

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

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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: **May 26, 2010**

Next meeting: Wed. July 28, 2010 @ 1:30 – 3 PM in LOB Rm. 3800

Legislative Updates

Sharon Langer identified several budgetary changes that included:

- Elimination of Medicaid coverage for over-the-counter (OTC) drugs: clarified in PA10-179 budget bill: exceptions to elimination include children < 21 years, insulin/syringes, CADAP program. (*OFA report: FY10 savings \$744,700, FY11 savings \$6.7M*).
- Elimination of state subsidized Premium assistance for NEW COHP enrollees effective **JUNE 1** (originally planned May 1, 2010).
- HUSKY B Co-payment increase from \$5 to \$10 for *non-preventive office visits*; hearing/vision exams increase from \$5 to \$15 and increased prescription co-payments by \$2-\$4, and from \$6 to \$25 on non-preferred brand.
- HUSKY PLUS eliminated effective July 1, 2010 has ~ 200 enrollees of children with special physical health needs. The benefits will remain unchanged; DSS is considering bringing the program “in-house” and working with DPH Title V program. Details will be forthcoming.

Sharon Langer commented CT consistently does not claim a reasonable portion of their federal CHIP allotment that is turned back to the federal government.

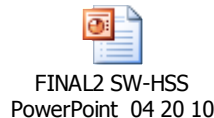
Maureen Smith commended DSS/DMHAS on transparency and collaboration in the SAGA program movement into Medicaid FFs and addition of the FFS population BH management under the 2 agencies’ collaboration.

ValueOptions:

- The Case management quarterly report will be presented **in July**.
- May BHP internal Operations meeting with MCOs focused on “infant health”,
 - Identify children 5 years and under with diagnosed bipolar DO and 3 years and under with

- a MH diagnosis, outpatient services used.
 - VO is running a weekly report on children < 3 years and their family constellation covered in HUSKY/CTBHP.
 - Overall goal is to look at young children with a MH diagnosis/psychotropic med script and consider a developmental pediatric evaluation rather than a first approach to psychiatry. Lisa Honigfeld asserted that a psychologist evaluation of young child/parent needs in the medical setting is the best way to connect child/family to BH services.
 - MCOs receive their member pharmacy data and are more confident in using the data: seeing improvement in pregnancy vitamin data and can begin to look at scripts for young children.
- Sandi Quinn described calls from oral surgeons concerned about a client's substance use problem and appropriate pain meds. These calls suggested VO can work with CTDHP BeneCare to provide behavioral health resource assistance to the dental network for various issues. Consider DSS/BeneCare/VO discuss this issue with the Committee **in July**.

Managed Care Presentation: CHNCT



Quality improvement programs: Susan Davis, MSN, APRN, CPNP (Click on 1st icon for presentation)

Susan Davis discussed the various CHNCT programs that their members are linked to by referral from PCP, MCO care coordination staff or external ASO process. See slides with detail for:

- (slide 2-3) *Healthy Connections Outreach*: welcome calls to new members and new mothers, Well Child care program, CIRTS and new born tracking program (HUSKY A & B).
- (Slides 5-10) *Healthy Beginnings*: goal is to encourage early entry into prenatal care (PNC), reduce preterm births (PTB) & low birth weight newborns (LBW), complete health risk assessment to identify categorical PNC risk & RN intensive care management needs and PNC & Postpartum member incentive program (slide 10).
- (Slides 12-14) *Healthy Airways* disease management program for members with asthma that includes care coordination with CTBHP as appropriate.
- (slides 16-17) *Healthy Cells Sickle Cell Initiative* disease management/intensive RN Disease managers.
- (Slides 19-20) *Healthy Kids/Connections*: children & adults preventive care reminders & tracking for
- (Slides 23-25) *Healthy Living with Diabetes* Intensive RN DM for identified diabetic members self care goals, adherence to medical treatment plan, understanding of plan.
- (slide 26) *Care Management*: general description of intensive RN disease management services across the continuum of the health care delivery system.

Susan Davis emphasized the main goal of these programs is to back up the PCP/specialist. If the referral does not come from the practitioner to CHNCT, the MCO connects with the PCP for the patient care plan so that CHNCT works as a team with the PCP and member.

CHNCT Social Service support/Activities: Kimberly Sherman

- (Slides 3-6) CHNCT social service staff (Human Services Specialist & Social worker) work with the case managers & disease managers as well as the community to assist members in service access, alleviate barriers to care and support overall wellness.
- (Slide 7) *Community Connections* include revisions to resource guide that has over 1200 sources for goods and services, participation in statewide BH coalitions and “adopt-a-shelter program and other events to help people better understand how to access services at CHN and area community services.
- (Slide 8) *Carve-out referrals* are made to CTBHP, dental, vision care and connection to transportation.
- (Slides 10-11) *Care Coordination*: when a member with medical/behaviorally complex needs is identified the social worker coordinates care within CHN support services as well as CTBHP, other agencies, community based programs.

Kim Sherman emphasized the collaborative process both within and external to the plan that assists the member obtain services. There are about 15 referrals/month exchanged between CHNCT and CTBHP.

The Co-Chairs thanked CHNCT for a thorough presentation that informed the Committee on their varied social and clinical member supports.

July 28th agenda:

- ✓ AmeriChoice & Aetna report
- ✓ Review/discussion of DCF policy on involuntary medications (*click icon below to view policy*)



KIDSCOUNSEL-L new
DCF policy regarding

- ✓ CTBHP/VO quarterly co-management report.
- ✓ Agencies operations update on July meeting, in particular an update on goal to reduce ED utilization, targeting high utilizers.
- ✓ Update on Program changes:
- ✓ Dental/VO co-management/provider resource information (Dr. Balaski requested this be deferred to a fall agenda).