



Behavioral Health Partnership Oversight Council Coordination of Care Committee

Legislative Office Building Room 3000, Hartford CT 06106
(860) 240-0346 Info Line (860) 240-8329 FAX (860) 240-5306
www.cga.ct.gov/ph/BHPOC

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
David Kaplan, BHPOC Staff

Meeting Summary: January 25, 2012
1:30 – 3 PM
LOB Room 2A

Next Meeting: **March 28, 2011 @ 1:30 PM in Room 3800 LOB**

Attendees: Lois Berkowitz, Michelle Chase, Erica Garcia, Sharon Langer, Sabra Mayo, Ellen Mathis, Steve Moore, Trevor Ramsey, Rep. Elizabeth Ritter, Kimberly Sherman, Maureen Smith, Sheldon Toubman, Lee VanderBaan

Proposed Revision to Mission Statement of Coordination of Care Subcommittee (attached)



Microsoft Word
Document

Sharon Langer, Co-Chair said that each committee was revising and drafting new mission statements now that the HUSKY Health and Charter Oak plans have a different structure. She had drafted an initial statement (see attached) but some suggestions were made that instead of trying to list out different ASO's, or particular names that the committee would reference, that the mission statement should be more person centered. She will incorporate these new changes into the mission statement and then she will send it back out to the subcommittee. It will then be shared with the larger Council at its

next meeting.

Update on Implementation of Medicaid ASO

Kimberly Sherman of CHNCT said that all is going well. There are currently a few nurses with a wealth of knowledge already working and they are looking into hiring more nurses. Dr. Moore of Value Options added how well initiated and coordinated that the two systems are functioning with DSS on collaborating and working together on health care. He believes this will be an area of strength for the new ASO. The amount of work accomplished in the past few weeks is really gratifying and exciting.

Michelle Chase, Family Advocate, has some concerns that families are being dropped from current provider services because they have missed appointments due to transportation issues. She claims the new changes went into effect with out informing families and educating them on the new changes of services and how families were to access services. Erica Garcia of DSS said that a letter went out to families explaining to them these new changes, how to obtain services, and informing them of regional information forums that will take place in the coming months around the state. Remainder of the letters should be sent out by February 6, 2012. Sharon said that families on HUSKY A and B should have received a letter in December about the new changes along with a telephone number for information to access. Michelle reiterated that many families still have no contact information. Coordination of information and changes is not strong. Erica said that families can go on the CHNCT website for information and to find out when the community forums will take place. Kim gave a phone number for families to access services. Michelle said that she was told if a family was dropped by a provider for non-compliance for service, there would be no appeal process to regain access. Maureen Smith, Co-Chair, said that it is out of the norm to have no appeal process for families. Kim retorted that there is an appeals process and that this was a clear example where families still need further education. She said she would follow up with CHNCT to make sure their staff was giving correct information to consumers. A February schedule of Member Orientation & Provider Forum Meetings Information (attached) was passed out and made available to committee members after the meeting. These forums will continue throughout the year. This is a part of the ASO setup, to have more community involvement and opportunity for input. The website is: www.HUSKYhealth.com for more information. Maureen asked for an update for the next meeting on what is working and what has not and what was/will be done to make the transition work for all serviced families. Family advocates were asked to bring any problems to the committee so they can be addressed in a timely fashion.



Microsoft Office
Word Document

Update on Pharmacy Data

Dr. Steve Moore from Value Options presented an update on Pharmacy Data.



Microsoft PowerPoint
Presentation

The actual pharmacy report data is due from a month from now. The actual results of this data is currently being studied and analyzed and will be available in a summary form for the next meeting. The report will include three topic areas:

- Use of Behavioral Health Medications
- Use of Psychotropic Medications by Therapeutic Category
- Top 10 Drugs Used by Different Populations

Sharon asked Dr. Moore if smoking cessation drugs were included in this study? The answer was no but this is a great area to explore. Only the psychotropic medications were a part of this study, replied Dr. Moore. Maureen asked if this study included any change in services with an increase of prescribed medications. Dr. Moore, replied, again, this is a good area to consider but not currently a part of this study. What this study will show is that they expect to see an increase in the number of people using psychotropic medications and an increase in the number of prescriptions for psychotropic medications, not always to the benefit of peoples' treatment and therapy. They want to see how the changes in medical usage match in Connecticut in what they are doing nationwide and then take a look at different type of treatment options and therapy programs. They expect they will get answers to the questions on the demographics of the people who use medications. How use has increased/decreased since the last reporting period. What is the comparison of use by youth versus adults? What is the use by DCF youth compared to non-DCF youth? What is the comparison between men and women? What are the differences in medication use across different age groups? How effective is treatment when paired with medication compared to no medication? Kim asked about the rate of prescribing by behavioral health prescribers versus non-behavioral health prescribers. The study will include this information. This study does not cover commercial insurance, only for the HUSKY population. Drs. Kant and Van Der Heide will have more answers about the study at the next meeting. This study was done to understand the use of psychotropic medications in Connecticut and to use this first analysis to help determine follow up questions.

Wellness and Care Coordination Update

As of September 1, 2011, two nurses have been working with 40 people enrolled. As of January 20, 2012, 220 people have been enrolled with the final 80 people to be enrolled by March 1, 2012. The program is intended to identify people with high risk for medical problems who also are struggling with a behavioral health issue (see examples in the

power point presentation). Medical diagnoses include:

- Asthma
- Coronary Artery Disease (CAD)
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- Congestive Heart Failure (CHF)
- Hypertension
- Obesity

The nurses are working on getting people reconnected with their doctors and transportation to and from the offices. The nurses are feeling a bit challenged at times because some of the people they work with have significant issues to deal with but they are amazingly persistent. Sharon asked if contact with the nurses are all telephonic and the answer is yes with follow up through the mail, fax, or email. This program does include a small percentage (18.33%) of children.

Update on Transportation

Lee VanderBaan of the Department of Social Services gave the update. Transition of transportation serves will be done in stages and so far seems to be handled smoothly without any major problems. HUSKY A clients who were served by CHN and CTS will now be served by Logisticare and First Transit. CTS will continue to serve HUSKY D clients (formerly LIA) through March 31, 2012. By April 1, 2012, all clients will be served by Logisticare. Clients who call the three brokers will be cited new phone numbers with information on how to obtain their transportation needs. The call rate has gone up 50% with 6000 to 7000 calls a day to Logisticare resulting in 10,000 calls a day for all three carriers. A recommendation was asked of Logisticare to have a single person responsible to answer questions that CHN or Value Options may have. Transportation is now considered a medical service, not an administrative service. In October, about 3000 HUSKY A clients went to 10,000 appointments and about 50% of these appointments were for behavioral health services with about 10% going to dental appointments with the rest of the calls were for medical services. He also has data of what happens when the trips go wrong such as incident reports of accidents and other transportation problems. He cautions the committee that when children are transported, they are not as safe as they would be in private transportation. In a typical day, it would not be unusual to have three incident reports from fender-benders to more serious accidents. He is concerned about safety and risk of injury. Maureen asked if there were any penalties built into the contract with the transportation provider when things went wrong or if there were quality of care issues. There is a quality manager and there are performance objectives. The Department is asking Logisticare to open up and create a Connecticut website with information about its transportation services which will be helpful to both providers and clients. Michelle brought up the issue if parents can get mileage reimbursement for transportation if they choose not to use transportations services. There is a provision for mileage reimbursement in certain cases but only on an exception basis.

The Department is currently considering changes to transportation policy in order to ensure that families are able to access non-emergency medical transportation. In addition to the payment of mileage, issues have arisen about whether siblings may ride in a cab

when a parent needs to take a sick child to the doctor, or a parent has an appointment and needs to bring a young child or infant in order to keep the appointment.

Other Business

Erica gave the telephone number for Member Services: 1-800-859-9889 and the number for Provider Services Unit CHNC: 1-800-440-5071. Sheldon Toubman brought up the issue of access for services for children with autism. His office is challenging the DSS's position that the Connecticut Medicaid program is only obligated to bring up the child to the level they had before (at birth) and if therapy levels are required to bring the child up to a higher level, it will not be covered by Medicaid. Advocates disagree with this interpretation of federal Medicaid law.

Next meeting: March 28, 2012