

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

Meeting Summary: October 10, 2001

Chair: Jeffrey Walter

DSS Update

Jeffrey Walter acknowledged the retirements of Adele Kusnitz and James Linnane, thanking them for their work with the subcommittees and the HUSKY program. Patricia Sulik will represent DSS at future meetings.

- The Department has communicated with the attorney for HealthRight regarding outstanding HUSKY claims and the withhold money (\$ 100,000) held by DSS. The new DSS/MCO contracts have provisions to safeguard payment of run out claims.
- The PROBH run out claims seem to be ending; the MCO's will report at the 10/12 Council meeting.
- BH Outcomes study: Judith Jordan, the project coordinator, will begin meeting with Yale , providers and MCO's to follow up on submitted forms. Ms. Jordan noted that providers have been very cooperative with the study. Ms. Jordan can be reached at DSS @ (860) 424-4984.

DCF Update

- KidCare: concern about significant budget cuts in the KidCare allocation, however Commissioner Ragalia remains committed to the program, looking within the DCF budget for savings that will leave the program intact. The EMS and care coordination RFP recommendations have been sent to the Commissioner and the applicants will be notified by the end of November. The roll out will be delayed one month, with South Central beginning in December, followed by the North West in February 2002 and East, South Western in April 2002.
- Karen Snyder, formerly from DMHAS, has joined DCF.
- Karen Andersson applauded the MH providers and Child Guidance Clinics for their coordinated response to the September events.

Behavioral Health/Primary Care Integration Project

Anthem BCFP and Wheeler Clinic have undertaken a pilot program that integrates BH services with primary care through on-site placement of 2 psychologists at two large pediatric practices. The project goals are to increase access to BH services, improve PCP/BH provider communication and linkage to community-based services through identification of the family and child's BH needs at the PCP site. Interventions range from primary prevention and early intervention, family crisis assessment and intervention with short term therapy as well as triage, case management and referral to community based services for families with more intensive needs. Five months into the 6-month project both families and providers report satisfaction with the project. ABCFP will follow the children in the project, comparing their claims data with children not in the project. The expectation is the earlier identification and immediate intervention of BH needs will result in lower ED and hospital utilization.

HUSKY A MCO Non-traditional BH Services

Blair MacLachlan, CompCare consultant, reviewed the plan's non-traditional BH services (see accompanying grid). Drawing on experience with 700,000 covered lives (children) in various states, some of whom use local systems of Care(LSC) that incorporate wrap around services, CompCare developed a delivery model, that links both traditional and non-traditional services at the local level. The MCO can reimburse for services not under Medicaid as they work with the provider and State agency. A case rate for clinically relevant services is used for families with multiple providers and services, thereby decreasing the administrative burden for both the providers and plan. Coding for non-traditional services is a challenge for all the health plans as "home-grown" codes are not acceptable (HCFA) and adaptation to the existing codes for traditional services creates barriers to service delivery. The Chair suggested:

- A work group of DSS, MCO's & providers come together to identify services, common descriptions of these services and codes and identification of services under 'case rates'. *{Addendum: Dr. Schaefer (DSS BH Manager) commented after the meeting that DCF & DSS have a rehab option workgroup responsible for developing overarching rehab service definitions that will eventually be broken down into service profiles, element definitions, units of service & codes. Dr. Schaefer suggested it would be useful for the SC and MCO's to agree to interim definitions and codes that can serve as a uniform crosswalk for reporting purposes. }*
- The BH subcontractors consider using the CompCare format in reporting on their non-traditional services at the November meeting.

Duffy Cichowski (Staywell Health Care) and Jeffrey Walter commended both CompCare and Anthem Blue Care for their creative approaches to BH service delivery as well as including the provider community in the development of these services.

DMHAS Overview of Quality Measures

Michael Michaud (DMHAS) provided the SC with information on the DMHAS contract performance measures that will be used in the 2002 contracts and hopefully will be associated

with incentives/sanctions in the 2003 contracts. The department provided this information in response to the SC request to view adult BH quality indicators tracked in the DMHAS program s the SC considers key indicators for the growing adult population in HUSKY. The indicators, applied to levels of service in each program type, include quality & appropriateness of care (consumer satisfaction), initial and ongoing access to the continuum of levels of care and outcomes of care (i. e. readmission rates to the same or higher level of care, AMA). A report generated by ValueOptions/Advanced Behavioral Health for the SAGA program was distributed to illustrate the assessment of the identified indicators. Susan Wheeler commented that DMHAS routinely gives providers data comparing their performance measures with other providers. In Wheeler's QI process, these reports augment their internal UR processes, putting into perspective their internal benchmarks with other providers in the State.

The information provided by DMHAS can be used in future discussions within the SC, which DMHAS participates in, related to HUSKY adult BH care quality measurements. Mr. Walter thanked Mr. Michaud and commented that the subcommittee looks forward to further discussions with the Department on this subject.

Next Meeting

- Donna Campbell (Women's Consortium) will convene a BH subcommittee work group on family BH services, adult connections to services on **Wednesday November 14, at 1 PM in LOB RM 2600.**
- **The BH subcommittee will meet at 2 PM in LOB RM 1A on Wednesday November 14.**

The agenda will include:

- Review of the DSS/MCO quarterly claims reports, input from the SC on the Council reporting format for these reports. Charlene Casamento (DSS) will present. (An email of the revised reporting format will be emailed to along with this summary).
- HUSKY BH subcontractor's review of each of their non-traditional BH service delivery components, using the format provided by CompCare.