A Brief Overview of Connecticut's Participation in the National Governor's Association High Need, High Cost Policy Academy

Connecticut has been selected to participate in a National Governor's Association "policy academy" focused on better supporting the needs of high need, high cost Medicaid beneficiaries. Please see below for a brief overview of this initiative:

- Connecticut has assembled a core team representing the Departments of Children & Families (DCF), Mental Health and Addiction Services (DMHAS), Correction (DOC), and Social Services (DSS), as well as the Office of Policy and Management (OPM), but plans to augment this core with representatives of the Medicaid Administrative Services Organizations, the Connecticut Hospital Association, the Connecticut Association for Health Care at Home, Project Access and other community partners.

- The team has launched its work by inventorying existing Medicaid Intensive Care Management (ICM) and other Medicaid-funded supports for high need, high cost individuals. In addition, the team will provide a member profile, based on examination of the full range of Medicaid services (medical, behavioral health, pharmacy, etc.), for high need, high cost individuals. This will support identification of gaps as well as opportunities for alignment across departments and populations.

- ICM and other coordinative activities are already built into the structure of Medicaid operations, and the various human services departments also utilize state general funds for this purpose. The team will analyze best means of supporting its desired goals of migrating ICM and other coordinative interventions, which are currently focused upon frequent users of the emergency department, to a more local level, using Medicaid State Plan or other authority. Connecticut's current Medicaid ICM approach for high need, high cost individuals is federated within statewide ASOs, which is funded as a component of Medicaid administration. ICM interventions:
    - integrate behavioral health and medical interventions and supports through co-location of clinical staff of the medical and behavioral health ASOs;
    - augment Connecticut Medicaid's Person-Centered Medical Home initiative, through which primary care practices receive financial and technical support towards practice transformation and continuous quality improvement;
    - are directly embedded in the discharge processes of a number of Connecticut hospitals;
    - sustain the reduction of emergency department usage, inpatient hospital admissions and readmission rates;
    - reduce utilization in confined settings (psychiatric and inpatient detoxification days) among individuals with behavioral health conditions; and
    - reduce use of the emergency department for dental care, and significantly increase utilization of preventative dental services by children.
- While these results are significant and sustained over two full years of operation, they are but a beginning. Connecticut Medicaid must migrate the federated Connecticut ICM model along a curve that will:
    - enable more locally-based ICM;
    - facilitate closer collaboration with community providers;
    - identify local organizations able to provide or augment ICM services;
    - diversify the care team to include community health workers;
    - more comprehensively address social determinants that, left unaddressed, can significantly affect uptake and outcomes that can be achieved by the intervention; and
    - facilitate transitions from the judicial and corrections systems, building upon Governor' Malloy's Second Chance initiative, to ensure that medical and behavioral health services remain consistent and continuous.