

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: November 18, 2003
Chair: Jeffrey Walter Co-Chair: Donna Campbell

Department of Social Services: Dr. Mark Schaefer

Behavioral Health Partnership(BHP)

Legislative leaders, Marc Ryan (OPM) and State agencies met in October to review the BHP that would include the 3 agencies – DSS, DCF and DMHAS. While alternative rate structures would be entertained, there has been no decision made about this. At a meeting scheduled December 17, OPM will address questions from the legislators regarding the reason for adult FFS BH managed care, the potential rate structure options for hospitals (general and psychiatric) and outpatient services.

Carve-out of BH Services in HUSKY

If BH services were carved-out of HUSKY A, there would be an amendment to the 1915(b) waiver that HUSKY A currently operates under. Questions:

- If the services remain in place and are included in a Sec 1115 HIFA waiver, there would be differences in ‘medical necessity’ under EPSDT based on mandatory versus optional covered groups among children; transportation, case management and some service authorization might be different for the optional covered group.
- There has been no decision made as to whether a BH carve-out would include all Medicaid BH services or a phase in model for HUSKY A children/adults or just children initially.
- The number of covered lives under a carve-out would influence the percentage of BH dollars that are spent on administration. A full carve-out model that includes Medicaid FFS, HUSKY A & B and the general assistance BH (GABH) would promote purchasing value with a federal match. State agencies are interested in maximizing the dollar value through purchasing the best possible administratively efficient system and quality care to all clients.

Department of Children & Families (DCF): Ann Adams

There seems to be a developing ‘grid-lock’ for Community-based services, the Emergency Mobile Psychiatric (EMPS) program (40% of the children are being followed for 6 weeks) and the Intensive Home Based services (IHBS) program (now has a wait list). The DCF is working to improve their work forces development through collaboration with a university that provides interns to the EMPS & IHBS programs, as well as hiring additional staff. There is provider collaboration in identifying natural support in the communities, as well as development of best practices in CBS. It was noted that service model training in intensive services, adequate rates

may promote the development of a continuity of care model that allows transition to lower level services in the home. Jeffrey Walter requested a case study type presentation on the types of services in the treatment continuum in January.

BH Managed Care Update

- Anthem: Ongoing education of providers and care managers to clearly define types of services provide. Two new codes have been used and there have not been claims problems reported. Through the contracting process providers are alerted to the new codes.
- Health Net/ValueOptions: working with one provider on claims, provider contracting has just about been completed.
- CHNCT/Magellan: two providers from original list remain working on contracts. There is still some care manager confusion. Ann Adams (DCF) suggested the care managers attend the Yale ICAPS training program.

Other comments noted that while clinicians are trained focusing on family strengths, there remains provider concerns and focus with problems with MCOs. Licensing of CBS programs was discussed. There are differences for adults, with DPH licensing adult facilities and DCF licensing children.

BH Outcomes Study

Dr Schaefer that the study evaluation is due mid December. The draft report would be reviewed and then presented at the January BH SC meeting.

Pharmacy Work Group

Jeffrey Walter met with DSS and a child psychiatrist to review pharmacy issues that usurp administrative time of child psychiatrists whose availability is already limited, in particular to Medicaid clients. A work group meeting will be organized with practitioners, DSS and the MCOs before the next subcommittee meeting.

The BH SC will meet Tuesday January 20, 2 PM in LOB RM 1A

-

The Pharmacy work group will meet Monday January 12, 2 PM in LOB RM 2600.

-

-

-