

## **Behavioral Health Partnership Oversight Council**

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**[www.cga.ct.gov/ph/BHPOC](http://www.cga.ct.gov/ph/BHPOC)**

### **COORDINATED 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 DSS/ health plans. Health Plan responsibility includes primary care, specialty care and transportation services. DSS is responsible for pharmacy services starting 2/1/08 and dental services 9/1/08.*

#### **Meeting Summary: July 30, 2008**

*Co-Chairs: Sharon Langer & Maureen Smith*

**Next meeting: Wednesday September 24 @ 2:30 PM in LOB RM 3800**

*Attendees: Sharon Langer & Maureen Smith (Co-Chairs), Sheila Amdur, Judith Meyers, Lisa Honigfeld, Lori Szczygiel, Sandra Quinn & Jennifer Robinson (CTBHP/VO), Rose Ciarcia (DSS), Fredericka Wolman, MD (DCF). Health Plans: Kimberly Sherman (CHNCT), Shawn Williams, James MacDonald & Jill Barnard (Aetna), (S. Lanese, Americhoice notified was unable to attend), M. McCourt (Staff)*

**Partnership between Enhanced Care Clinics and Primary Care Practices** (*click icon below to view summary*)



7 30 08 BHP OC Care  
Coordination Meeting

Judith Meyers & Lisa Honigfeld from Child Health & Development Institute of CT (CHDI) reviewed activities they have supported for development of partnerships between Behavioral Health Partnership Enhanced Care Clinics (ECCs) and Primary Care Practices (PCPs) that include:

- Grant program begun in 2007 that funds 4 PC sites to begin integrating care with a local ECC. Added funds in 2008 to 2 sites (Fair Haven Community Health Center and Bridgeport Hospital Primary Care Center) for maternal depression screening and connection to services.
- Multiple training initiatives (*see handout above*) including ECC/PCP conferences and Educating Practices in Community (EPIC) model on connecting children to CTBHP services. ValueOptions' Regional Managers have been visiting pediatric and family medicine practices with information on CTBHP program and have been active in connecting ECCs to PCPs required in the ECC contracts.
- Evaluation: baseline survey of how pediatricians address patient's BH issues (see publication on [www.chdi.org](http://www.chdi.org)) with follow up assessments one year after implementation of ECC/PC policy (9/08).

General discussion points included:

- ✓ Further progress could be made in medical-BH integration if MCOs encourage PCP participation with ECCs, provide payments for provider care coordination that supports such collaboration, allow PCPs to bill for BH codes and reimburse medical practitioners for using standardized screening tools to identify a potential MH problem.

- ✓ Evaluation of pediatric prescribing practices will be addressed through the follow up evaluation.
- ✓ Through ValueOptions, two PCP initiatives: work with CHDI on EPIC model PCP training and VO has a Physician Advisory Committee that includes BH and medical PCPs.
- ✓ Dr. Wolman (DCF) said DCF and VO are working on the out-of-home child medical diagnostic exam (MDE) required for all these children, assessing follow up on health recommendations made in the MDE. There is an electronic link to the DCF Med link system for the exams.
- ✓ DCF Psychiatric Medication Advisory Committee (PMAC) has established a work group to advise CTBHP on the safety of children psychotropic medications, similar to that for DCF involved children. It may be possible to look at a mechanism to identify medical and psychotropic medication interactions prescribed for all HUSKY children through this work group.

### Co-management Report: CTBHP/ValueOptions

- Sandi Quinn (CTBHP/VO) discussed their interactions with the new HUSKY MCOs related to co-management process. Both MCOs had approached VO about this and are very interested in working on this with VO. The Aetna representative stated they have a strong national focus on an integrated model in Medicaid-only programs and believe this national experience will be beneficial to the CT HUSKY program. Lori Szczygiel (VO) stated VO has asked the BHP agencies to re-convene an operational meeting with DSS, DCF, MCOs and the CTBHP about program integration.
- Subcommittee will continue discussion on benchmark data/ongoing measurements of the effectiveness of co-management rather than solely descriptive data. Aetna uses a predictive model as part of assessing member intervention outcomes.
- VO is planning an adult study on post partum depression involving pediatricians. The MMCC Quality SC had made recommendations regarding screening, MH evaluation/treatment for perinatal depression (during and after pregnancy). Discuss VO study further in September.
- At this time Co-management data is just not useful in this format with upcoming plan changes (*again*). Ms. Quinn noted that co-management is at a pivotal point and the data previously submitted to the committee is no longer pertinent. Discussion item for September if the BHP/MCO operation meeting occurs by the next meeting.

### HUSKY Transition Update

Rose Ciarcia reported that HUSKY transition to the three plans will start in Middlesex County **9/1/08**.

- **Voluntary choice change for current HUSKY beneficiaries in this county.** DSS will be sending them a letter informing of this.
- **New HUSKY A/B enrollees in this county will be required within 30 days** to choose one of the three plans, Aetna Better Health, Americhoice or CHNCT. If at the end of 30 days the new **HUSKY A Middlesex county** member has not chosen a plan, they will be defaulted into HUSKY FFS through the end of November. ACS will follow up with **HUSKY B non-choosers to ensure they choose a plan.**
- **All newly enrolled HUSKY A members** in the remaining counties not in the “roll-in” will be put into HUSKY FFS through the end of November 2008.

- When all counties have been transitioned into the ‘new’ HUSKY managed care program (by Nov. 25; DSS could extend this to the end of December if necessary) enrollment in one of the participating plans will be **mandatory** with default assignment to the 3 plans, pending their provider network adequacy.
- According to DSS, ***Primary Care Case Management (PCCM) program***, now planned to start Jan. 1, 2009, will pay a provider in the PCCM network \$7.50/PMPM for care coordination. DSS has not yet released the PCCM plan to the CGA Committees of Cognizance for review, recommended changes and/or approval.

***Subcommittee Focus discussion:***

Sharon Langer, Co-Chair, asked if this subcommittee is still needed or are issues taken up in other Subcommittees. There was broad agreement that this Subcommittee’s role is critical to ensuring service integration in HUSKY A /B, especially with the ‘new’ managed care participants. Suggestions on SC focus included:

- Member Co-management processes by MCO and CTBHP/VO and process/outcome measures that show the effectiveness of this process.
- Pharmacy access through the DSS Preferred Drug List (PDL) program: SC may invite Evelyn Dudley (DSS Pharmacy) to attend meetings that have pharmacy-related items.
- Broaden representation of medical practitioner participation (child and adult providers) to continue to look at ongoing integration of primary care/BH services.
- The BHP OC Committee chairs/co-chairs discuss individual SC focus, identify overlap areas and review how SC activities assist the BHP OC in fulfilling it’s role in oversight of the BHP program.
- Increase collaboration of Medicaid Council Subcommittees with BHP OC Subcommittees – perhaps consider consolidation of some of the focus areas into one SC rather than two under each Council where appropriate.

***Future 2008 meeting dates:***

- ✓ Sept. 24
- ✓ October 22
- ✓ Nov & Dec dates TBA