

Medicaid & Behavioral Health Partnership Oversight Councils

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: 9-28-11

Next meeting: **Nov. 30' 2011 1:30 – 3 PM LOB RM 2A**

Attendees:



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1) DSS: Transportation Updates – Lee Vander Baan

AS a follow up to the July meeting discussion about Medicaid non-emergent medical transportation (NEMT), Lee Van Der Baan (DSS) returned to talk about the DSS plan for a streamlined NEMT process with a single broker. DSS intent is to solicit feedback on NEMT under stand issues through statewide consumer focus groups (4) and consumer and provider surveys about their experience with the current transportation system. Information gleaned from the groups and surveys will be used in the evaluation of the new broker. Sharon Langer will communicate wit the ABD and Consumer Access Subcommittee chairs and ValueOptions Consumer Committee to assist DSS in identifying focus group sites. The VO group is meeting 10-13. Time frame for doing the groups is **Mid-Oct.**

2) Discussion: Committee role in the new health care delivery system: integrating 4 Administrative Service Organizations, pharmacy

Suggestion at the Medicaid Council executive Committee meeting that the Coordination of Care Committee be a bridge between the 2 Council as the scope of the Committee is assessing coordination of care for members (all Medicaid members) by the 4 Administrative Service Organizations that manage medical care, dental, behavioral health, transportation and DSS managed pharmacy. The Committee voiced consensus on this. The committee chairs will participate in the Medicaid Council Executive Committee meetings that will now meet regularly monthly to assess the transition to the new delivery system.

Family representatives expressed confusion about the “medical home’ model – will the state

have one core model? Family representatives were encouraged to attend the monthly PCCM subcommittees to ask questions: ***next meeting is October 12 from 10-12 noon in LOB Room 2B.***

3) ValueOptions: Update on the Wellness Care Coordination Project: Dr. Steve Moore



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Dr. Moore reviewed the status of the ValueOptions/McKesson Wellness & Care Coordination Program begins 9//11. The goal of the program is to provide intensive disease management intervention for Medicaid individuals identified at the highest risk level with medical and behavioral health diagnoses to improve member's health and reduce ED visits, improve medication use. To date:

- 1200 participants were identified and nurses made calls to these individuals; averaged 12-13 calls to contact the person (contact information was incomplete or inaccurate.)
- To date 40 participants have completed the assessment and enrolled.
- While the VO member, eligibility, and claims data is provided to the contractor for client assessment and ultimate selection for the project, referrals of potential participants can be made to VO.
- The pilot data will be used to give feedback to PCPs to assist them to improve their practice approach to their patients with co-morbid, chronic illnesses.

Comments/questions:

- ✓ How can incarcerated individuals be connected to this part of the health system. VO is working with UCONN (manages incarcerated individuals health care) to ensure linkage to health care coverage/services upon release.
- ✓ VO said there is no designated end time for the pilot.
- ✓ Important in this pilot to ***engage the individual's provider (PCP)*** in this disease management process.