

March TCB Meeting Minutes

March 6, 2024
2:00-4:00 PM
Legislative Office Building
Virtual Option Available

Attendance:

Alice Forrester	Kimberly Karanda	Mike Meyer
Ashley Hampton	Jeanne Bracey	Mickey Kramer
Carol Bourdon	Jeanne Milstein	Sarah Eagan
Carolyn Grandell	Jodi Hill-Lily	Shari L Shapiro
Catherine FoleyGeib	Jeff Venderploeg	Sinthia Sone- Moyano
Catherine Osten	Jody Terranova	Tammy Exum
Ceci Maher	Kai Belton	Tammy Freeberg
Claudio W Gualtieri	Kimberly Karanda	Tammy Venega
Deidre Gifford	Lorna Thomas Farquharson	Toni Walker
Edith Boyle	Michael Moravecek	Yann Poncin
Gerard O'Sullivan	Michael Powers	Yvonne Pallotto
Howard Sovronsky	Michelle Anderson	

Welcome and Introductions:

The meeting commenced with warm welcomes, and announcements were made providing instructions for attendance and highlighting the upcoming presentations for the day regarding Home and Community Supports Waiver for Persons with Autism, HUSKY/CT Medicaid Behavioral Health Autism Services, and Barriers to Care for Children and Families Living with Neurodevelopmental Disorders.

A motion was made to approve the minutes of the last meeting and passed unanimously.

Updates:

The Workgroup Updates provide information on the Service Workgroup and System Infrastructure Workgroup, including their co-chairs, meeting dates, and upcoming schedules. The Service Workgroup, co-chaired by Edith Boyle, LCSW, and Yann Poncin, MD, meets on the 2nd Wednesday of every month. On the other hand, the System Infrastructure Workgroup, led by Jason Lang, PhD, and Alice Forrester, PhD, holds meetings on the 3rd Tuesday of each month from 10:00 AM to 11:30 AM.

Those interested in joining a workgroup as a member or a co-chair within any of TCB committee workgroups should reach out to Tow Youth Justice Institute staff.

The next Strategic Plan Meeting is scheduled for June 3, 2024, at Middlesex Community College, with registration details to be provided later.

OPM - Autism Spectrum Disorder Advisory Council

There was a bill that was passed last year, HB5001 (PA 23-137), that was designed to intentionally create holistic planning around intellectual disabilities, developmental disabilities, and Autism services. This holistic planning is intended to identify gaps in services and where there are opportunities to bring together the community and the state with the work being done. The Autism Spectrum Disorder Council has been reestablished under OPM and had its first meeting in January 2024. The work aligning with HB5001/PA23-137 is continuing to be researched, looking specifically at levels of need, statutory definitions, and employment assistance programs for people with disabilities. This council is also working to highlight the strengths in the existing program, as well as exploring ways in which services may be streamlined.

Connecticut Office Of Health Strategy: Report on Payment Parity and Behavioral Health Coverage by Private Insurers

The study conducted by the Connecticut Office of Health Strategy (OHS) commissioned by Acumen, LLC includes two coordinated parts: the Behavioral Health Coverage by Private Insurers Study and the Payment Parity Study. These studies were conducted in accordance with Public Act 22-47 subsections 57 and 58. The Behavioral Health Coverage Study focused on examining the rates at which health carriers reimburse providers for covered physical, mental, and substance use disorder benefits. On the other hand, the Payment Parity Study analyzed payment parity between providers of mental health/substance use disorder services and providers of other medical services.

There is a decline in behavioral health provider participation in insurance across all types, attributed to low provider reimbursement levels, especially in Medicaid. Studies on Medicaid fee increases, both related and unrelated to the Affordable Care Act (ACA), showed positive associations with appointment availability for Medicaid enrollees and increased healthcare utilization, benefiting beneficiaries' access to providers accepting Medicaid. Regarding workforce expansion, approaches include Peer Support Services, Inter-State Licensing, School-Based Health Care, and Crisis Care, aiming to improve access and quality of care. To attract and retain workers in mental health shortage areas, strategies recommended were to involve increasing psychiatrist residency spots, implementing loan forgiveness and scholarship programs, offering financial incentives, and establishing outreach and mentorship programs to promote behavioral health opportunities.

Connecticut ranks third in the New England region for the number of behavioral health providers per 100,000 total state population, with Massachusetts and Vermont ahead. Additionally, it stands fourth in the region for the per-capita number of highly trained providers, specifically psychologists (combined school and counseling/clinical) and social workers (combined behavioral

health and child/family social workers). Data from the U.S. Bureau of Labor Statistics shows that Connecticut boasts the highest average salary for psychiatrists in the New England region, as well as the second highest for clinical and counseling psychologists and school psychologists. Moreover, it leads to an average salary for mental health and substance abuse social workers, child, family, and school social workers, and psychiatric technicians in the New England area. The study found that the reimbursement rates for common behavioral health services vary between HUSKY and private insurance, impacting both individual practitioners and clinics. For one-hour psychotherapy sessions, reimbursement rates for individual practitioners are similar in HUSKY and private insurance, but clinics receive higher rates in HUSKY. Conversely, for 45-minute and 30-minute psychotherapy sessions, individual practitioners' rates are lower in HUSKY compared to private insurance, while clinics experience higher rates in HUSKY. Notably, reimbursement rates for office visits also differ significantly, with psychiatrists and advanced practice nurses and physician assistants (BH APNs and PAs) receiving lower rates in HUSKY for 30-minute and 20-minute office visits compared to private insurance, whereas behavioral health clinics receive higher rates in HUSKY. Overall, private insurance tends to offer higher reimbursement rates for many behavioral health services, except for one-hour psychotherapy by non-physicians where HUSKY rates are comparable. There are notably more behavioral health providers per 100,000 enrollees in private insurance plans compared to HUSKY. The volume of services provided also reflects differences, with more psychiatrists and psychologists attending to private insurance enrollees and serving more enrollees compared to HUSKY. However, BH APNs and PAs, counselors, and social workers demonstrate comparable service volumes between private insurance and HUSKY.

The Department of Labor conducts a Warning Signs Analysis to evaluate payment parity in behavioral health (BH) services offered by Connecticut issuers compared to benchmark rates. This analysis is based on the requirements set forth by the Mental Health Parity and Addiction Equity Act (MHPAEA), as amended by the Patient Protection and Affordable Care Act (ACA), which mandate that financial requirements and treatment limitations for mental health and substance use disorder benefits should be no more restrictive than those for medical or surgical benefits. Findings of this analysis include: HUSKY shows lower reimbursement rates than the benchmark across all BH and general medical services, but no specific concerns regarding BH payment parity, Medicare Advantage exhibits lower ratios for BH services compared to general medical services, indicating potential lack of parity, and Private Insurance issuers vary, with some meeting or exceeding benchmarks for most services, while others show ratios for BH services lower than the benchmark, signaling potential parity concerns requiring further investigation.

The study's findings are limited in scope due to several factors. Firstly, they rely solely on medical claims data from the APCD, omitting other state funding sources like grants from the Department of Mental Health and Addiction Services. Additionally, the analysis excludes payments for behavioral health services billed by facilities, potentially missing services provided within outpatient behavioral health clinics. Furthermore, the analysis does not account for funding from state-operated facilities or mobile crisis units. This focus on professional medical claims limits the analysis to payments made to individual practitioners, excluding payments billed by facilities or licensed behavioral health clinics.

DSS - Home and Community Supports Waiver for Persons with Autism

The Home and Community Supports Waiver for Persons with Autism, known as the Lifespan Waiver, is a program administered by the Department of Social Services. It caters specifically to individuals with Autism who do not have an intellectual disability, as evidenced by a full IQ score of 70 or higher. To qualify for this waiver, individuals must exhibit substantial limitations in two or more major life activities, including self-care, language comprehension and use, learning, mobility, self-direction, or capacity for independent living. This waiver provides a comprehensive array of home-and community-based services designed to meet the diverse needs of individuals with autism. These services encompass various aspects such as behavioral services, job coaching, community mentorship, life skills coaching, social skills groups, respite care (both in-home and out-of-home), assistive technology, interpreters, specialized driving assessments, personal emergency response systems, individual goods and services, non-medical transportation, and nutrition support. The active participants in the Autism Waiver program are subject to certain caps and allotments. The maximum waiver cap per person per year is set at \$50,000, with the average allotment in CY 2023 amounting to \$25,498. The program has seen growth over the years, with the addition of 13 new providers in CY 2023, bringing the total number of providers to 151. Since transitioning from DDS to DSS in 2016, the waiver has expanded significantly, with an increase from 3 case managers and 120 individuals receiving waiver services to 11 case managers and 330 individuals either being determined Medicaid eligible or receiving waiver services.

Despite these advancements, there remains a significant demand for the Autism Waiver, as indicated by the extensive waitlist. As of 2/16/2024, there are 2,058 individuals on the waitlist, with 144 individuals eligible for the autism waiver in 2023 being added to the list. This waitlist highlights the ongoing need for home-and community-based services for individuals with autism across various age ranges, underscoring the importance of continued support and expansion of programs like the Lifespan Waiver.

Due to time limitation, the Presentation by Carelon on **Husky / CT Medicaid BH Autism Services** was deferred to April TCB Meeting.

Barriers to Care for Children and Families Living with Neurodevelopmental Disorders

The presentation on "Barriers to Care for Children and Families Living with Neurodevelopmental Disorders" addresses critical challenges faced by individuals with autism spectrum disorder (ASD), intellectual and developmental disabilities (IDD), attention-deficit/hyperactivity disorder (ADHD), trauma-related behavioral conditions, medical conditions, sensory issues, and others. There are a variety of systems that families must navigate, but there are a variety of solutions that may be implemented to improve access to comprehensive care. One of the key challenges identified is the reliance on a diagnosis-based medical model of care, which often leads to delays in diagnosis and subsequent access to services. A shift towards needs-based services that focus on individual requirements rather than just diagnosis may help address these delays and help individuals access services quicker. This approach also includes active family involvement in decision-making, community engagement, and policy changes to prioritize family-focused, needs-based approaches. Another challenge highlighted is the lack of specialized

treatments and payment structures that hinder whole family access to care. There is a need to utilize family care, consultation, and training codes to address the holistic needs of families impacted by neurodevelopmental disorders. This includes developing specialized family support, holistic progress monitoring, and introducing reimbursement rates for wraparound care coordination. There are also challenges related to essential care coordination services, inadequate reimbursement rates, workforce shortages, limited inclusive employment initiatives, and disparities in early diagnosis and access to services. Proposals include standardizing age access/discharge requirements, aligning Medicaid standards with commercial insurance requirements, expanding training programs and incentives for practitioners, enhancing crisis care options, and addressing racial health disparities.

Comprehensive policy changes, increased funding, and resource allocation are instrumental in overcoming these barriers and ensuring equitable access to quality care for individuals and families affected by neurodevelopmental disorders in Connecticut were recommended. It is important to prioritize and highlight family involvement, community engagement, workforce development, and implement inclusive policies to promote holistic support, workforce parity, and improved outcomes for affected individuals.

Next Meeting:

April 3, 2024

2:00-3:30 PM

Virtual Meeting via Zoom