

Connecticut
Medicaid Managed Care Council
Behavioral Health Subcommittee
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Meeting Summary: July 15, 2003

Chair: Jeffrey Walter Co-Chair: Donna Campbell

(Next meeting date: September 16, 2 PM, LOB RM 1A)

Ct Children's Medical Center Primary care/BH Integration Project

Lois Berkowitz (Anthem BCFP), Vicky Aldrich (IOL) and Mary Gratton (Hartford Hosp) described the project that is funded in part by the Children's Trust Fund and ABCFP, in which one full time and one part time bilingual clinical social worker take referrals from primary care providers (PCP) in the CCMC Primary Care Clinic. Clinic patients, the majority of whom are Hispanic, are screened for BH needs and referred to the clinical SW. Part of the project added to the Bristol PC site the availability of phone consultation between the PCP and a child psychiatrist, with backup and follow up by a clinical social worker. The Child Health & Development Institute will evaluate the outcome of the project.

Data collection on referrals is just starting: the IOL has data on CCMC demographics, length of stay (LOS)/# of visits, medication as of May 2003:

- Age range: 3-5 years (24%), 6-11 years (39%), 12-17 years (34%).
- Gender: 76% are male, 24% female.
- Ethnic diversity: 74% Hispanic, 6% African American, 3% Bosnian. About 55% have Spanish as their primary language.
- Parent/caregiver: 58% live with biological parent, 12% with a relative caregiver and 3% are involved with DCF.
- Medication use: 74% were not on medications, 15% on psychotropic medications.
- Payer: 75% Medicaid coverage, 3% commercially insured, 21% unspecified.

Dr. Berkowitz stated that while this project, based on the previous ABCFP private practice integration project, was intended to be a short term treatment early intervention model, the complexity of families' psychosocial issues extend the number of sessions. Mary Gratton commented that the disproportionate linguistic needs and high number of traumatized parents require extensive case management (CM) to connect families to community services. For every hour of treatment, 30 minutes of casework is required. A licensed clinician teamed with a case manager is a more effective and efficient allocation of staff resources. After discussion about the importance of provider level CM, Dr. Schaefer (DSS) noted that within the BH carve out, there is a need for provision of non-intensive CM as well as the Collaboratives' intensive CM for the serious chronically ill individual.

This BH/PC integration model demonstrates the utility of early intervention in a setting that is more familiar and comfortable to the family. Dr. Schaefer noted that it is conceivable that this

model might be included in the BH carve out under the MH enhanced care clinic that carries a 25% higher reimbursement level. Mr. Walter thanked the participants, both for their innovative work and valuable presentation.

Department of Children & Family Update

Dr. Karen Andersson reviewed the DCF issues:

- The DCF regions have been consolidated into 3 regions: Western Director-George Doyle, southern Director- Mary Sclera, Northern Director-Michael Williams.
- Essential services and personnel service agreement contracts made.
- Core-CT, a new billing system will be implemented July 8th.
- BH data base: Emergency Mobile Crisis last quarter data for FY03 complete; there are more referrals from schools and conduct DO is the more common diagnosis among older youth that received services. The impact on emergency holds for children remain high at Yale and CCMC. The 4 groups organized by OPM have been meeting that will address this problem.
- The KidCare evaluation organized by the Child Health & Development Institute of CT will be on the DCF website in August.

Department of Social Services Update

Dr. Mark Schaefer reviewed the following:

- Intensive Home- Based Services (HBS): there will be provider training Thursday 7/17 for those providers, in which the scope of services, credentialing and authorization process will be reviewed. The MCOs have agreed on uniform coding, and adequate HBS network at end of July/August.
- The current DSS/MCO contracts are under extension while DSS & MCOs negotiate new contracts for FY04. The BH carve out will be part of the FY05 contract process.
- The Behavioral Health Partnership (BHP) is continuing to work on MH clinic and 'enhanced clinic' regulations.
- There has been no award for the BH ASO until after the State budget is in place. The Mercer report has not been released, as there is lack of consensus on the validity of the financial model. There have been policy shifts that were part of the initial design that impact the actuarial model configuration. There is an assumption that increased care provided in a non-institutional setting will result in savings. Mr. Walter stated that the UM policies are identified; however the financial piece, the underpinning of the program change is still unknown. Definition of this is crucial to developing confidence in the program change.

Managed Care Update

- The Magellan care management unit is moving to New Jersey and the provider network unit may also move. The Claims unit location remains unchanged. Magellan will update the subcommittee on the relocations when the information is available.
- The BH provider matrix was distributed & will be given out at the HBS training.

The next BH Subcommittee meeting is on Tuesday September 16, at 2 PM in LOB RM 1A.

