

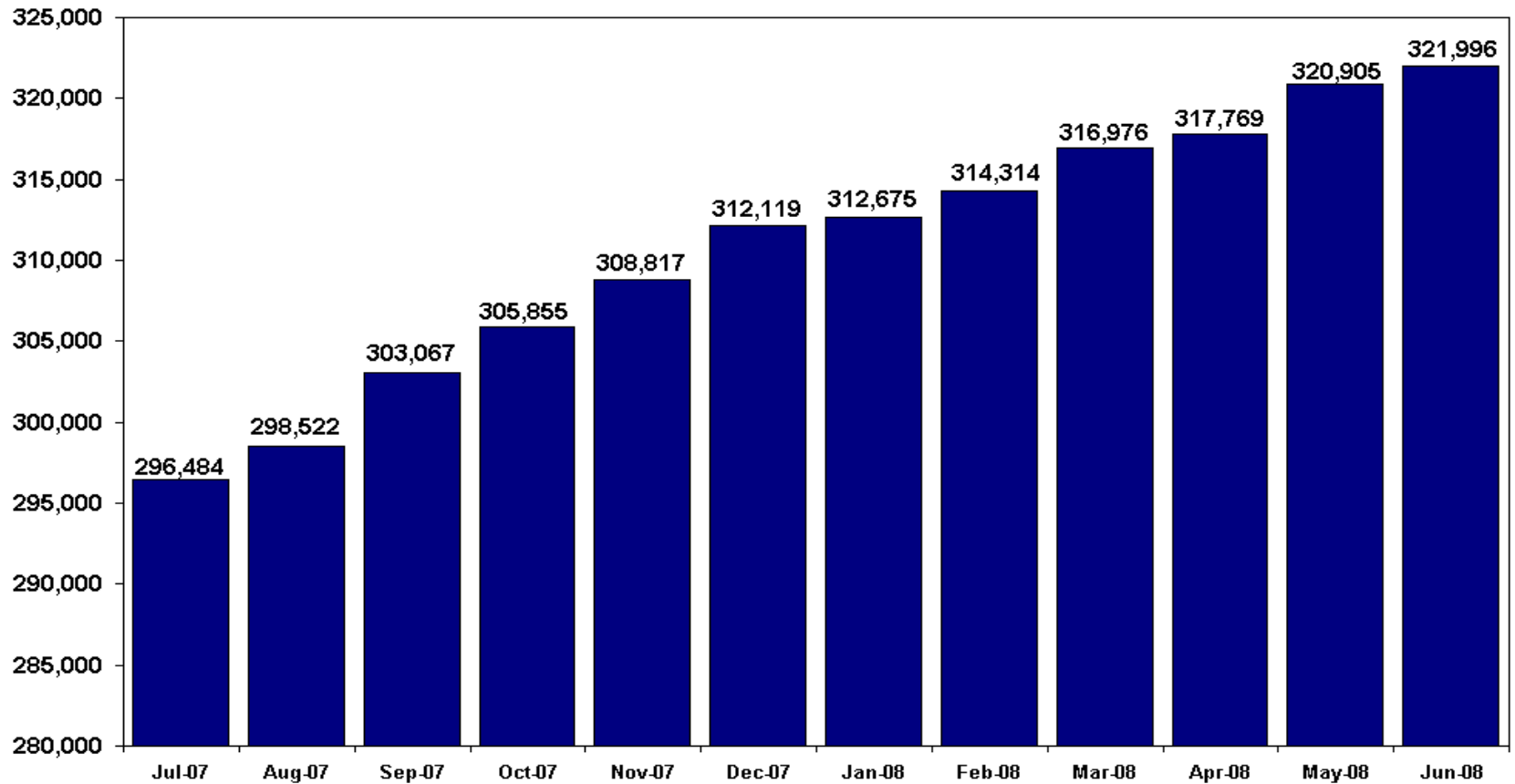


DSS and DCF report to the
Behavioral Health Partnership
Oversight Council

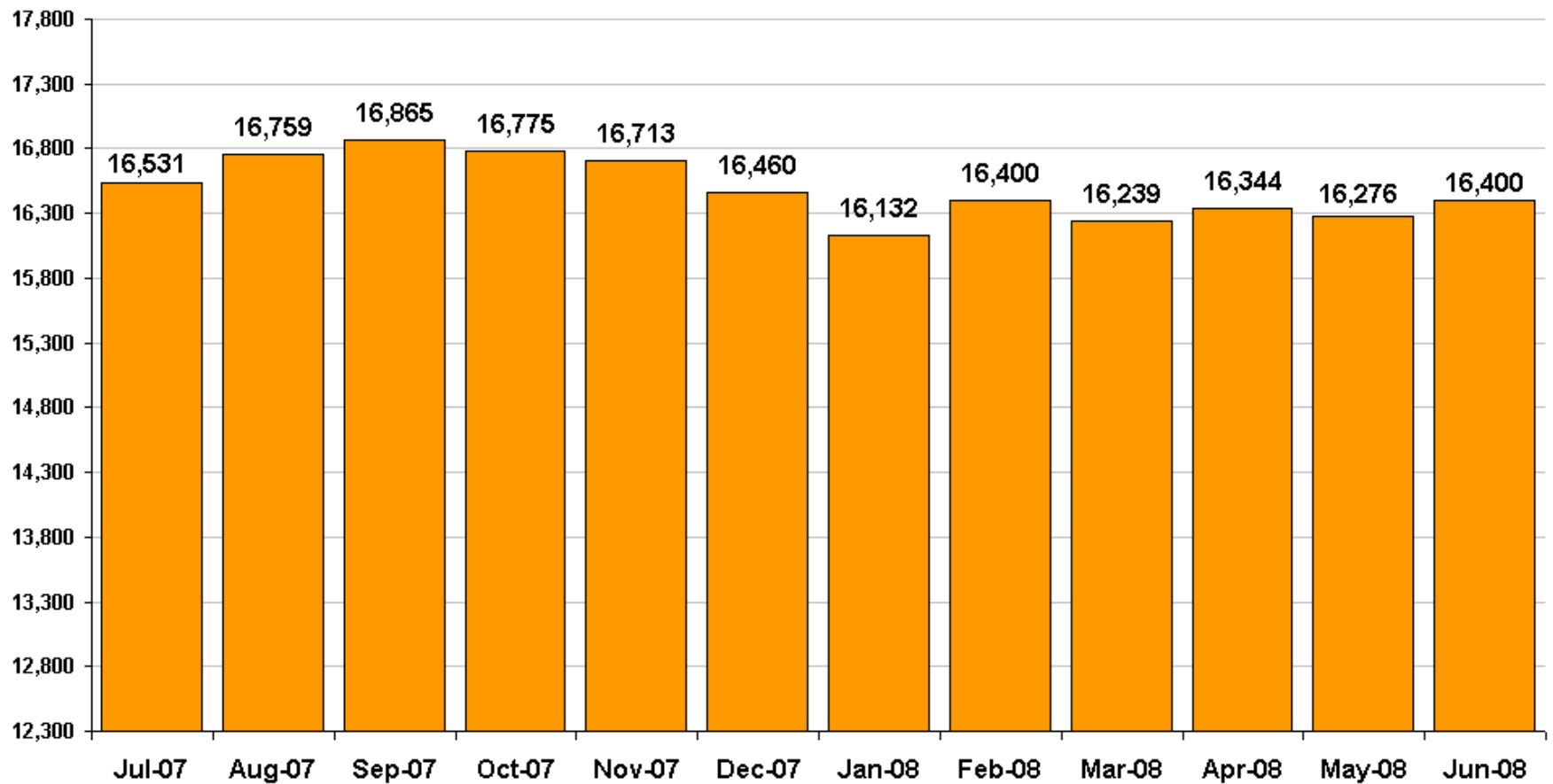
June 11, 2008

Enrollment

HUSKY A Enrollment Growth - All



HUSKY B Enrollment Growth



HUSKY Transition BHP/FFS enrollment

	04/01/08	05/01/08	06/01/08
HUSKY A	317,447	320,905	321,996
MCO	273,615	282,787	284,178
Medicaid	43,832	38,118	37,818

HUSKY B	16,344	16,276	16,400
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Case Management

Targeted Case Management

- All New England state meeting with CMS on May 29th
- Notable points:
 - May consider market considerations in setting rates for private non-profits
 - May consider same rate for rehab and TCM in programs that offer both
 - Likely will require differential rate for bachelors and masters level providers
 - No flexibility yet on “one case manager” requirement, although CT will likely be permitted to defer compliance until 7/1/09
 - Cannot bill TCM unless all components of TCM are provided
- Final rule will be promulgated in August 2008

CT BHP Rates

BHP Rate Increases (SFY08)

- All rates loaded May 2008 except:
 - Physician and other practitioner
 - Home-based services
 - New ECCs
- Retroactive mass adjustment - June 21st
- UPL (upper payment limit) calculation is in progress; not yet submitted to CMS
- May require modifier to establish level of performing clinician

BHP Rate Increases (SFY09)

- Implementation of 1% across the board increase delayed pending approval of UPL methodology
- Intend to present hospital ED and EMPS P4P initiatives and EMPS rate increase in September meeting
- Design of hospital ALOS P4P program is complete

Pay for Performance Program

Child/Adolescent Inpatient Services

- Multiple meetings of the task force (all 8 hospitals have been represented)
- Developed performance measure
- Consensus on final methodology
- Data risk adjusted
 - DCF child
 - Non-DCF child
 - DCF adolescent
 - Non-DCF adolescent

Pay for Performance Program

Child/Adolescent Inpatient Services

- Program rewards providers for meeting length of stay targets and/or for progress towards improving performance
- Performance can be improved by reducing delay LOS, acute LOS or both
- Measurement period Q 3 and Q 4 2008
- Total award: approx \$435,000

HUSKY/Charter Oak

HUSKY

- Every step is being taken to make this transition as smooth as possible for HUSKY beneficiaries and medical providers
- No gaps in benefits or coverage
- DSS is authorized to implement a gradual transition of HUSKY members to newly contracted insurers over a six-month period – up to December 31, 2008
- Provide more time for families to make plan changes and minimize the potential for client/provider problems during the transition
- Carefully-planned schedule of enrollment based on county of residence

Charter Oak

- **Applications available – on or before July 1, 2008;**
- **Processing of first applications/determination of eligibility for subsidized coverage – July 1-31, 2008.**
- **After eligibility determination and acceptance into the program, individuals will be provided information and the opportunity to make an informed selection of a participating insurer/health plan. This mirrors the existing HUSKY enrollment process.**
- **Insurance services will start on the first day of the month following timely enrollment in a participating insurer/health plan (as early as August 1), mirroring the HUSKY enrollment process.**

Charter Oak

- Projected to serve an average of...
 - 19,200 adults in fiscal 2009
 - 24,800 adults in fiscal 2010
 - 47,200 adults in fiscal 2011

Charter Oak Behavioral Health

- Program will meet requirements of MH parity
- Implementation requirements have been established
- Program will begin operation on August 1

Penetration Rates

Penetration Rate - How many people used community based services?

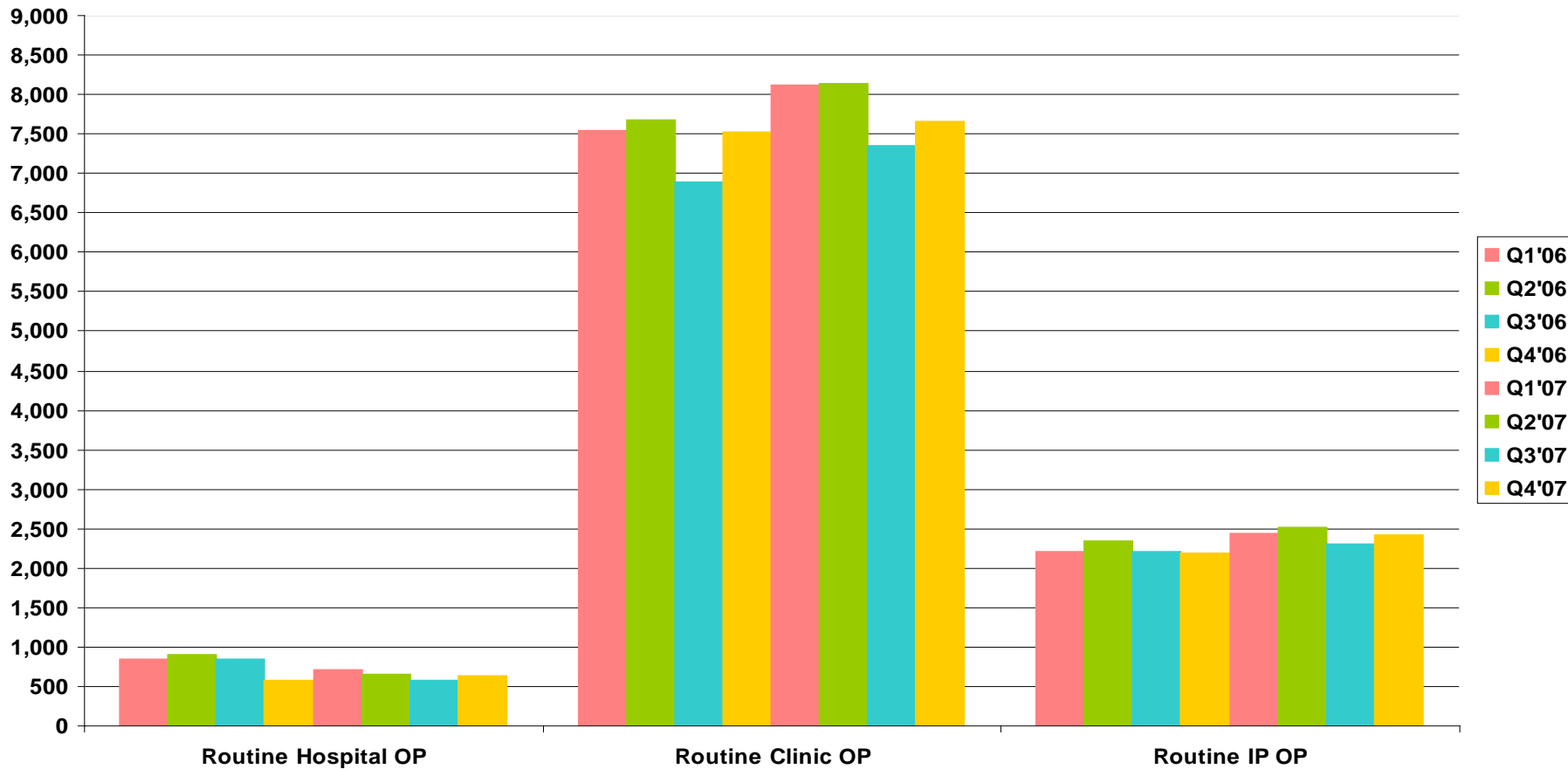


Penetration Rate - How many people used community based services/1000?



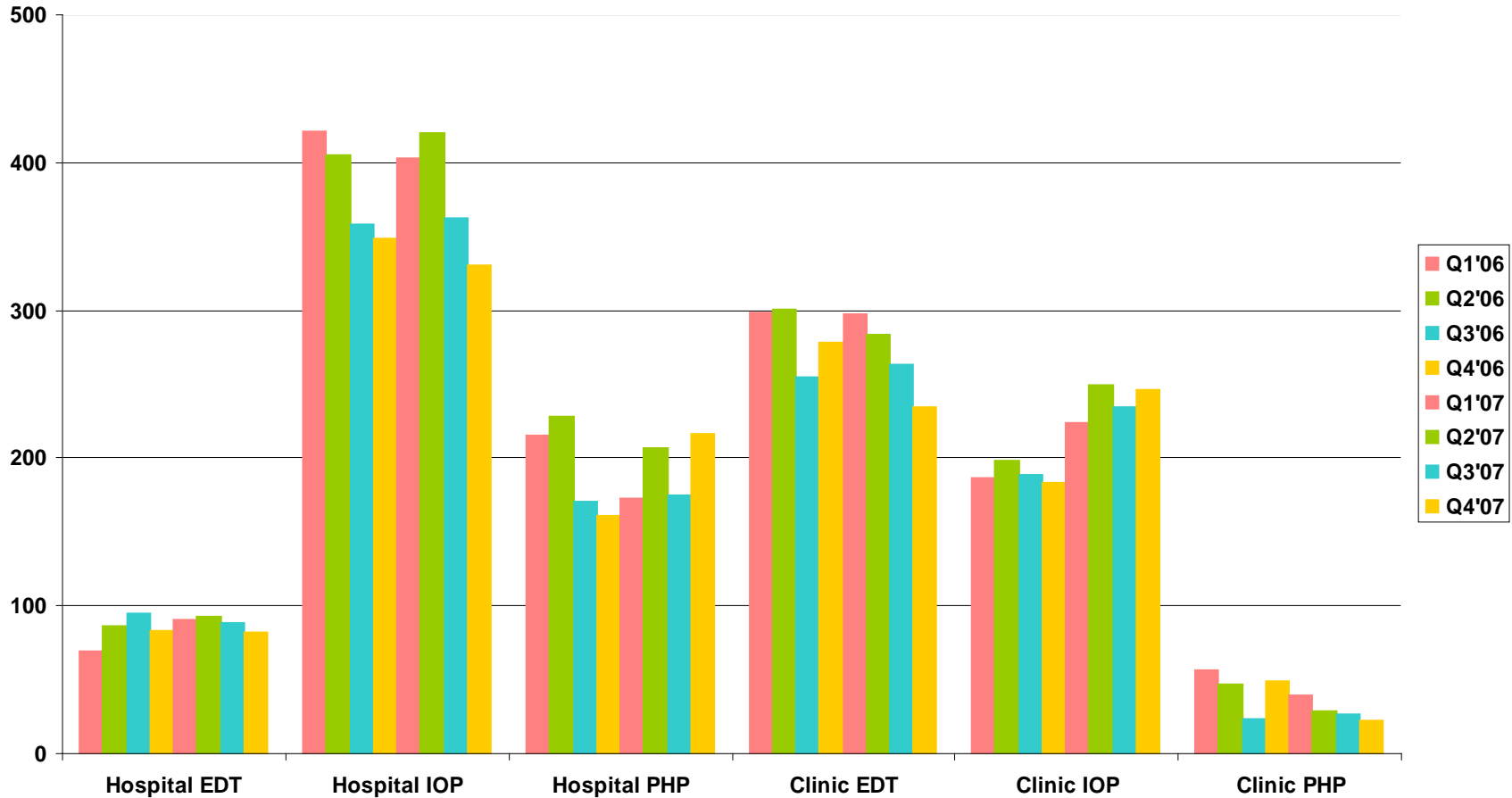
Use of Community Services by Children

How many children used outpatient services?



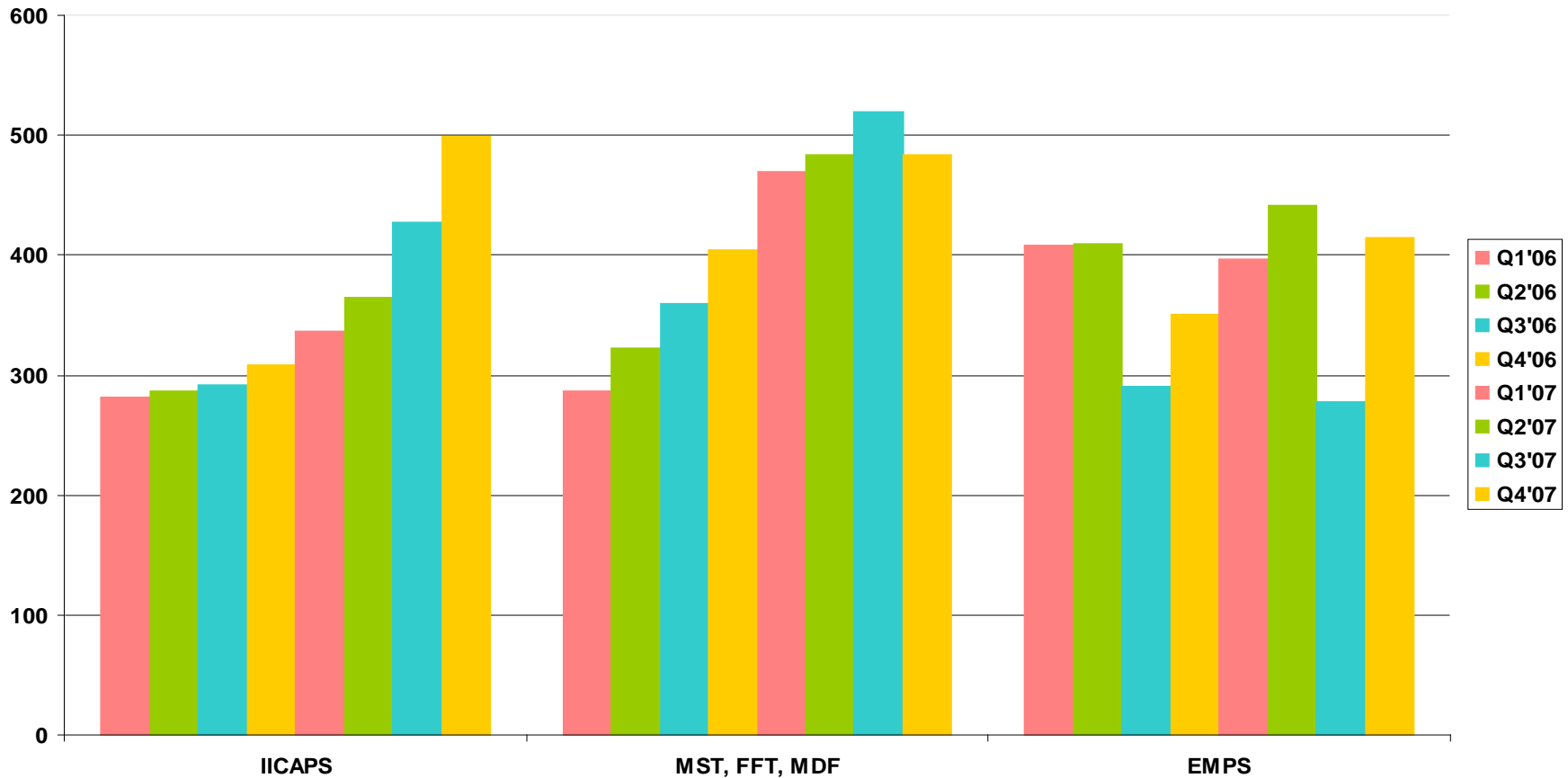
Claims

How many children used intermediate services?



Claims

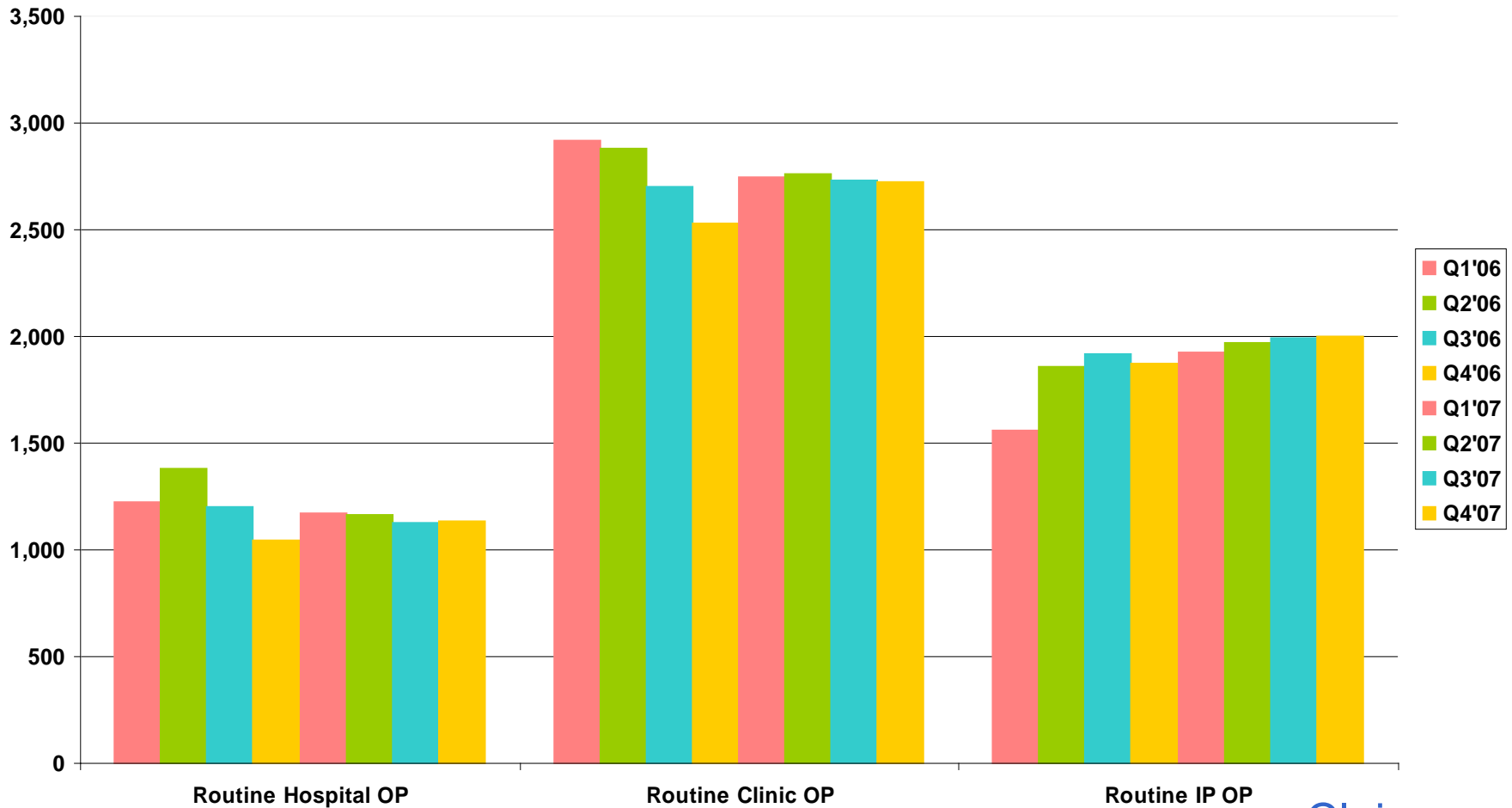
How many children used home-based services?



Claims

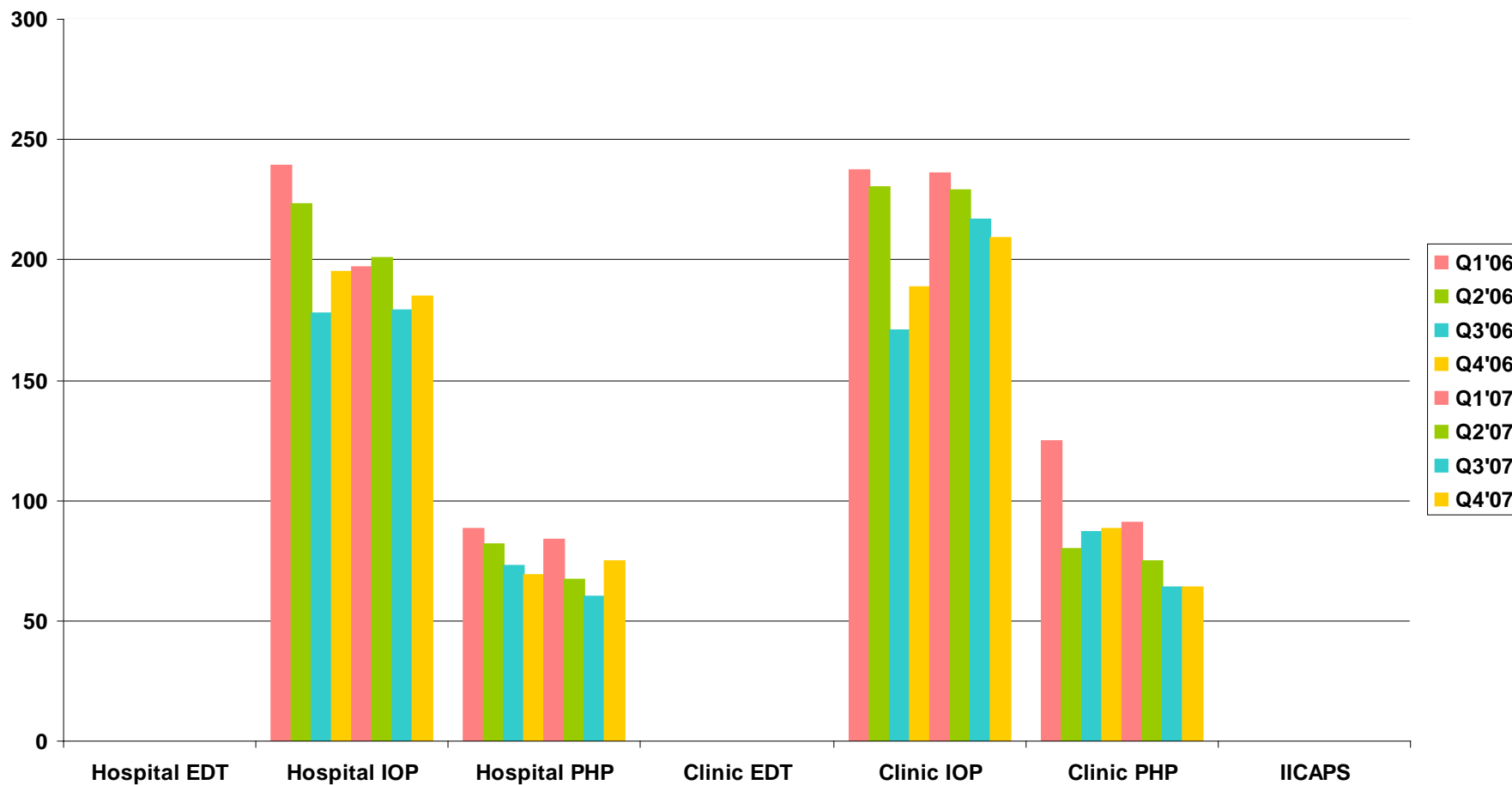
Use of Community Services by Adults

How many adults used outpatient services?



Claims

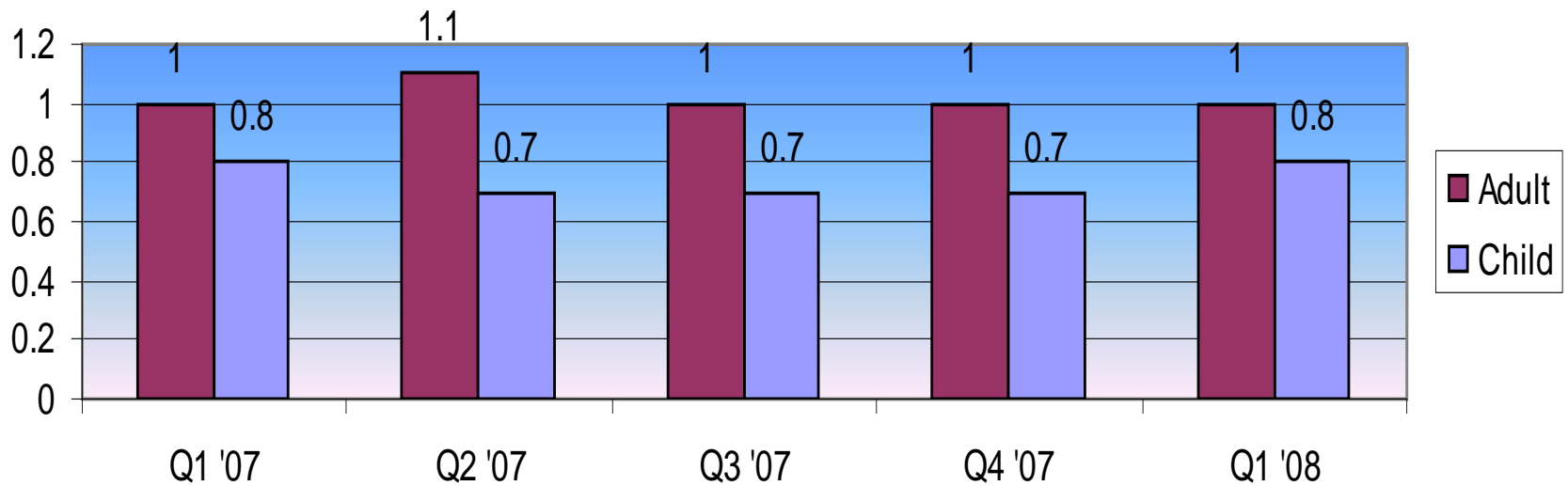
How many adults used intermediate care services?



Claims

Use of Inpatient Hospital Services

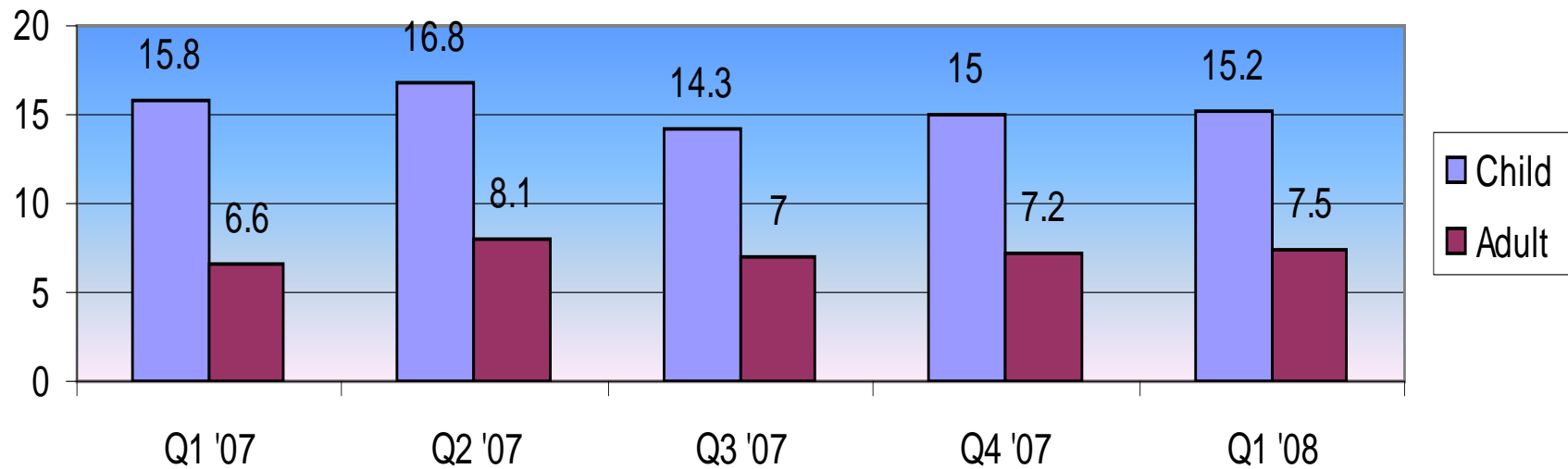
Inpatient Admits Per 1000 Adult vs. Child



Includes: Children 0-18, Adults 19+, IPF only

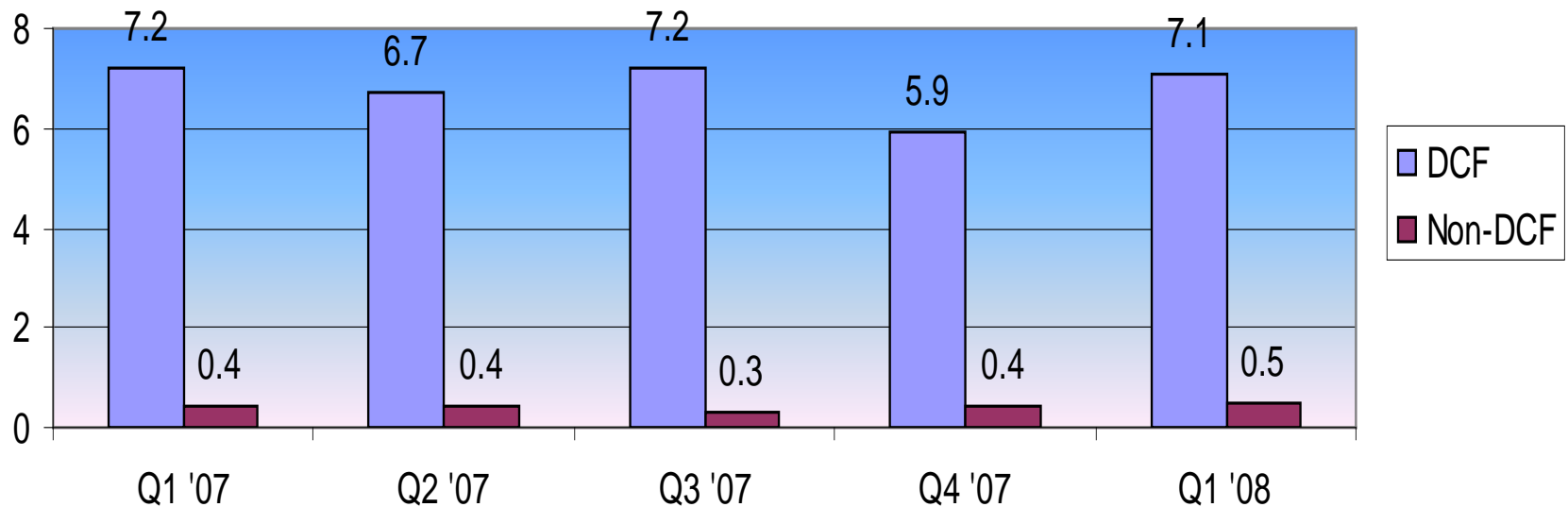
Excludes: Riverview

Inpatient Days Per 1000 Adult vs. Child



Includes: Adults 19+, Children 0-18, IPF only
Excludes: Riverview

Inpatient Admits Per 1000 DCF vs. Non DCF

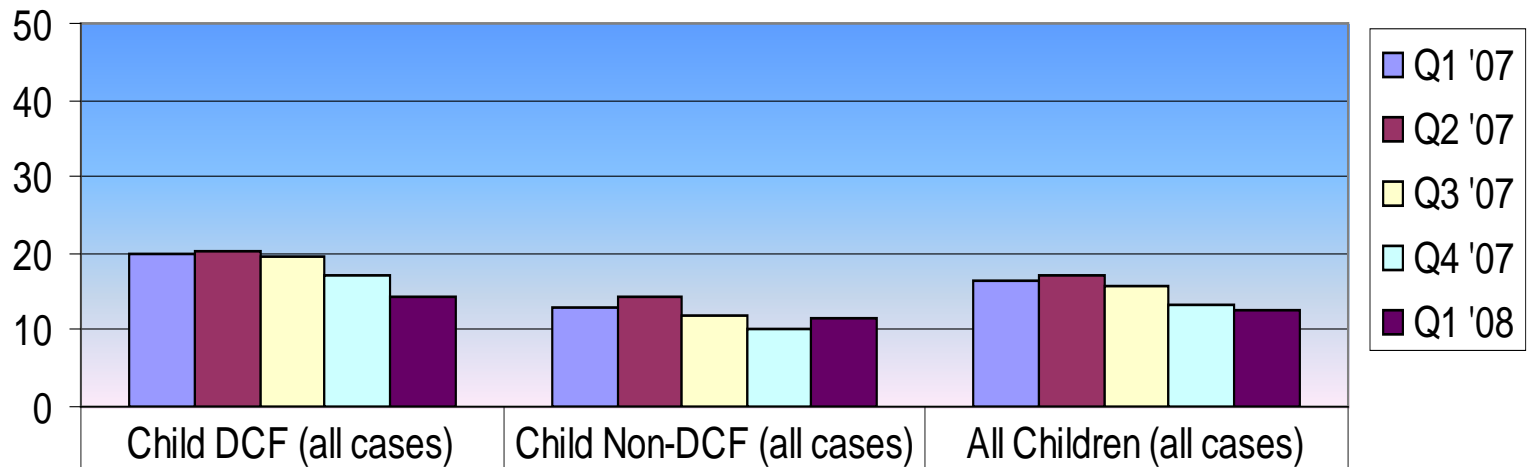


Includes: Children 0-18, IPF only

Excludes: Riverview

Inpatient Length of Stay and Delay Analysis

Average Acute Length of Stay

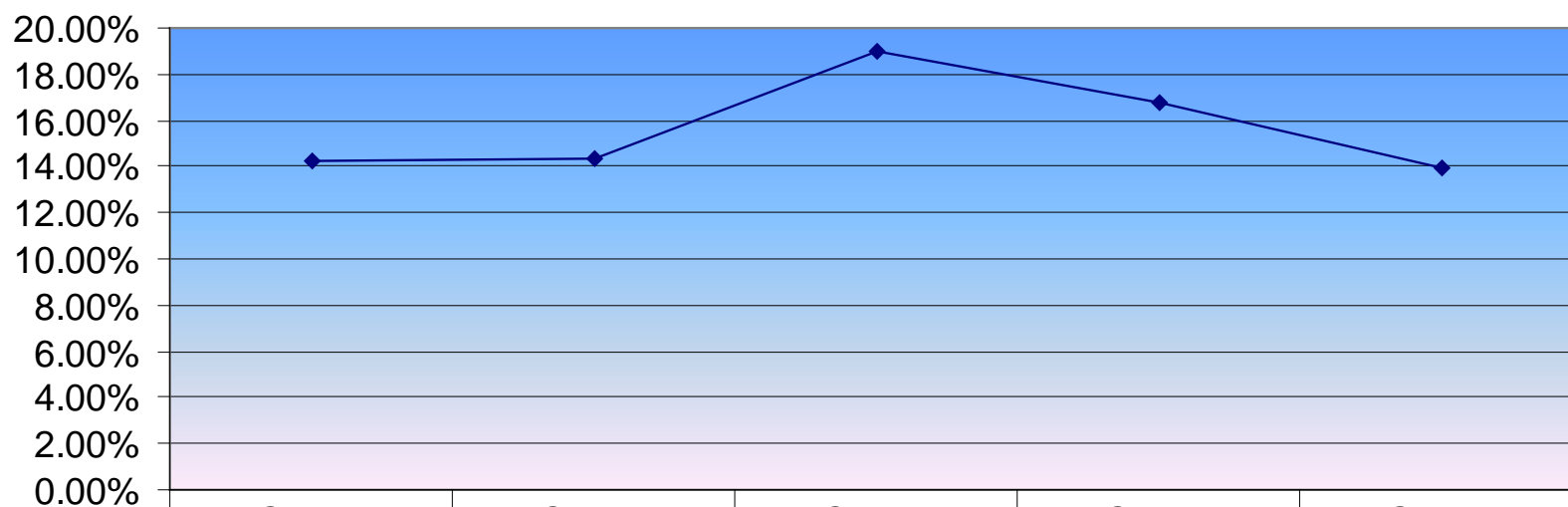


	Child DCF (all cases)	Child Non-DCF (all cases)	All Children (all cases)
Q1 '07	19.93	13.1	16.37
Q2 '07	20.42	14.48	17.23
Q3 '07	19.73	12.06	15.88
Q4 '07	17.07	10.14	13.3
Q1 '08	14.41	11.44	12.66

Includes: All cases discharged within the quarter

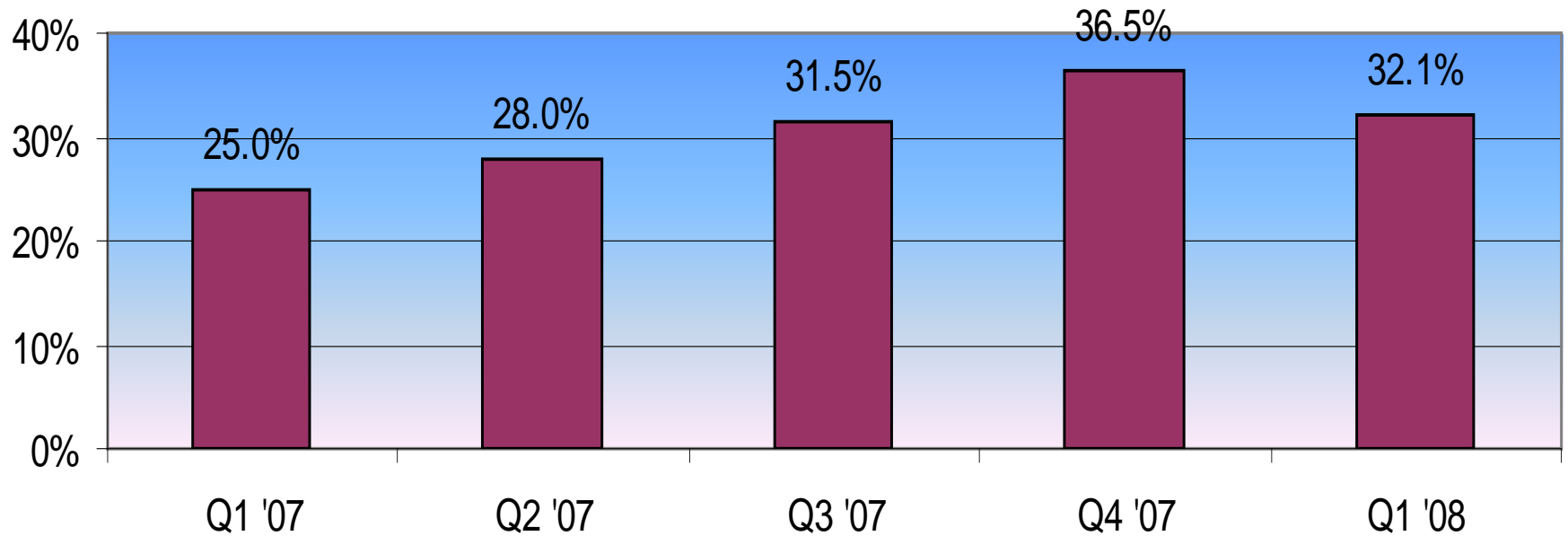
Excludes: Riverview

Child Psychiatric Inpatient Cases in Delay Status per Quarter, Excluding Riverview



◆ Series1	Q1 '07	Q2 '07	Q3 '07	Q4 '07	Q1 '08
	14.20%	14.37%	18.94%	16.79%	13.90%

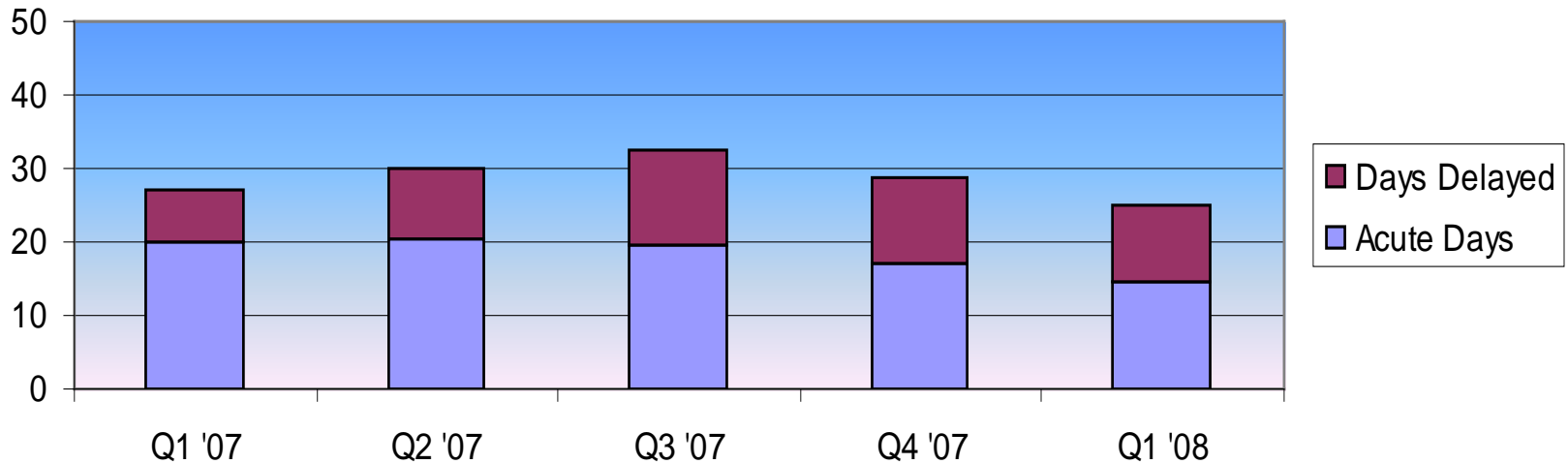
Percent of Inpatient Days in Delay Status



Includes: All cases discharged within the quarter or in care at the end of the quarter

Excludes: Riverview

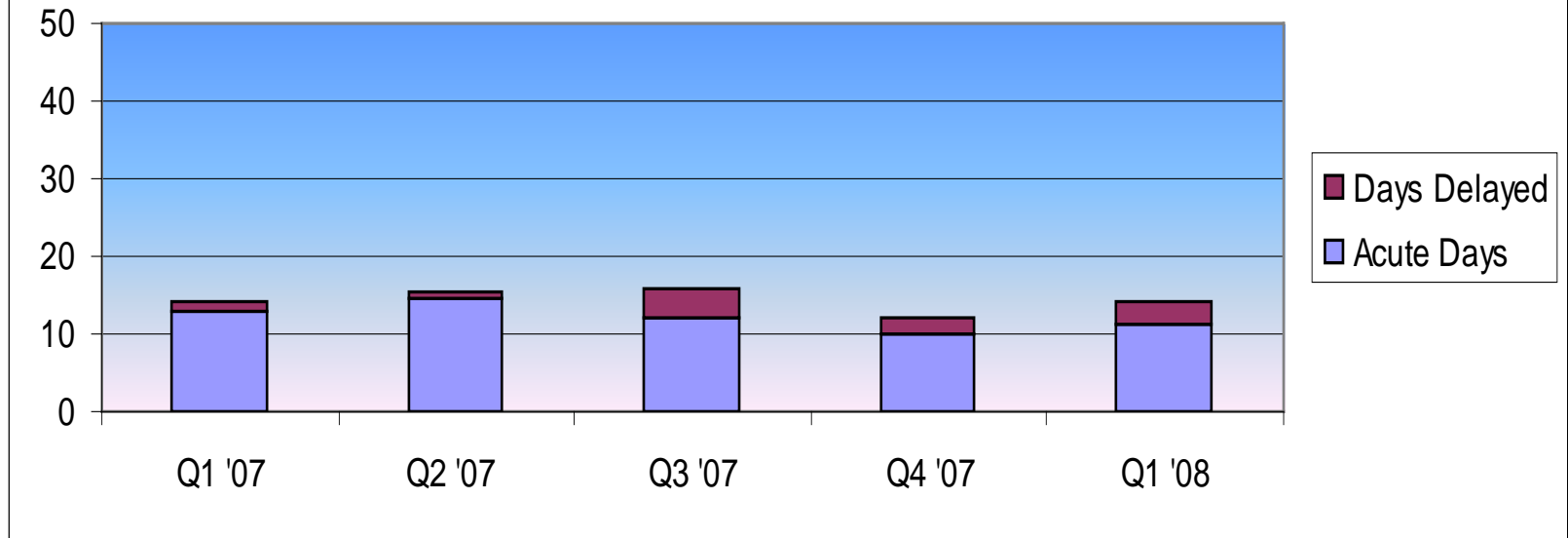
DCF: Average Length of Stay Acute and Discharge Delay



Includes: All DCF cases discharged within the quarter

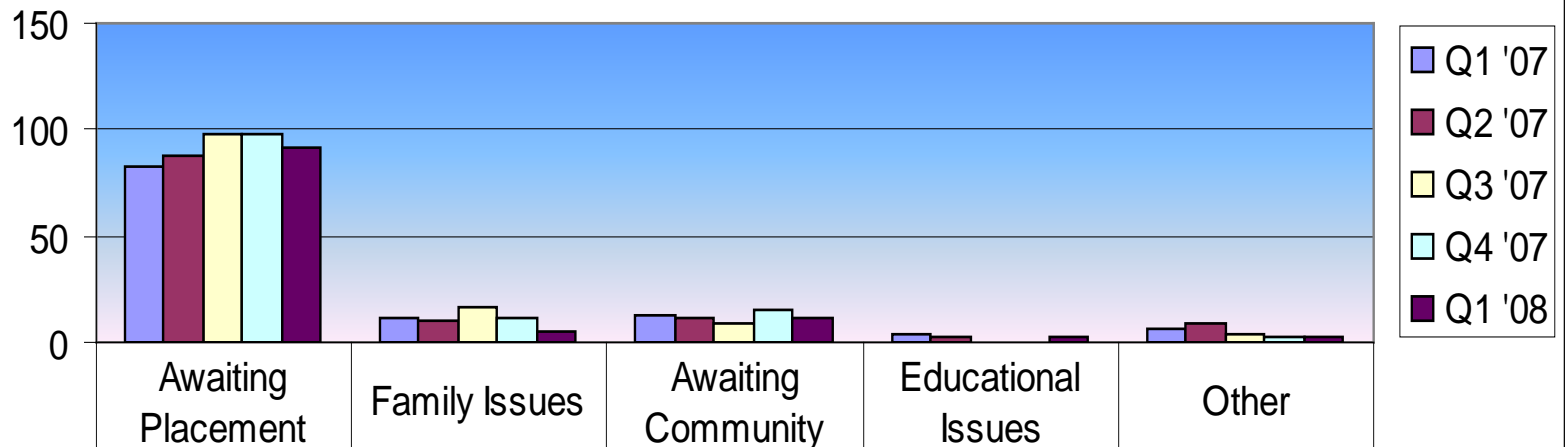
Excludes: Riverview

Non-DCF: Average Length of Stay Acute and Discharge Delay



Includes: All Non-DCF cases discharged within the quarter
Excludes: Riverview

Inpatient Delay Reason Codes by Major Category



Q1 '07	82	11	13	4	6
Q2 '07	88	10	11	2	9
Q3 '07	98	16	9	0	4
Q4 '07	98	11	15	0	3
Q1 '08	92	5	12	2	2

Includes: Discharges during the quarter or still in care at the end of the quarter

Excludes: Riverview

Hospital Delays

Strategic Response

- One - ASO Performance Target
 - 2007 target focused on delay management processes and reliable delay measurement
 - 2008 contract has established a target to decrease discharge delay days by 12% (418 days/quarter). Further reduction by additional 12% or so in 2009.
 - Extensive Project Plan created and underway to support improvement in discharge delay
 - PRTF initiative to decrease LOS, resulting in improved step down capacity for inpatient units

Hospital Delays

Strategic Response

- Two – Hospital ALOS Performance Incentive Program
 - 1.5% set aside, with possible 3% based on inpatient savings
 - Reward hospitals for reduced ALOS
 - BHP OC hospital advisory group
 - Quarterly feedback meetings with providers
 - ICM clinicians and Network Managers assigned to high volume child/adolescent programs to assist with:
 - Discharge Planning
 - Focal Treatment Planning

Hospital Delays

Strategic Response

- Three – DCF Area Office Response
 - Enhanced EMPS to focus on diversion
 - Increase residential (RTC) capacity through:
 - Center for Excellence
 - Additional Therapeutic Group Homes
 - Better management of LOS in RTC
 - Tie RTC authorization to claims (8/08)

Hospital Delays

Strategic Response

- Three – DCF Area Office Response (cont)
 - DCF area office work plan in progress to reduce ALOS in RTC to 9 months
 - DCF to develop specialized strategies for tracking, monitoring and planning for children admitted to inpatient units
 - DCF committed to reducing delay day percentages and the establishment of a delay reduction target. Target pending senior level review and approval.

ASO Performance Targets - 2008

- Data management (eligibility/auth/provider)
- Member Satisfaction (>90%)
- Improving Quality of Care for DCF Youth who Disrupt out of First or Second Foster Home Placement
- Reduce Inpatient Discharge Delays (12%)
- Reduce “High Utilizers”; improve community tenure

Questions?