, PCMH+ has allowed us to make supplemental payments to participating Federally Qualified Health Centers (FQHCs) in support of enhanced care coordination activities focused upon:
  - behavioral health integration
  - cultural competency, including use of CLAS standards
  - children and youth with special health care needs
  - disability competency

- **PCMH+ behavioral heath integration requirements:**
  - Dedicated behavioral health staff
  - Universal use of validated and standardized behavioral health screenings (beyond depression)
  - Use of psychiatric advance directives for adults and transition age youth
  - Use of Wellness Recovery Action Plans (WRAPs)

In summary . . .

- In context of a Governor-led statewide rebalancing plan, we have implemented diverse strategies to support behavioral health integration.

- Our strategies center on tailored HCBS supports, administrative structure, care delivery reforms, attention to member self-report, and use of specific practice interventions within a value-based payment initiative.