

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

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

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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.*

Co-Chairs: Maureen Smith & Sharon Langer

Meeting Summary: **December 8, 2009**

**Next meeting: Wednesday Jan. 27 from 1:30 -3 PM in LOB Room 3800**

**CTBHP Reports: Sandy Quinn** (Click Icons below to view reports)



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Post Partum Analysis  
11-12-09.doc

- Internal Operations meeting of CTBHP agencies, ValueOptions, MCOs have discussed pharmacy, ED, medical Home model and CTBHP/VO reports. Dental, transportation and pharmacy issues are addressed on as needed basis. Periodic reports on these meetings will be brought to the SC.
- Enrollment as of 11-2-09 by MCO for HUSKY and Charter Oak Health Plan (COHP):
  - HUSKY: Aetna Better Health has 24.4% of the total HUSKY A/B members, AmeriChoice 11.5% and CHNCT 64%.
  - COHP: Aetna has 50% of enrolled members, AmeriChoice 15%, CHNCT 35.2%.
- Co-management referrals by plan & by ValueOptions (the VO referrals exclude the post partum study clients):
  - Total number, as of 12/1/09: 48 by the MCOs to VO and 26 by VO to the MCO for a total of 74 MCO & CTBHP referrals in 3Q09.
  - Referrals by medical diagnosis: most frequent diagnosis was pregnancy & postpartum.
  - Referrals by medical diagnosis; most common in this quarter was mood disorder.
- MCO, DCF, DPH met with DPH Title V children/adolescents with special needs (CASHCN) program regional centers medical home/care management in an effort to identify duplicate case management efforts with the MCO. An information file is being created that will be passed from DPH to DSS and then disseminated to the appropriate MCO.
  - Looking at systematic indicators to identify CASHCN that include SSI, DCF committed & Title V enrolled individuals that will assist MCO identification of their members with

- special needs.
- AmeriChoice noted they will test the file with DPH, DSS, and MCOs to make sure the file information is validated. The goal is to create collaboration with the Regional centers and MCOs.
- SC commented that CTBHP intensive services are not part of the files. DCF is working with DPH regional centers to streamline care coordination that will include BH services in HUSKY in the future. Subcommittee will follow up on the progress of this important initiative.
- VO postpartum depression mail in screens was reported – this is a project with VO and CHNCT. To date there has been an 8.7% return rate to the mailings that include the depression screen tool. Of this number 26% of the respondents scored positive for depression on the screen. VO attempts to contact all respondents and has assisted them with getting other social services as well as BH services.

### **Other**

Dr. Janet Williams discussed a project DCF has been working on regarding tracking DCF children ages 9 - 36 months of age for lead screening. DCF, DPH and DSS exchanged data. DCF children accounted for 25% of the total cases. They looked at 800 who were DCF and 82% had been screened. They are pleased with this outcome, albeit no benchmarking data available.