

Connecticut
Medicaid Managed Care Council
Behavioral Health Subcommittee
Legislative Office Building Room 3000, Hartford CT 06106
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www.cga.state.ct.us/ph/medicaid

Meeting Summary

January 16, 2002

Chair: Jeffrey Walter Co-Chair: Donna Campbell

Non-traditional BH services

Representatives from Health Net/ValueOption were not able to attend this meeting; defer report to March 12.

KidCare Update

Dorian Long (DCF), representing Dr. Karen Andersson, gave a brief update on the KidCare rollout (more detailed information is on the DCF web site www.state.ct.us/DCF):

- The rollout has begun in south Central regions on 1/22, to be followed by the Northwest region in January, North central region in February and the Southwest and Eastern regions in April 2002.
- The KidCare training institutes for providers, regional staff and families have begun.
- An MOU has been signed by DSS, DCF and DMHAS, outlining the respective department's responsibilities in KidCare. Work groups continue to look at the Rehab options, eligibility access to services. KidCare includes HUSKY A & B members, DCF committed and voluntary services participants.
 - *The legislative select committee on Children will hold an informational hearing with DSS & DCF on Wednesday Feb 13, 1: 30 at the LOB RM 2D.*
- The Emergency Mobile Psychiatric Service (EMPS) with care coordination is being implemented in the SC region. The service is available to all children, not

just DCF/HUSKY. Kids in residential settings are excluded; there is a protocol for EMPS in education. Questions to refer to DSS regarding EMPS:

- Can children with MR and MH needs access EMPS?
- How are the HUSKY MCO's interfacing with the EMPS?
- Private non-medical Medicaid reimbursement (PNMI): State will be recouping Medicaid reimbursement for services for residential clients. There will be no change in the residential payment process: the residential entities and DCF will document the services. The Medicaid reimbursement payments will be placed in the general fund.

BH Wait Times:

At the November BH subcommittee meeting, there was an observation that access to BH services is delayed because of increasing "wait times across different levels of care as demand for services grows. Follow up on this issue:

- DCF requires a timeliness of appointment report form providers; however the parameters of this indicator may need to be more clearly defined (I. E. Evaluation appointment versus actual first treatment session.
- Managed care organizations:
 - Track time for F/U appointments post discharge from inpatient acute care to outpatient care with reports to DSS.
 - Measure on an ongoing basis through random calls to providers, timely access to services. DSS/MCO contract has written access time standards for emergent, urgent and routine care access.
 - Directly intervene when a member cannot access care, calling providers to make an appointment for the member. One of the MCO's noted they are having difficulty, at times, obtaining emergent outpatient assessment/treatment.

There seemed to be agreement that this topic requires more discussion and data as access to these services directly impact inpatient services.

BH Outcomes Study

Judy Jordan reported that checks to providers are being sent out (\$ 40/matched set), there are >500 matched sets identified (OTR & discharge form); 119 providers are participating in the study. On hand are 3000OTR, 800 discharge forms that do not match.

BH Changes: Magellan has closed the CT office: Nina Boone will be responsible for the CT Magellan BH OC study : Phone (914)232-0093. See attached grid, courtesy Ann Bonney.

BH Work Group Task

It was agreed the WG will focus on:

- Non-traditional services, beginning with EMPS, reimbursement process & codes.
- Reimbursable Provider case management: develop more uniform criteria, codes.
- Consider web based service program described by Donna Campbell, Women's Consortium, as a tool for CM, provider information to available services within a geographic area, eligibility guidelines.

The subcommittee will meet in March, March 12, 2 PM in LOB 1A. *(there have been meeting conflicts for some; please check on date prior to 3/12).*

The Priority Work group needs to be scheduled prior to 3/12, consider the week of March 4-8.