

**Meeting Minutes of  
The Governor's Council on Behavioral Health  
8:30 A.M., Thursday, January 12, 2006**

The Governor's Council on Behavioral Health met at 8:30 a.m. on Thursday, January 12, 2006 in Barry Hall's Conference Room 126, 14 Harrington Road, Cranston, Rhode Island.

Members Present: Richard Leclerc, Chair; Carrie Blake; Lynda Bryan; Sandra DelSesto; Diane Dwyer; Mitch Henderson; Neil Corkery; Bruce Long; Heather Fish and Liz Earls.

Ex-Officio Members Present: Sandra Woods, DCYF; Fred Friedman, Department of Corrections; Kathleen Spangler, Acting Director of MHRH; Gene Nadeau, Department of MHRH.

Guests: William A. Hancur, Ph.D. and Mark Bevelander, Blue Cross Blue Shield of Rhode Island; and Jill Beckwith, Rhode Island Kids Count.

Staff: Charles Williams, Mary Ann Nassa, and Jim McNulty.

Once a quorum was established, the Chair, Richard Leclerc, called the meeting to order at 8:40 a.m.

After introductions were conducted, the Chair entertained a motion to accept the Minutes of December 8, 2005. Liz Earls motioned to approve the minutes, and Carrie Blake seconded the motion. All were in favor, and the minutes were approved as written. Richard reviewed the attachments to the minutes.

**BLUE CROSS BLUE SHIELD PRESENTATION**

Richard Leclerc introduced Dr. Hancur and Mark Bevelander of Blue Cross Blue Shield of Rhode Island to talk about the behavioral healthcare benefits offered to their subscribers, changes in that area if any, plans for the future, and to entertain questions from council members in terms of access to services, outcomes, satisfaction or any issues brought up for discussion.

Dr. Hancur recalled his membership of over 20 years on the Governor's Council on Mental Health and being Chairman of the Council prior to Richard for about seven years. Dr. Hancur is a clinical psychologist with a private practice in East Greenwich and is Associate Director for Behavioral Health at Blue Cross Blue Shield of Rhode Island about three-quarters time. Prior to his beginning at Blue Cross in 2000, he was at Rhode Island Group Health/Harvard Pilgrim. Dr. Hancur stated that the issue of access to services is of particular importance. Dr. Hancur explained that in 2001 Blue Cross unilaterally eliminated authorization for outpatient services. When they did that, it ran counter to prevailing thinking. Blue Cross felt that authorization was not an effective process for managing outpatient care, and wanted to reduce the administrative burden on providers. This was initiated at a time when everyone else was doing authorization. The managed care companies predicted that utilization would go through the roof and that without the authorization process members were going to overwhelm the system. Dr. Hancur stated that that did not happen, and he was pleased to state that even their competitors, like United, have taken steps to do away with authorization. This past year Blue Cross extended that initiative to all of the other levels of care – inpatient, partial hospitalization, IOP and the commercial CIS benefit – eliminating authorization of admissions, so that if the provider wants to admit a patient, they just notify Blue Cross. If the inpatient length-of-stay is seven days or less, or IOP fourteen or less, then there is no utilization review. The facility notifies Blue Cross that each patient has been discharged. Dr. Hancur stated that Blue Cross has an open-network policy, therefore any willing provider who wants to be in their behavioral network is accepted; they just need an independent license and malpractice insurance and agree to be available on a 24-hour/7 day-a-week basis and have availability to treat their members. Blue Cross has in excess of 1,700 providers at this

time and Dr. Hancur reported that at an earlier meeting for credentialing, 25 to 30 more providers were added to the network.

Dr. Hancur reported that the President of Blue Cross announced at a meeting in October 2005 that Blue Cross is seriously looking into increasing the outpatient benefit from the mandated 30 visits a year to 50 visits a year. While he does not have an official date for that, it looks positive that they will be able to do it. Dr. Hancur also reported that on April 1, 2006, they will be increasing fees to providers, behavioral healthcare providers included, for evaluation and management codes and will be including the initial evaluation in that. Additionally, they will be increasing fees for two children's codes: 90801, the initial evaluation is going up beyond the increase for services to adults; and the Medication Management Code, 90862, is also going up for treatment of members under 18 years of age when those visits are extended beyond 25 minutes. Dr. Hancur explained that the reason for this is that after meeting with child providers and child psychiatrists, they made a convincing point that it takes more time to evaluate children and it takes more time to manage medication with children than it does with the typical adult.

Dr. Hancur added that at the same time, Blue Cross is under great pressure from members and the Governor to keep premiums down or at least keep the increase of premiums within manageable limits. He explained that if you pay providers more and you increase the benefit limits, it has an impact on the premiums. Blue Cross has to try to balance those competing forces, and the solution is not very clear.

Dr. Hancur reported that they have intensive outpatient programs throughout the State located at all of the mental health centers or with any provider that wants to provide a service. Blue Cross has provided that availability, as well as the commercial CIS. With the Healthmate Coast-to-Coast plan, they provide availability to network facilities across the country and at any point in time they have members in 30 to 50 hospitals or facilities across the country.

Mark Bevelander added that the provider community has not been notified regarding the fee increase. Mark asked that if there were any specific questions regarding the fee increase, to please call Dr. Hancur or himself. They asked that the message not be communicated to the providers prior to the letter; otherwise their provider call center would be surged with calls and they are unable to answer specifics at this time. Mark stated that all behavioral health providers will receive a letter in approximately two weeks detailing the increases and along with a complete full fee schedule of all of the changes.

Jim McNulty asked what the policy is when providers are not taking new patients. Dr. Hancur stated that Blue Cross has a limited ability to coerce providers to take patients. They do have requirements for availability for routine appointments, diversion appointments and emergency appointments. In practice there is no question that not taking new patients is a problem. Dr. Hancur stated that they are not receiving complaints about finding a provider. Dr. Hancur added that they have a CBT Code 90804, which is for a half-an-hour of psychotherapy that is very seldom used. If all providers followed up with patients they have been seeing for a period of time with the half-hour visit, it would be helpful.

With the shift of healthcare toward behavioral health, it is Dr. Hancur's goal to integrate behavioral health into primary care. Looking down the road, it is his belief that going in this direction will help solve the healthcare crisis. Dr. Hancur described behavioral health as an iceberg and the existing network is the part of the iceberg that is above the water. The bigger issue is below the water and that is in general medicine. Dr. Hancur suggested that we need to move toward integrating behavioral health into primary care and in order to do that it is necessary to have co-located practices, and Blue Cross is trying to facilitate this. They have also addressed this issue by covering a set of health and behavior assessment codes which are to be used by behavioral health providers to pay attention to the behavioral health or the emotional component of patients with primary medical diagnosis – for

example, folks with asthma, diabetes, hypertension or cardiac. These codes allow behavioral healthcare providers to get a medical care cost offset.

Dr. Hancur stated that one of the things he would like in this regard is to have a behavioral health screening protocol for primary care physicians, including pediatricians. He is hoping to have every general medical patient, including children, seeing primary care physicians, including OBGYNs, receive a behavioral health screening that would look at depression, anxiety disorders and substance abuse.

Dr. Hancur stated that those are all of the initiatives that he and Blue Cross are committed to and has been pleased with the support that the upper management of Blue Cross has provided to Behavioral Health. He added that the President of Blue Cross believes that behavioral health is primary and is at the heart of health care.

Mark Bevelander stated that regarding the screening, they are currently delivering an up-to-date depression tool kit which is being distributed and provided, free of charge, to primary care physicians, OBGYNs, and other specialists. It has all the different types of depression screening along with individual pamphlets regarding depression and posters for the walls.

Carrie Blake asked Dr. Hancur that if a patient is screened and identified as an opiate addict who is appropriate for treatment would a prescription for Methadone or Suvoxone be covered. Dr. Hancur stated that Suvoxone is covered from the start and Methadone is not covered. Dr. Hancur stated that Blue Cross provides treatment for substance abuse across the board, but most plans do not cover Methadone maintenance. He stated that there are some differences of opinion about the efficacy of Methadone maintenance in the total treatment program for narcotic addiction, and at this moment Blue Cross does not cover it, but is not saying they wouldn't cover it in the future.

Liz Earls asked Dr. Hancur if Medicare plans cover a behavioral health provider doing a medical screening. Dr. Hancur stated that it would be under health and behavioral assessment codes, which Blue Cross does not consider to be behavioral health codes meaning that they don't draw from the behavioral benefit. Therefore, it is an unlimited benefit. He did add that if there is a psychiatric diagnosis, then you would use that diagnosis to use a behavioral health code. Carrie Blake asked for some clarity on why licensed chemical dependency professionals are not reimbursed if they are not under the umbrella of a facility. Dr. Hancur stated that it is because the facility has a supervisory structure and a facility license that provides a credentialing reassurance.

Dr. Hancur thanked everyone for their participation and stated that if anyone had additional questions, he can be contacted by telephone at (401) 459-1340 and via e-mail at [hancur.w@bcbsri.org](mailto:hancur.w@bcbsri.org).

### **SUBSTANCE ABUSE BLOCK GRANT FOLLOW UP**

Richard Leclerc introduced Charles Williams with a follow up on the substance abuse block grant. Charles Williams announced that the substance abuse block grant application has been made available electronically and is awaiting posting on the Department's website. It is anticipated to be available on line in approximately two weeks. Charles added that the application has still not been approved.

At the last meeting there were some questions about funding for prevention services, and Charles distributed the following report: *Prevention Service - Summary of Financing Support (See Attachment I)*. Charles described the report as the major categories of funding for Prevention Services. Charles added that there has been no new information on the SIG grant third year.

Charles recalled a question at the last meeting regarding the diversity and the demographics of folks who are receiving prevention services. In answer to those questions, Charles distributed the following

report: *RI Demographics – Prevention Services (See Attachment II)*. Charles stated that the report lists two years because the report crosses state fiscal years, but it is for a calendar year of activity. Charles stated that these are numbers recorded by providers, and in all cases they may not add up because in some cases there is missing data.

Liz Earls asked if the substance abuse block grant was a competitive process. Charles stated that it is not a competitive process. Charles stated that they are moving toward a system where dollars will be available for priority problems and consequences in various areas of the state as identified locally and statewide. Sandra DelSesto added that most of the programs are statewide.

### **UPDATES FROM MHRH**

Gene Nadeau reported that there has been no significant information regarding targeted reductions in the budget.

Gene reported that there is a great deal of work being done internally within the Department regarding the Pandemic Flu. There was a recent memorandum requesting the key behavioral health care providers look at their emergency disaster planning in anticipation of a full outbreak and what the impact on services would be. Gene reported that Carol Kent will be leading the planning concerning this issue over the next two to three months. Carol will be consistently reporting information from the federal government regarding alternatives.

Charles Williams added that the providers were given a framework for developing an annex to their continuity-of-operations plan so that they will have direction in terms of the kinds of things that would be important to look should a pandemic occur.

Gene referred to an article in the Providence Journal that morning regarding the activity of Medicare Part D and the dual eligible. The Governor's directive to Secretariat Hayward regarding co-pays was to cap them at one to three dollars. Gene also reported that the Division sent out correspondence regarding the safety plan for the dual-eligible stating that samples would be available to the community mental health centers during the transition process. He further reported that an agreement was reached with some pharmaceutical companies to provide free medications for the first month.

### **UPDATES FROM DCYF**

Sandra Woods reported that over the past five years DCYF has received monies from the Department of Justice to fund residential substance abuse treatment programming in correctional facilities. Sandra reported that these are formula grants based on inmate populations that are shared with the Department of Corrections. Usually it is a two-thirds DOC and one third DCYF split. During that time DCYF has run a treatment unit within the Training School, which has been dedicated to substance abuse treatment for kids whose substance abuse reaches a high level or residential level if they were in the community. It is a 24-bed unit, 24/7 treatment for a minimum of six months. Sandra reported that DCYF has been notified by the Department of Justice that the federal budget allocation for these funds has been drastically reduced to the point of almost non-existent. When the program started it was over \$300,000, and for the 2006 budget it is less than \$45,000 to be shared between DOC and DCYF. The Department is looking at what their options are at this point.

Richard Leclerc mentioned that Janet Anderson, Assistant Director of DCYF Children's Behavioral Health & Education will be attending the next Council meeting to talk about the issue of transition. Janet will be discussing the efforts and findings of several task forces, work groups, and national study

groups that have looked at the issue of transitioning children into the adult system in behavioral healthcare.

### **OLD/NEW BUSINESS**

Richard distributed a copy of a *letter of support for funding (See Attachment III)* directed to Directors Kathleen Spangler and A.T. Wall for a joint behavioral healthcare conference that he was requesting approval to send out. Fred Friedman added that they are applying for a grant at the Center for Mental Health Services to help organize the conference.

Neil Corkery moved that they approve the letter of support, and Liz Earls seconded the motion. All were in favor, and the letter was approved.

Richard Leclerc reported that he is following up on the six or seven names which have been submitted to the Governor to replace the vacant positions on the Council. Richard reported that they have received word on most of them. He also thanked Representative Long for his efforts in moving those appointments through. Richard stated that he will be following up on the others.

Liz Earls announced that Senator Roberts and Representative Constantino have joint oversight on healthcare and will be holding hearings on January 23 and January 30 respectively on Medicaid as it applies to children's and adult services. Given what is happening at the federal level and potentially at the state level, Liz thinks it is important for everyone to know that those hearings are occurring.

Fred Friedman announced that DOC has an RFP that is under review for substance abuse treatment. Fred reported that 70 to 80 percent of the correction population has substance abuse issues.

### **ADJOURNMENT AND NEXT MEETING**

There was no further business. Upon motion made and seconded, the meeting adjourned at 10:10 a.m. The next meeting of the Council is scheduled for **Tuesday, February 14, at 1:00 p.m. in the first floor Conference Room 126 at the Barry Hall Building.**

Minutes respectfully recorded and submitted by:

Mary Ann Nassa  
Secretary, Governor's Council on Behavioral Health

***Attachment I: Prevention Service -Summary of Financing Support***

***Attachment II: RI Demographics – Prevention Services***

***Attachment III: Letter of Support – MHRH & DOC***