



***Behavioral Health Partnership
Oversight Council
Coordination of Care Subcommittee***

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The Subcommittee will work with DSS, DCF, ValueOptions and the HUSKY plans to identify and monitor key issues in ensuring coordination of HUSKY member behavioral health care benefits with the benefits that remain the responsibility of the health plans. These include primary care, specialty care and transportation services.

Draft Meeting Summary: **May 28, 2008**
Co-Chairs: *Connie Catrone & Sharon Langer*

April meeting Summary: accepted without change

HUSKY Transition: Coordination with BHP ASO

DSS was unable to attend the meeting. Sandra Quinn, ValueOptions, was asked how the ASO experienced the HUSKY transition related to coordinating care for BHP clients. Ms. Quinn stated the rapid changes in the HUSKY program have been challenging.

- CHNCT, one of the remaining two health plans, has continued to prioritize co-management for their members.
- Anthem has moved case management services to Indiana. New staff needs training in CT's co-management processes.
- HUSKY FFS clients: CTBHP/VO reviewed BHP members in treatment facilities and identified member need for referrals. If the member is enrolled as a FFS member, ValueOption faxed information to DSS for coordination of care.

Mercer Pharmacy Study Report

Since no report had been sent to the Subcommittee, the participants suggested the Co-Chairs send a letter to DSS requesting the Commissioner of DSS review and approve release of the study results by the June meeting. (See letter below)



BHP OC Coord Care
SC DSS Mercer lttr 5-1

*Addendum: Rose Ciarcia has scheduled a conference call with Mercer and the Subcommittee on **Thursday June 26 at 1 PM in LOB RM 3800** to review the study results. DSS has been requested to provide the SC with a summary of the results prior to this meeting.*

Primary Care Coordination: CHDI Deferred to the June 26th meeting

HUSKY Transportation

- ✓ The non-emergency medical transportation (NEMT) reprocurement has been completed. Logisticare and CTS are reportedly the two subcontractors for HUSKY and Medicaid FFS. (*Addendum: requested DSS send staff the current contractors/plan and geographic coverage areas for FFS.*)
- ✓ Robin Hamilton (Logisticare) reported on the company's resolution of specific customer concerns of transportation problems by clinic site. These issues were sent to Ms. Catrone from the Provider Advisory SC participants in response to her request from this Subcommittee for provider comments.
 - Logisticare provides NEMT services for Anthem members in the Hartford area: First Transit provides NEMT for non-Anthem clients. To date Logisticare has not provided livery services in the Hartford region for the Village program.
 - Wheeler Clinic: Child consent for transportation is required by CT policy (Provider Bulletin 98-35). All clinicians requesting trip reservations are in receipt of the form (from Logisticare) that must be used. NEMT for minors requires an adult escort, paid by the clinic. (See DSS MCO NEMT Medicaid Escort for minors – Provider bulletin 2007-04 at www.ctdssmap.com)
 - Clifford Beers: Logisticare has monitored, on site, local vendor performance and worked with DSS and Clifford Beers to resolve transportation problems. The SC requested information from the clinician/client postcards related to transportation problems be sent to Logisticare and Lee Vander Baan (DSS). (*The Excel sheet updated May 2008 was sent to Co-Chairs, DSS and Logisticare*).
- ✓ During the HUSKY transition, Logisticare continued to provide NEMT services to their HUSKY members regardless of their plan/FFS enrollment.
- ✓ Connie Catrone noted that some intermediate programs have gotten their own vehicles to transport clients to appointments.
- ✓ Connie Catrone had sent the Co-Chair of the DCF Advisory SC of the BHP OC subcommittee recommendation for several questions related to transportation (and pharmacy access) to be considered in the member focus groups, currently under development.
- ✓ BHP client 'no-shows' is also being addressed in the Enhanced Care Clinics "welcoming and engaging" and cultural competency best practices in the clinics. The Provider Advisory SC and the ECC task force will be working with BHP on developing policy and measurable criteria for these items.
- ✓ In an effort to better engage BHP members and families in continuous care, CTBHP/VO attempts to match the client with the appropriate level of care *in their geographic area* when the member moves from a higher (i.e. institutional) to intermediate or outpatient level of care.

Care Coordination – CTBHP/VO and Health plans/FFS: Sandra Quinn will provide the subcommittee with 1Q08 data at the June meeting and 2Q08 data at the July meeting.

Other

June will be the last meeting that Connie Catrone will Co-Chair since she can no longer represent School –based Health Centers on the BHP OC with the closure of Bridgeport SBHCs. Ms. Catrone has provided strong leadership of the subcommittee and her participation will be very much missed. Sharon Langer, Co-Chair, requests that anyone interested in Co-Chairing the SC indicate their interest to the BHP OC Co-Chair, Jeffrey Walter. Jwalter@rushford.org