

**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: July 28, 2010

Next meeting: Sept 22, 2010

Attendees: Sharon Langer & Maureen Smith (Co-Chairs), Dr. Muhammad Azeem (Med. Dir. Riverview Hospital), James MacDonald & Karen Eckert (Aetna), Sabra Mayo (Family/parent rep), Sheila Matthews (Able Child), Erica Garcia (DSS), Sandra Quinn (VO), {M. McCourt, leg. Staff}.

DCF Policy on involuntary administration of psychotropic meds (Click icon below for policy summary)



dcf invol med
policy.pdf

Dr. Muhammad Azeem, Medical Director, Riverview Hospital participated by phone conference to review the above DCF policy that had been created by Dr. Janet Williams (DCF), Dr. Azeem and the AG's office.

- *Why the policy is needed:* Policy applies to both DCF & non-DCF children & youth that are admitted to RiverView Hospital. Emergency psychotropic med administration without informed consent is allowed by statute. Medication may be administered to a child in an *emergency situation* defined as circumstances in which a physician determines treatment is necessary to prevent serious harm to the child (or the patient has a know history of probability to inflict threat/harm). If the hospital MD deems the medication necessary for a child not at imminent risk and caregiver/parent (and the child > 14yr) does not agree, the hospital MD will request a second opinion for a child/adolescent psychiatrist not employed by DCF as well as notify the DCF Agency Director. If there is medical practitioner concurrence with the recommended psychotropic medication, the River medical staff shall apply to the DCF Medical Review Board for recommendation. If the Board concurs with the recommendation, the Attorney General will initiate an application to the court for court order for the meds.
- *Dr. Azeem* stated that in his experience court action has been required ~ 4 times over 3 years.

Discussion points with Dr. Azeem included:

- ✓ The policy triggered questions and concerns about psychotropic medications, especially for very young children. Sheila Matthews raised several points from her organization's perspective:

- Medicaid & foster children as young as 1 year of age were put in a CT medical center trial reportedly without proper informed consent. Dr. Azeem stated DCF and River View are prohibited from participating in pediatric drug trials; the hospital takes the informed consent process very seriously; there is no pharmaceutical company funding; and the focus of assessments and interventions are directed at determining what will help the child. River View interventions do include a diagnosis and medication if determined medically necessary, but there is a holistic approach to an evaluation that includes psychological tests, educational needs and family needs that becomes part of the treatment plan.
- Are speech/language evaluations performed at River View? Dr. Azeem will obtain data on these services; stated the evaluations are done as necessary. Dr. Williams (DCF) commented after the meeting: “Riverview is able to perform all types of assessments but we regularly go through the LEA (i.e. School system) and use all the legal entitlements for speech and language, occupational therapy, physical therapy, cognitive and psychological assessments. I don't think those are reimbursed by Medicaid but by the student's LEA. Only the psychological evaluations within clinical treatment plans not obligated by the LEA are Medicaid reimbursable”.
- In general educational evaluations are not under the health model whereas psychological evaluations done in the education setting can be covered under Medicaid. Can the education evaluation be provided in Medicaid managed care? The Co-Chairs noted that Medicaid services and federal match are tied to CMS regulation. Schools are required to do the assessments; parents can ask for an independent evaluation. Clinicians would also seek an educational evaluation for their clients if this is deemed necessary.
- Can health plans give providers information about the national Med Watch program (patients can report drug side effects to FDA. Aetna said they would get this information out in their provider newsletter. Ms. Matthews will provide the Committee with this information.

✓ Sandy Quinn (VO) agreed that psychotropic medication for young children is of great concern and is a national issue. The MCOs and VO, through the agencies’ internal Operations committee are looking at data by age and diagnosis of those children < 4 years that have BH services and medication claims. As part of HUSKY co-management, VO looks at ‘who should be on the team’ to work with a family that has a child with a high level diagnosis and assists the parent in asking questions about treatment options.

Maureen Smith thanked Dr. Azeem for participating in the meeting and explaining the policy.

VO Co-Management (Medical/BH) Report



VO Q rept to COC
7-28-10.pdf

ValueOptions, MCOs, DCF and DSS will meet again August 9th at the internal Operations meeting to complete defining ‘co-management’ categories that can be measured. The co-management quarterly numbers do not reflect work that is done between MCO and VO. The results of this meeting will be discussed with the committee at the Sept meeting. Maureen Smith also requested an update on the work being on ED high utilizers.

Aetna BetterHealth Care Management Overview (Click icon above to view the presentation).



Subcommittee CM
Presentation Final 07:

James MacDonald and Karen Eckert (AETNA BH) reviewed their plan's mission and integrated care management program (*slides 2-3*).

- Members can enter care management through health risk questionnaire responses, member and/or provider request, identified specific utilization patterns (i.e. ED use, hospitalizations), and application of predictive modeling that is applied to every member's service utilization. This process ranks the members risk for service needs based on case complexity. Professional care managers will work with complex clinical issues and maintain single-point care management when members require other specialized staff interventions (i.e. diabetes, respiratory nurse educators). (*Slide 12*) Care managers adjust the intensity of care management to the member's needs as they move through recovery to self-management, assisting members to develop "health literacy" skills.
- (*Slides 6-7*) Aetna applies a biopsychosocial approach to care planning.
- (*Slide 8*) VO and Aetna collaborate with CTBHP/VO through monthly clinical rounds on co-managed cases; James MacDonald is Aetna's BH clinical consultant that takes the lead in these meetings. Aetna provides staff with BH and social concerns in-service learning opportunities.
- (*Slide 10*) Perinatal program includes member incentive programs to encourage care management enrollment and medical visits and Aetna BH is working on becoming a national Text4Baby partner (national initiative that provides pregnant women and parent with infant free text messages regarding health/developmental issues).

HUSKY PLUS Program Status

Erica Garcia (DSS) said the PLUS physical health program was reinstated in the June legislative special session and will continue to be administered by CCMC. This program applies to HUSKY B children in Bands 1 & 2. Approximately 200 children per month with special health care needs receive HUSKY Plus services. For more information contact CCMC at 877-743-5516 or go to www.huskyhealth.com.

Next meeting is Sept. 22, 2010 @ 1:30 PM: the agenda items include

- AmeriChoice presentation on care management programs,
- follow up on agencies' internal Operations meeting outcomes and
- Information on federal public "Med Watch" program.

The Committee meets every other month; November meeting is on Wednesday Nov 17th at 1:30 PM