

Chaparro, Deanna L

From: Ellen Andrews [andrews@cthealthpolicy.org]
Sent: Thursday, October 01, 2015 5:13 PM
To: LtGovernor Wyman
Cc: Betty Picoulus; McEvoy, Kate; Bremby, Roderick L.; Barnes, Ben; Foley, Anne; Zavoski, Robert W.; Rep. Abercrombie; Terry Gerratana; Michelle Cook; Hilda Santiago; Schaefer, Mark C
Subject: FQHC grant and potential overlaps with ongoing programs support Medicaid delay
Attachments: NAMI.comments.re.MQISSP.to.DSS.CMC.September.30.2015.docx

I'm writing about the extraordinary opportunity for the state in CMMI's September 29th announcement of \$17.25 million to CT's community health centers to support practice transformation. This is a substantial amount of money and will no doubt go to very good use improving care for clinic consumers, and it could potentially provide some savings for the state

The identified uses of the new CHCACT funding overlap significantly with current and planned initiatives in CT Medicaid. For example, the new grant award, SIM's plans for a community resource program, and patient-centered medical home supports currently funded through Medicaid are all meant to facilitate behavioral health integration into primary care practices.

In addition, I've attached MQISSP comments from NAMI-CT, explaining how including children with mental illness in MQISSP could run at cross-purposes to several initiatives already being funded by the federal government or the state for these individuals such as the Hartford Care Coordination Collaborative (HCCC) and the Clifford Beers Guidance Clinic (CBGC), and DCF's recent contract with ValueOptions, the current behavioral health ASO, to provide wraparound care coordination for children enrolled in Medicaid.

It is critical that DSS take the time to sort out conflicting programs with similar purposes, serving the same practices and consumers. In tight budget times, we need to ensure that we aren't paying twice for the same services and potentially undermining the success of efforts. The state may be able to avoid Medicaid cuts, and potentially restore funding, by leveraging these federal grants with careful coordination and holding entities accountable under them.

It is especially important to sort out duplications and new funding sources before the structure of the SIM Medicaid shared savings program, or MQISSP, is set for the next four years. As clinics are likely to be a large part of the MQISSP program, and will get new care management payments, in addition to this new federal grant and their share of resulting savings – it is critical to ensure that incentives are aligned and that the state isn't paying twice (or three times) for the same work.

The new CHCACT grant funding opportunity gives even more reason to delay MQISSP to ensure that we maximize state resources and avoid duplicative services which may be at cross-purposes, through careful planning.

Thank you for your attention to these additional matters which will require careful planning and coordination, prior to finalizing an RFP under MQISSP.

Ellen Andrews, PhD
CT Health Policy Project
cthealthpolicy.org