

Connecticut
Medicaid Managed Care Council
Behavioral Health Subcommittee
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March 12, 2002

Chair: Jeffrey Walter Co-Chair: Donna Campbell

KidCare Update: DSS, DMHAS

Mark Schaefer (DSS) provided an overview of the KidCare behavioral health partnership with DSS, DCF and DMHAS. A memorandum of understanding has been signed by the three agencies for administrative efficiency for behavioral health care for children, through the DCF -led KidCare and adult health program under DMHAS.

KidCare status:

- Emergency Mobile psychiatric Services and care coordination should be implemented in all regions by May 2002.
- DCF Crisis stabilization beds will be opened over the next 6-8 months
- Administrative integration for HUSKY A, B and PLUS, DCF voluntary services and adults through an administrative service organization (ASO) would be in effect in July 2003. The procurement process is under way. The integration is based on the premise of a BH carve-out in the HUSKY programs, effective 2003, which would require legislative approval. Analysis of behavioral health expenditures over time is being done to assess cost neutrality. DSS is also working on a procurement process to attract additional managed care organizations to the Medicaid program.
- DMHAS is working with DSS and DCF to develop a more comprehensive system for seriously persistently mentally ill adults. Both DCF and DMHAS are establishing clinical management policies.

Mr. Walter stated that the carve-out of BH requires a process to improve the integration of BH and primary care services in HUSKY as well identify concerns before the 2003 session. The Chair recommended that the rehab option report, due from the agencies in early April be reviewed in the Medicaid Managed Care Council and further discussion

would be done on the subcommittee level. Mark Schafer commented that the subcommittee is one vehicle, however information sharing needs to take into account the procurement process. The Department will inform the subcommittee regarding Mr. Walter's suggestion.

Behavioral Health Outcomes Study

Mark Schaefer reported for Judith Jordan on the status of the study;

- The rate of the form submission has slowed, attributed to the change in BH vendors site (Magellan's office is no longer in CT) and staff changes in ValueOptions.
- The number of completed forms has not increased since January 2002, related in part, to delays in form review by the MCO's. ValueOptions will report at the April meeting about their change process and strategies to move the forms along.

The Behavioral health subcontractors were asked to bring information to the April meeting regarding 1) any BH OC study process improvements, 2) information on each plan's random assessment of timeliness of appointments and 3) alternative service utilization patterns (i. e. provider case management, in-home services, respite). The Priority work group will look at under- utilization of alternative services.

The Behavioral Health Subcommittee will meet **Tuesday April 30 at 1: 30 PM** (***note time change from 2 PM***). A meeting date for the Work Group will be set at this meeting.