

Connecticut  
Medicaid Managed Care Council  
Behavioral Health Subcommittee  
Legislative Office Building Room 3000, Hartford CT 06106  
(860) 240-0321 Info Line (860) 240-8329 FAX (860) 240-8307  
[www.cga.state.ct.us/ph/medicaid](http://www.cga.state.ct.us/ph/medicaid)

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**MEETING SUMMARY**

**SEPTEMBER 27, 2000**

**DSS Report**

James Gaito reported:

- Inpatient hospital reinsurance MCO billing (to DSS) and payments are now on a monthly cycle.
- PHS/PROBH payments: DSS has again discussed this with PHS and Foundation and the department expects a complete report of what has been paid, the resolution of the accounts receivable and the process that will be implemented, when the back log of claims is cleared, to prevent a reoccurrence of the problem.
  - Jeffrey Walter commented that as PHS moves forward with a vendor choice, the Department would review the vendor contract and give feedback to the main carrier regarding any concerns as part of DSS oversight role. Mr. Walter stated that perhaps PHS would look at an ASO arrangement with the vendor versus a risk-based contract.
- BH Outcomes study began in August; 7 provider/billing staff training sessions have been held. There has been low turnout for these. It is hoped subcommittee participants and others will promote increased awareness of the study and the attendees bring back information to their clinics. The study forms and materials can be accessed on the Medicaid Council web site: [www.cga.state.ct.us/ph/medicaid](http://www.cga.state.ct.us/ph/medicaid).
  - Eva Bunnell thanked everyone for working on the study. The study process was an open process that State agencies, providers, trade associations, MCOs and consumer representatives participated.

Consumers have clearly stated they want accountability and information to make informed choices about BH services.

## **DCF Update**

Peter Johnson reported:

- Pleased to see the BH OC study begin (Dr. Johnson organized the early work of the study process).
- DCF is working with parents and care coordinators in developing outcomes for the local systems of care.
- The Governor's Blue Ribbon report has helped in the formulation of proposals to improve community-based care.
  - An RFI for blended funding from the legislative BH Initiative was released 8/6/00; a public forum was held 9/6-7 and comments from these are being analyzed and will be part of the DSS/DCF report in November.
  - RFI specific to residential services has been released that will target specialized services for a small subset of children. Siting these services in the community remains a problem.
  - OPM is working to expand the crisis intervention model to relieve the current gridlock of inpatient services.

Mark Schaefer, Ph. D has joined DSS as the project manager for the BH initiative. Dr. Schaefer stated that the legislative report due in Oct-Nov will have more design specificity; OPM is working with the agencies to develop program costs for the new system, attempting to balance the encouragement of CB care without excessive inflation. Development of the initiative has involve family, provider and State agencies participation.

Ann Bonney (CAMHCC) commented that DCF is working on a uniform client record throughout the state. There may be interaction with MCOs in this initiative.

## **Timely Access to Outpatient Services**

Eva Bunnell stated that information about the time it takes families to obtain an OP appointment was requested in the legislative BH study; however this information was not forthcoming. Timely access to these services provides earlier intervention that may reduce more costly intensive service utilization associated with delayed care access. Jeffrey Walter noted that the low follow-up of hospital discharged children in OP services 30 days after discharge (CHC report) is disturbing.

Peter Johnson stated that the OP wait times range from 30-60 days, with the longest time related to the lack of pediatric psychiatric services. Children in DCF have priority access to services; however there are seasonal variations in service demand, with

February to June the highest, the summer months the lowest. Clinics that use interns generally do not take new cases assigned to interns after March, thus reducing the number of children that can be seen in that clinic.

Mark Schaefer asked what is needed to improve the capacity of the OP system?  
Comments included:

- Improved geographic availability of Psychiatry services, improved reimbursement for these services.
- More case management and in home services.
- Consider funding BA level home support services.
- More clinicians, in particular bilingual therapists, for clinics.

Mark Schaefer asked if it would be possible to transition stabilized children on psychotropics to their PCP, in light of the shortage of pediatric psychiatry (national shortage). Children's rapid growth and development changes make it difficult to maintain pharmacology stability. This could be achieved with regular periodic psychiatry evaluation. Mark Schaefer suggested it would be useful to look at the quality of medication management, including poly-pharmacy and treatment protocols for children.

### **DMHAS Update**

Holly Miller Sullivan reported that the agency is in the renewal process of provider agreements to provide services; there is a large volume of facilities and providers. The department has sent a mailing to providers clarifying that the reduction in transportation services to treating facilities does not include 911 ambulance calls. The department is looking at the transportation funding needs and temporary solution for transporting clients from the ED to SA facilities. The expenditures dropped from \$ 600,000/2 years to \$ 270,000/year, so funding for these services was decreased.

### **Consumer Forum**

Eva Bunnell facilitated the first of two forums for a consumer perspective of MH services associated with the Governor's Blue Ribbon Panel report. The following priority issues were identified:

- Increased family participation in policy and program spending decisions.
- Integrated funding of programs and reinvestment of federal matching monies back into the system of care.
- Expansion of the system of care
- Integration of primary prevention in policies across agencies, promoting public awareness of MH/SA issues.

On October 5, Secretary Ryan has invited agency commissioners to meet with consumers and further discuss these priority concerns.

Jeffrey Walter reminded the subcommittee that the BH Administrative Best Practices Forums will be held on 10/11 and 10/20. The forums will present information on HUSKY policy changes and billing/claims procedures.

Chet Brodnicki (Clifford Beers Clinic) reported that Magellan is behind in service authorization verification; Sarah Calatayud will request Brook lead to respond at the next meeting (*The issue has been resolved. It was related to an internal process change that delayed staff response to the requests. Once the MCO was made aware of the problem, internal changes were made and the backlog of requests were eradicated*).

**The subcommittee will meet on 10/25, 2 PM in LOB RM 1A. The Priority work group will meet at 12: 30 in RM 3000 (Public Health).**