



# CONNECTICUT

## Behavioral Health Partnership

### CT BHP MCO Coordination Coordination of Care Sub-Committee

07/18/2007





# Co-Management Criteria

**If a member presents with any of these (6) diagnoses it is cause for automatic referral to the assigned MCO:**

**Substance Abuse and Neonatal Withdrawal**

**Child/Adolescent Obesity**

**Child/Adolescent Type II Diabetes**

**Sickle Cell**

**Eating Disorders**

**Medical Detox**

**Be advised the following are examples of cases that may also need co-management:**

**Multiple Medical Diagnoses**

**No Primary Care Provider**

**Barriers to Medical Care**

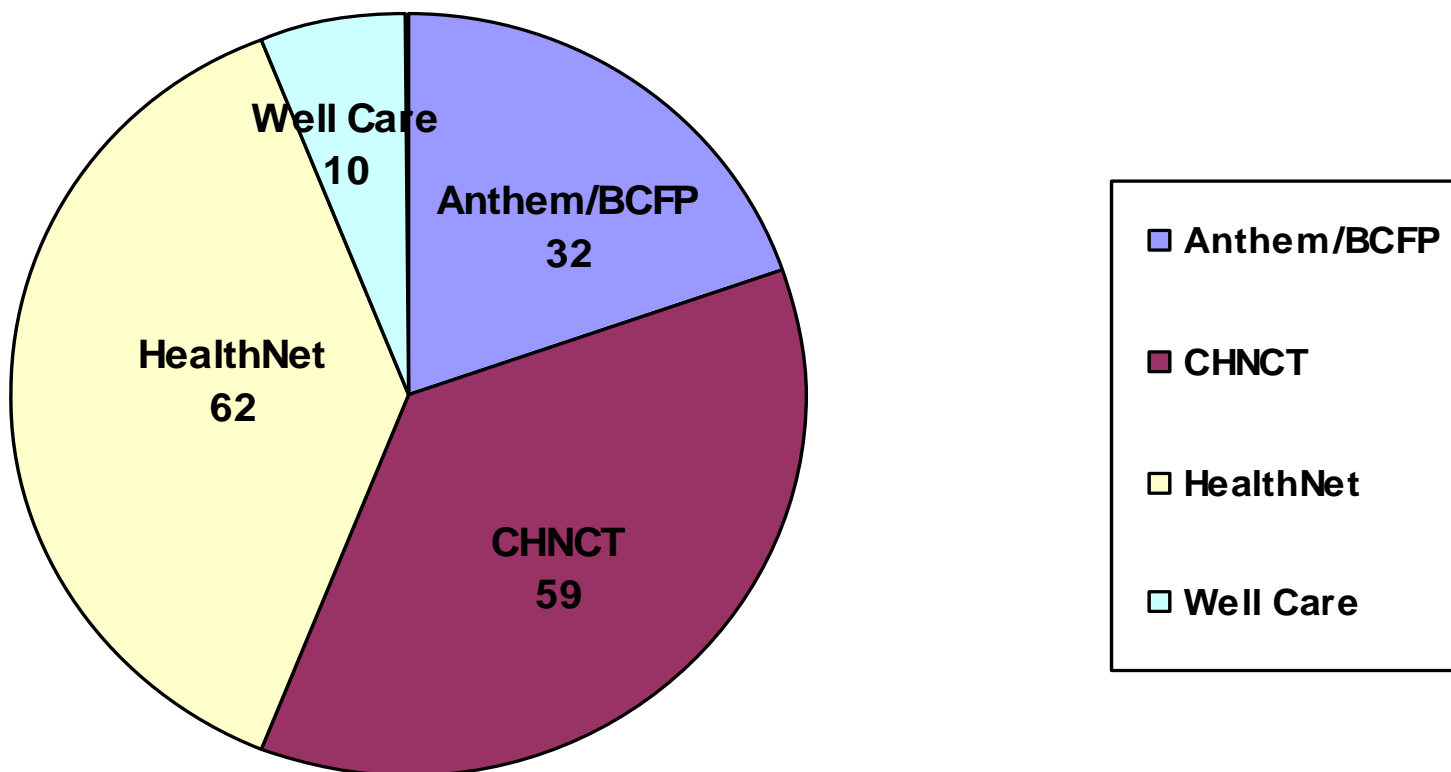
**Unable to get an appointment**

**No recent Early Periodic Screening (EPSDT)**



# MCO Referrals 2nd Quarter 2007

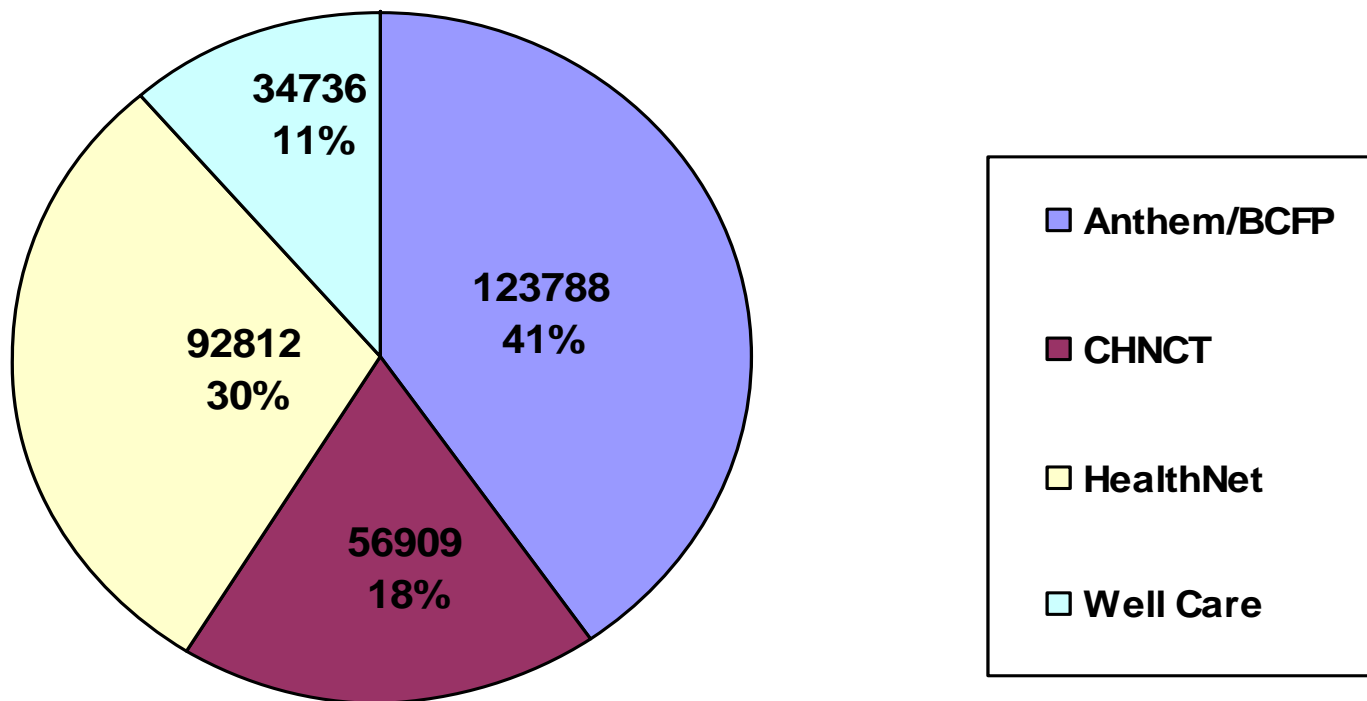
2nd Quarter MCO Referrals 2007





# HUSKY Enrollment for Quarter 2 2007

**MCO Population 2nd Quarter 2007**





# 2nd Quarter 2007 Referrals by BH DX Code

| <b><i>AXIS I DIAGNOSIS CODE</i></b> | <b><i>NUMBER OF MCO REFERRALS</i></b> |
|-------------------------------------|---------------------------------------|
| ADHD                                | 7                                     |
| ALCOHOL ABUSE                       | 9                                     |
| ANXIETY DISORDER                    | 14                                    |
| ASTHMA                              | 0                                     |
| BIPOLAR DISORDER                    | 10                                    |
| DEPRESSION                          | 75                                    |
| FAMILY SUPPORTS                     | 7                                     |
| HIGH RISK PREGNANCY                 | 0                                     |
| SUBSTANCE ABUSE                     | 5                                     |
|                                     |                                       |
|                                     |                                       |



# MCO Care Coordination Case Studies

Diabetes

AHDD, Pica

- - 8 years old

• Eight year male who was admitted to facility for out of control behavior and was there for a 6 month duration. Original plan was for discharge to Psychiatric Residential Treatment Facility, but, ultimately the d/c planning team decided that member can go home but with medical follow up. The foster family agreed to care for him in the home if medical follow up was provided for his type I insulin dependent diabetes. A referral was made to the medical plan by CTBHP and a VNA follow up was initiated by the MCO to provide diabetic teaching in the home and medical monitoring. The CTBHP MCO coordinator also made a Family Peer Referral to support foster family with issues and to assist them with ongoing medical compliance issues.

- - Female

Metastatic Neoplasm, CA Breast and Bone

- - 35 years old

Adjustment Disorder with Depressed Mood

Initial referral came from the medical plan to assist member and also to coordinate with current case manager to meet the various needs of this family in crisis. Family Peer Specialist was assigned to work with Spanish speaking member to assist her and the family with parental, legal, medical and custody issues. CTBHP coordinated with member's social worker and completed multiple computer searches to get funding for airfare, recreational programs for children along with making contact to various agencies to meet the basic needs for this family of 4 children, age 3 to 16. Family Peer Specialist also made a hospital visit to assist member to sign legal documents to make final custody arrangements for her children. CTBHP also assisted member with helping her address her terminal status of this illness and to engage in counseling for the whole family.

Member continues to work with Family Peer Specialist to work with end of life decision issues and to address any barriers that may exists for member at this time.