

**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: 3-23-11

Next meeting May 25th 1:30-3 PM

Submitted by Hannah Beesley

CTBHP Supporting Health and Recovery (Click icon below for presentation)



- Adult side of program added in January: 96% staff, **go live on April 1st 2011**
- Update: very close to being ready. Readiness reviews on 2/28, 3/2, 3/21
 - Reviews make sure everything is ready to go
 - 20 program areas: “Domains”
 - Scheduled to finish a week ahead of schedule
 - Problem with tracking log
 - No way to test earlier. Started data entry last week. Thousands of patients to enter into system to track support
 - At time of original review not ready
- Domain 5: policies and procedures updated to include adults. Final form will occur next Friday
- Domain 6 & 7:
 - Training:
 - 6 week intensive training for new hires for their position: background and referral information
 - Expanded role of physicians for consults: appropriate care, medical necessities
 - Back up procedures for family about lost records
 - Record stays at agency and not with Partnership
 - Treatment records maintained by providers
 - Eligibility record maintained in state records

- If someone is turned down, contact DSS for decision reason. Calling in related to Husky to navigate the process
 - People have appeal rights
 - DSS will have some money to fix its own eligibility problems: creates gaps in coverage
 - Partnership overseeing Husky and DSS
 - Partnership will put in authorization for HMO and Husky
- Staffing
 - 96% completion in filling all available positions
 - Received acceptances
 - 5th group of trainees starts on Monday
 - Clinicians(care managers), intensive care managers (go into community), clinical liaisons, customer service staff, reporting staff
 - Went from 81 employees to 155-160 staff
 - Peer program: provide support directly to members via waiver
 - Some new peers will focus on different areas
 - Intensity of the training: some will have to wrap services around the family not just the child
 - Organize better the services people are getting
- Domain 8: Temporary space on the floor until May 18th. All clinical people will then move to the third floor. All staff will then be closer together.
 - Dedicated staff, HUSKY staff, Low-Income Adults staff
- Domain 9: Telephone system updated and improved. Went live March 1st. Works well
- Domain 10 & 11: Web based system under connect system. Demonstrated enhancements and systems for business recovery (days when the office can't open ex: due to weather).
- Domain 12 & 20: Utilization management program. Medically necessary care at right moment. Adult and child member procedures work for both sides
 - Criticisms: intensive care management had been good co-location program. Re-assigned → delayed discharges: when you have something that's working do more of that. ICM on adult side expanded duties of ICM on child side. Making outreach to get emergency areas and community development
 - How are we monitoring transitions? How do we make sure it goes well?
 - Treatment provider with level of care, reached maximum level of care and needs to move on
 - Many adult clients are incarcerated. Transitions have been terrible. Begins a cycle. Need to help people with severe needs get appropriate level of care
 - People who are incarcerated are not under DSS while in prison. DMHAS works directly with the prison. DMHAS is an important participant in the program
 - Jail diversion program: new program very effective. Are they being told of this program before transition?
 - Intensive care management will assist in the transition
- Domains 13 & 14 & 18: how are we getting the word out?

- February 28th provider forum. Explanation of Partnership. 400 providers attended. Very well received. Independent providers, hospitals, group homes, etc... all attended.
- Two meetings targeted to members. *No members showed up.*
 - Letters sent out a week ago to anyone who received mental healthcare in the past year
- LMHA has helped notify their clients to participate
- Need input from people being served: included Consumer Advisory Board
- Is transportation ever an issue?
- Domain 16: signed off on. Policies re-edited and signed off on.
- Domain 19: master authorization plan
 - Finished testing: on Friday another test
 - Website offers deep level of detail
 - Since March 1st:
 - From DMHAS: daily census reports on bed capacity
 - Residential providers to offer disposition assistance to move detox
 - Assist Emergency Services with any BHP members who get stuck in ED
 - Prevent Emergency Room Usage? Yes.
 - Previously just kids has had tremendous improvement and success
 - Emergency room staff also calls BHP. Shows success
 - Is DDS a participant in the Partnership? Is there an autism private program for adults?
 - DDS has not been a part, but included in how their clients could benefit from support and services
 - Use DDS when kids in group home are starting to age out
 - Number of phone calls increased by 168%
 - Coordination occurs with DSS
 - Coordination (or lack thereof) of HUSKY and private insurance. HUSKY will pick it up at providers. Providers ignore private insurance
 - Question to DSS: how come we had such a difficult time with eligibility? Length of time no one's fault. Very complex system meshing with another complex system. Took time to make sure everything would work to map different fields.
 - Not sure if EMS is receiving a direct feed from DSS
 - Do medical doctors know it's available? They received information on functions from physician advisory councils
- Project preparing for people with physical and mental issues combined.
 - Needs to be coordination of care → September 2011

Sandy Quinn, VO

Moving from clinical department to provider relations staff and help with peer specialists
They have not hired her replacement yet.

Future Agenda Items

How does the HUSKY, partnership, DSS connect? A lot of families at risk of losing benefits, recorded info. System is eight months behind

-Last year MCO's presented on coordination

*Medical, dental, vision, *transportation*: opportunity to talk about these now that behavioral health system is in place

- Sandy has transportation grid info
- For every plan, who gets called for transportation, who talks to who?
- ABD transportation will now make this even more complicated
- Title 19 contact the contractor/liaison at the department
- Letter required from physician for a ride

Consumer Forum April 13th 1-3pm. Informal

- Parent/client testimony is needed - this will be the most powerful insight into the program.
- Goal: educate law makers about work done under partnership
- Publicize partnership
- 12:30 sign-up time for public to speak to Council

Moving toward using new media, e.g., texting & Facebook to connect with people, spot on radio station to advertise. Need to address longstanding problems, e.g., people don't open their mail and they don't always get their mail

Please email Co-Chairs with suggestions for future agenda items.