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 25, 2011
Next meeting: ***Wednesday July 27, 2011*** @ 1:30 PM LOB Room 3800.

Attendees: Co-Chairs: Sharon Langer & Maureen Smith

COC attend 5-25-11.pdf

VO Clinical Disease Management Initiative: Steven Moore, PhD

April 1, 2011 ValueOptions (VO) assumed administrative management of behavioral health services for all Medicaid populations that now include Medicaid Aged, Blind & Disabled (ABD), Low income Adults (LIA) as well as the HUSKY A & B and Charter Oak Health Plan programs. The CTBHP State agencies (Departments of Social Services - DSS, Children & Families -DCF and Mental Health & Addiction Services - DMHAS) and VO recognized early on that the cornerstone of effective care management is consideration of members' overall health & wellness as well as mental health status. According to national data, individuals with chronic mental illnesses have shorter life expectancies than the general population. The causes of these premature deaths are often related to untreated and/or episodic treatment of physical health disorders. Three out of five persons with a serious mental health illness die from preventable 'medical' diseases. (*Pages 1-3*). The CT integration model is unique among other state efforts to integrate and coordinate members' overall health care.

Committee comments related to the above: participant experienced a parent's early death at age 53 that was associated with untreated medical and mental health problems due to Medicaid ineligibility and workman's compensation issues. The parent's premature death was preventable.

(*Page 6*) VO contracted with McKesson, a national disease management company (*see contract provisions)* to pilot a disease management program that involves behavioral and physical health coordination (*pages 8-15).* The pilot will involve 300 active CTBHP members that have been

identified as having both behavioral and medical issues. The guiding principles will be 1) collaboration between practitioners and the member and practitioner, 2) employing a client centered holistic approach that engages the member's family and 3) timely access to services. VO will ensure that the necessary communication occurs between/among providers that will provide integration of medical and behavioral health care. The program's emphasis is on early intervention as well as coordination and continuity of care (*page 10).* Timely opportunity for the pilot as the Affordable Care Act (ACA) is implemented; by 2014 health providers will be able to share electronic medical records to ensure care is appropriate, coordinated and integrated. The referral criteria for behavioral and physical health coordination are outlined on *page 15*

Committee Comments:

- ✓ On child side – families experience that children are on psychotropic meds that have adverse health effects (i.e. high blood sugar, weight gain, etc) that are often not identified or addressed. There is lack of coordinated care with specialists leading to avoidable health consequences.
- ✓ The health care system tends to treat the child (identified patient) rather than the family, often the result of varied program rules for state agencies as well as federal guidelines. The ACA is intended to reduce this in that 2012 guidelines intend to be implemented nation-wide that will coordinate federal/state rules.
- ✓ Concern expressed about duplication of case management (CM) efforts. Each MCO also has a CM program. Dr. Moore assured the group there would be no duplication of these services. If a member is already in CM at one of the MCOs, V/O, McKesson will provide linkage of the patient to the MCO, but not duplicate the CM process.
- ✓ Very important to identify a member's SES basic needs (i.e. housing & food security, utilities, safety, etc) first in order to meet their health needs. Dr. Moore said the CTBHP currently assesses non-medical needs such as these and assists clients in obtaining resources as well as health care access.
- ✓ Two Committee participants expressed a desire to participate in the pilot, recognizing the benefit of their own care integration in a model that is person centered.
- ✓ Dr. Berkowitz (DCF) said the CTBHP Enhanced Care Clinics, originally developed for HUSKY population and included local care integration initiatives between the BH outpatient clinic and medical primary care practice will meet this Thursday to discuss how the system will work for the new populations in CTBHP.

Dr. Moore said both VO and McKesson will be refining the pilot parameters and processes and will bring the Committee input back for consideration. The Committee Chairs thanked Dr. Moore for the presentation and VO for taking the initiative to address physical/BH service integration.

The agenda items for the JULY 27th meeting include DSS discussion of Medicaid transportation and Dental services.