

### **Status of Implementation**

Coordination of Care Sub-Committee

March 23, 2011

### Implementation Update

- As part of its due diligence to ensure the ASO has made progress toward achieving a successful go live on 04/01/11 the departments conducted a "Readiness Review".
- This review examined documentation, viewed demonstration of processes, as well as toured the facility accommodations ~ essentially kicked the tires and had a test drive.

## Implementation Update

- Readiness Review was conducted on 02/28, 3/2/11 and March 21st
- Participants conducting review included DSS and DMHAS representatives
- 20 "Domains" were examined and evaluated, ranging from file testing to program delivery.

# Domains 1, 2, 3, 4

### Problem Tracking Log

 Implementation plan problem log has provided an accurate reflection of identified issues as well as provided detailed tracking through resolution.

### Eligibility, Provider and Authorization files

- The member eligibility, provider and authorization files have processed through various levels of testing and remain in a green status.
- Additional steps identified will be examined on go live.

# Domain 5

### **Policies and Procedures**

- The Departments have provided edits that will be incorporated into the Security and Privacy (HIPAA), Member Inquiry, Member Appeal and Provider Appeal policy documents.
- These edits will be incorporated and resubmitted for approval.

# Domains 6, 7

### Training Materials

 A comprehensive training schedule and delivery has been provided to all new hires. Materials examined and each of the Departments have been guest presenters for the new hire classes.

<u>Staffing</u>

- VO has successfully achieved a 96% filled rate in hiring to date.
- Demonstration by a clinical new hire of managing an incoming call and authorization.

# Domains 8

### Physical Space Plan

- The temporary work space has been secured and determined operational.
- Desk set up, phones and computer systems are operational and in use by those new hires who joined VO to date.
- The permanent work space is on schedule for completion. Demolition has been completed and initial wiring/cabling, framing and wall board are installed.

# Domain 9

### Telecom System Capabilities and Business Recovery Plan

- Changes to the phone menu went live 03/01/11 without incident.
- Menus, scripting and work flows examined and operational.
- After hours connectivity and procedures in place.

# Domains 10, 11

<u>Connect System Capabilities and Disaster</u> <u>Recovery Plan</u>

- Demonstration of each of the "Connect" system segments.
- System enhancements to accommodate new population, service levels and levels of care examined and operational.
- IT work flows related to Disaster Recovery in tact.

### Domains 12 and 20

- <u>Utilization Management Program, Intensive</u> <u>Case Management Program Descriptions</u>
- UM and ICM program descriptions submitted to the Departments for review.
- The Departments have provided edits which will be incorporated and then resubmitted for approval. Second edits have occurred.

### Domains 13, 14 and 18

Provider and Member Orientation Meetings

- The Departments participated in the first of the Provider Forums on 2/28/11. It was attended by >350 providers from around the state and rated Good or Excellent in the category of "overall effectiveness of the training".
- The first 2 of 4 planned Member (Community) Meetings have occurred.
- Materials, brochures, handouts, locations and the schedule of continuing sessions to be held throughout March for both groups has been submitted and approved by the Departments.

<b>◄</b> <u>Febru</u> <u>ary</u>	Febru March 2011									
Sun	Mon	Tue	Wed	Thu	Fri	Sat				
		1	2	3	4	5				
6	7	8	9	10	11	12				
13	14	15 ProviderConnect Web Registration Training Home Health Agencies Bridgeport Hospital Hollander Auditorium 267 Grant Street Bridgeport, CT 9 a.m 12 p.m.	16 ProviderConnect Web Registration Training Home Health Agencies Windham RecoveryCenter 713 Main Street Willimantic, CT 9 a.m 12 p.m.	17 ProviderConnect Web Registration Training Home Health Agencies CT Valley Hospital Page Hall, 1000 Silver Street Middletown, CT 9 a.m 12 p.m.	18 ProviderConnect Training OOS Resi Bed-Tracking & MTPPR MASS BH Partnership 120 Front St., Suite 315 Worcester, MA 1 p.m. – 4 p.m.	19				
20	21 ProviderConnect Web Registration Training WEBINAR Outpatient <u>www.gotomeeting.com</u> 1 p.m 4 p.m.	22 ProviderConnect Training Adult Group HomeBed- Tracking CTBHP , 500 Enterprise Drive Suite 4D, Rocky Hill, CT 9 a.m 12 p.m.	23 ProviderConnect Web Registration Training WEBINAR Outpatient <u>www.gotomeeting.com</u> 9 a.m 12 p.m.	24 ProviderConnect Web Registration Training Home Health Agencies CT BHP 500 Enterprise Drive Suite 4D, Rocky Hill, CT 9 a.m 12 p.m.	25 ProviderConnect Web Registration Training WEBINAR Outpatient www.gotomeeting.com 9 a.m 12 p.m.	26				
27	28 ProviderConnect Web Registration Training IOP/OP Services CTBHP 500 Enterprise Drive Suite 4D, Rocky Hill, CT 9 a.m 12 p.m. 1 p.m 4 p.m.	29 ProviderConnect Web Registration Training WEBINAR Home Health www.gotomeeting.com 9 a.m 12 p.m.	30 ProviderConnect Training WEBINAR Adult GH Bed- tracking www.gotomeeting.com 9 a.m. – 12 p.m.	31	Notes:					



#### **Community Meetings for Members**

#### Co-Hosted by the Connecticut Behavioral Health Partnership, and the Family Organizations in your Community

#### **Meeting Location Information**

Wednesday, March 16, 2011— Bridgeport: 9:00 – 11:00 a.m. Greater Bridgeport Community Mental Health Center 1635 Central Avenue, Bridgeport, CT 203-551-7400

> Monday, March 21, 2011— Middletown: 4:00 – 6:00 p.m. Connecticut Valley Hospital Lee Auditorium 1000 Silver Street, Middletown, CT 860-262-5887

Wednesday, March 23, 2011— Hartford: 2:00 — 4:00 p.m. Capital Region Mental Health Center Auditorium 500 Vine Street, Hartford, CT 860-297-0800

> Thursday, March 24, 2011— Waterbury: 2:00 — 4:00 p.m.

Greater Waterbury Mental Health Authorit Executive Conference Room 95 Thomaston Avenue, Waterbury, CT 203-805-5300

More Meetings to Come Throughout the year!!! For more information please call the CT BHP at: 877-552-8247

# Domains 15

### System Integration

- The Departments and VO have developed and finalized the scope document reflecting the desired collaboration between the entities serving the adult population.
- Meeting with ABH has occurred to discuss integration and service coordination.
- Meetings with LMHAs have been scheduled.

# Domains 16, 17

Member Inquiry, Provider Appeals Processes

- Each of these policies contain CT specific language reflecting established work flows determined by the Departments.
- The Departments have provided edits that will be incorporated into the policy documents.
- These edits will be incorporated and resubmitted for approval.

# Domain 19

Master Authorization Plan

- The Departments and VO participated in the development of the authorization plan which includes consideration of those services transitioning.
- The following slide reflects what can be now viewed on the CT BHP website.

### Readiness Review Status: 3/22/11

#### Domain #2: Eligibility File -

2.4. Level 3 (end user) testing

#### Domain #4: Authorization File -

- 4.1. Conduct level 3 (end user) testing of authorization extract and import processing
- 4.2.a How will we end date home health auths within the interChange system

#### Domain 21: Go Live Authorization -

21.1 Observe authorization process on 4.1.11

#### Domain #2: Eligibility File -

 3/21/11 - When Model Office Testing (End User) is complete - provide signoff sheet

#### Domain #4: Authorization File -

- 1. 3/21/11 When Level 3 testing is complete -provide signoff sheet
- 3/21/11 Recommendation documentation reviewed - edits received. The Departments needs to review the alerts. Terri to send to Bill and Jen with final review at the BH Partnership meeting on Friday (3/25)

#### **Domain 21: Go Live Authorization**

1. 3/21/11 - Target to do demonstration at BH Partnership meeting on 3/25

Type of service	CHILD/ ADOL	ADULT	Prior Auth Units/Days precert	Continued Stay Auth/Days as clinically indicated	Transition of Care - Open Authorizations for FFS adults
Inpatient - General Hospital*	x	x	Required 1-3 days initial auth with planned contact	Required 1-3 days	All open psych or detox IP authorizations for FFS adults initiated prior to go live date will sunset on discharge date allowing for run out of open authorizations. Any new requests will be made to VO.
Inpatient - Private Free Standing Psychiatric Hospital*	х	Х	Required 1-3 days	Required 1-3 days	
* for those hospitals in the By-p	ass Progr	am, initial au	uthorization will change	from 6 days to 5 days effective 04	4/01/11
Inpatient Detox		x	Required 1-4 days	Required 1 day per CCR	
Inpatient - State Run Psychiatric Hospital	x		Riverview (1- 14 days)	Riverview (1- 14 days)	
Inpatient - Acute Intermediate Duration		x	Required 7-14 days	Required 7-14 days	N/A
Observation beds (23 hrs)	x	x	Required 1 unit	Not applicable	N/A
Crisis Stabilization Bed (CARES unit)	x		Registration 3 days	Required 3-5 days	N/A
ECT		x	Required 4 week period	Required 12 month period	N/A All open authorizations for FFS members initiated prior to go live date will sunset on discharge date allowing for run out of open authorizations. Any new requests will be made to VO.
			up to 12 (Temporary)	up to 20	18

Type of service	CHILD/ ADOL	ADULT	Prior Auth nits/Days precert	Continued Stay Auth/Days as clinically indicated	Transition of Care – Open Authorizations for FFS
Partial Hospitalization Program Adult Day Treatment		x	Required 14 days (child)	Required 7 days (child)	All open authorizations for FFS members initiated prior to go live date will sunset on discharge date allowing for run out of open authorizations. Any new requests will be made to
			5-7 days(adult)	3-5 days (adult)	VO.
Extended Day Treatment	x		Required 30 units (Temporary)	Required 14-30 units	All open authorizations for FFS members initiated prior to go live date will sunset on discharge date allowing for run out of open authorizations. Any new requests will be made to VO.
Adult MH Group Home		x	Required up to 6 months	Required up to 6 months	All open authorizations for FFS members initiated prior to go live date will sunset on discharge date allowing for run out of open authorizations. Any new requests will be made to VO.
Child/Adolescent Group Home	x		Required 14-30 days	Required 7-30 days	N/A
Child/Adolescent Psychiatric Residential Treatment Facility					
(PRTF)	x		Required 14-30 days	Required 7-30 days	N/A
Home Based Services	x		Registration 3-6 months	Required 1-3 months	N/A
Family Support Team	x		Registration 3-6 months	Re-Registration 3-6 mons	N/A

Type of service	CHILD/ ADOL	ADULT	Prior Auth Units/Days precert	Continued Stay Auth/Days as clinically indicated	Transition of Care – Open Authorizations for FFS
Case Management	х		Required	Required	N/A
			pass thru 3 hrs (12 units)	up to 10 hrs (40 units)	
			temporary	per 1 year period	
Psychological Testing	x	x	Required	N/A	All open authorizations for FFS members initiated prior to go live date will sunset on discharge date allowing for run out of open authorizations. Any new requests will be made to VO.
Routine Outpatient Services including all 908XX psychotherapy CPT codes	х	FFS	Registration	Required	Providers will be allowed up to 21 days following go-live to enter OP auth requests to continue services for
psycholinerapy OF 1 codes			90 units (child)	45 units (child)	existing patients entering treatment prior to 04/01/11.
			90 units (adult)	45 units (adult)	
			per 1 year period	per 1 year period	
Intensive Outpatient Program	x	х	Registration	Required 10 units (days)	Same approach as described in OP- FFS. Providers will be allowed up to 21 days following go-live (04/01-04/30/11)
			per 4 wk period		to enter IOP auth requests to continue services for existing patients entering treatment prior to 04/01/11
			10 units(child)	10 units(child)	
			10 units (adult)	10 units (adult)	
			2-4 hrs/day = 1 unit		

Type of service	CHILD/ ADOL	ADULT	Prior Auth Units/Days precert	Continued Stay Auth/Days as clinically indicated	Transition of Care – Open Authorizations for FFS
Methadone Maintenance	x	X	Registration 52 units per 12mon period	Re-Registration 52 units per 12mon period	Same approach as described in OP- FFS. Providers will be allowed up to 60days following go-live (04/01-05/31/11) to enter MM auth requests to continue services for existing patients entering treatment prior to 04/01/11. Auths will be approved in the following manner before requiring re- registration for continued services, patients with <b>Note:</b> Clinics will need to notify VO if a patient is administratively discharged at any time. Re- entering treatment following an admin discharge will require a new registration.
Residential Detox		x	Required 3-5 days	Required 1-3 days, up to a 10 day maximum	Same approach as described in OP- FFS. Providers will be allowed up to 14 days following go-live (04/01-04/15/11) to enter Resi Detox auth requests to continue services for existing patients entering treatment prior to 04/01/11
Ambulatory Detox		x	Registration Alcohol = 7 units (days) per wk Opiates & Benzos = 21 visits(days) per 21 days	Required	
Home Health Care	x	х	Registration if within parameters	Registration if within parameters	Existing auths will sunset, then new auth thru CTBHP
			90 days(child and adult)	90 days(child and adult)	21

### March 1, 2011 Initiatives Pre-Implementation Activity

- VO is using the DMHAS residential daily census report to identify bed capacity
- VO staff are calling residential detox providers daily to offer disposition assistance and potential referral to ABH case managers
- VO staff are contacting EDs on a daily basis to determine if there are any BHP members "stuck" in the ED and provide assistance on diversion or coordination with LMHA and/or ABH case managers
- VO staff are calling hospital psychiatric inpatient units to assist with dispositions and referrals, if appropriate, to ABH case managers

### March 1, 2011 Initiatives Pre-Implementation Activity, cont'd

- Incoming call volume (Customer Service, Provider relations) has increased by over 168% in March
- Proactively entering authorizations for high volume outpatient clinics – over 2,000 completed to date.

### **Questions?**