From: Lustbader, Andrew
To: Judy Blei (judy@jblei.com); "Jillian Wood" (jillianwood@sbcglobal.net); Veltri, Victoria
Subject: Exended Day concept and case examples
Date: Wednesday, October 17, 2012 4:32:21 AM

> A serious problem with commercial insurance is that they don't endorse/ cover EDT level of care, which is approx 6 months of 5 days a week treatment,3 hours a day. EDT provides intensive group, parent, family, psychiatric, and individual therapy as needed. EDT also includes an intensive level of collaboration with school, dcf, and outside providers. EDT is an important Level of care that both prevents costly hospitalizations, sub acute placements, and partial hospital programs. Hospitalizations, residential facilities, and partial hospital programs are emotionally costly to parents and young children and financially costly for insurance companies. They often occur outside of the child's community and can be difficult transitions into and out of these programs. EDT can also serve as an essential component of a successful discharge plan from a hospitalization. The use of EDT can shorten a hospital stay and it can prevent re-hospitalization. Husky covers this service and we see huge success with this treatment.
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> Commercial insurance has been paying for a shortened stay and then denying further days. We have had several children who continue to need this level of care. We have been absorbing the cost due to the on going psychiatric need of these children. If effect non profits and the state are subsidizing commercial insurance in order to provide the appropriate and ethical level of care

I have made some changes to the child's age and other demographics for confidentiality....

Joey was an 8 year old boy who was adopted at birth and lived with his upper middle class parents and non- biological older brother. He was referred to the extended day treatment program by his out patient clinician due to depression, suicidal ideation, daily crying and tantrums and loss of functioning at home and at school. He was unable to make use of out patient individual therapy and his parents made limited use of family and parent therapy. The whole family felt hopeless, isolated, and ashamed. Through their participation in our EDT program, Joey was able to learn to identify and talk about his feelings. He was able to learn and use coping skills to regulate his affect. We were able to better engage both of his parents and to help them feel more empowered to meet joeys needs and to understand and contain his feelings. We, as a treatment team, were able to make significant paychophamacological changes on an outpatient basis due to the high level of treatment and daily collaboration with school. however, Joey continued to cry and feel suicidal on a daily basis for 3-4 months. Commercial insurance denied authorizing his treatment after approx 30 days and felt he could step down to out patient therapy. Joey was absolutely not ready to step down to out patient therapy. He was at risk of hospitalization and outplacement from his home school district. He was able to make use of the EDT daily groups and discuss his feelings and learn from his peers. similarly, his parents were able to make connections with other parents in similar situations and modify their expectations, boundaries, routines, and rewards/ consequences. We were able to maintain him safely in the community due to the intensity of the EDT program. Joey continued in the program for 6 months and graduated to routine outpatient therapy. joey was not hospitalized and was not placed in a therapeutic school. joey did not follow through on his suicidal ideation and he is alive and doing well today. His parents are grateful for the therapeutic EDT program and by our financial accommodations.

Joey's parents appealed insurance and had the intelligence, support system, and stamina to fight insurance. 2 years later they won their case and insurance paid for the whole treatment. However this is the exception. Most parents are unable or feel unable to appeal commercial insurance. In these cases, mid-Fairfield child guidance center generally picks up the cost and runs at a deficit to continue to provide ethical and essential services to our community of children and families. We have also worked with many children who stop program prematurely because the parents are scared of incurring a cost when commercial insurance denies. These children ate often re- referred in the future and often end up having 211/ EMPS or 911 calls from home or school, in patient hospitalization and therapeutic school placements. We want to provide an intensive level of therapeutic care the prevents these traumatic and disruptive events. We know the EDT level of care works and want to fairly provide it to our clients with husky insurance as well as commercial insurance.