



## ***Behavioral Health Partnership Oversight Council*** **Operations Subcommittee**

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Meeting Summary: **May 16, 2008**  
Co-Chairs: *Lorna Givois & Stephen Larcen*

**Upcoming meeting dates: Friday June 20 & July 18 @ 2:30 PM @ ValueOptions Rocky Hill**

**CTBHP/VO Report** (Click icon below to view presentation)



MAY16 2008  
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Discussion points included:

- ✓ The 2008 reduction in ***ED delays***, compared to 2007, is attributed to the impact of CARES program on CCMC delays and reflects the intensive work of VO, DCF, DSS and the EDs. Dr. Larcen requested a break out by hospital on ED delays to get a better sense of areas where delays may be increasing vs. decreasing.
- ✓ Administrative Service Organization (***ASO***) ***performance targets*** (PT) were discussed (*not in the above document*). The PT have been reduced from 8 – 5. New 2008 targets include;
  - In 2008 an overall 12% reduction in hospital discharge delay will be associated with a 2% withhold payment. This target is in concert with the hospital incentive to reduce discharge delays. VO stated this can move forward while DCF works on issues with the federal oversight entity.
  - BHP is looking at “high inpatient utilizers” target that takes into count the number of admissions/client/time period vs. shorter LOS: an > in admissions but shorter LOS may reflect a crisis management plan.
- ✓ Quality Management:
  - Provider analysis and reports (PARS) methodology being revised for the work group.
  - CHCS project 2<sup>nd</sup> round of data collection for 2 DCF area offices is complete. This a grant-funded project looking at multidisciplinary exams (MDE) completed on all foster care children at the time of removal, identifying % of children with identified BH problems, the % of these children that received treatment and timeliness of the that treatment.
  - Level of Care Projects: all PRTFs, inpatient adult and child/adolescent facilities will be visited beginning in June. CTBHP is meeting with PRTF facilities to discuss quality improvement goals.
  - BHP & VO have been meeting with ECCs reviewing data, reporting issues, clarification of data parameters. BHP will be working with this task force on developing an ECC “mystery shopper” survey for the fall.

Region 5 ED Use and Hospital Disposition (click on icon below to view memorandum)



Area 5 Usage  
Report.doc

The Co-Chairs of the SC requested a report on Region 5. The data reports on the number of children “stuck” in the ED for a *minimum of 8 hours* without disposition during 1/1/08 – 4/30/08. Hospital EDs were Charlotte Hungerford, Waterbury, St. Mary’s and Danbury Hospital. Report highlights:

- Of the total 22 children meeting the above criteria over 4 months, 13 children were admitted to the ED from home, 9 were from a RTC or group home. Of these children, 11 returned to previous living place with additional supports and 11 were admitted to hospitals. The ALOS in the ED was 2 days, with 3 spending 5, 6 and 10 days respectively.
- The rate of hospitalization from these ED (50%) is similar to inpatient admission rates from EDs across the state.
- CTBHP/VO, in addition to their daily calls to the EDs to offer disposition planning and coordination of service assistance to EDs, has had on site meeting with both St. Mary’s and Waterbury Hospitals and plan to visit the other 2 hospitals before June. The visits seek to improve communication and cooperation toward achieving the shared priority of moving children/youth from an ED to an appropriate level of care in a timely manner.
- Dr. Larcen suggested that a treatment facility, for example residential or group home, local mental health clinic, ‘known’ to a hospital could arrange admission directly to a pediatric psychiatric hospital rather than to the ED.
- Continue work in region 5 with use of IICAPs and crisis stabilization services.
- It was noted that with CCMC now managing pediatric care at St. Mary’s Hospital, the number of children admitted to the ED for BH problems may increase.

BHP Claims: discussion topics included

- Claims staff in the medical administration unit have been reduced and resolution of the Interchange payment issues are focusing on high profile areas.
- BHP outpatient rates are posted on the BHP web site: [www.ctbhp.com](http://www.ctbhp.com). Provider specific rates will be mailed by the end of May/June.
- Claims payment in the new system InterChange;
  - Reliability crosswalk for denial reasons – not sure if all reason codes now accurate. Developing an interim crosswalk methodology.
  - DSS will be reprocurring a new data warehouse that will be able to manage the breadth of data in the Interchange system.
- TPL claims prior to 10/1/07 (timely filing subsequent to 10/1/07 has been extended to 365 days) are not included in the timely filing parameter changes. DSS had requested providers give Dr. Schaefer systematic information about these pre-10/07 claims, since DSS needs to know their financial exposure before making a decision about denied claims (due to timely filing problems).  
***Plan: Wheeler and other hospitals will review their data and submit data to Dr. Schaefer.***

HUSKY Transition: impact on access to and co-management of BHP services discussed. Questions raised about Medicaid FFS clients in HUSKY FFS vs. ‘straight’ Title XIX Medicaid. CTBHP will look at this and providers will call CTBHP/VO if there are problems in getting their clients services.