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STATE OF CONNECTICUT
DEPARTMENT OF CHILDREN AND FAMILIES



Public Hearing Testimony
Insurance & Real Estate Committee
March 3, 2015

H.B. No. 6847 AN ACT ENHANCING ACCESS TO BEHAVIORAL HEALTH SERVICES AND SERVICES FOR YOUTHS WITH AUTISM SPECTRUM DISORDER.

The Department of Children and Families (DCF) supports H.B. No. 6847, An Act Enhancing Access to Behavioral Health Services and Services for Youths with Autism Spectrum Disorder.

Among this bills many positive provisions, it would provide greater access to services for autism spectrum disorder for older youth. Other changes in the bill are consistent with recommendations contained in the Connecticut Children's Behavioral Health Plan. The plan, required by Public Act 13-178, is a comprehensive, integrated plan to promote well-being and meet the mental, emotional and behavioral health needs of all children in Connecticut. The plan represents major changes for Connecticut's behavioral health system. It recommends building a well-coordinated and integrated system with "no wrong door" for families, whether they enter through their day care, school, doctor, a state agency or a hospital.

Of specific interest to DCF, sections 1 and 2 of the bill would amend the definition of "behavioral therapy" to include additional autism spectrum disorder coverage, consistent with the certain services and interventions designated by the Commissioner of Developmental Services and expands coverage to youths up to age 21, rather than the current statutory limitation of age 15.

Section 7 would require the Insurance Commissioner to convene a working group to develop recommendations for behavioral health utilization and quality measures data that should be collected uniformly from health insurance companies, health care centers and state agencies that pay health care claims. DCF would have membership on this working group. Once identified, these measures could be used to inform analysis in the areas of concern raised in the Connecticut Children's Behavioral Health Plan regarding how commercial insurers meet children's behavioral health needs¹. Attached to this testimony is Appendix C from the plan² which provides a sample of utilization and quality measures that could be considered by this working group.

¹ "Connecticut Children's Behavioral Health Plan," Connecticut Department of Children and Families, October 1, 2014. pp. 19-21. Available at <http://www.plan4children.org/final-plan/>.

² *Ibid.* pp. 55-56.

Appendix C Connecticut Behavioral Health Utilization and Quality Measures

Below is an initial draft set of sample utilization and quality measures for Connecticut’s children’s behavioral health system as discussed with ValueOptions and members of the CT Behavioral Health Partnership. The governance body overseeing plan implementation will develop and promulgate, with extensive input, the measures that will guide system development.

Each measure will be available in aggregate form and will be disaggregated by the following factors to aid in assessing equitable outcomes:

- Age cohort 0-6, 7-12, 13-18
- Non-Hispanic Black/African American Caucasian Asian Native American
- Latino or Hispanic
- Other
- By geography (levels to be determined)
- By system (public, private commercial, private self-insured)

Utilization Measures

Number of members, 18 and younger, who were continuously enrolled in the health plan for at least six months during measurement period
Unduplicated Number/Rate of members who received any behavioral health services during measurement period
Unduplicated Number/Rate of Behavioral Health ED Admission during measurement period
Unduplicated Number/Rate of Behavioral Health Hospital Admissions during measurement period
Unduplicated Number/Rate of Development or BH Screenings during measurement period
Unduplicated Number/Rate of members who had at least one primary care visit during measurement period
Unduplicated Number/Rate of members with at least two outpatient BH services during measurement period
Unduplicated Number/Rate of members with at least two home-based therapeutic services during measurement period
Behavioral health general hospital inpatient average length of stay during measurement period
Unduplicated Number/Rate of members with a diagnosis of autism spectrum disorder during measurement period
Unduplicated Number/Rate of members with a diagnosis of autism spectrum disorder who received an assessment specific to ASD service needs during measurement period

For consideration:

A measure related to the juvenile justice system, e.g. Number of children discharged from a behavioral health program, service, placement who are arrested or referred to court within 6 months or number of kids in detention

Quality Measures

Measure	Reference*
Behavioral health hospital re-admission 7 and 30 days during measurement period	NCQA- 1937
Follow up after behavioral health hospitalization during measurement period	NCQA-0576
Initiation and engagement of alcohol and other drug dependence treatment during measurement period	NCQA-0004
Use of Multiple Concurrent Antipsychotics in Children and Adolescents during measurement period	HEDIS-0552

Measure	Reference*
Children's and Adolescents' Access to Primary Care Practitioners during measurement period	HEDIS-0724
Asthma Admission Rate during measurement period	NQF/AHRQ- 0283
Development screening in the first three years of life during measurement period	NCQA-1399
Metabolic Monitoring for Children and Adolescents on Antipsychotics during measurement period	HEDIS-0552
Child and adolescent major depressive disorder- Diagnostic Evaluation during measurement period	NQF-1364
Percentage of discharges for members age 6 and older who were hospitalized for treatment of selected behavioral health disorders and who had an outpatient visit, an intensive outpatient encounter, or partial hospitalization with a behavioral health practitioner during measurement period	NCQA/HEDIS-0576
Discharge Follow-Up: Percentage of beneficiaries with 30 days between hospital discharge to first follow-up visit during measurement period	NCQA-0576
Percentage of patients aged 12 years and older screened for clinical depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen during measurement period	NQF/CMS-0418
Follow-Up after Hospitalization for Mental Illness during measurement period	NCQA-0576

* from Center for Medicaid and Medicare Services (CMS), National Center for Quality Assurance (NCQA), National Quality Forum (NQF), and Healthcare Effectiveness Data and Information Set (HEDIS)