From: Lustbader, Andrew
To: Judy Blei; Jillian Wood; Veltri, Victoria
Subject: Fwd: Vignettes for hearing
Date: Wednesday, October 17, 2012 10:44:24 AM

Sent from my iPhone

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Begin forwarded message:

From: "Stubbe, Dorothy" <dorothy.stubbe@yale.edu>
Date: October 17, 2012, 8:01:38 AM EDT
To: "Lustbader, Andrew" <andrew.lustbader@yale.edu>
Cc: Jillian Wood <jillianwood@sbcglobal.net>, "Arzubi, Eric" <eric.arzubi@yale.edu>
Subject: Vignettes for hearing

Hi,
Thanks so much for being our representatives for the hearing today! I have 2 vignettes—names and any identifying info removed:

<!--[if !supportLists]-->1. <!--[endif]--> Joe is an 11-year-old boy who was admitted to the Children's Psychiatric Inpatient Service at YNHH for out of control behavior. Over the two months prior to admission, his life, and his behavior, had been in shambles. He lived with his grandmother, as his mother had difficulties with substances and had not been a stable influence. His grandmother had a steady job and private insurance. However, had been hospitalized for congestive heart failure and learned that she had diabetes, 4 months prior. She was back to work full time, but appeared fatigued and not

to be feeling well. His mother had moved into the home 5 months ago, as she did not have another place to live. Although she had been helping out initially and seemed to be getting her life together, the grandmother suspected that she was using substances again, as her behavior had gotten more erratic. The boy had begun acting out—his mood was irritable, he threw things when he was frustrated, and he got into a fight at school. He was sent to the hospital from school, as he had thrown over a chair and run from the building. He had been in no prior mental health treatment. The treatment team agreed that the initial plan of care would be to understand the family and the boy more thoroughly, to see if his behavioral dyscontrol and mood difficulties were a reaction to the obvious stresses in the home, to provide a thorough psychiatric evaluation, and obtain collateral information from the school, family, and primary care physician--,to teach the boy coping skills, help the family communicate more effectively, and work with the school regarding a plan to help Joe maintain behavioral control and be available emotionally for learning. However, after 48 hours, the boy was calmer and the treatment plan was being followed. The insurance plan denied coverage because there was "no active treatment" occurring. On the "doc-to-doc" review, the insurance reviewer asked if a medication was started. When he was told "no", he stated that there was "no active treatment" being provided and denied further hospital coverage. The treatment team determined that the boy would not be safe to be discharged without services in place and stabilizing treatment (non-pharmacologic) provided. He stayed another 4 days with no hospital payment.

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