



***Behavioral Health Partnership  
Oversight Council  
Coordination of Care Committee  
Council on Medical Assistance Oversight  
Consumer Access***

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Co-Chairs: Christine Bianchi, Brenetta Henry, Janine Sullivan-Wiley & Benita Toussaint  
MAPOC & BHPOC Staff: Richard Eighme & David Kaplan

The Committee will work with the Departments of Social Services, Children and Families, and Mental Health and Addiction Services, and the administrative services organizations that administer medical, behavioral health, dental and non-emergency transportation, to identify and monitor key issues that may impact whether individuals and families in the HUSKY Health program and receive person-centered coordinated services. The Committee and its partners, along with parent and community input, will seek to ensure that participants in the HUSKY Health program receive behavioral health care that is coordinated with their medical (primary and specialty care), dental, pharmacy, and transportation services.

**Meeting Summary: March 23, 2016  
1:00 – 3:00 PM  
1E LOB**

Next Meeting: **Wednesday, May 25, 2016 @ 1:00 PM in Room: 1E LOB**

*Attendees: Co-Chair Brenetta Henry, Co-Chair Janine Sullivan-Wiley, Co-Chair Benita Toussaint, Daniela Aguila, Lois Berkowitz (DCF), Kathryn Britos-Swain (DPH), Laura Demeyer (CHNCT), Erica Garcia (DSS), Bill Halsey (DSS), Colleen Harrington (DMHAS), Olivia Hathaway, Gale Lemieux, Ellen Mathis, Sabra Mayo, Kelly Phenix, Trevor Ramsey, Kara Rodriguez (CHNCT), Kimberly Sherman (CHNCT), and Eunice Stellmacher*

**Introductions**

Co-Chair Brenetta Henry convened the Coordination of Care Committee/Consumer Access Committee meeting at 1:18 PM and introductions were made. Co-Chair Janine Sullivan-Wiley also welcomed members and guests to the meeting and she introduced Laura Demeyer of Community Health Network of CT, Inc. (CHNCT) for the presentation.

**Presentation on Person Centered Medical Homes (PCMH): Laura Demeyer, MSN, RN- Community Health Network of CT, Inc. (CHNCT)**



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Laura Demeyer (CHNCT) gave the presentation on Person Centered Medical Homes (PCMH) as requested by the committee so that its' members could compare and understand this model relative to the presentation that Colleen Harrington (DMHAS) provided at the last committee meeting on Behavioral Health Homes (BHHs). These presentations come to the committee in its goal to coordinate and integrate Behavioral Health and Primary Care.

Laura said that the Medical Home is not a physical place. Care is organized around the patient, led by a primary care provider and coordinated with a team of individuals and outside providers allowing the individual to be an active member in his/her own healthcare. The Team offers 24/7 availability, with some same-day and walk-in appointments (see presentation above). There must be cultural and linguistically sensitive services. She described the enrollment process.

A question was asked about whether a specific PCP could be a PCMH provider. A person could call the member services center to find out if their PCP was enrolled in PCMH. Janine described why an independent provider might not choose to participate in PCMH. There was also a question about "family centered medical homes."

Erica Garcia believes that DSS is making steps towards a greater integration between PCMH and BHHs. She discussed the work with DPH on a system integration grant and meeting a deadline with Intensive Care Management (ICM) on a statewide policy. Laura discussed the integration of behavioral health in PCMHs. One of the new federal standards will require the integration of behavioral health into the health services offered at PCMHs.

Laura discussed the requirements for being a PCMH and distinguished a provider from a practice. She discussed the timeframe for becoming recognized. Erica added where information can be found to be shared with a provider.

Colleen Harrington, Laura and Bill Halsey discussed the differences between the two programs. In order to be PCMH recognized a practice must be CMAP or Medicaid providers, and meet all of the PCMH requirements. Bill talked about the behavioral health services offered through HUSKY. Colleen provided clarification on the criteria for participating in BHHs and how DMHAS came to the eligibility limits they have in place. She hopes that data will show improvement which could allow for resources to be expanded.

Laura discussed the number of practices and providers enrolled in PCMH and who was eligible. They keep trying to add providers into the program.

Janine asked for a comparison of PCMHs and BHHs, and about availability of homes in geographic locations. These were detailed. In general, BHHs are behavioral health centered and add medical, eligibility is restrictive (which she detailed); there are 14 BHH providers in the state. PCMHs are based in primary care and add behavioral health; eligibility is open and includes multiple insurance including Medicaid. Colleen talked about the various locations of BHHs across the state and who ran those homes. These homes are part of a two year pilot that began on October 1<sup>st</sup> of 2015. Bill discussed another behavioral health initiative underway that is funded by a federal grant.

Janine asked how a person would know how to find the best health care. Kathryn Britos-Swain from DPH talked about the Department's approach to health care which begins with newborn screening. Newborns with any kind of disabilities are referred to additional services and tracked. Children and adults who are screened are not followed up with by DPH. There was a follow-up question about adults with Autism Spectrum Disorders and specialized care.

Brenetta stated that there need to be future meetings on eligibility issues. Bill discussed the critical roles the two ASO's provide. Janine added that she likes some responsibility is given to the individual and that the services are person centered.

## **Other Business and Adjournment**

Co-Chair Janine Sullivan-Wiley said that Non-Medical Emergency Transportation (NEMT) would be discussed at the May committee meeting which was confirmed by Bill Halsey who provided a brief update. She noted that the legislature has a bill under consideration that would require rebidding of that contract. This was discussed. A member of the audience announced that Logisitcare and DSS would be at the next CABHN meeting which was on April 1, 2016 at 9:30am at 21 Oak St, Hartford, CT. All members were invited to attend.

Janine said that one of the committee's goals of tracking Autism Spectrum Disorder Services is currently being discussed and vetted by the BHP Operations Committee so the Coordination of Care/Consumer Access Committee would not discuss this topic. Anyone who wishes to have discussion and action on this topic would be welcome to attend the Operation Committee meetings the first Friday of the month at 2:30 PM at Beacon Health Options in Rocky Hill, CT. She then asked for any other business.

Sabra Mayo brought up the issue of consumer membership. Co-Chair Janine Sullivan-Wiley noted the need to expand membership geographically. She was pleased that there were guests here today from other parts of the state, interested in this committee. There was a question if consumer membership could be expanded to more than ten members. Janine said that given the current fiscal constraints of the state, that would have to be explored by the Co-Chairs of the committee and DMHAS. However, it was agreed that membership should be limited to one member per family.

Sheldon Toubman (who was not present) sent the committee, (in correlation to the presentation on PCMH on how Connecticut's excellent innovative PCMH program in Medicaid is now being recognized nationally), an editorial titled: "Connecticut Abandoned Privatized Medicaid". See below.

<http://www.desmoinesregister.com/story/opinion/editorials/2016/03/22/editorial-connecticut-abandoned-privatized-medicaid/82081130/>

Janine then asked for a motion to adjourn. Kelly Phenix made the motion, seconded by Sabra Mayo. The meeting was adjourned at 2:43 PM.

**Next Meeting Date:** 1:00 PM, May 25, 2016, 1E LOB