

Connecticut
Medicaid Managed Care Council
Behavioral Health Subcommittee

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MEETING SUMMARY

JANUARY 19, 2000

Chair: Eva Bunnell Co-Chair: Jeffery Walter

Department of Children and Families Update

Karen Andersson, Director, Division of Mental Health, provided an overview of the agency mental health activities:

- A DCF team met with the Milwaukee Wrap-around model staff to further explore the components of the model. The agency is also evaluating other models of care. The Surgeon General report on Children's mental health cited the Milwaukee program as an exemplary model for community based services for seriously ill children.
- DCF has completed the practice standards for the CT local systems of care programs.
- DCF hopes to move forward the regional and central office staff expansions to better meet and monitor mental health services for children at all category levels within the DCF jurisdiction.

Behavioral Health Outcomes Study Update

Alan Kazdin, Ph.D, Chair, Department of Psychology, Yale University, provided a summary of the study that will assess the impact of outpatient treatment for cohorts of children in the Medicaid Managed care program. Dr. Kazdin stated that the lack of treatment evaluation is a problem, in that it is difficult to assess what is actually 'working' for which group of children that receive treatment. A research-based approach has been designed, with the input of State agencies, MCO's, providers and family representatives to answer questions about the effect of outpatient treatment for the HUSKY A children and develop a predictive model for which group of children benefit from treatment:

- Sample size: obtain data from 6000 children, expect 4000 completed pre and post test data forms.
- Research tool: the current standardized OTR form was chosen in order to minimize the burden on the providers and the MCO's in providing pre and post treatment data.
- Two study phases: 1) pre and post treatment phase using information that includes socioeconomic demographics, treatment settings and the child's functional level (GAF). 2) a sub-sample will complete additional surveys that measure changes in the child's functional level, family assessment of changes and parent/child relations. Data will be collected over 6-8 months.
- Administrative money (a portion of the first year incentive money) will support the study costs to providers and MCO's. Year 2 incentive money would be used to reward MCO performance.

Providers from the Child Guidance Clinics requested the research data/OTR data be reviewed as two MCO subcontractors are not using the OTR as an initial basis for prior authorization. It was agreed the Behavioral Health working group would meet with Dr. Kazdin to review the research variables and the standardized form

Department of Social Services Update

James Gaito reported on the following:

- The Behavioral Health report to the GA regarding service utilization, expenditures and timeliness of treatment, accompanied by recommendations will be sent to the legislature on February 1, 2000.

- The Department is reviewing the final draft of the Notice Action language submitted in draft form to DSS by the Attorney General office. Final language should be available in February.

The next meeting of the Behavioral Health Working Group is on February 16, 12 noon in LOB RM 3800, Conference Room 3800. The next meeting of the BH subcommittee is February 16, 2 PM in LOB RM 1A.

Behavioral Health Working Group Meeting summary

January 19, 2000

Based on the initial priorities of this working group, the following items were discussed:

1. Plan changes in the prior authorization (PA) process:

- ABC will be evaluating the PA pilot in April, reporting in May.
- Merit Magellan continues to allow 10 initial visits with phone registration, no OTR.
- PRO BH will be mailing PA changes to providers within the week, outlining the PA that will now be based on diagnosis and criteria associated with social factors.
- Providers stated that timeliness of communication between providers and MCO's regarding PA and claims submissions is essential to planning treatment. There was a discussion about the feasibility of electronic submission, given the proposed federal regulations regarding confidentiality of records, transmission to MCO's. (The BH chair will request an attorney from the CT Hospital Association attend a subcommittee meeting

to explain the status of the federal regulations).

2. Twice-yearly provider training workshops for administrative 'best practices': Need to develop a list of key items to be included in the workshop, trade association sponsorship along with the Medicaid Council, MCO's, State agencies and establish a time frame for the workshop (May/October were suggested). Addressed at the next meeting.

3. Case management (CM) authorization: the problems related to claims payment of case management in the HUSKY program include a clear definition of CM, development of some level of uniformity within a common area. A refined grid of current MCO CM protocols will be reviewed at a subsequent working group meeting. It was suggested that CM be included in the provider training workshops.

4. Transportation for more intensive services (i.e. ongoing services several times a week): information submitted from the Children's Health Infoline calls was reviewed. Categories of transportation denials included child escort issues, geographic distance, multiple pick-up locations (i.e. child at school and adult in another location), disabled transportation other than public transportation. Further data on transportation issues will be forthcoming from CHNCT and this issue will receive continued focus in the working group.

The BH Working Group will meet at 12 noon in LOB RM 3600. The agenda will be devoted to finalizing the BH Outcomes study. Allen Kazdin, Ph.D, researcher, will be a participant.