

Connecticut Medicaid Managed Care Council

Behavioral Health Subcommittee

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MEETING SUMMARY

OCTOBER 25, 2000

CHAIR: EVA BUNNELL CO-CHAIR: JEFFREY WALTER

DSS Update:

- PHS/PROBH provider payments: A letter from the Chair/Co-Chair of this committee and the Medicaid Council to DSS requested specific information regarding PHS/PROBH payments. This will be addressed at the October 27th MMCC, with a follow-up at the next BH subcommittee meeting.
- BH Outcomes study: Begun in August 2000, this voluntary study of outpatient BH service outcomes has been under way for 3 months. The BH plans are collecting pre/post treatment forms from providers. They report a modest number of submitted forms to date, with a tapering off over the past several weeks. The subcommittee agreed that:
 - The BH MCOs will each contact 6 child guidance clinics (CGC estimated to provide, on average, 50% of HUSKY BH services) and other high volume providers in their network to determine their intent to participate in the study, answer research question.
 - The trade associations will discuss the study with their members at their next monthly meeting.

The information from these contacts will be reviewed at the BH OC Steering group meeting Nov. 15, 4 PM.

Expedited Fair Hearing (FH) Process

Martha Okafor (DSS) reviewed the unified grievance/FH process, the Notice of Action policy effective July 1, 2000 and the expedited FH process at the BH administrative Forum. Eva Bunnell raised concerns about client access to the expedited FH process,

ensuring that the consumer has the same rights as the provider in requesting the expedited FH. Martha Okafor outline the provisions of the process:

- The client can request an internal expedited grievance appeal to the MCO; the MCO must review this request and make a decision to approve the grieved service or deny the service, within 2 days.
- The treating provider must provide medical information for the MCO to review the request and for the expedited FH process.
- If there is a conflict between the consumer and the health provider regarding the urgency of the request (i. e. failure to provide the service places the client's health at serious risk) the client can indicate this on the NOA form. There would be an expedited administrative FH at that point. DSS could provide an internal second opinion from a DSS medical professional in the event that the treating provider does not supply the clinical information or does not agree with the client request for services.
- Angie Harmon (CHCS) and Lois Berkowitz (BCFP) commented that the NOA purpose is to protect the consumer, yet medical policies may not be applicable for BH clinical services. Brook lead Gogkowski (Magellan BH) requested clarification on the implementation of this confusing legal contract provision, stating the MCO wants to be in compliance but has questions regarding the actual implementation of the policy.
- James Gaito suggested that the policies be reviewed at the DSS/MCO November meeting that would include the BH vendors.
- The language from the CHC consumer guide that will accompany each NOA will be reviewed **at the next subcommittee meeting**.
- It was recommended, by Angie Harmon, **that future new policy transmittals related to BH clients, providers and MCOs be reviewed at the subcommittee for input**. The subcommittee attendees agreed with this.

SBHC BH Contract Survey

Donna Christensen (DPH) stated that she is still gathering information from the SBHC that is coming in since the resumption of the new school year: this will be reviewed at a future subcommittee meeting. Ms. Christensen commented on the BH forum, at which SBHC were well represented at both forums. The SBHC attendees found the information provided very helpful, noting that barriers to claims & services provision may be related in part to provider error as well as the initial MCO authorizations. The Department has planned SBHC trainings: a refresher on making differential diagnoses, legal issues related to confidentiality, especially affecting adolescents and the NOA, and managed care refresher regarding the authorization/claims process.

SBHC representatives expressed concern about the lack of intensive community based services, in particular IOP, Day Treatment and EDT in certain geographic areas. Shortened inpatient stays and/or outpatient treatment dropouts result in seriously ill children returning to the SBHC MH services until an OP clinic appointment can be secured. Ms. Christensen also reminded the subcommittee that the Surgeon General's

MH report emphasized the importance of the integration of physical health and BH services (*SBHC are in a key position to provide such integration*). Mark Schaefer (DSS) stated that DPH has joined the legislative BH initiative implementation team.

The BH Priority Work group began a debriefing of the BH Forum and will look at ways to build on the forum content over the next several months.

The next meeting of the BH subcommittee will be on Wednesday Nov. 15, 2 PM, followed by the BH Outcome study Steering group meeting at 4 PM. Members of the BH Priority WG will have a phone conference to review the provider & consumer transportation survey created by Ann Bonney (CAMHCC) and Pat Mansfield (CPCA) prior to the next subcommittee meeting.