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**Subject:** coordinated care comments  
**Date:** Friday, July 01, 2011 11:06:12 AM

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While I think the concept of coordinated care is excellent, there are three significant policy issues that will have a huge impact on the success of this in regard to consumers with a mental health issue:

- 1) This national movement is emphasizing a physician directed, hospital based approach which will be unsuccessful for these clients. While the psychiatrist or primary care physician is a key member of the treatment team, if they direct care it will fail in the areas of skills training and community resource utilization. What will improve care and reduce cost is an emphasis on community based care, adherence to medication regimen and lifestyle change.
- 2) There needs to be planning in terms of designing billing that will apply to community based services. The Medicaid codes, reimbursement and design are different (and need to be in terms of service provision) between institutional medical based care and care coordinated with community services.
- 3) There also needs to be time (hopefully built in to the rate) for the actual coordination of care. Since this is not a direct service to the client, it might not be billable. If it can't be paid for, it won't be done and the plan will fail. If it is built in, the chances for this to be successful increase dramatically.

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