



Behavioral Health Partnership

Supporting Health and Recovery

Implementation Plan

Behavioral Health Partnership

- Partnership includes:
 - Dept. of Children and Families
 - Dept. of Mental Health & Addiction Services
 - Dept. of Social Services
- Partnership covers three distinct coverage groups:
 - HUSKY A & B
 - Charter Oak
 - Medicaid Fee for Service (ABD, including Dual Eligibles and LIA)

Behavioral Health Recovery Plan

ASO Procurement

- DSS and DMHAS collaborated to issue an RFP for an ASO to manage the Medicaid fee for service populations and Charter Oak
- Procurement concluded November 10, 2010
- ValueOptions awarded the right to negotiate
- Strong proposal with many attractive features related to information system support, behavioral and physical health coordination, intensive care management and pharmacy
- Implementation date of April 1, 2011

Implementation Update

- The Departments issued a letter of intent on January 7, 2011
- VO immediately initiated the infrastructure build
- VO hired more than 35 new employees in January (clinicians, customer service, provider relations, quality)
- The Departments and VO hold formal implementation meetings weekly

Implementation Continued

- VO is currently testing the DSS member eligibility, provider and authorization files
- Draft Performance Targets have been identified for the start-up and first year
- VO is receiving training on Levels of Cares that they are not currently authorizing:
 - Adult MH Group Homes
 - Home Health
 - Intermediate Duration Acute Care

March 1, 2011 Deliverables

- VO will have key staff in place and trained
- VO will start answering calls
- The BHP website will be updated
- Provider orientation meeting
- Member notification letters
- Policy Transmittal

March 2011 Initiatives

Pre-Implementation Activity

- VO will utilize the DMHAS residential daily census report to identify bed capacity
- VO staff will call residential detox providers daily to offer disposition assistance and potential referral to ABH case managers
- VO staff will contact 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 will call hospital psychiatric inpatient units to assist with dispositions and referrals, if appropriate, to ABH case managers

April 1, 2011

- Utilization Management commences for Medicaid fee for service coverage groups. Levels of care include, but are not limited to:
 - Inpatient General Hospital
 - Inpatient Detox
 - Observation Beds
 - Residential Detox
 - Ambulatory Detox
 - Methadone Maintenance
 - PHP, EDT, Day Treatment, IOP, OP, Psych. Testing
 - Adult MH Group Homes
 - Home Health

Rates and Benefits

- The three distinct coverage groups (HUSKY, Charter Oak, Medicaid Fee for Service) do not have uniform rates or benefits
- There is no change to the current rates or current benefit package for any coverage group.

Provider Authorization Process

- Behavioral health services must be authorized from the CT BHP Administrative Services Organization (ValueOptions)
- Authorizations can be done telephonically or through a web-based registration process
- All authorizations (prior and continued stay) are based on medical necessity
- Authorization guidelines are used to assist the ASO by providing typical parameters of duration for an authorization

Existing vs. New Authorizations

- Existing authorizations will be honored
- New authorization for services on or after April 1, 2011 will be staggered for high volume services:
 - Routine Outpatient
 - Methadone Maintenance

Authorization Guidelines

| Service | Prior Authorization | Continued Stay Review |
|--|---------------------|-----------------------|
| General Hospital | Required/Telephonic | Required/Telephonic |
| Intermediate Duration Acute Psych Hospital | Required/Telephonic | Required/Telephonic |
| Private Psychiatric Hospital (under 21, over 65) | Required/Telephonic | Required/Telephonic |
| Residential Detox | Required/Telephonic | Required/Telephonic |
| PHP/Adult Day Treatment/ EDT | Required/Telephonic | Required/Telephonic |
| Adult MH Group Home | Required/Telephonic | Required/Telephonic |

Existing/Open Authorizations

- Inpt. Psych and Detox: All open authorizations for FFS members initiated prior to 4/1/11 will end on discharge date. Any new requests or those for continued length of stay must go through CT BHP.
- Residential Detox: Providers will have 14 days from 4/1/11 to secure an authorization for services that started prior to 4/1/11.
- PHP: All open authorizations for members initiated prior to 4/1/11 will end on discharge date. Any new requests or those for continued length of stay must go through CT BHP.
- MH Group Homes: All open authorizations will end on date of discharge.

Authorization Guidelines

| Service | Prior Authorization | Continued Stay Review |
|-----------------------|-----------------------|-----------------------|
| Intensive Outpatient | Required/Registration | Required/Registration |
| Routine Outpatient | Required/Registration | Required/Registration |
| Methadone Maintenance | Required/Registration | Required/Registration |
| Ambulatory Detox | Required/Registration | Required/Registration |
| Home Based Services | Required/Registration | Required/Registration |
| Home Health | Required/Registration | Required/Registration |

Existing/New Authorizations

- IOP: Providers will have 30 days from 4/1/11 to enter IOP registration requests to continue services for existing clients
- Routine Outpatient: Providers will have 60 days from 4/1/11 to enter OP registration requests to continue services for existing clients. CT BHP will outreach to large volume providers in March to assist with the registration process
- Ambulatory Detox: Providers will have 30 days from 4/1/11 to enter registration requests to continue services for existing clients

Existing/New Authorizations

- Methadone Maintenance: Providers will have 60 days from 4/1/11 to enter registration requests. Authorizations will be approved in the following manner:
 - 0-3 years of continuous treatment- 13 units
 - 3-5 years of continuous treatment – 26 units
 - > 5 years of continuous treatment – 52 units

Existing/New Authorizations

- Home Health: existing authorizations will be honored
- Providers who wish to modify an existing authorization must contact CT BHP
- Any new requests on or after April 1, 2011 or those for continued stay after existing auth expires must go through CT BHP

Medicare & Medicaid

- There are some individuals who are eligible for both Medicare and Medicaid
- If Medicare is primary and the service is covered by Medicare, no authorization is required from CT BHP
- If Medicare is primary, but the service being requested is not covered by Medicare (e.g. IOP at a clinic, methadone maintenance, adult MH group home), authorization is required
- If Medicaid is primary and the service is covered by Medicaid, authorization is required

By-Pass Program

- The inpatient hospitalization by-pass program will be slightly modified to authorize five (5) days instead of six (6) days on the initial authorization for providers currently in the by-pass program
- IOP will transition to a registration process with no by-pass

Provider Orientation Meeting

February 28, 2011

8:30 a.m. - 12:00 noon

Crowne Plaza Hotel

100 Berlin Road

Cromwell, CT

Provider Orientation Meetings

- Web-based registration trainings will occur in March for any interested provider
- Specific training meetings will occur for provider types who are new to CT BHP:
 - Adult Mental Health Group Homes
 - Home Health

Member Orientation Meetings

- There will be at least three member orientation meetings throughout Connecticut in March
- Dates, times and location will be determined

Questions?

Other BHPOC Updates:

EDT Billing

- Policy that permits IOP billing in EDT programs will be rescinded effective 4/1/11
- EDT rate will be increased to \$79.02 so that policy change is cost neutral for programs as a whole
- New rate equals weighted average
(EDT+IOP Expenditures/EDT + IOP unit volume)
- Most programs will gain slightly

EDT Billing Continued

- Programs with significant IOP volume will experience a loss, in some cases significant
- Proposed conversion of EDT grants for revenue maximization purposes has been suspended
- Departments will provide additional information regarding this change to the DCF Advisory Committee for their review

BHP Rate Package Update

- Utilization was updated to SFY 2009
- Over budget by \$165,000
- As previously approved by BHPOC, eliminated rate floor for hospitals
- Propose to limit IICAPS rate increase to .75% in order to stay within appropriation