



DSS and DCF report to the  
Behavioral Health Partnership  
Oversight Council  
March 8, 2006

# Status report

- Enhanced Care Clinic request for applications is complete and under review
- Incorporates feedback from Provider Advisory Subcommittee
- Review teams will include parents/consumers

# Central Placement Team Co-location

- DCF CPT staff to move into shared office space with VO in March 2006
- Joint treatment planning and collaborative crisis intervention

# DCF/ ASO Interface

- Presentations to DCF Area Directors
- Routine meetings with Behavioral Health Program Directors
- Identification of DCF providers to add to the network
- DCF training to ASO staff

## EDS - Provider Recruitment

- More than 800 applications requested and mailed
- 350 new individuals enrolled
- 69 new groups enrolled
- 70 in process at DSS
- 25 in route to DSS

## EDS - Provider Recruitment

- More than 800 applications requested and mailed
- 350 new individuals enrolled
- 69 new groups enrolled
- 70 in process at DSS
- 25 in route to DSS

**CT BHP Service Utilization Report  
February Claims Cycle  
March 8, 2006**

<b>Provider Type</b>	<b>Units of Service</b>	<b>Unduplicated Recipient Count</b>
<b>General Hospital Inpatient</b>	<b>3,318</b>	<b>134</b>
<b>General Hospital Outpatient</b>	<b>2,190</b>	<b>657</b>
<b>Psychiatric Hospital Inpatient</b>	<b>1,043</b>	<b>90</b>
<b>Psychiatric Hospital Outpatient</b>	<b>2,323</b>	<b>322</b>
<b>Residential Detox</b>	<b>231</b>	<b>52</b>
<b>Ambulatory Detox</b>	<b>883</b>	<b>60</b>
<b>Home Health</b>	<b>713</b>	<b>23</b>

**CT BHP Service Utilization Report  
February Claims Cycle  
March 8, 2006**

<b>Provider Type</b>	<b>Units of Service</b>	<b>Unduplicated Recipient Count</b>
<b>Methadone Maintenance</b>	<b>4,717</b>	<b>1,629</b>
<b>Mental Health Clinic</b>	<b>32,968</b>	<b>9,394</b>
<b>Medical Clinic</b>	<b>738</b>	<b>446</b>
<b>Psychiatrist</b>	<b>702</b>	<b>526</b>
<b>APRN</b>	<b>69</b>	<b>49</b>
<b>Independent Practitioner</b>	<b>479</b>	<b>223</b>
<b>Total</b>	<b>50,374</b>	<b>13,605</b>

# Intensive In-home Child and Adolescent Psychiatric Services (IICAPS)

# IICAPS – Grant Reserve

- CT BHP has committed to 15% in reserve to cover non-CT BHP eligible clients, to adjust for existing disparities in program costs, and to adjust for differential travel costs
- DCF is conducting an analysis of clients that received IICAPs services in SFY06 to determine the proportion of non-CTBHP eligible clients
- CT BHP may adjust the reserve based on this analysis
- CT BHP will complete analyses to allocate grant reserves by provider by April 1<sup>st</sup>
- Forego year end cost reconciliation for SFY06

# IICAPS – Fee

- Fee is based on productivity assumptions, which means the amount of time clinicians are available to bill
- Productivity assumptions vary by clinic in light of differential travel time, hours per work week, time spent in meetings, documentation, supervision, etc.
- There is a discrepancy between the IICAPS credentialing body and the IICAPS provider network with respect to minimum productivity assumptions

## IICAPS – Fee (continue)

- The IICAPS fee was based on the minimum productivity assumptions of the credentialing body
- CT BHP is gathering additional data regarding productivity assumptions for review including billing data
- CT BHP will revisit the fee in light of this review and discuss its findings with the BHP OC.

# IICAPS –Definition of Billable Activities

- Providers report need for additional guidance on billable activities
- CT BHP is gathering written questions and consulting with Medicaid expert
- CT BHP will provide additional written guidance regarding billable activities
- Definition of billable activities may effect productivity assumptions
- CT BHP will review productivity assumptions when the definitional issues are resolved

# IICAPS –Other billing issues

- Providers report that they are not permitted under their commercial contracts to balance bill the CT BHP for their commercial clients
- Providers report that negotiating commercial coverage for IICAPS is unduly burdensome
- Providers are requesting that the state press commercial insurers to cover IICAPS and other community services

Questions?