

## ***Behavioral Health Partnership Oversight Council***

### ***Operations Subcommittee***

Legislative Office Building Room 3000, Hartford CT 06106  
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[www.cga.ct.gov/ph/BHPOC](http://www.cga.ct.gov/ph/BHPOC)

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*Meeting Summary: **Dec. 11, 2009***

*Co-chairs: Lorna Grivois & Stephen Larcen*

***Next Meeting: January 15<sup>th</sup> from 1:00 – 3:30 (Combined Meeting to review CareConnect).***

#### **Attendees:**

|                        |  |
|------------------------|--|
| Lori Szczygiel, CT BHP | Jazzmin McClean, DCF                         |
| Scott Greco, CT BHP    | Yvonne Jones, CT BHP                         |
| Ann Phelan, CT BHP     | Steve Larsen, Natchaug                       |
| Blair MacLachlan, HSR  | Linda Roderick, The Village                  |
| Liz Collins, YNHH      | Christine Quintiliani, The Children's Center |
| Lorna Grivois, parent  | Mark Schaefer, DSS                           |
| Lois Berkowitz, DCF    |  |

**ITEM #1:**    *Procedures for retroactive determination of medical necessity when eligibility is not known at time of admission, mostly when BHP is secondary.*

- If within 48 hours (or 72 on weekend – *St. Raphael's & Yale verified process*), will retro authorize. Beyond that timeframe, will pend and request record.
- If BHP is secondary, encourage authorization at time of admission.

**ITEM #2:**    *Administrative process for authorizing PHP/IOP services – web based process.*

- Variation is significant.
- Not web initially, but maybe an outlier approach.
- Possibly web with adult or bypass with adults, outlier for kids.
- Also need claims data as there are many “faux” IOPs in the outpatient web world.
- Separate Issue – EDT/IOP combinations. New regulations should help to clarify EDT – make pure EDT, give IOP rates and clarify.
- Continue to look at EDT/IOP levels of care and opportunities for administrative efficiency.
  - UM Committee to review:
 

|         |                    |
|---------|--------------------|
| 1.) EDT | 4.) C. Management  |
| 2.) IOP | 5.) IICAPS         |
| 3.) PHP | 6.) Other – H.B.S. |
  - For ByPass, Outlier & Web

- Kids Inpatient ByPass
  - Identify flags that would disallow ByPass (can't go home, etc.)
  - Pay for Performance goals
  - Readmission rate
  - Complaints / Grievances
  - Reconvene group to develop algorithm and touch base on all things inpatient..
  - Work group about ByPass program (include parent participants)

**ITEM #3:** *Increasing range of services for pass through for providers operating within target LOS, similar to adult pass through. Inpatient and IOP services could be considered for this.*

See item #2

**ITEM #4:** *Anticipated impact of changed Medicaid Medical Necessity Definition on BHP – discharge delays.*

SAGA definition applied to BHP & FFS

- Created in approximately 2004 – not sure that DMHAS is using it at GA BHP
- More of an issue with medical equipment , pharmacy
- Issue of diminishing return
- Do not anticipate impact on BHP
- “Won’t pay for inefficient / wasteful”
- “Unlikely to provide benefit” more slippery
- Not meant to impact Discharge Delay – not part of the discussion.

**ITEM #5:** *Update on Claims Reporting Timetable.*

- Not quite yet – 40K Husky members that went into FFS earlier in the year have created problems with reporting
- Also want to ensure we have something that can accommodate and significant programmatic changes in the future.

**ITEM #6:** *Scheduling Joint Meeting with Quality in January to Review VO Connect system implementation.*

**ITEM #7:** *Other business.*

RRT:

- No issues for the team! Happy Holidays!
- Yale/Bridgeport very current.
- FFS still has some issues.

NEXT MEETING:

- January 15<sup>th</sup> from 1:00 – 3:30 (Combined Meeting to review CareConnect).
- Lori providing snacks.