

Behavioral Health Partnership Oversight Council
Coordination of Care Subcommittee

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Meeting Summary: January 31, 2007

Co-Chairs: Sheila Amdur & Connie Catrone

Next meeting: Wednesday Feb. 28, 2007 at 2 PM: LOB Room 3800

Meeting was convened at 3 PM. The November meeting summary was approved.

1. Discussions regarding the challenges MCO's face of coordinating services with Behavioral Health. Health Net, WellCare, Anthem and CHNCT offered their observations.

- All stakeholders commented that the monthly meetings with DSS, DCF, CTBHP/ValueOptions and the managed care organizations regarding complex cases has been helpful in coordinating medical and BH case management; however co-management continues to be challenging. An example of an area that requires continued discussion at the DSS/BHP monthly meetings is the infrequent need for expedited case authorization. The definition of expedited cases differs and each case is reviewed individually.
- Sheila Amdur discussed the need for standards regarding complex cases and how care is coordinated in a timely fashion. There are performance indicators developed by HSRI that address some standards related to care coordination. The November 2006 draft, which is being revised, is on CTBHP web site: www.ctbhp.com. It was not clear who (MCO vs. CTBHP/VO) is currently tracking co-management case numbers and outcomes and BHP will look at this.
- Lori Szyzygiel (CTBHP/VO) mentioned their clinical study of adults that have had co-management for medical/BH diagnoses. While the number of clients surveyed is small, these clients have indicated high satisfaction levels with the co-management process and outcome.
- Administrative meetings with BHP, DSS, MCOs, and ValueOptions have resumed. A work group is currently focusing on transportation issues for BH services.
- Pharmacy issues continue with formulary meds vs. non-formulary meds. MCOs have, over the past 2 years, provided education about the process to pharmacies to clarify the pharmacy's role in dispensing medication and the MCO approval process for scripts that require prior authorization (PA). CHNCT has an automatic override for PA meds other than specialty injectable meds and members receive a one time temporary supply of the prescribed drug. WellCare requires the pharmacy to call the PBM to receive approval to dispense the

temporary supply. Both plans' PBM follow up with providers regarding off-formulary drugs and the PA process. DCF has OMNI CARE pharmaceutical company who services residential care and issues regarding medications in these facilities are different.

2. Rose Ciarcia (DSS) discussed the DSS Mercer Prescription Services Study Format – reviewed the process to be used to provide more information regarding many issues revolving around denials/ medications/ and process. Additional questions, information needs and data collection was discussed among committee members. Rose Ciarcia will report back to committee members with changes suggested for next meeting. Connie Catron (Co-Chair) will organize a list of issues related to pharmacy but not directly related to the Mercer study (see below).



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3. Transportation update was provided by Margy Roberts, Robin Hamilton (Logisticare, transportation vendor) and Mark Schaefer (DSS). Margy Roberts discussed her traveling tours with BHP system managers and local collaboratives to discuss the transportation processes in Medicaid and elicit feedback about problem issues

Clinicians and parents need information regarding the transportation process. Continued collaboration with vendors needed as well as follow up with issues and a reporting system to address complaints. Lee Vanderbaan (DSS) will provide the complaint format agreed to by the State's 3 transportation vendors for HUSKY and FFS at the Feb. 28 SC meeting.

Standards for screening transportation drivers follow DMV regulations. Concerns were again voiced regarding overall safety issues, in particular substance screens for drivers as well as the criminal checks required by DMV. DSS will bring back information on non-emergency transportation (NEMT) driver checks, including DMV licensing regs and any internal transportation vendor screens.

4. Primary Care and Psychiatry update – EPIC model (practice site education) was discussed as well as primary care provider screens for mental health issues. (i.e. prenatal depression). CHDI has selected 4 PCP's to develop the infrastructure for PCP/BH integration. Future Exceptional Care Clinic criteria will include BH/PCP partnerships in the community. These initiatives focus on the importance of BH provider collaboration with primary care providers to identify mental health issues early and intervene with appropriate referrals.

No new business discussed. Meeting adjourned at 4:45 PM

Next meeting scheduled February 28th at 2PM. Room TBA