

## **Contract changes relating to EMPS, Care Coordination and Enhanced Care Coordination**

The CCPA Children's Mental Health & Substance Abuse Division met with Bert Plant and Judi Jordan on January 13. Following that meeting Dr. Plant and Ms. Jordan provided the following response to our follow-up questions.

1. What is the "need based formula" used to make the reallocations?

The formula used to allocate the new funds for EMPS Service Components was to apply the caseload percentage for each area office to the total of the new funds (\$1,225,000). For example – the Eastern Region includes Willimantic & Norwich. Those two offices combined account for 14.2% of DCF caseload. 14.2% of \$1,225,000 = \$173,950. This dollar amount was added to the existing EMPS funding that had previously been available for the Norwich and Willimantic Areas resulting in the new funding amount.

2. What is the definition of "negotiate rates"?

I believe the only time I spoke about negotiating was in reference to EMPS contracts where the recommended providers had been selected but the contract was not yet executed. The negotiable items pertain to startup costs and the amount necessary to effect transition. In those cases where the old provider of EMPS turned out to be the same as the new provider selected under the RFP, there was no need for transition funding in addition to startup funds. In other situations, the level of transition funding had to be negotiated and tailored to the individual circumstance.

3. What is the definition of "set rates"?

Again, my only recollection of speaking to rates was in regard to the determination of what the department would pay for defined care coordination and enhanced care coordination services. For care coordination the original rate was \$50,000 per position that increased to \$55,306 due to COLAS. The new rate was developed by rate setting based on market rates for mileage, indirect, salary, fringe etc. and including a supervisor at the ratio of one FT supervisor for every 8 care coordinator positions. This rate was determined to be \$65,000 per care coordination position. If you had 6 care coordinators you would receive \$390,000 which would be expected to cover all the expenses associated with 6 care coordinators and a .75 supervisor.

For Enhanced Care Coordination, the rate was set at \$84,048 per position and that is the rate that remains at this time.

4. Please provide a printout for us of the "before and after unbundling" by service/ by provider so that we can better track the funding.

This information does not exist as a document and can't be simply done because each provider defined the "before" differently. In distributing costs between EMPS and CC, providers did not necessarily comply with the funding guidelines as described above. For example, some providers allocated significantly more per care coordinator than the original funding guidelines dictated and took those funds out of EMPS or ECC. Also, subcontracting in both the old and new models makes the totals difficult to compare.