



Nancy Wyman

LIEUTENANT GOVERNOR
STATE OF CONNECTICUT

Healthcare Cabinet Meeting Minutes

November 18, 2014

Agenda Item	Topic	Discussion	Action
1.	Call to order & Introductions	None.	
2.	Public Comment	No public comment.	
3.	Review & Approval of 10/14/14 minutes	None.	10/14/14 Minutes approved.
4.	Access Health CT (AHCT) Update , Jim Wadleigh, acting CEO, AHCT	<p>Acting CEO Jim Wadleigh delivered an overview of the first days of Access Health CT's second open enrollment period. At 12:01 a.m. on November 15, 55 customers were logged on to AHCT's website seeking coverage. Tina, the website's bilingual virtual assistant also launched for the first time to aid customers with both QHP and Medicaid enrollment.</p> <p>Projected call volume as of this date had been exceeded in the first few days of this enrollment period. Jim noted that most questions pertained to</p>	<p>More information and updates will be provided continuously at www.accesshealthct.com</p>

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		<p>renewals and the auto-renewal process which is in its first trial. Enrollment numbers will be reported on the first Friday of Open Enrollment and then each Friday to follow so that the most updated numbers will be available on a weekly basis. The 2,000+ enrollments over the first weekend demonstrated a demand for both QHP and Medicaid enrollment.</p> <p>The next big item for AHCT will be tax season, with the new 10-95A document that will be rolled out to those who gained coverage through AHCT. Advocates have reviewed the tax process and all are readying to solve anticipated questions, issues and concerns.</p> <p>There were no questions for Jim.</p>	
5.	<p>Presentation: PA 13-178, Kristina Stevens, Dept. of Children and Families</p>	<p>Kristina Stevens, of the Dept. of Children and Families (DCF) delivered an overview of the process, findings and recommendations behind the creation and passage of Public Act 13-178, An Act Concerning the Mental, Emotional and Behavioral Health of Youths.</p> <p>Kristina outlined the robust input-gathering process that DCF and the Advisory Committee for the bill took part in. Both the agency and the committee gathered testimony from youths, and their families, in order to craft the most comprehensive and extensive legislation for addressing mental health in Connecticut. She emphasized the need of youth and families to be met where they are, instead of being</p>	<p>You can find Public Act 13-178 here.</p>

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		<p>brought up to a certain point when seeking services such as crisis management.</p> <p>There was a strong effort to review the system organization, finance and accountability of the various entry points and different systems already in place. The coordination of care so that there is no “wrong door” became a crucial part of the process, as well as examining the flaws or potential downfalls of current programs and systems.</p> <p>Early Identification and treatment are important to the success of a new, integrated system. Being sure that things are localized with the efforts of schools and community centers, as well as offering support to pediatric and primary care practices were also outlined as goals already in progress.</p> <p>Going forward, DCF is reexamining all of its practices through the lens of this new legislation. Emergency mobile psychiatrics are being promoted as an alternative to 911 so that youth in crisis can be treated locally, in their own home and remain in their community.</p> <p>Ellen Andrews inquired about the financial aspect of moving to support pediatrics and primary care physicians through a care management model. Kristen explained that though the support for services that</p>	

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		<p>make this model possible is funded by state dollars, there will be data gathering to demonstrate a return on investment to ensure they will remain targeted at these goals.</p>	
6.	<p>Governor’s Immediate Action Plan to Address Youth Behavioral Health Needs, Anne Foley, Office of Policy & Management</p>	<p>Anne Foley provided an overview of the Governor’s Immediate Action Plan to Address Youth Behavioral Health Needs, which was released on October 8, 2014. The plan covers two major points of the needs of Connecticut’s Youth Behavioral and Mental health needs: Crisis stabilization for all youth, and the needs of youth diagnosed with Autism Spectrum Disorder (ASD).</p> <p>In a series of 11 steps, Anne outlined the Governor’s focus and immediate actions for increasing capacity in the children’s behavioral health system and addressing the unique needs of ASD youth in Connecticut. To questions, Anne explained that there may be savings with the changes to the system but that there are not built-in savings. Lt. Governor Wyman, Pat Baker and Ellen Andrews offered comments about the proactive nature of the plan and ability to reallocate current resources in order to encourage system-wide change. They also discussed the reality of fluctuating peaks for admissions to Emergency Departments for youth in crisis, and that these peaks exist for a number of reasons typically in May and October. During these times, Connecticut Children’s Medical Center, for example, has practiced</p>	<p>The Governor’s Immediate Action plan, released on Oct. 8, 2014 can be found here.</p>

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		<p>staffing up to accommodate the needs of the emergency department.</p> <p>To comments from Comptroller Kevin Lembo, Anne explained that allocating resources for things like in-home care has been carefully carried out so that resources are not focused on just one region. The goal would be for services to be available and integrated across the entire state.</p>	
7.	<p>State Health Innovation (SIM) Update, Dr. Mark Schaefer, Director of Health Innovation</p>	<p>Dr. Schaefer delivered an outline of the State Innovation Model’s recent happenings, including a request from CMMI to reduce the Plan’s request budget by 30%. He explained what elements of the plan were cut in order to accommodate the request and emphasized CMMI’s focus on payment reform. A descriptive explanation of each element that was cut is outlined in his power point presentation that was made available to members after the meeting.</p> <p>Mark also explained that the many workgroups under SIM are hard at work to align the goals of the project with CMMI’s vision for a smaller budget request. Vicki commented on Medicaid recommendations that Mark explained would be applied through each payer’s own governance process.</p> <p>To combine the presentation discussions between Mental and Behavioral health and SIM, Pat Baker and Ellen Andrews discussed the alignment between what</p>	<p>Updated information can be found at the SIM website. Dr. Schaefer’s presentation is available here.</p> <p>Comments and questions related to SIM can be submitted to sim@ct.gov.</p>

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		is being done to improve access to behavioral health systems and the systems that SIM wishes to put in place under its pilot Medical Home program. Frances Padilla also emphasized the opportunity that the State has to integrate all different kinds of services into this pilot as long as the intention to integrate is recognized. Ellen expressed further concerns about provider incentives and how those relate to Medicaid payment reform.	
8.	Next Steps	The Cabinet members voted to cancel the meeting scheduled for Tuesday, December 9, 2014.	The next Cabinet meeting is scheduled for Tuesday, January 13, 2015, Capitol Room 310, 9-11 a.m.
9.	Adjournment		