

Connecticut
Medicaid Managed Care Council
Behavioral Health Subcommittee

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Meeting Summary

February 16, 2000

Chair: Eva Bunnell Co-Chair: Jeffrey Walter

Minutes of January 19 were accepted without revision.

DSS Report: Jim Gaito reported that the Department is waiting for the outcome of the PHS lawsuit before addressing the Notice of Action policy.

DCF Update: There was no report.

Outcome Study: Jeff reported on a meeting held prior to the Sub-committee meeting to resolve procedural issues related to the study. The workgroup consists of representatives from the four behavioral health MCOs, providers, DSS and DCF. Workgroup meeting notes are attached to these minutes.

"Best Practices" Workshop: The "Issues" Workgroup that was convened several months ago intends to develop an all-day program involving providers, consumers, health plans, and state agencies. Its purpose to provide a forum for the sharing of "best practices" in service provision and administrative procedures related to the Husky program. It is hoped that this program will be scheduled in the Spring. However, planning has been put on hold as the workgroup focuses on the outcome study. Jeff asked for volunteers to work on the forum.

Other Business: Ann Bonney alerted the sub-committee to two bills that have been proposed in the current legislative session. The first provides tax credits to

commercial HMOs that participate in the Husky program. The second relates to increased accountability and disclosure requirements on Husky health plans. Jim Gaito stated that he is unfamiliar with the bill. He informed the sub-committee that the current contracts include accountability and disclosure requirements.

Jeff also reported that the Connecticut Hospital Association could not be present today to discuss the patient confidentiality issue which had been raised at a previous sub-committee meeting.

The meeting was adjourned at 2:40 PM. **The next meeting is scheduled for March 15 at 2:30 PM.**

BEHAVIORAL HEALTH WORKING GROUP

FEBRUARY 16, 2000

Chair: Jeffery Walter

The working group suspended the original agenda, in response to a request from the BH subcommittee, to finalize the processes in the BH outcomes study. Alan Kazdin, Ph.D participated in the discussion through phone conference. The participants, representing State agencies, MCO's, providers and trade associations, agreed to the following:

- The OTR form will be used for this time limited study as a pre-treatment data tool
- The post treatment data tool, the discharge form, will be revised to include the type of RX intervention, the provider /facility name.
- The pre/post treatment forms will be collected by the MCO's for a fixed time (approximately 6-8 months), as data from 6000 children is collected. The researcher will inform the study steering group when the study number has been reached.
- The MCO's will monitor the completeness of the pre/post treatment forms, paying providers for completed forms from the administrative money allocated for the outcomes study. The OTR information will be de-linked from the PA process, in that the completeness of the information on the form will trigger the administrative payment; MCO's that use the OTR for PA will continue to do so.

A small working group will meet February 28 at 3 PM IN LOB RM 3000 to:

- Complete the final changes on the discharge form
- Draft the procedures for the study and clear definitions of data items.
- Provide recommendations to DSS on the distribution of the administrative support dollars.

The small group members, representative of agency, providers and MCO's, include Mark Schaefer (YBH), Angie Harmon (VO), Brook Iead (Magellan), Vicki Aldrich (IOL/HH), Paula Armbruster (YCS), Tom Lipscomb (Village), James Gaito and Adele Kusnitz (DSS). This group will report to the **BH Priority work group on 3/15/00 @12 noon in the LOB.**

Susan Walkama (Wheeler Clinic) and Paula Armbruster (YCS) offered to pilot the discharge form with providers and perform a time study of pre/post treatment form completion by providers for a realistic basis of workflow costs.