

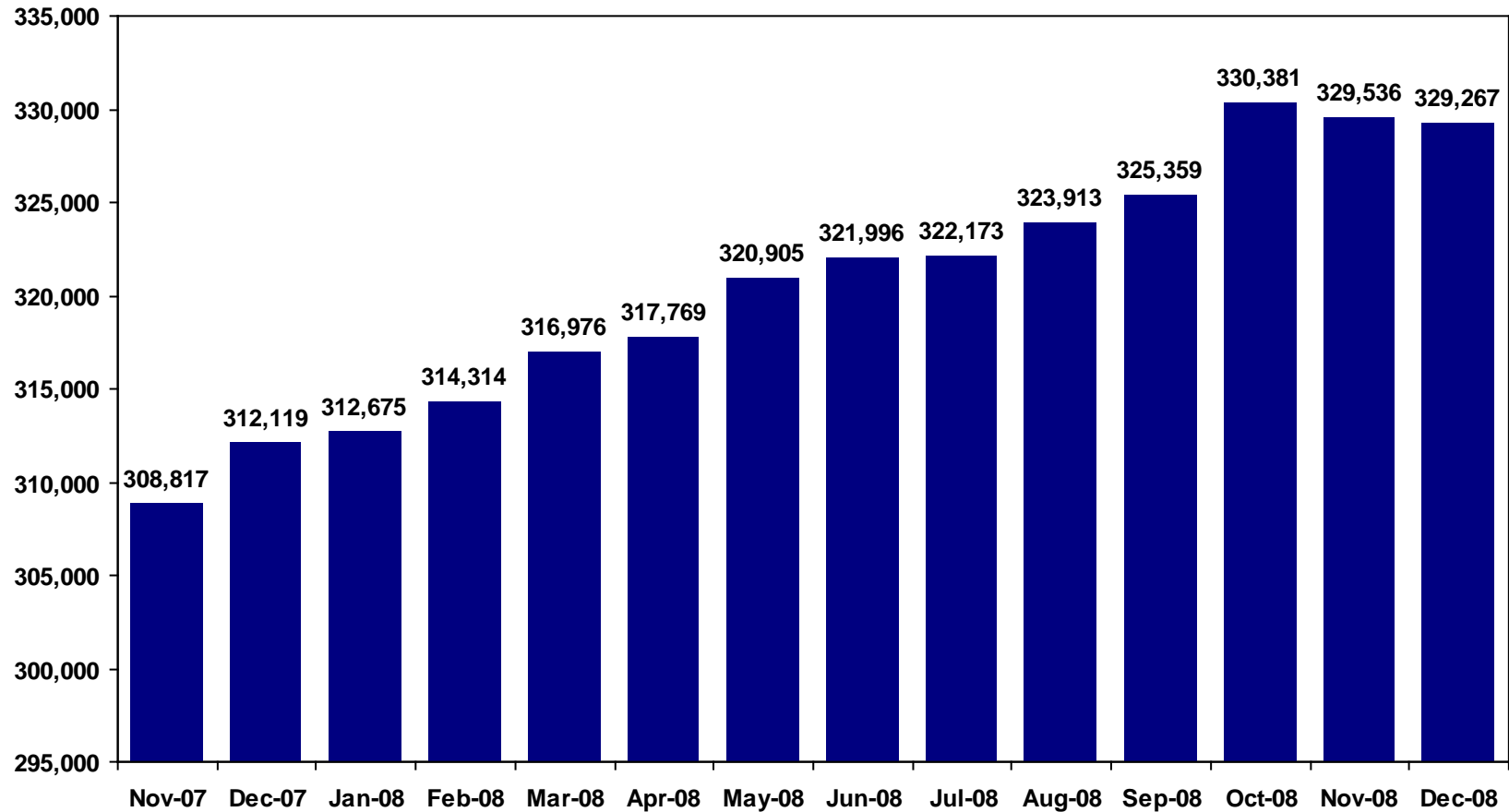


DSS and DCF report to the
Behavioral Health Partnership
Oversight Council

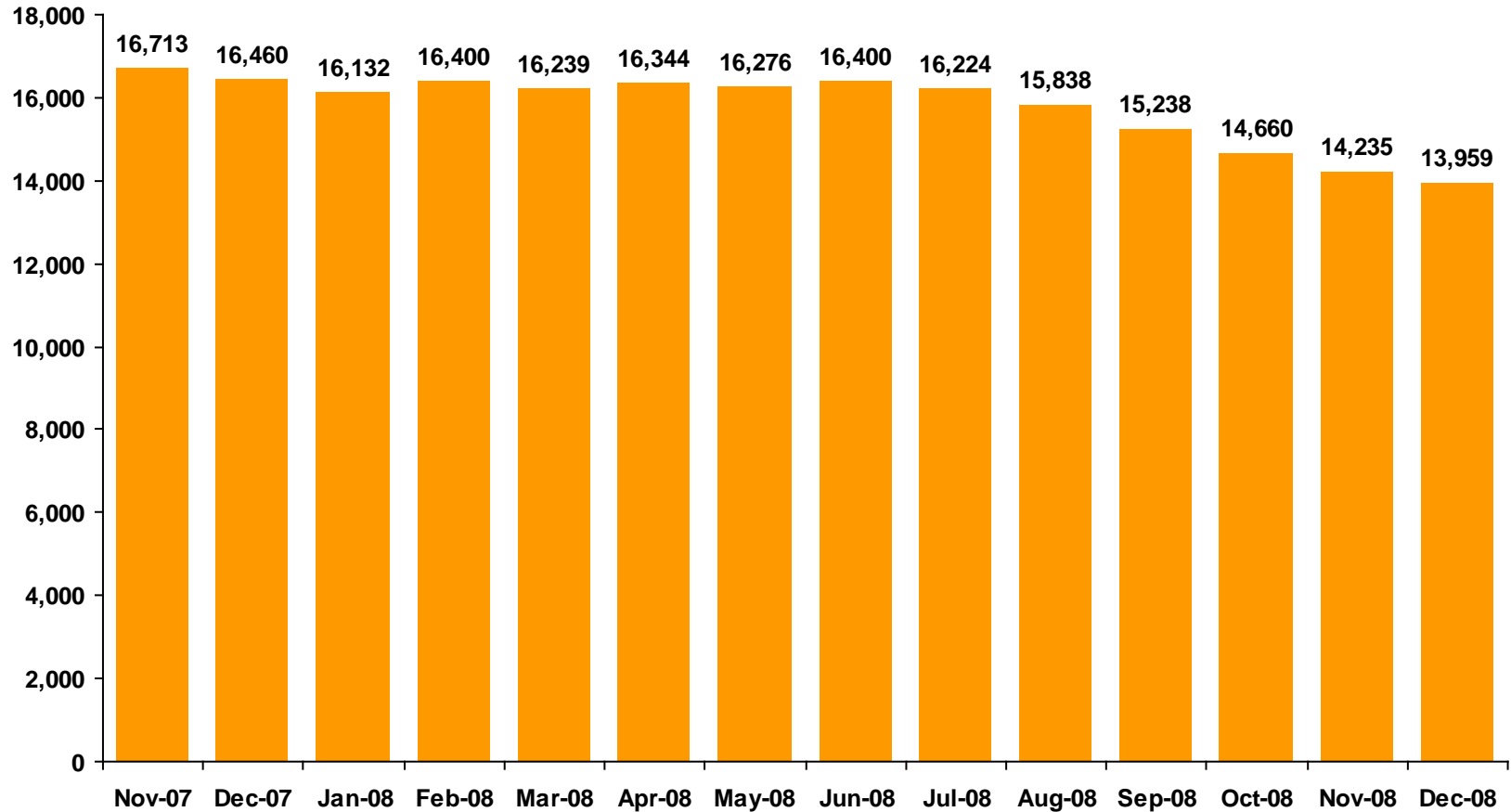
December 10, 2008

Enrollment

HUSKY A Enrollment Growth - All



HUSKY B Enrollment Growth - All



HUSKY Transition BHP/FFS Enrollment

	08/01/08	09/01/08	10/01/08	11/01/08	12/01/08
HUSKY A	323,913	325,359	330,381	329,536	329,267
MCO	285,819	282,761	279,229	283,536	287,511
Medicaid	38,094	42,598	51,152	46,000	41,756

HUSKY B	15,838	15,238	14,660	14,235	13,959
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HUSKY Transition

County-by-County Roll-Out Dates

Middlesex

August 2008

Litchfield

New Haven

Tolland

September 2008

Fairfield

Hartford

New London

Windham

October 2008

HUSKY Transition

Open Counties Summary – 12/05/08

MCO	Open Counties Initial Enrollment	Current Enrollment	Net Enrollment Changes
Community Health Network	92,629	137,143	44,514
Blue Care	187,841	126,945	-60,896

HUSKY Transition

Open Counties Summary – 12/05/08

Blue Care

to:		
Health Plan Name	Number	%
Aetna Better Health	21,607	35.5%
AmeriChoice	3,459	5.7%
Community Health Network	35,830	58.8%
Total	60,896	100.0%

HUSKY Transition

Open Counties Summary – 12/05/08

Traditional Medicaid

to:

Health Plan Name	Number	%
Aetna Better Health	4,248	28.3
AmeriChoice	1,767	11.8
Community Health Network	8,978	59.9
Total	14,993	100.%

HUSKY Transition

Open Counties Summary – 12/05/08

Community Health Network

to:		
Health Plan Name	Number	%
Aetna Better Health	256	87.1%
AmeriChoice	38	12.9
Total	294	100.0%



Behavioral Health

Charter Oak Behavioral Health

Applications and enrollment as of 12/08/08

- Applications Received 12,618
- Applications Approved 5,195
- Clients Enrolled 3,296



Charter Oak Behavioral Health

Enrollment by Plan

- Aetna Better Health – 1,775
- AmeriChoice by United Healthcare – 402
- CHNCT – 1,119
 - ❑ 739 referred to DSS for other publicly funded programs (HUSKY, SAGA, Medical for Working Disabled, Medicaid (MAABD))
 - ❑ 2,356 either denied or closed due to voluntary termination request

SFY09 Rate Package

Proposed Changes to SFY09 Package

- Across the board increase of 1% except:
 - independent practitioners
 - providers above upper payment limits
 - exceptions are level funded at SFY08 rates
- Adds coverage for case management in hospital outpatient settings
- Adds coverage for psychiatric consultation in ECC hospital outpatient settings (9924X)

Proposed Changes to SFY09 Package

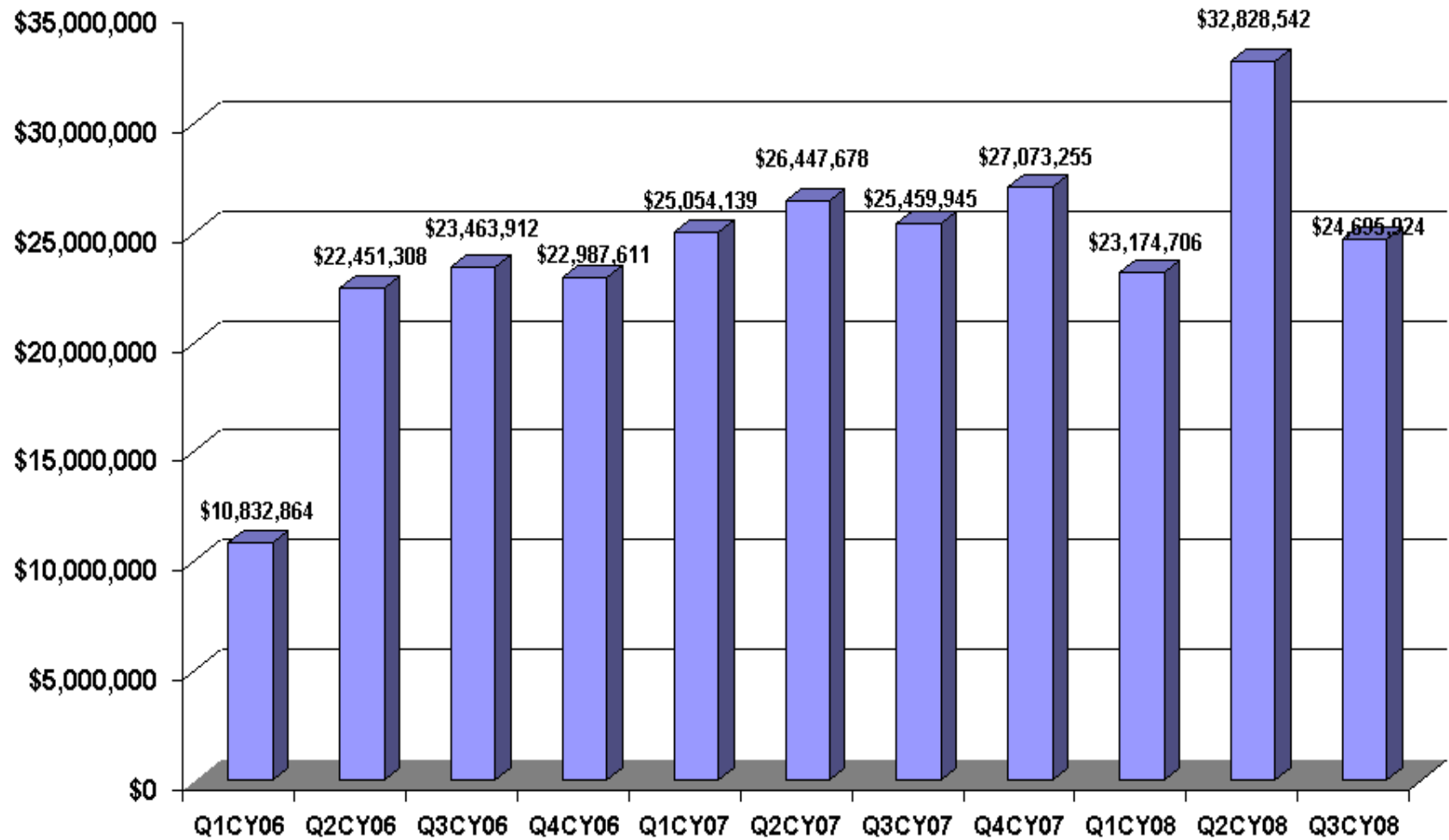
- New emergency mobile psychiatric rates (EMPS) substantially higher than previous rates
- General hospital inpatient floor has been raised to \$695
- EMPS performance incentive pool established at \$120,000
- Extended Day Treatment performance incentive pool established at \$120,000

Proposed Changes to SFY09 Package

- Hospital floor is vehicle for adjusting total expenditure to remain within appropriation
- Total pool updated from \$2.094 million to \$2.417 million, which is 2% of combined SFY09 budget for HUSKY A (\$114.85 million) and HUSKY B (\$6.033 million)

Expenditures

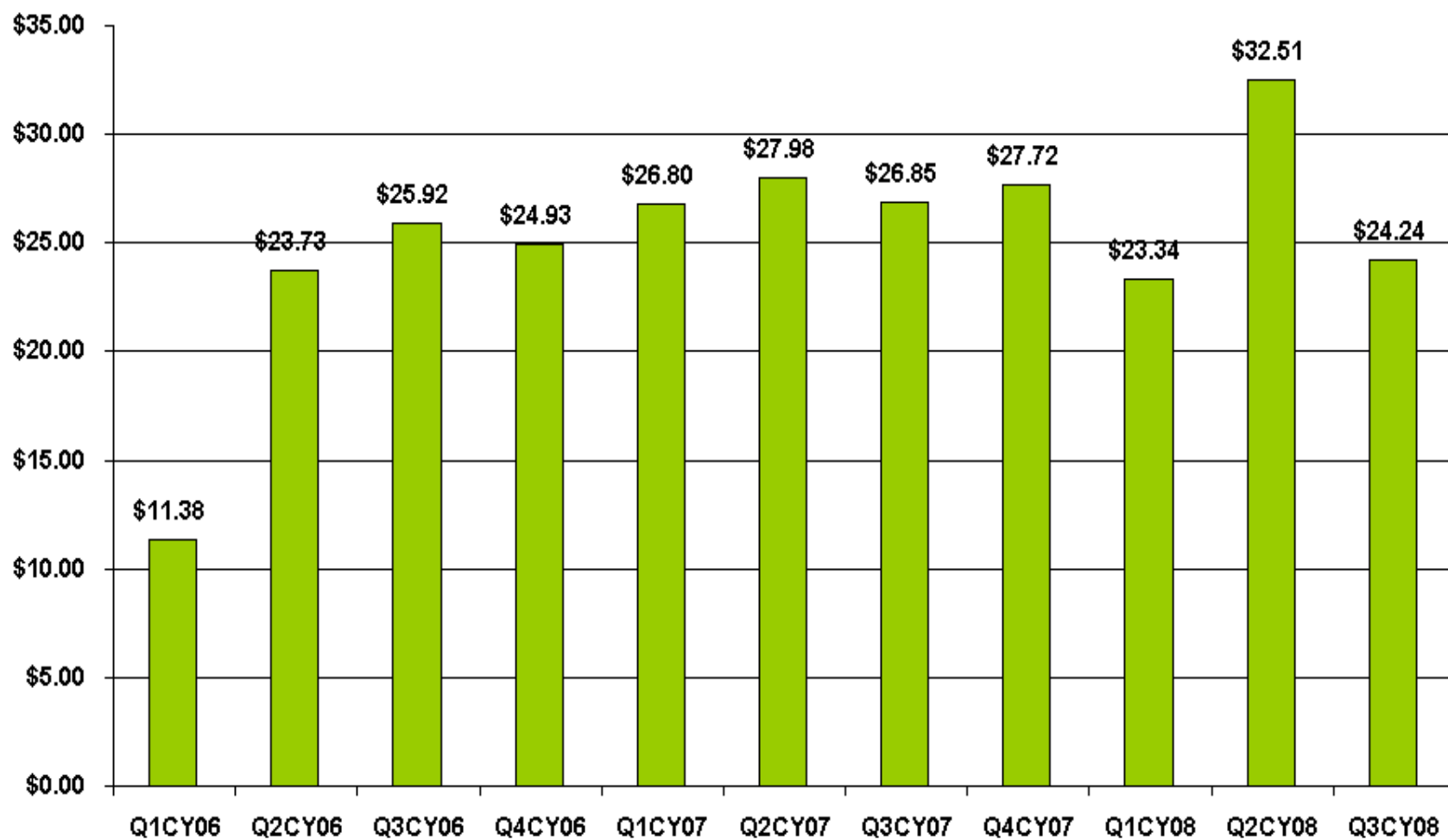
CT BHP DOP Expenditures by Quarter



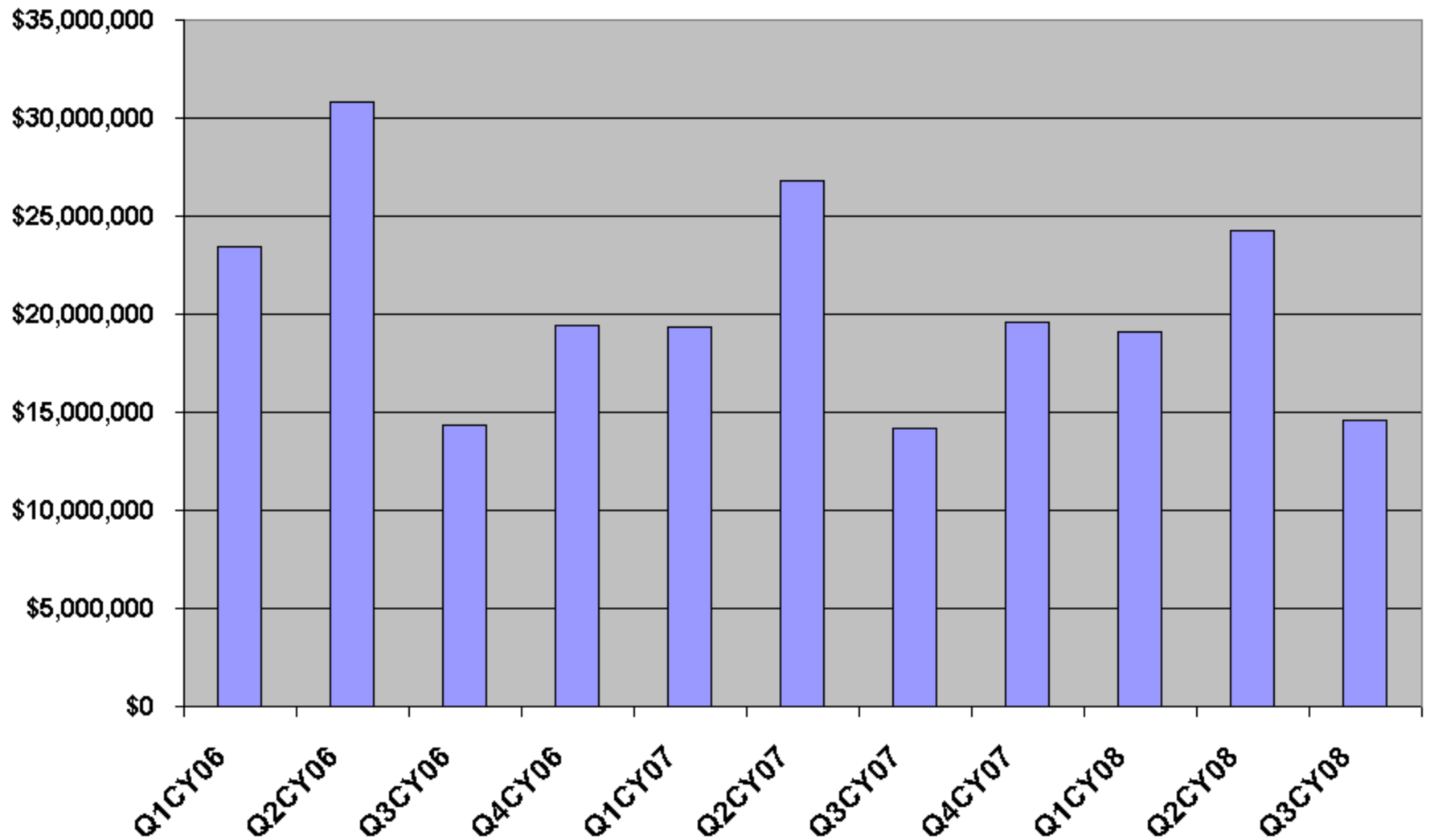
Annual CT BHP Expenditures by State Fiscal Year

	SFY06	SFY07	SFY08
HUSKY A	\$32,560,572	\$94,563,848	\$104,931,636
HUSKY B	\$723,599	\$3,389,493	\$3,604,812

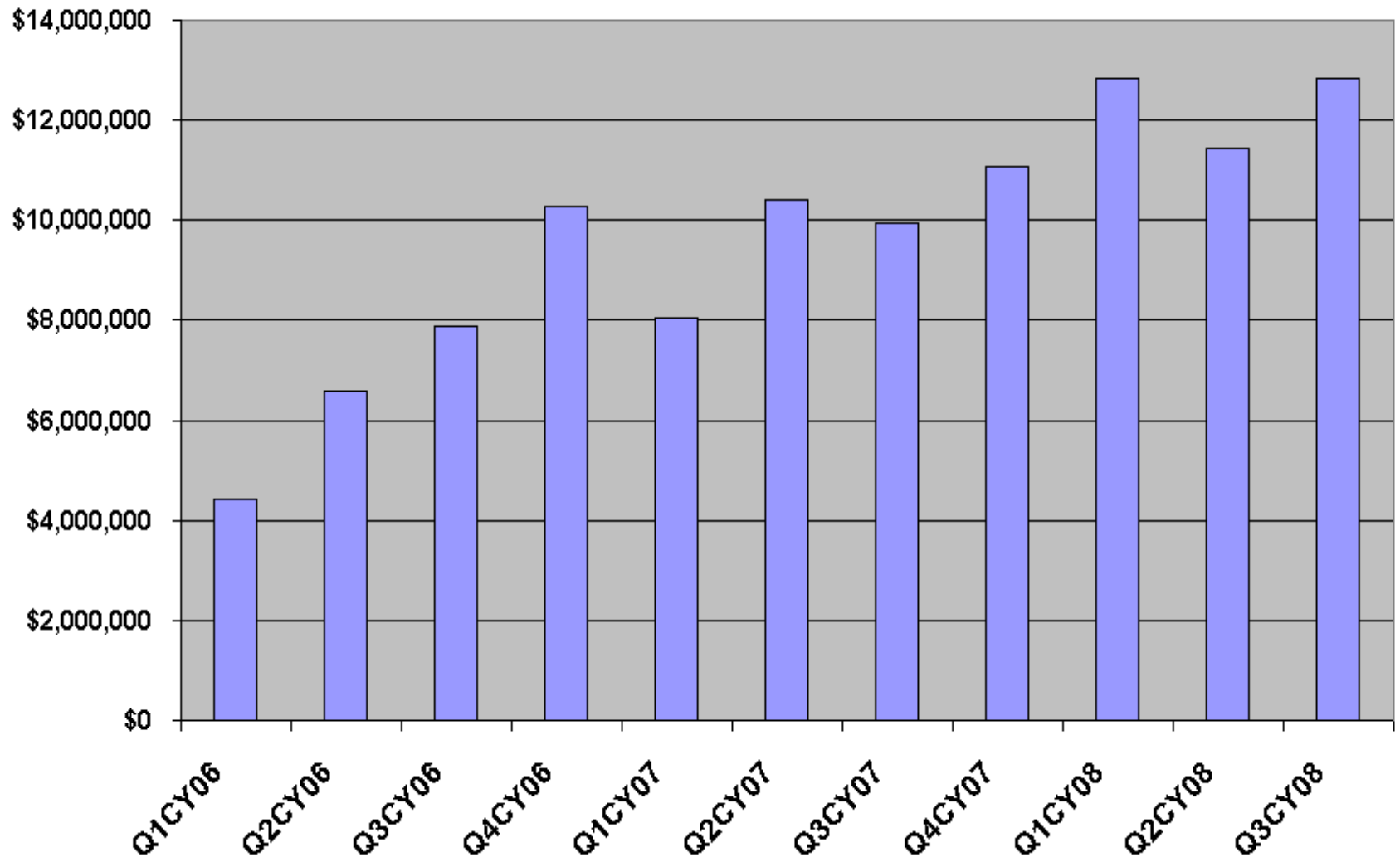
CT BHP DOP
PMPM by Quarter



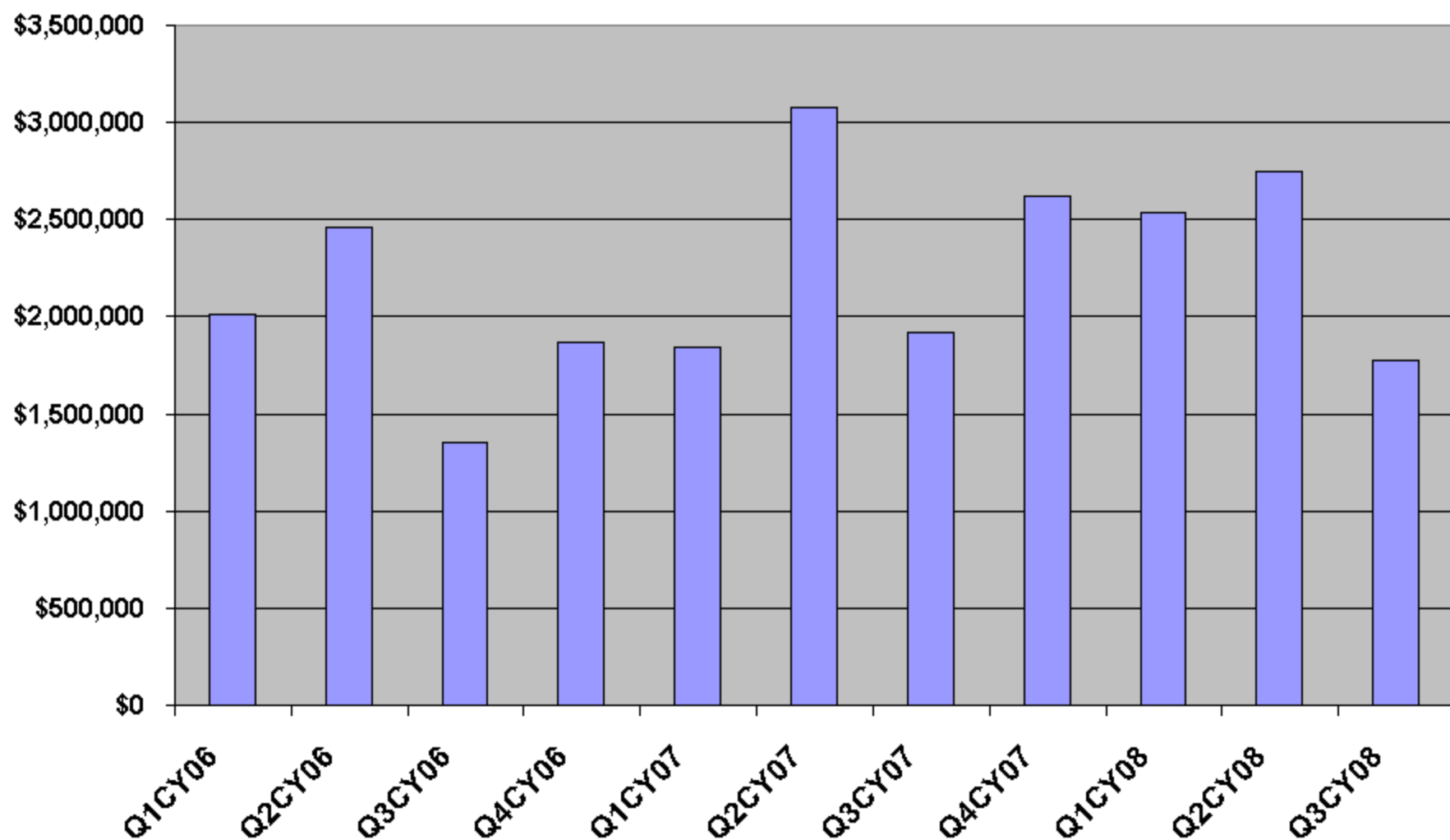
Residential Expenditure by Quarter



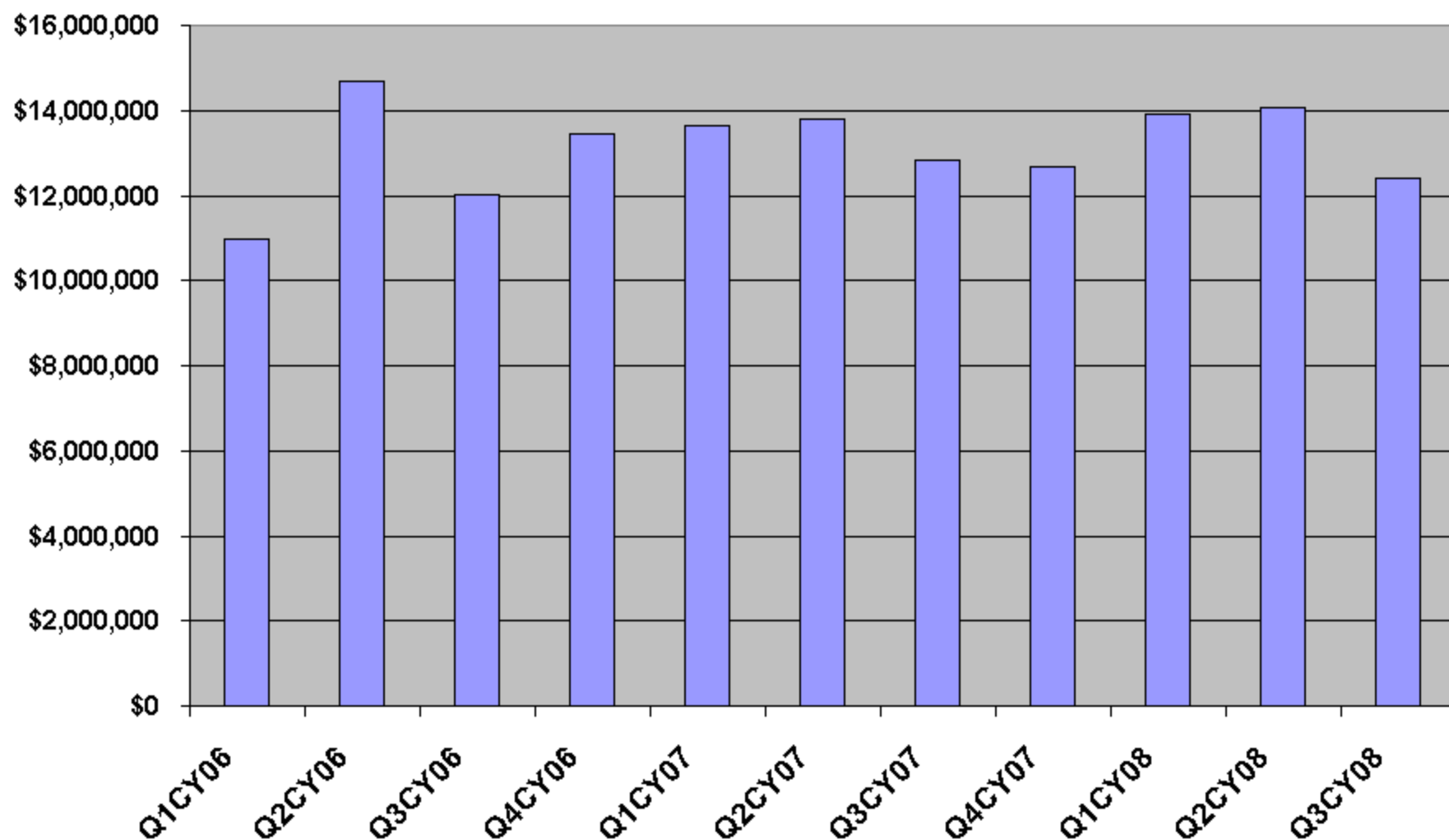
Group Home 2 Expenditure by Quarter



Pass Group Home Expenditure by Quarter



Community Based* Services Expenditures by Quarter



Community Based Programs*

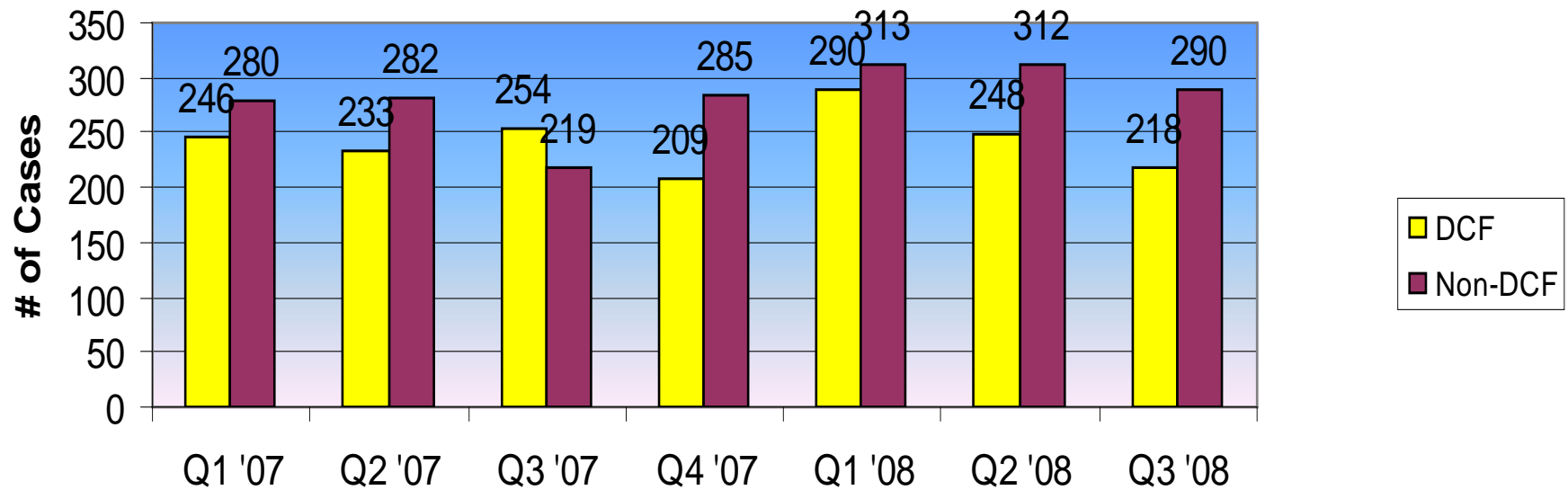
- Crisis Stabilization
- Care Coordination
- EMPS
- Enhanced Care Coordination
- Extended Day
- Home-Based
- OP Child Psych
- Op Adolescent Substance Abuse

Access to Inpatient Hospital Services

A Closer Look At Inpatient ~ 3rd Quarter

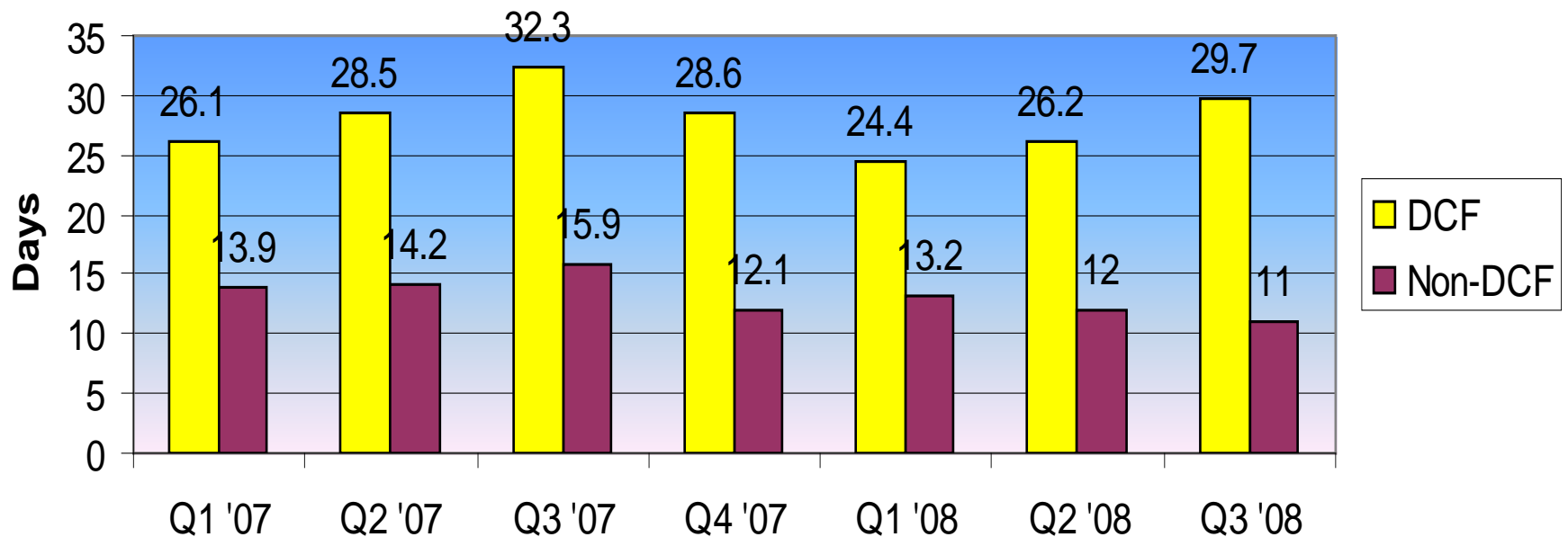
- As expected, non DCF children have more actual admissions than DCF involved children since there are larger numbers of non DCF involved children in the HUSKY population
- When reviewing admits/1000 data the trend of more DCF children admitted/1000 to inpatient than non DCF children continued in the 3rd quarter
- Overall however, there is a notable decrease in admits/1000 for DCF involved children
- The DCF ALOS in the 3rd quarter has increased. This increase in LOS was also noted in the 3rd quarter of 2007, suggesting a seasonal trend that will be monitored
- DCF children's ALOS continues to be almost 3 times greater than that of non DCF children
- Home Based Services continue the upward trend although at a slower pace than previously noted

**4a_1: Inpatient (IPF only) Admissions
(age 0-18)**



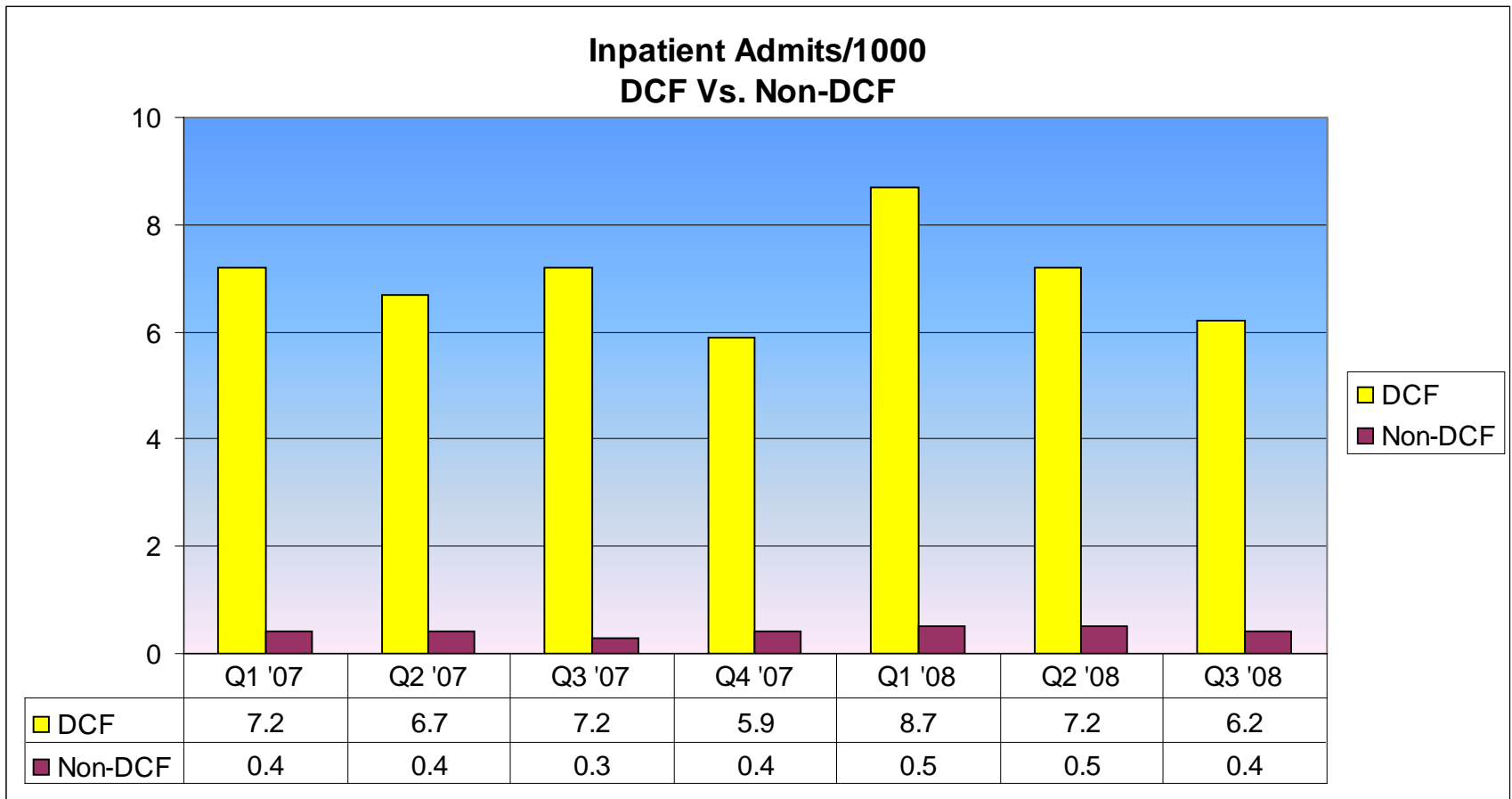


4a_1: Average Inpatient (IPF) LOS (age 0-18)



Includes: All Children Discharged in the Quarter

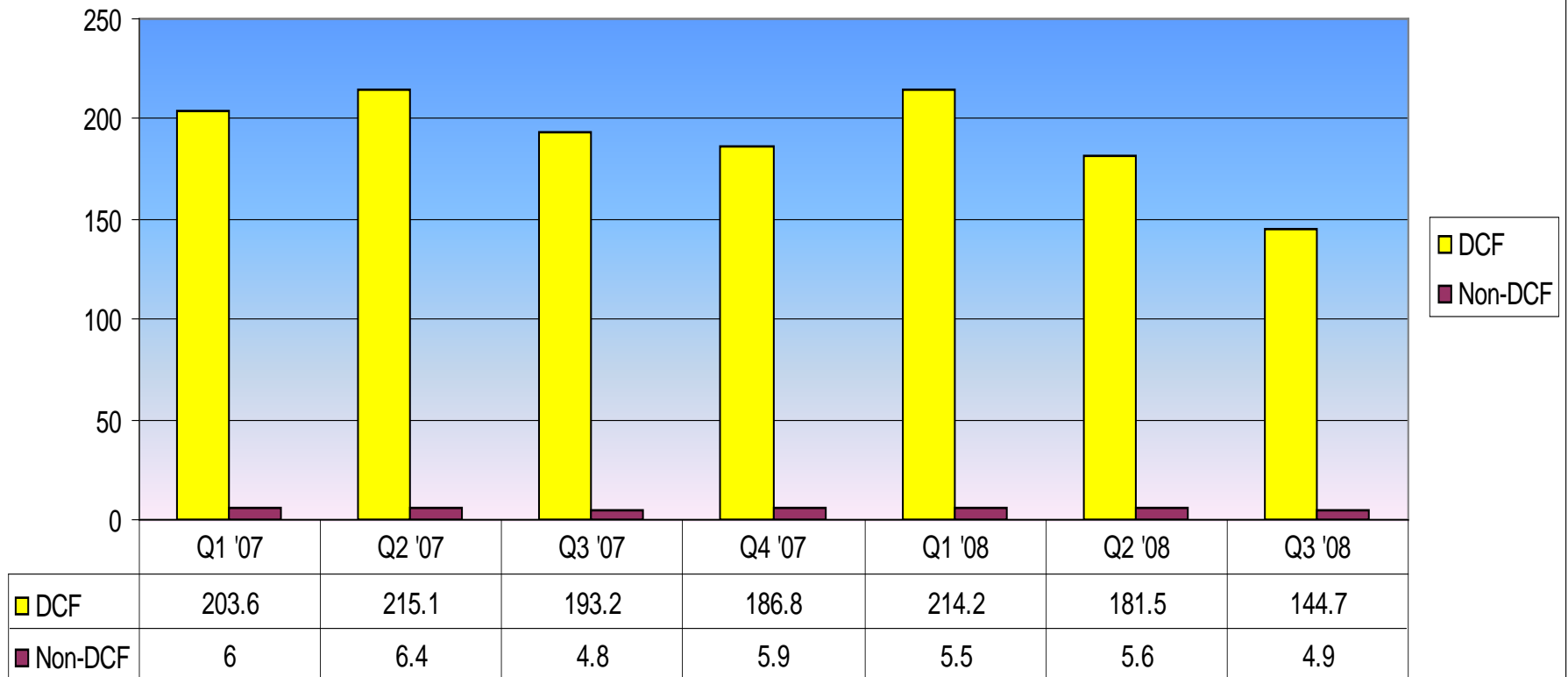
Excludes: Riverview



Includes: Children 0-18, IPF only

Excludes: Riverview

Inpatient Days Per 1000 DCF vs. Non-DCF



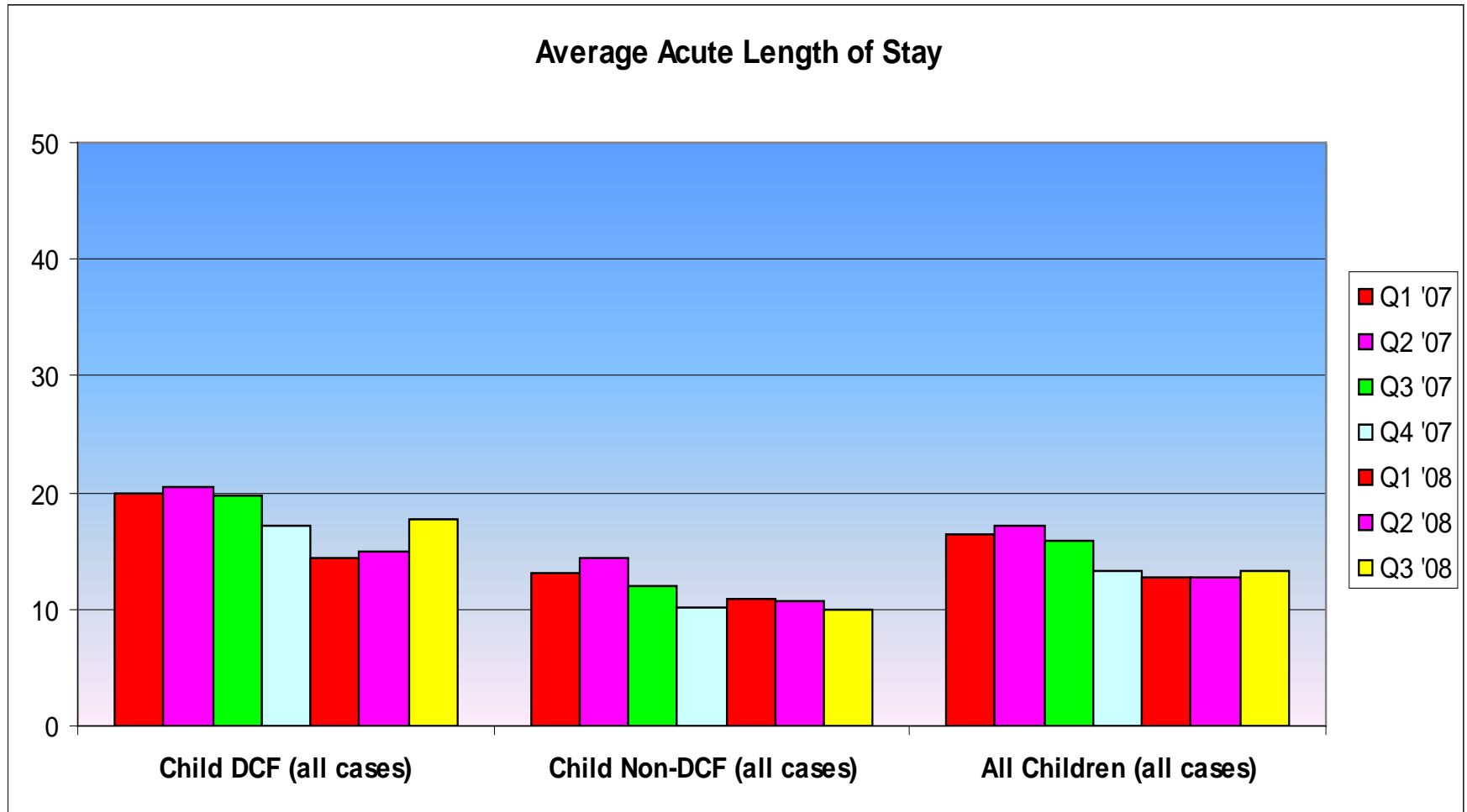
Includes: IPF only, Children 0-18

Excludes: Riverview

Inpatient Length of Stay and Delay Analysis

Inpatient ALOS and Delay Analysis

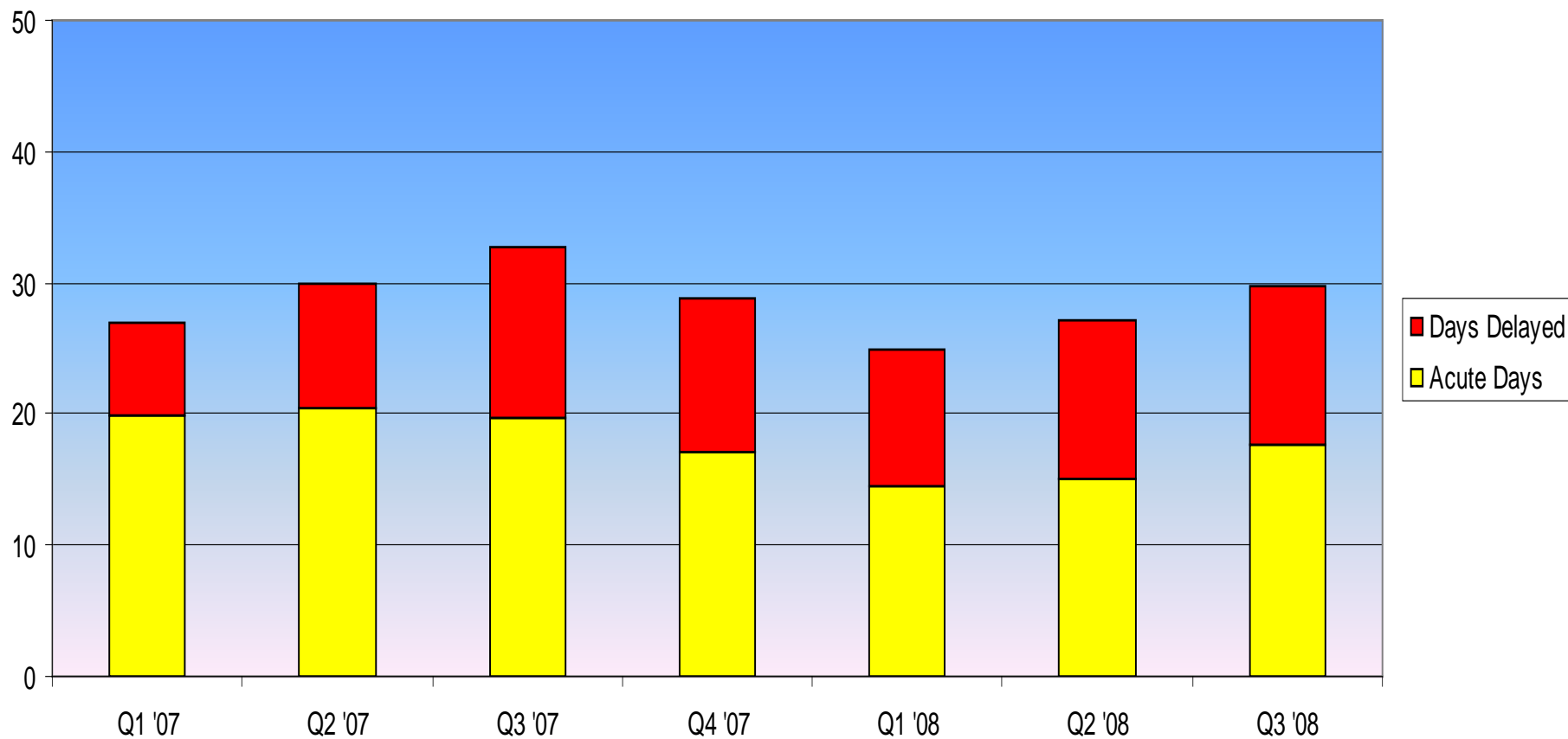
- Length of acute stay for All Children increased slightly in the 3rd Quarter
- DCF children identified as being in discharge delay for all levels of care continues to decrease in *both* the number of days in delay and number of children for Q3 08
- Q3 2008 shows a continuation in the downward trend of delayed days in inpatient services for both DCF and Non-DCF involved children.
- The days in inpatient delay status decreased from 2714 in Q2 to 2273 in Q3 a decrease of 441 days
- Children “Awaiting Placement” continues to be the most frequently identified reason for Discharge Delay



Includes: All cases discharged within the quarter

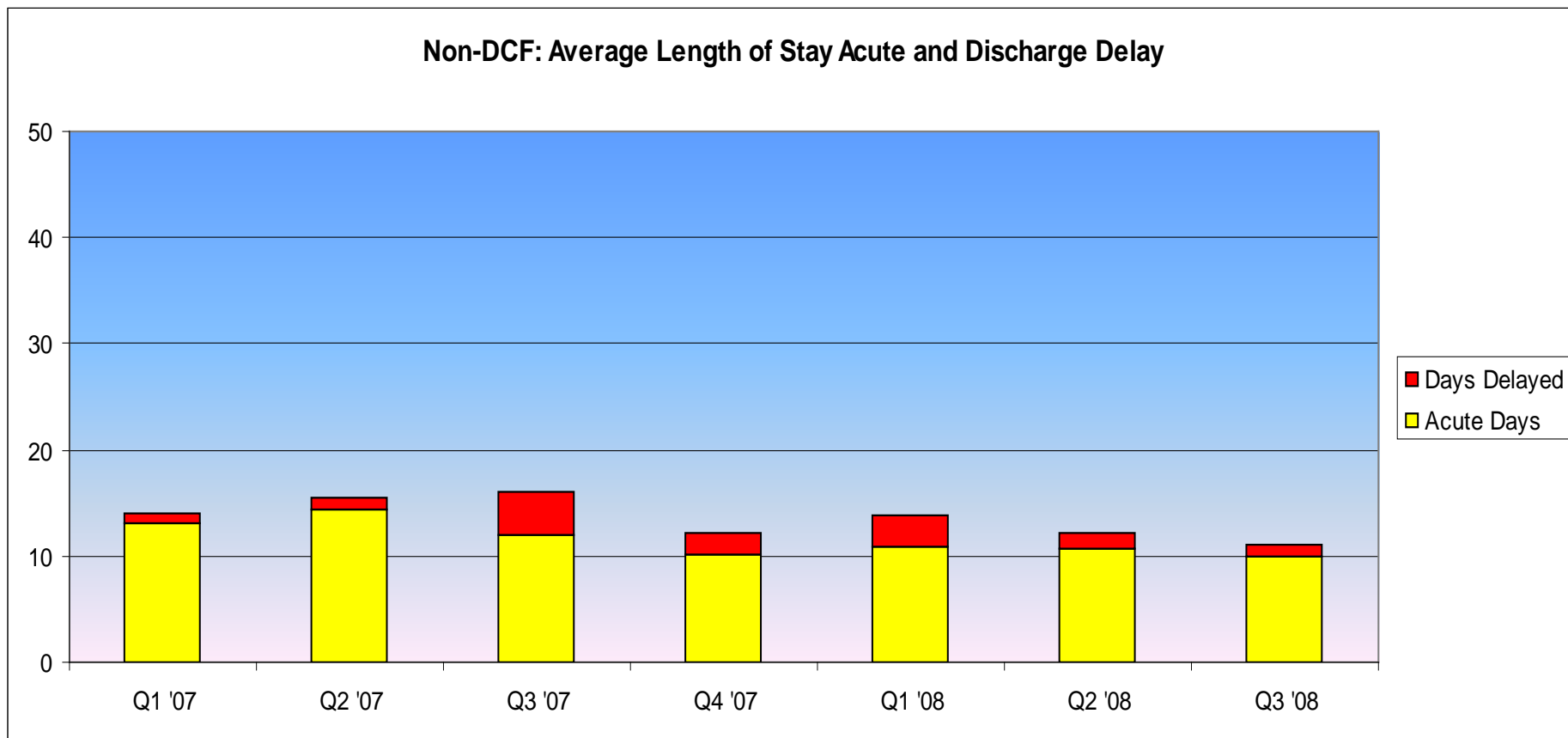
Excludes: Riverview

DCF: Average Length of Stay Acute and Discharge Delay



Includes: All DCF cases discharged within the quarter

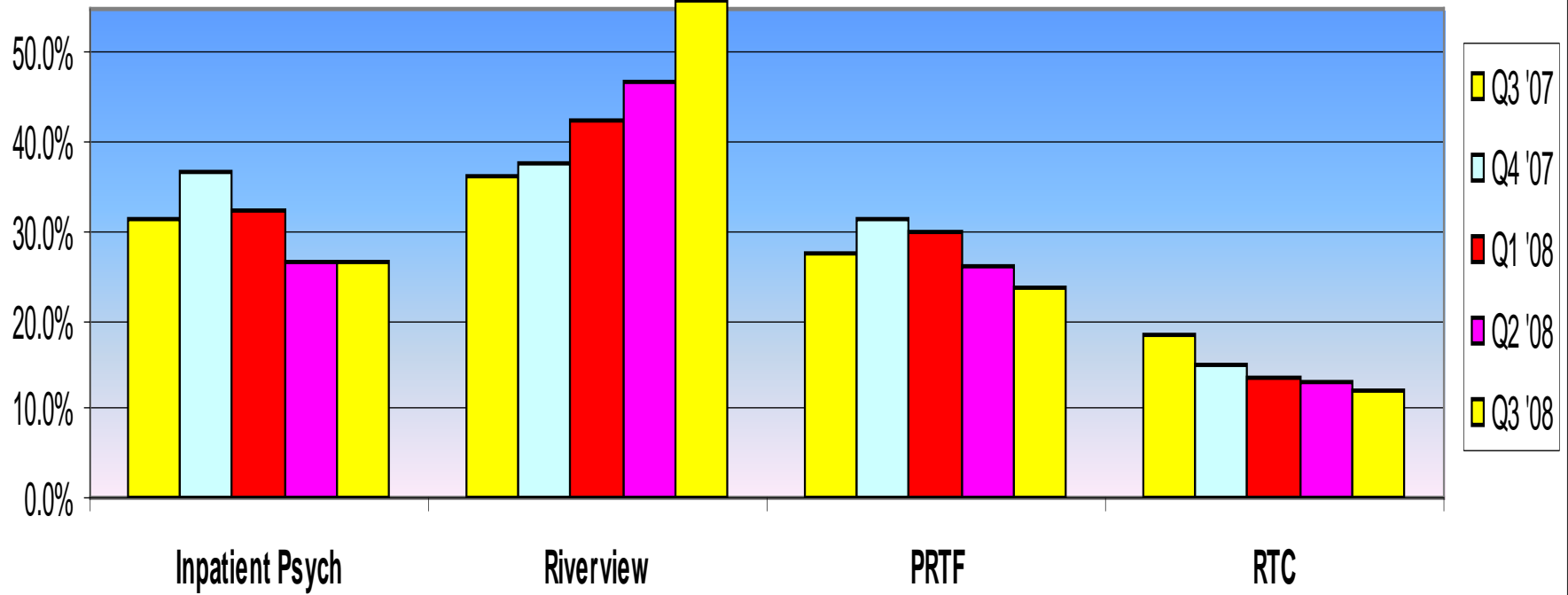
Excludes: Riverview



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

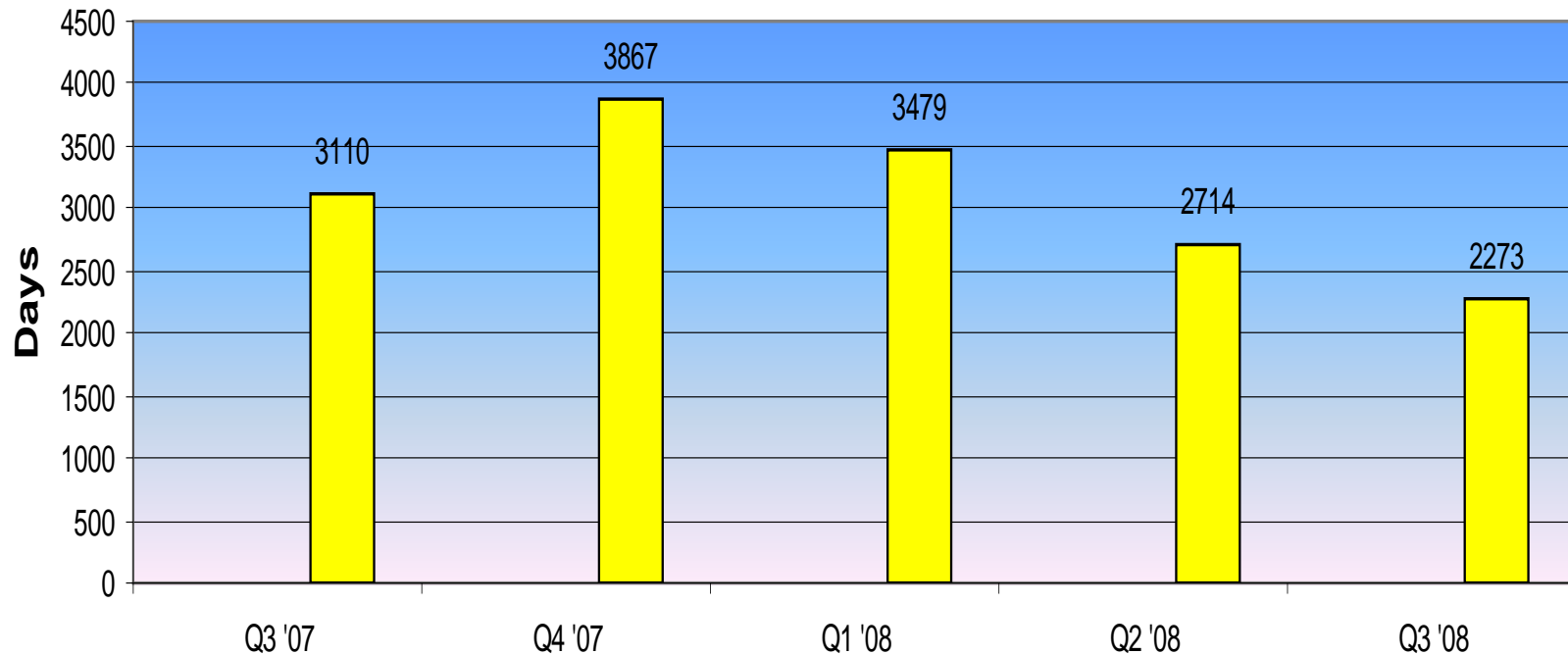


10B7: Percent of Days Delayed for Inpatient Psych, Riverview, PRTF, & RTC All Children (DCF & Non-DCF)





10B7: Total # of Days Delayed (IPF only) (without riverview)

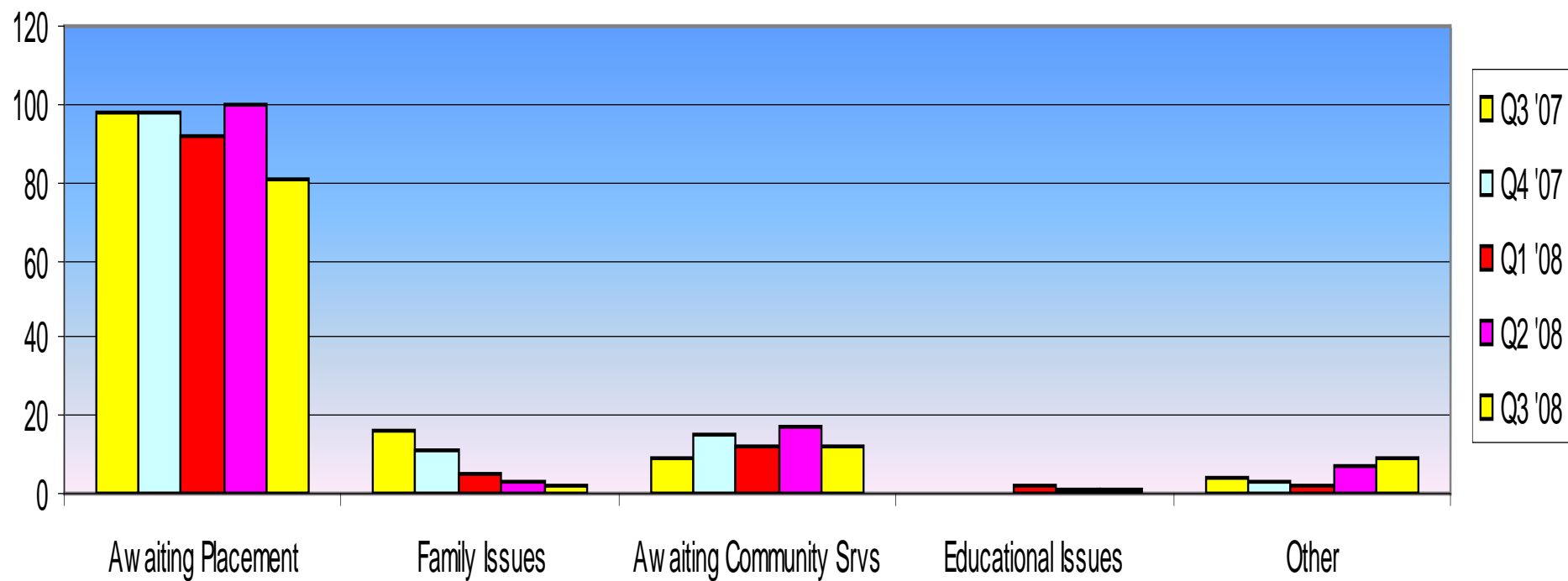


Includes: all cases discharged in the Quarter

Excludes: Riverview



10B4a : Inpatient Discharge Delay Reason Codes by Major Category (Without Riverview)



Enhanced Care Clinics

Enhanced Care Clinics

Access Requirements

- Letters have been sent to ECCs regarding their 3rd quarter 2008 performance
 - 8 providers achieved the 95% timeliness goal for routine clients
 - 7 providers were within 5 percentage points of the 95% timeliness goal
 - 13 providers fell below 90% and were notified of the need for corrective action.
- Those ECCs who were within 5 percentage points were notified that 4th quarter performance will need to be at 95% in order to avoid the need for corrective action

Enhanced Care Clinics

Access Requirements

- The pilot round of mystery shopper calls has been completed.
- 5 ECCs were randomly selected to receive 3 routine calls per provider.
- The next round will begin after January 1, 2009

Enhanced Care Clinics

Primary Care MOUs

- 100% of ECCs have complied with signed MOUs with a local primary care practice
- Review of policies and procedures that support collaboration with primary care will take place after January 1, 2009
- It may be part of a larger on-site documentation review.

Psychiatric Residential
Treatment Facilities
Performance Improvement Initiative

2008, 2009

Program Update

- PRTFs and CT BHP have come to consensus on audit parameters and methodology for measurement
- Training in Focal Treatment planning is underway.
 - Two providers have completed training and two will have done so by December 31, 2009
- On-site review will be conducted in April 2009

Emergency Mobile Psychiatric Services

Procurement Update

Emergency Mobile Psychiatric Services

- Phase I
 - Complete for Greater Hartford & East
 - Wheeler and United Community & Family Services
 - Currently in Startup
 - Go Live with 211 FOR THESE AREAS ONLY
 - 12/22/08 (9:00 AM)

Emergency Mobile Psychiatric Services

- Phase II
 - Complete for Western & Greater New Haven Service Areas
 - Wellpath (West) & Clifford Beers (NH) Selected
 - Go Live with 211 in March 09

Emergency Mobile Psychiatric Services

- Phase III
 - Active Procurement
 - RFP Released 11/21/08
 - Anticipated Go Live – May 2009

Questions?