

DSS and DCF report to the Behavioral Health Partnership Oversight Council October 8, 2008

Partnering With CT BHP Members Through Peer Support

Peer Support Department

- Peer Specialist are staff members who have experience navigating through the behavioral health care system either for themselves or their family members
- CT BHP Peer Specialists use their "lived experience" to benefit our members by connecting with them in ways that traditional service providers do not

Peer Support staff

- Director of Peer Support
- 7 Peer / Family Peer Specialists are assigned to geographical areas across the state.
- Referrals received from a variety of areas:
 - Internal Care Managers
 - Emergency Departments
 - Inpatient Units
 - MCO's
 - Other Families
- Experienced in accessing services in the following areas:
 - behavioral health care
 - housing
 - vocational training
 - benefit applications
 - recreational programs
 - natural supports
 - non traditional community resources.

CT BHP Peers support and embrace the communities that it serves

- Peer Specialists have been involved in many projects and initiatives that promote the concepts and practices of a strength based, recovery oriented focus for our members, including:
 - Consumer Advisory Committee
 - Community Collaboratives
 - NAMI Annual National Conference and Walk
 - CCAR Walk
 - CHDI wrap around grant- Peer trained to train Parents
 - Mystery Shopper- ECC practice standards
 - Post Partum study and outreach with MCO



Elements of Hope

• Member scenarios:

A local community collaborative referred a young Mother of five children to Peer support for access to behavioral health care services. In conversation with the member she revealed that she was being evicted from her home and had to leave the next day. She had no family or resources in the area. The Peer Specialist assisted the member by checking area shelters- all of which were full. The Peer Specialist was referred to a local hotel that donated a room for the member until she was accepted into a housing program that also provided job training. With the assistance of the Peer Specialist this member was able to remain with her children and work toward a brighter future.

Elements of Hope

- Member scenario # 2
- A 15 year old boy and his Mother were referred to Peer Support for community resources. It was revealed by the member that the boy had been refusing to attend school because of bullying by his classmates. As a result of the bullying he was experiencing anxiety. The Peer Specialist assisted the member in contacting emergency mobile psychiatric services for evaluation and treatment. The Peer specialist also assisted the member with advocating for a PPT meeting to address the issues at school. The Family is currently engaged in treatment and the boy is receiving educational services in his community.

What our members say about Peer Support

Member Satisfaction Survey Results

- Members reported 100% satisfaction with Peer support and 96% satisfaction with information and referrals given
- "I never felt judged, I felt supported"
- "It helped me to know that I was talking with someone who had been where I am"
- "Thank god you understand"
- "You have helped me to find my voice"

Enhanced Care Clinics

Enhanced Care Clinics Primary Care MOUs

- The Regional Network Managers (RNM's) have worked with the Enhanced Care Clinics to help them establish their contractually required Memorandums of Understanding with local primary care practices
- ECCs have been notified to submit fully executed primary care MOUs by September 22, 2008
- Policies and procedures will be requested on or after January 1, 2009

Procurement Update

- Selection of contractors from 6 geographic areas occurring in 3 phases
- Separate procurement for Statewide Central Call Center
- Separate procurement for Statewide Quality Assurance & Training Vendor

- United Way 211 selected as Statewide Central Call Center Vendor
- Contract negotiations complete
- Contractor has begun hiring staff
- In process of developing triage protocols and procedures
- Procurement for QA & Training vendor to occur 4th Qtr of current SFY

- Phase I Procurement for Greater Hartford (New Britain, Hartford, Meriden) & Eastern CT (Norwich & Willimantic) service areas
- Contractors selected August 2008
 - Wheeler Clinic New Britain, Hartford, Meriden
 - United Community & Family Services Norwich & Willimantic

- Phase I start up October & November
- Phase II Procurement for Western (Waterbury, Danbury, Torrington) & Greater New Haven (New Haven, Greater New Haven)
- Contractors to be selected November 2008
- Startup January & February 2009

- Phase III Southwest (Bridgeport, Norwalk, Stamford) & Central (Manchester, Middletown)
- Contractors to be selected January 2009
- Startup March & April 2009
- Existing providers funded thru May 30, 2009
- New provider goes live May 2009

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Enhanced Care Clinics Primary Care MOUs

- 31 Signed MOUs have been received to date
- 6 MOUs are outstanding
 - 3 MOUs are awaiting PCP signature
 - 3 MOUs not submitted
- Corrective action letters in process

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Claims

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- EDS continues to troubleshoot interChange related adjudication errors
- CT BHP claims processing reports available for overall denial rate Oct 2008
- Timely filing edit temporarily suspended
 - Effective first cycle in October (10/11)
 - For dates of service 10/1/07 forward
 - Restore timely filing 120 days, 2/1/09
 - Providers should wait until they receive official provider bulletin to resubmit claims

ED Delays





CT BHP Rates

BHP Rate Increases

- All SFY08 rates implemented except:
 Physician and other practitioner
- CMS has approved UPL (upper payment limit) demonstration as follows:
 - Accepted benchmark of 115% of Medicare MD/APRN/LCSW fees for purpose of UPL
 - DSS may require level of practitioner modifier to support future UPL demonstrations; date TBD

BHP Rate Increases

- UPL limit for selected services:
 - PHP (CMHC) \$240
 IOP (CMHC) \$180
 Adult day tx \$204
 IOP (MH/SA) \$153
 - Methadone maintenance
- \$153 \$85.41

BHP Rate Increases SFY09 package

- SFY09 package will be revised to exclude from the 1% increase those rates in excess of the aforementioned upper limits
- Propose to expend balance on:
 - addition of psychiatric consultation codes to hospital ECCs
 - addition of case management codes to hospital outpatient clinics

BHP Rate Increases SFY09 package

- Hospital ED performance pool
- Departments propose to reconvene Hospital Advisory Subcommittee
 - Review ED inpatient admission rates 1/1/08 to 6/30/08
 - Review proposal to distribute SFY09 hospital ED performance pool based on implementation of MOU with newly procured EMPS providers

Questions?