

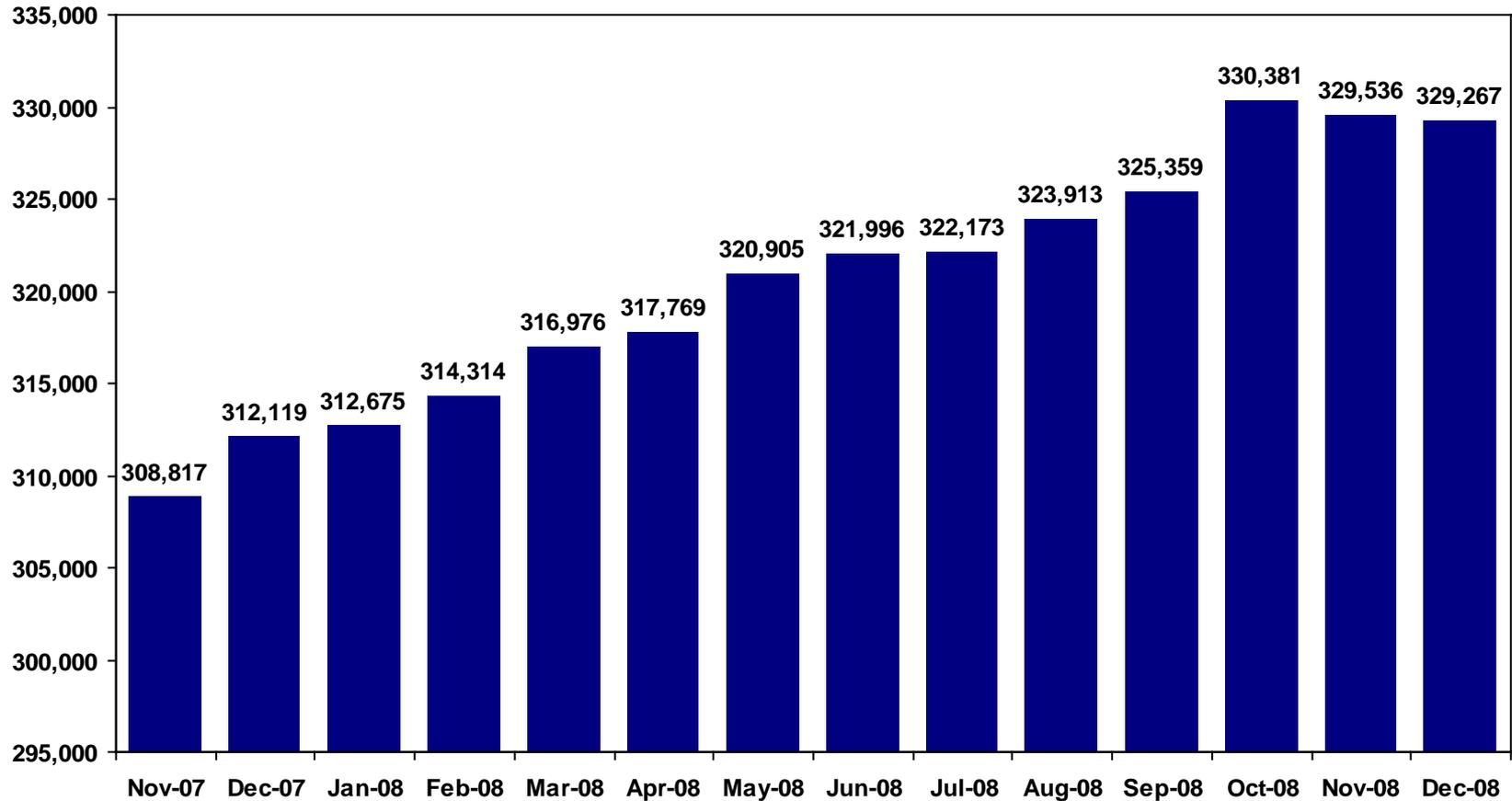


DSS and DCF report to the  
Behavioral Health Partnership  
Oversight Council

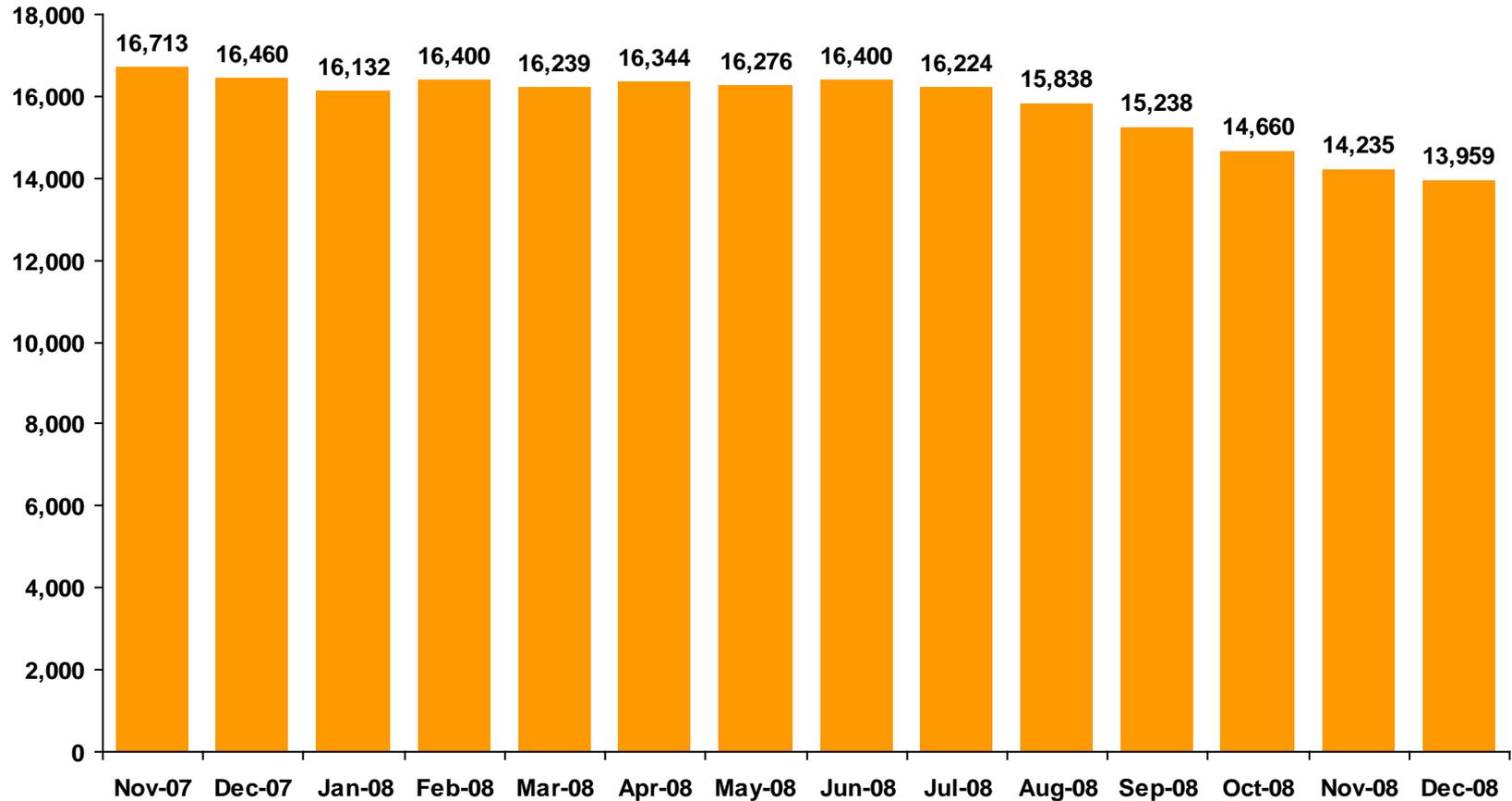
December 10, 2008

# 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

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

# 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%
<b>Total</b>	<b>60,896</b>	<b>100.0%</b>

# HUSKY Transition

## Open Counties Summary – 12/05/08

### Traditional Medicaid

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

# 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
<b>Total</b>	<b>294</b>	<b>100.0%</b>

# CHARTER



## 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

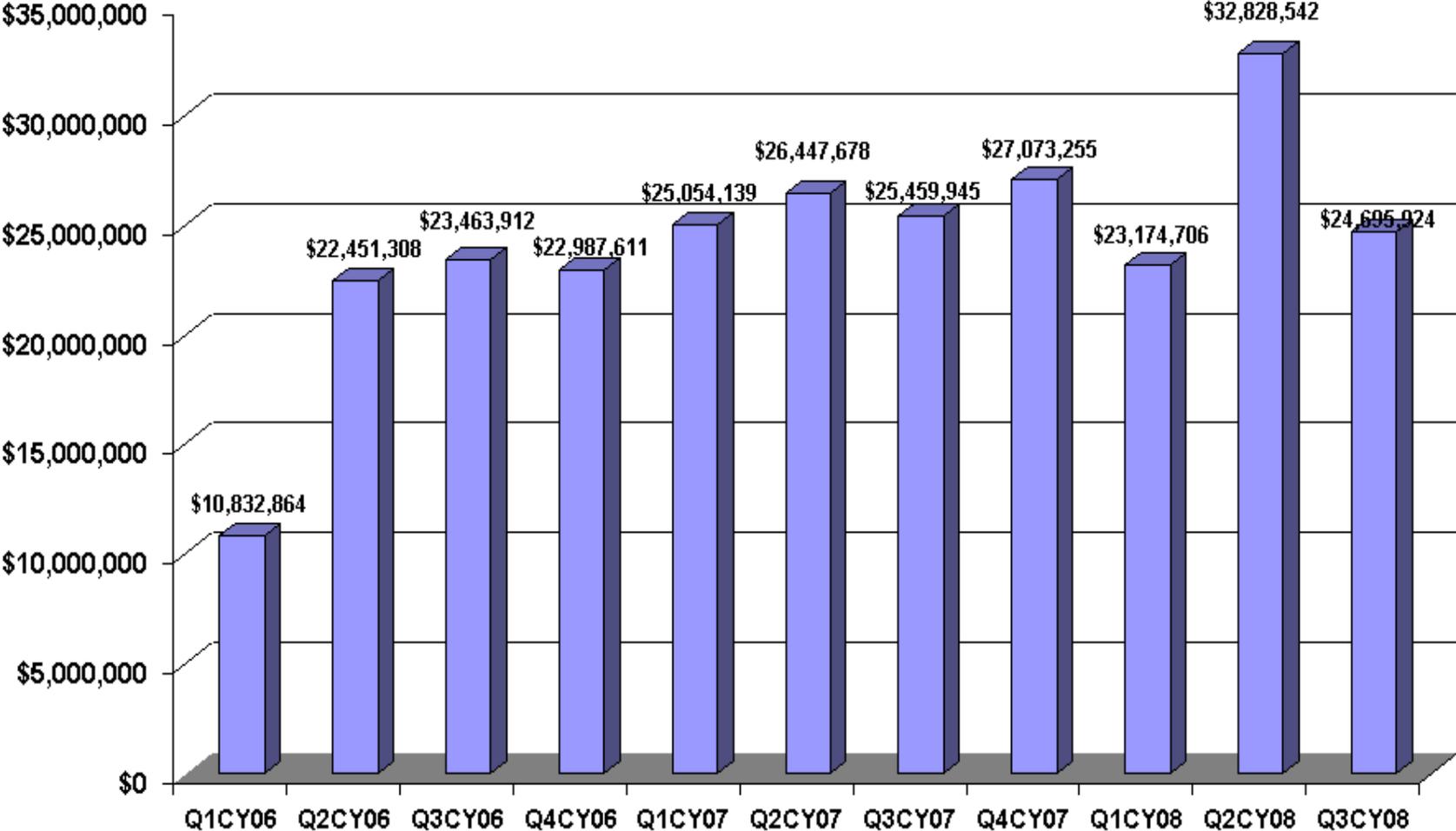
- New emergency mobile psychiatric rates (EMPS) substantially higher than previous rates
- General hospital inpatient floor has been raised to \$695
- EMPS performance incentive pool established at \$120,000
- Extended Day Treatment performance incentive pool established at \$120,000

# 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

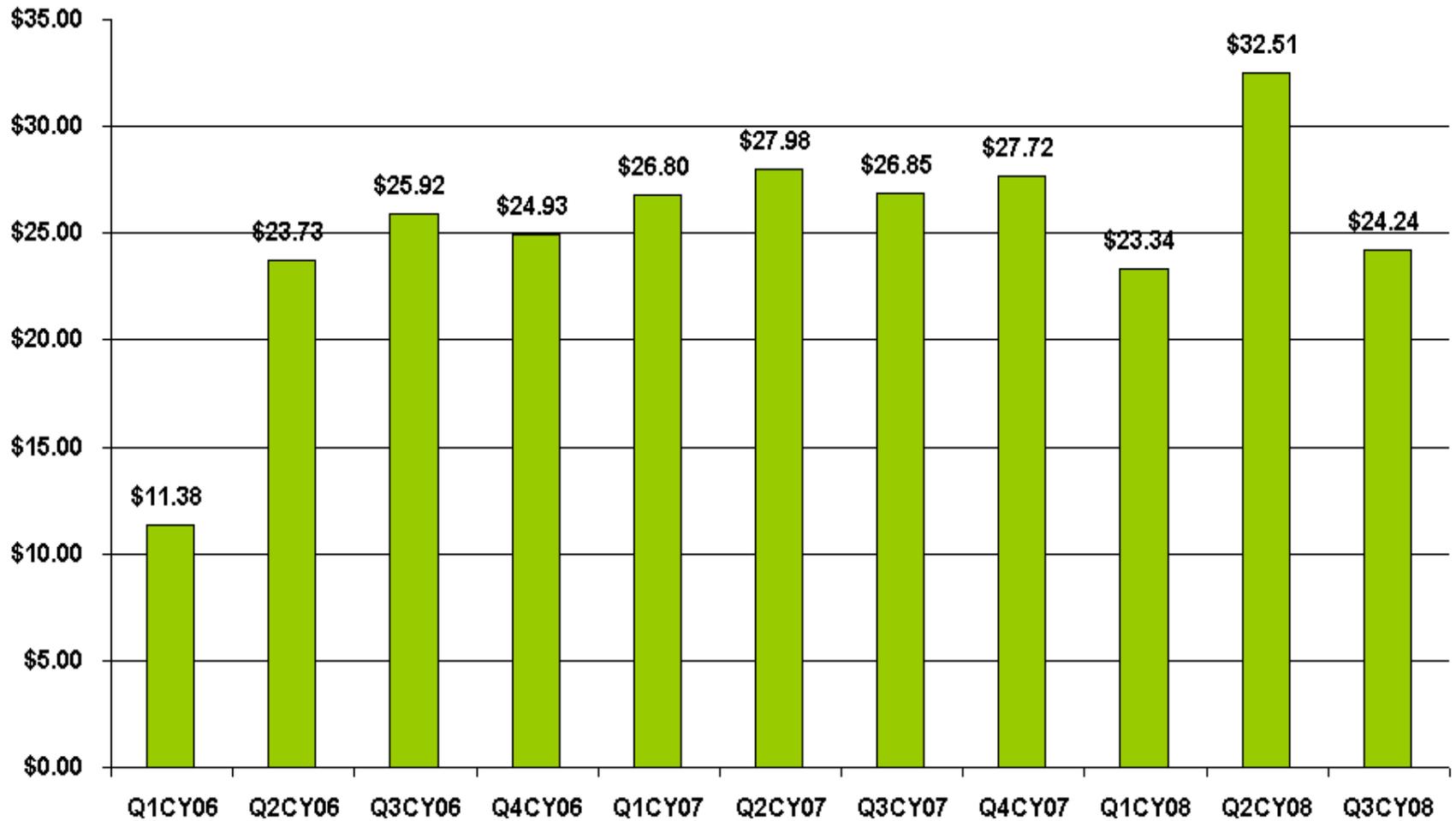
# CT BHP DOP Expenditures by Quarter



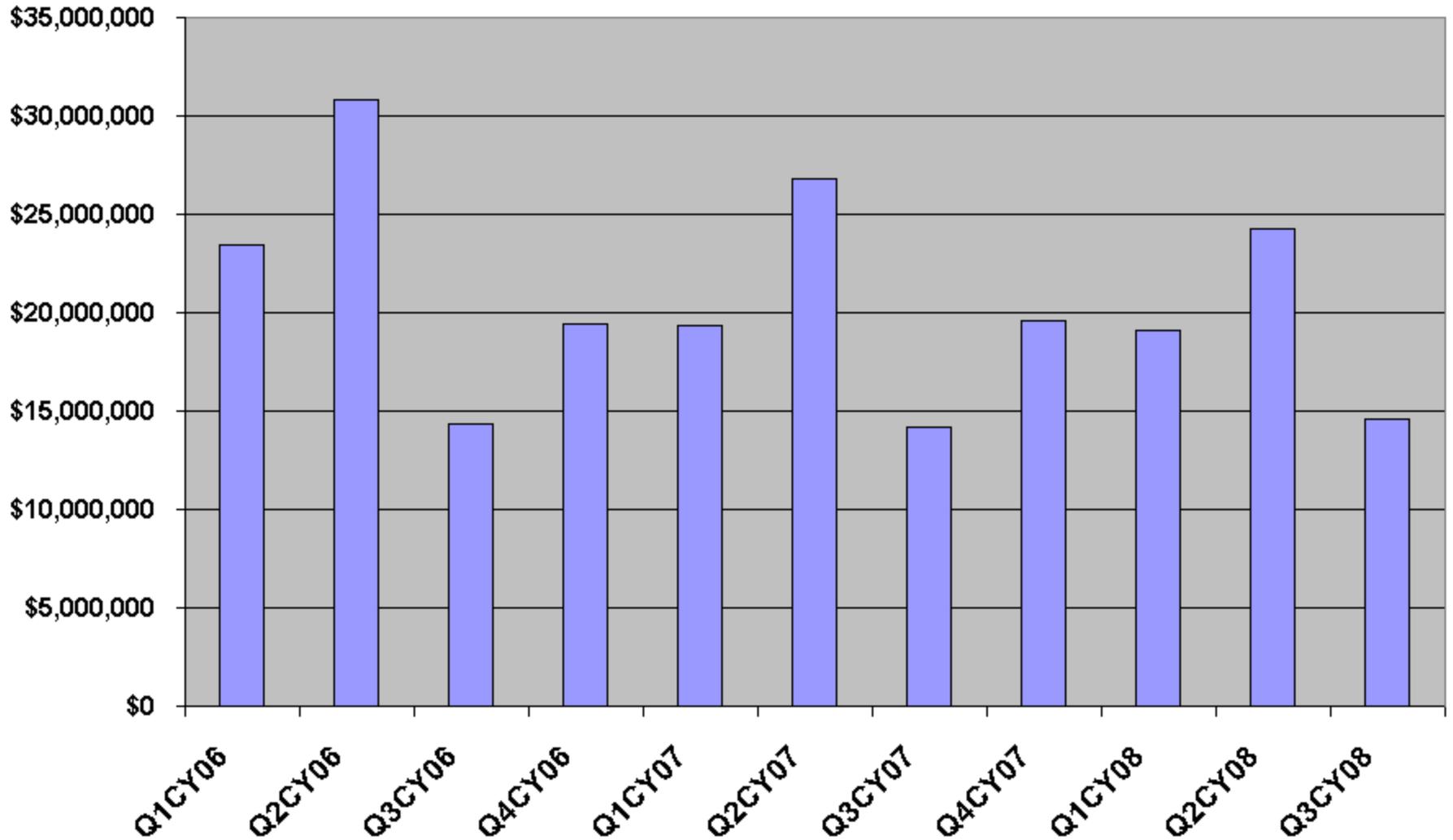
# Annual CT BHP Expenditures by State Fiscal Year

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

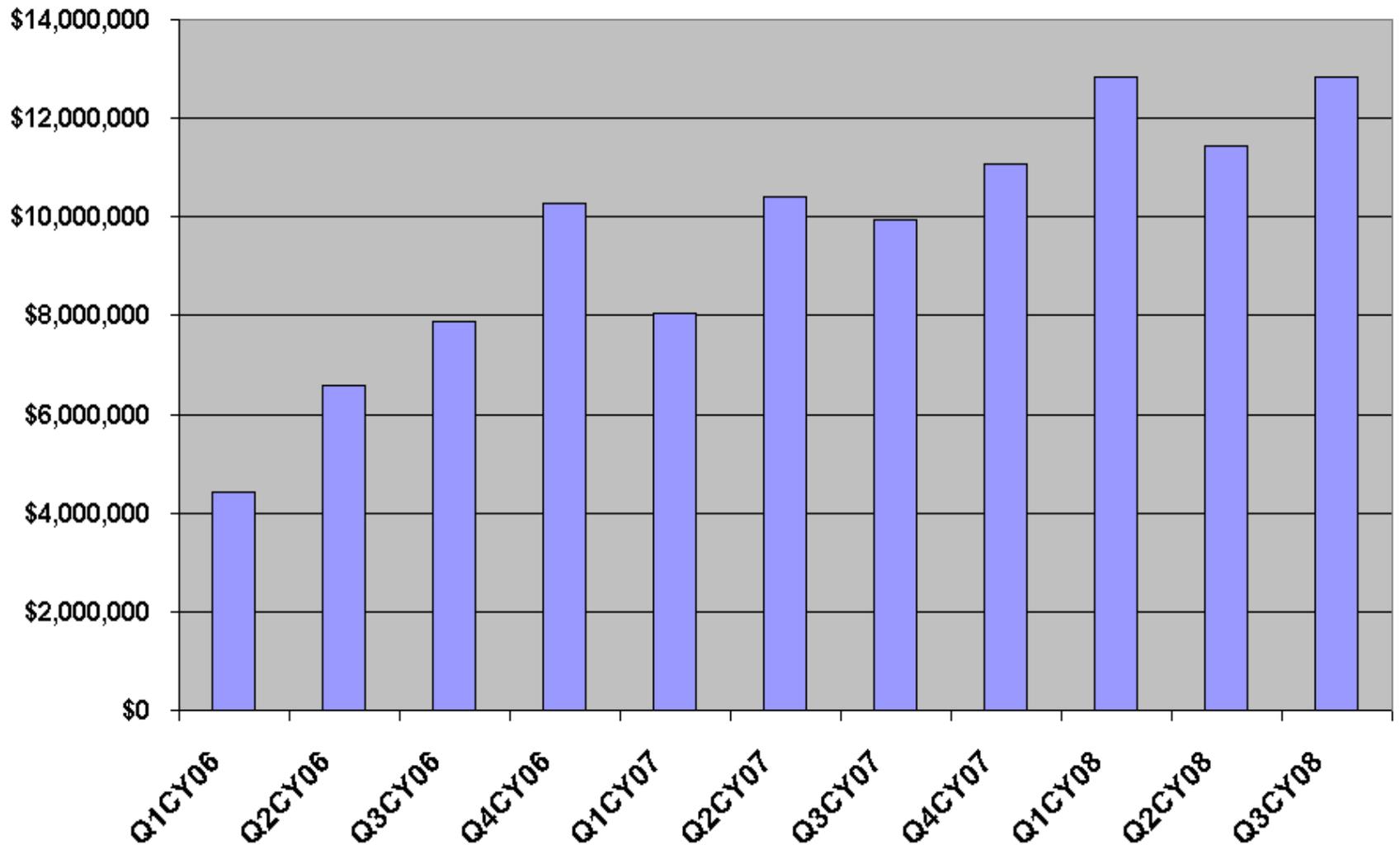
## CT BHP DOP PMPM by Quarter



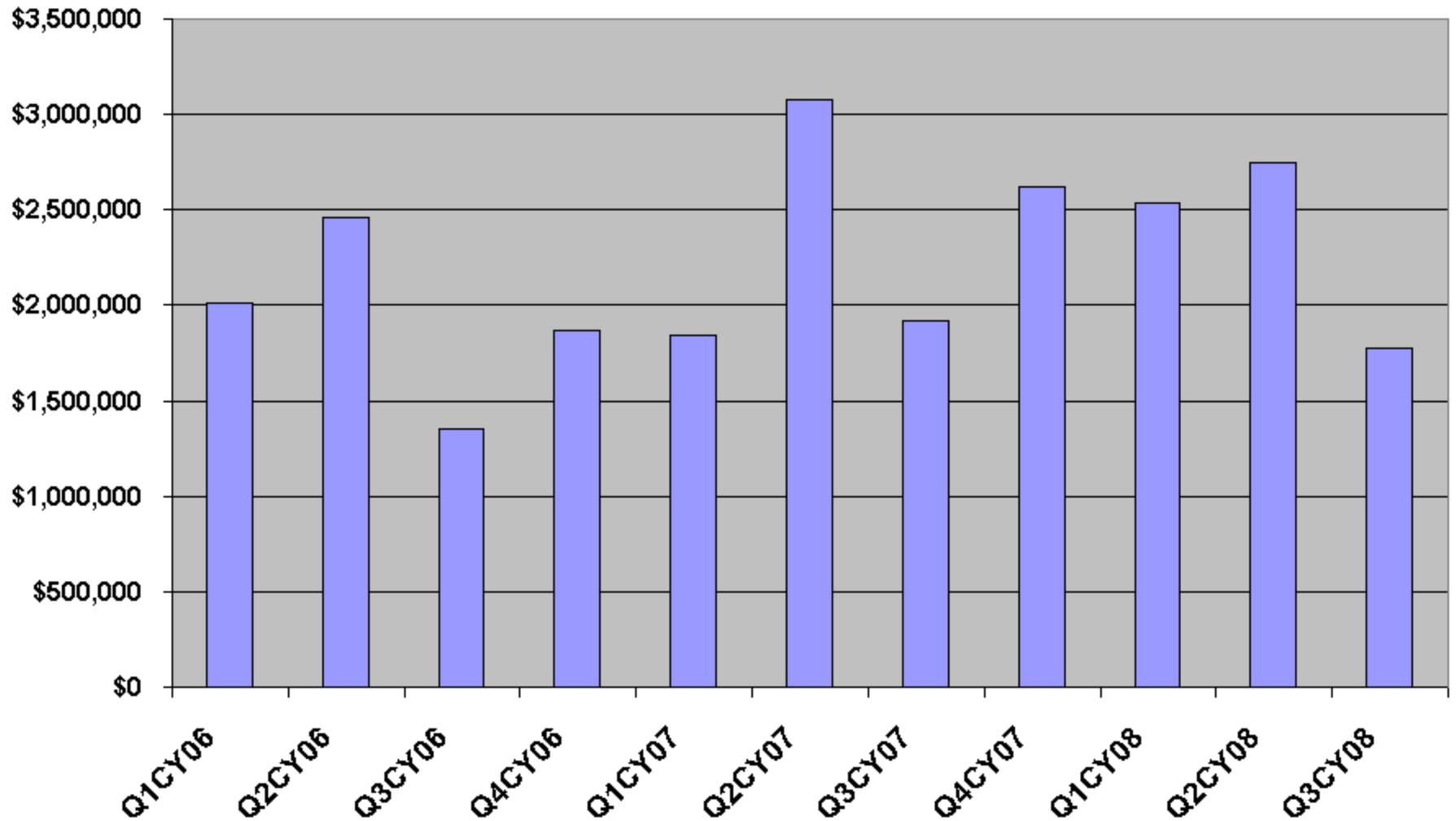
## Residential Expenditure by Quarter



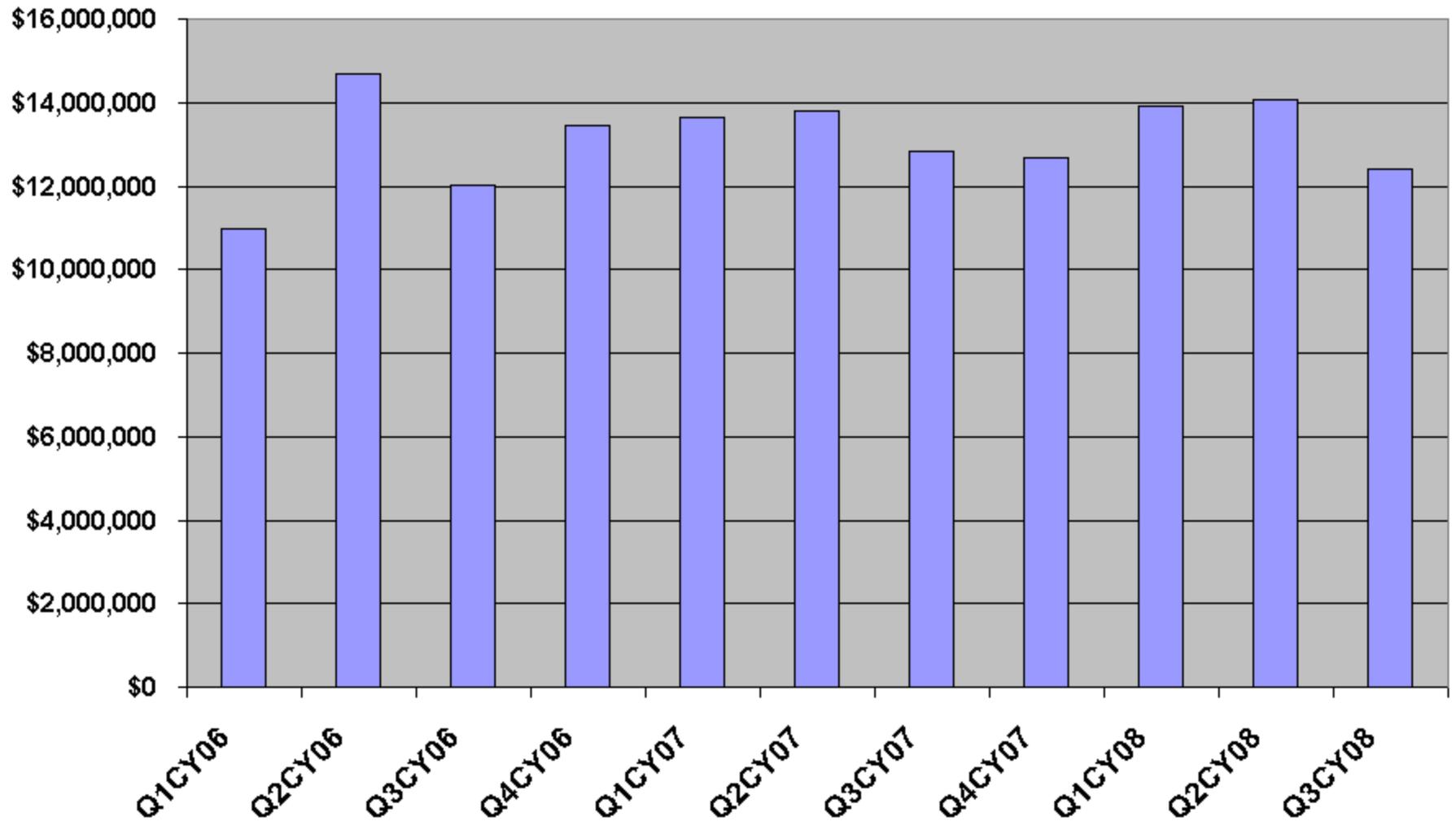
## Group Home 2 Expenditure by Quarter



## Pass Group Home Expenditure by Quarter



## Community Based\* Services Expenditures by Quarter



# Community Based Programs\*

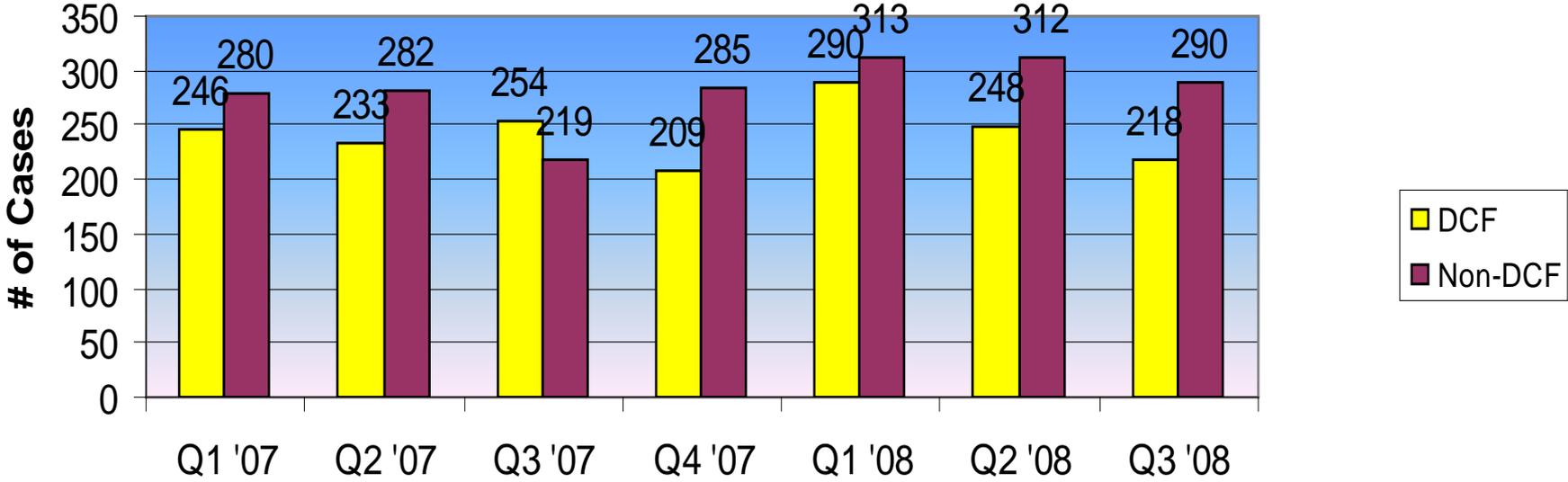
- Crisis Stabilization
- Care Coordination
- EMPS
- Enhanced Care Coordination
- Extended Day
- Home-Based
- OP Child Psych
- Op Adolescent Substance Abuse

# Access to Inpatient Hospital Services

# A Closer Look At Inpatient ~ 3<sup>rd</sup> Quarter

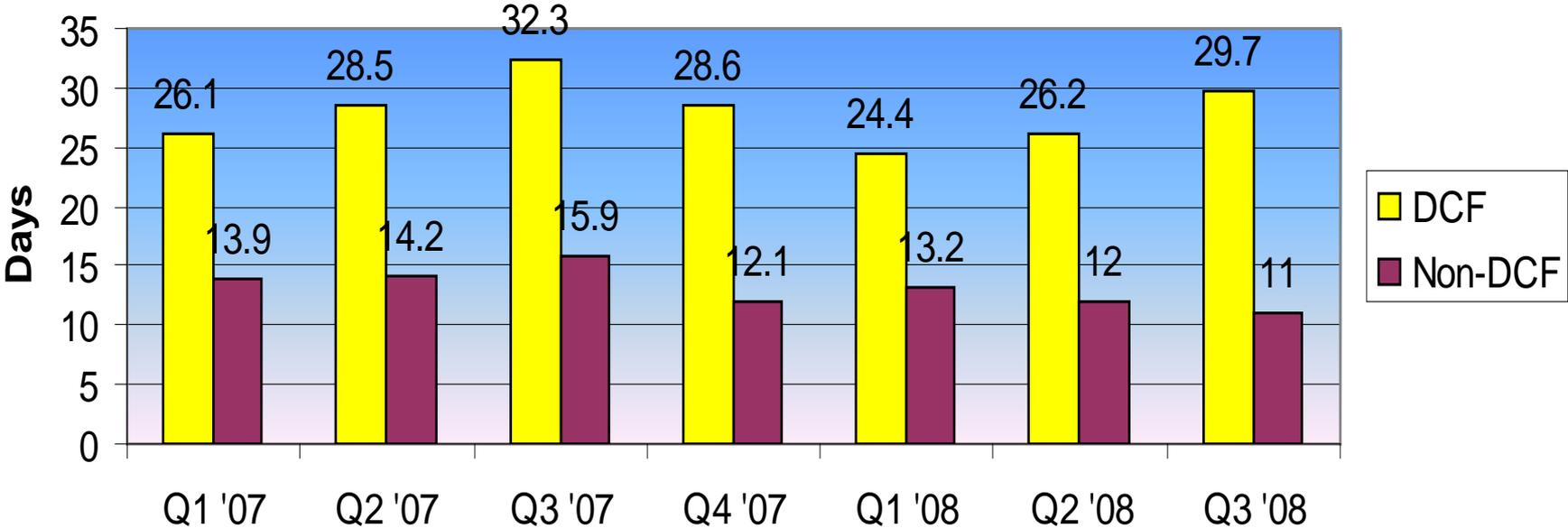
- As expected, non DCF children have more actual admissions than DCF involved children since there are larger numbers of non DCF involved children in the HUSKY population
- When reviewing admits/1000 data the trend of more DCF children admitted/1000 to inpatient than non DCF children continued in the 3<sup>rd</sup> quarter
- Overall however, there is a notable decrease in admits/1000 for DCF involved children
- The DCF ALOS in the 3<sup>rd</sup> quarter has increased. This increase in LOS was also noted in the 3<sup>rd</sup> 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)**



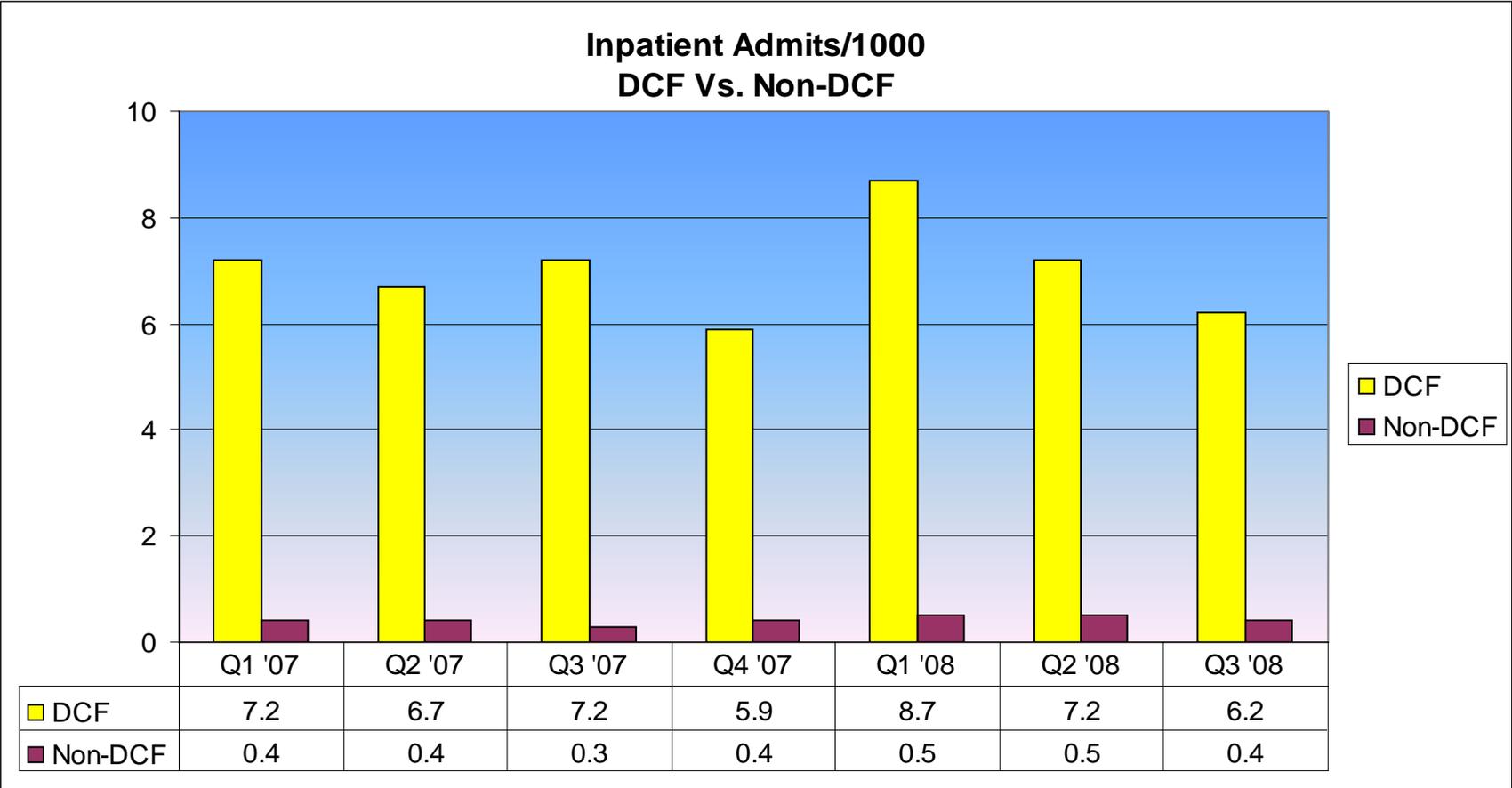


### 4a\_1: Average Inpatient (IPF) LOS (age 0-18)



Includes: All Children Discharged in the Quarter

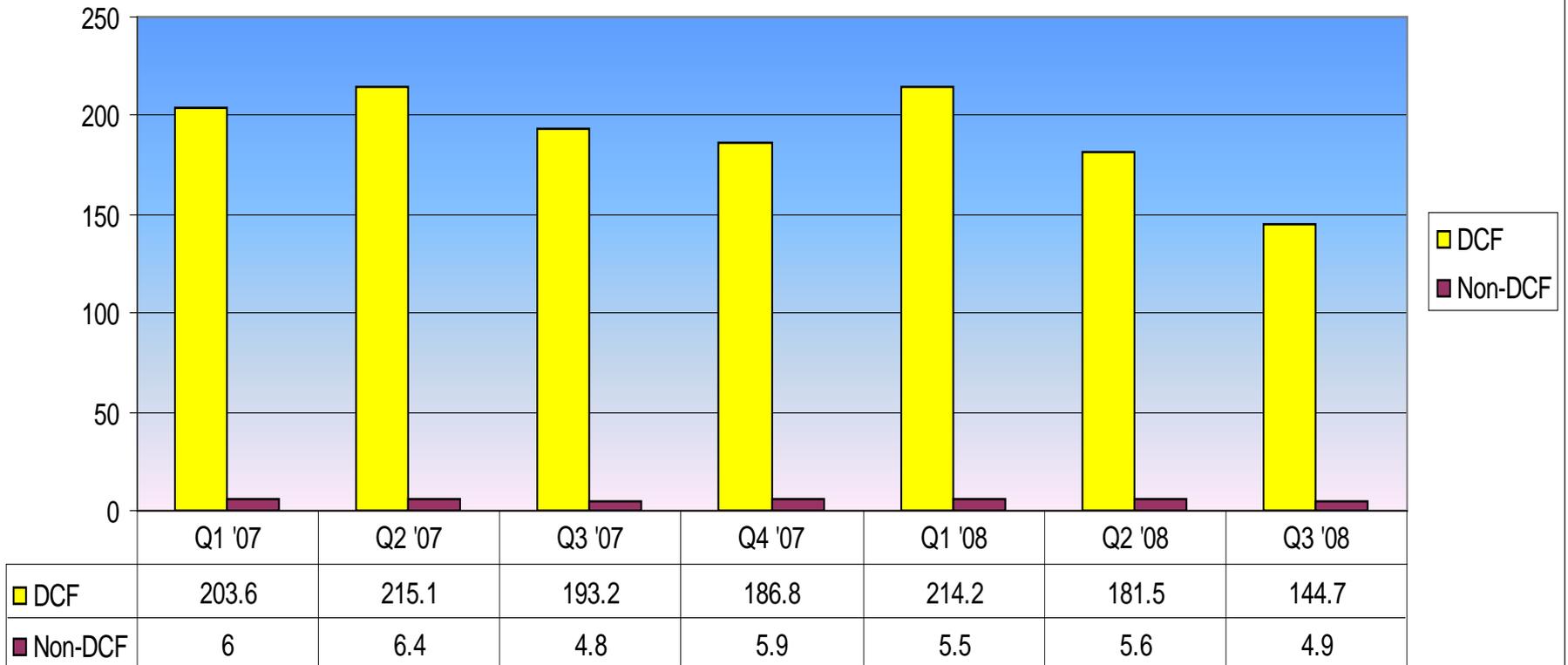
Excludes: Riverview



Includes: Children 0-18, IPF only

Excludes: Riverview

### Inpatient Days Per 1000 DCF vs. Non-DCF



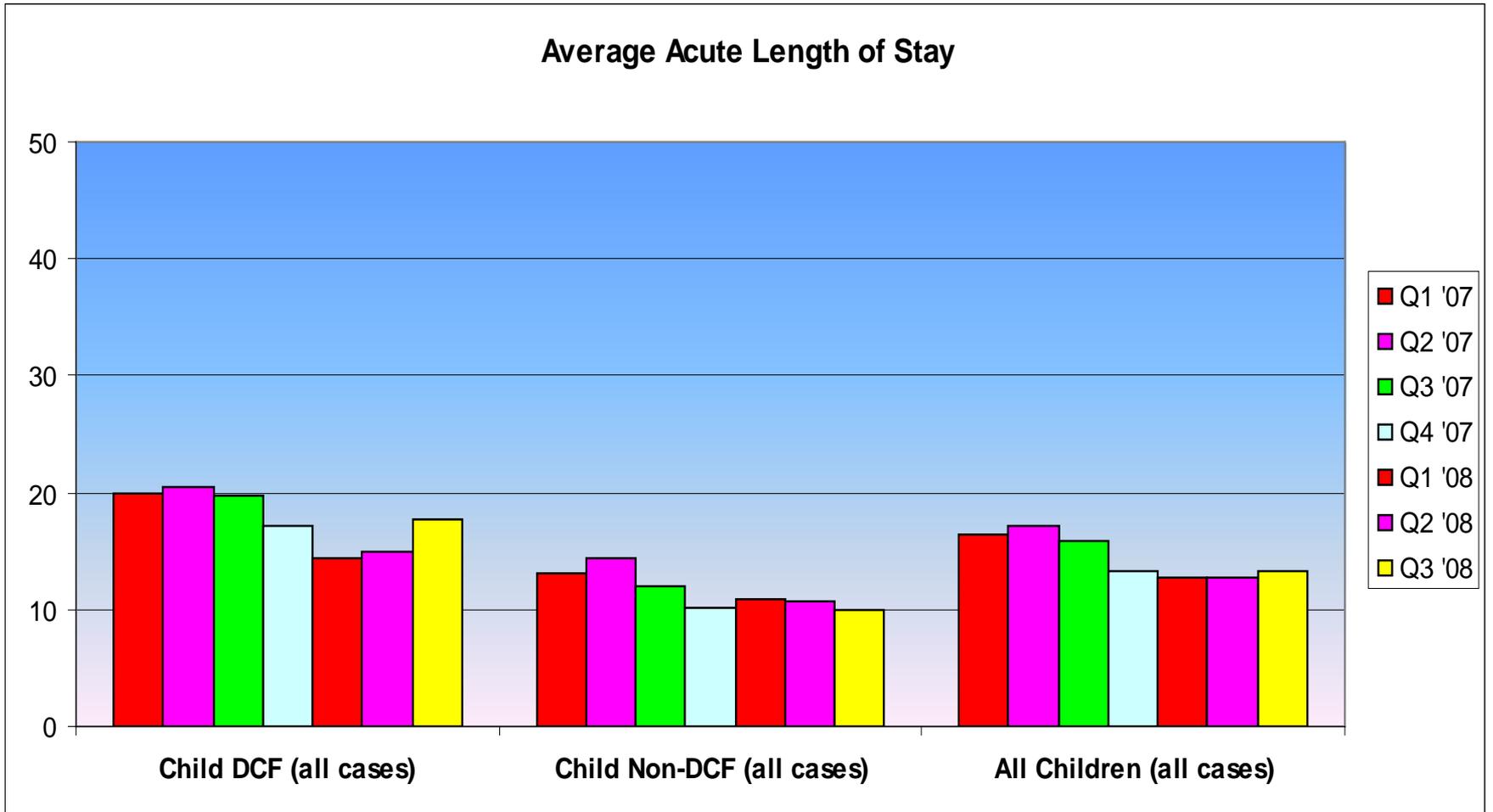
Includes: IPF only, Children 0-18

Excludes: Riverview

# Inpatient Length of Stay and Delay Analysis

# Inpatient ALOS and Delay Analysis

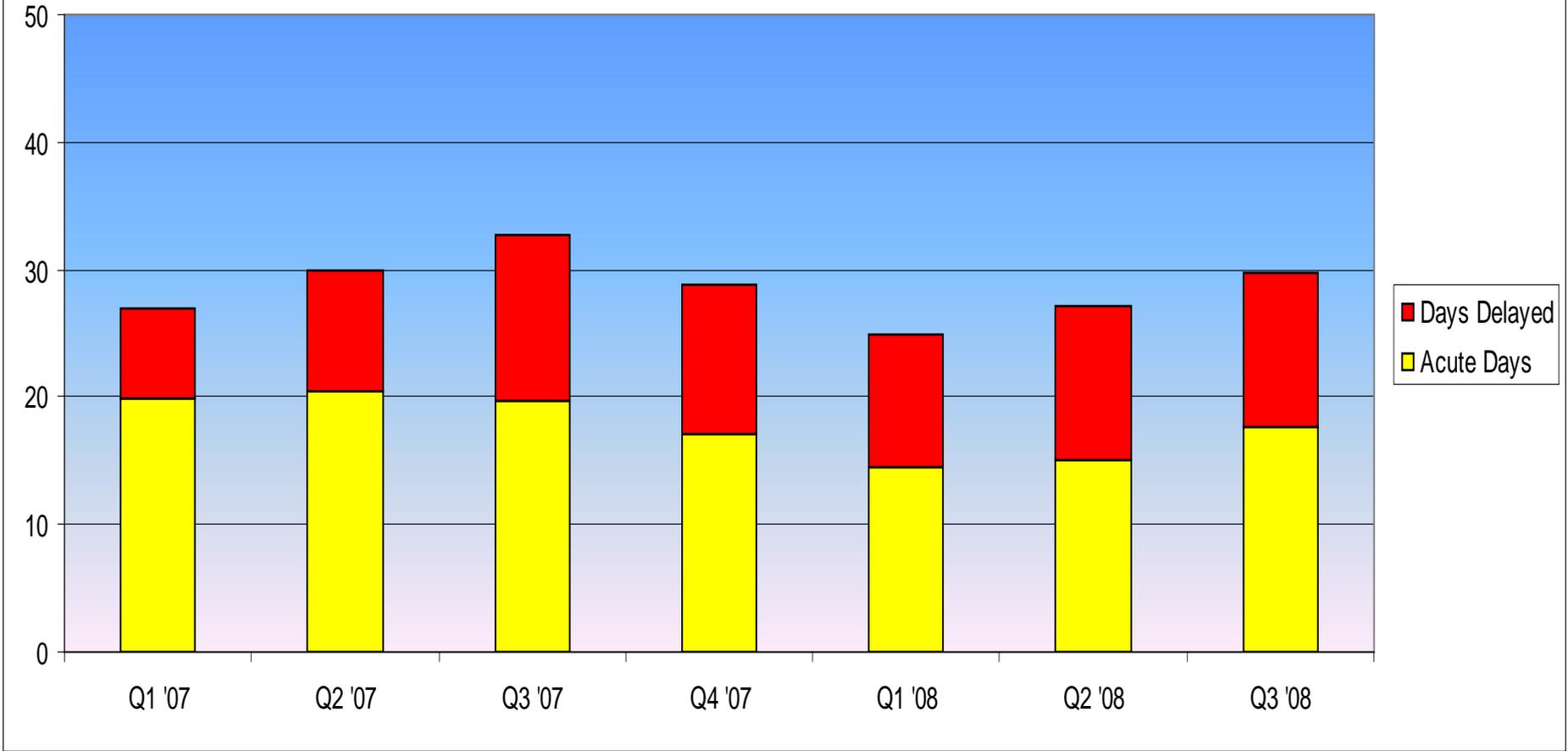
- Length of acute stay for All Children increased slightly in the 3<sup>rd</sup> Quarter
- DCF children identified as being in discharge delay for all levels of care continues to decrease in *both* the number of days in delay and number of children for Q3 08
- Q3 2008 shows a continuation in the downward 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

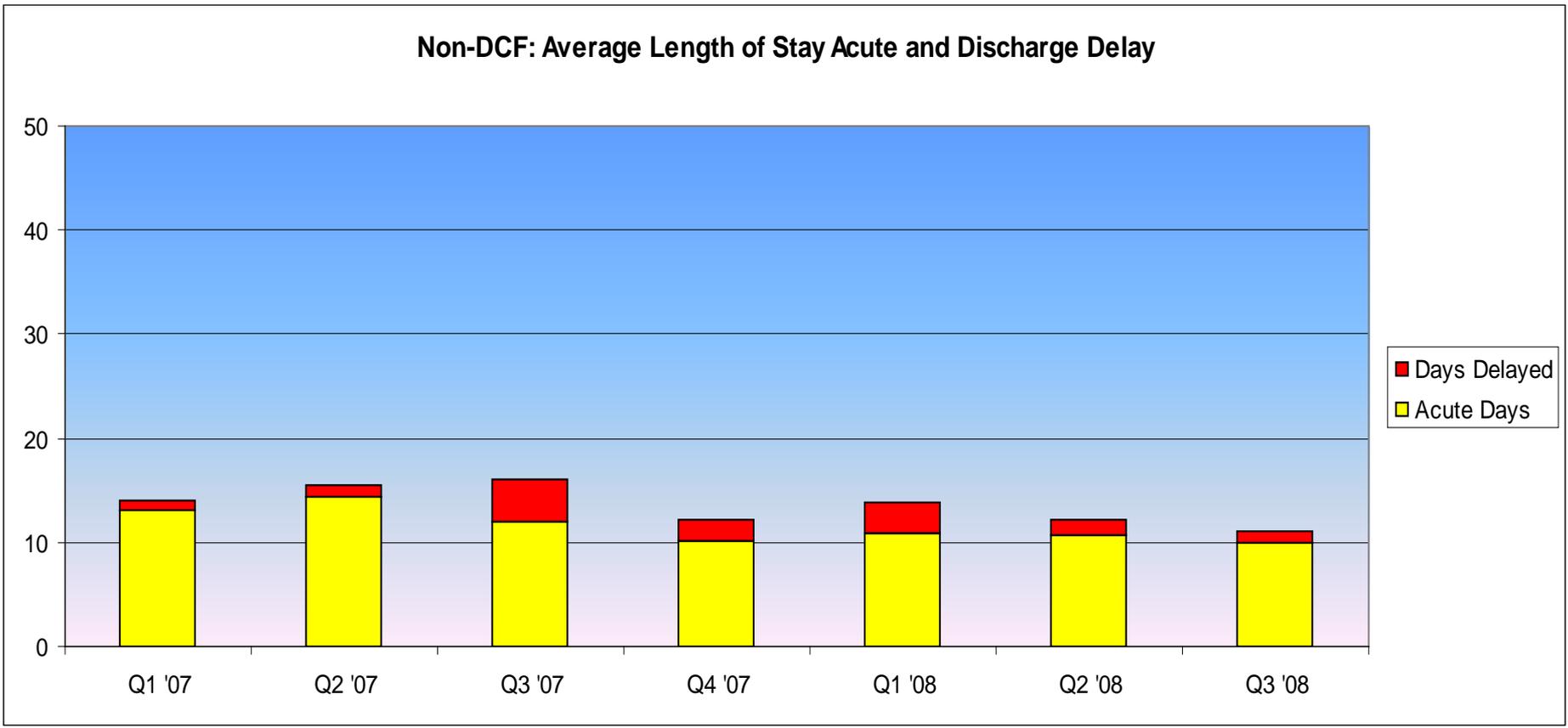


Includes: All DCF cases discharged within the quarter

Excludes: Riverview



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

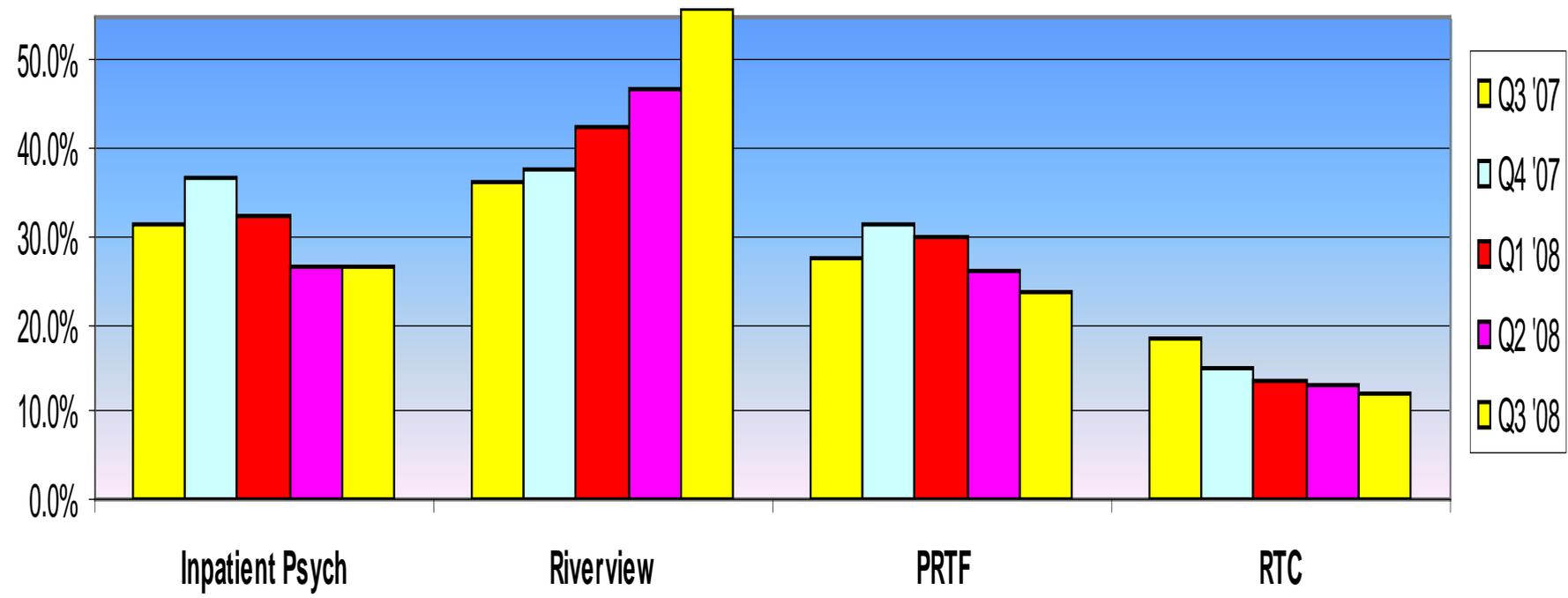


Includes: All Non-DCF cases discharged within the quarter

Excludes: Riverview

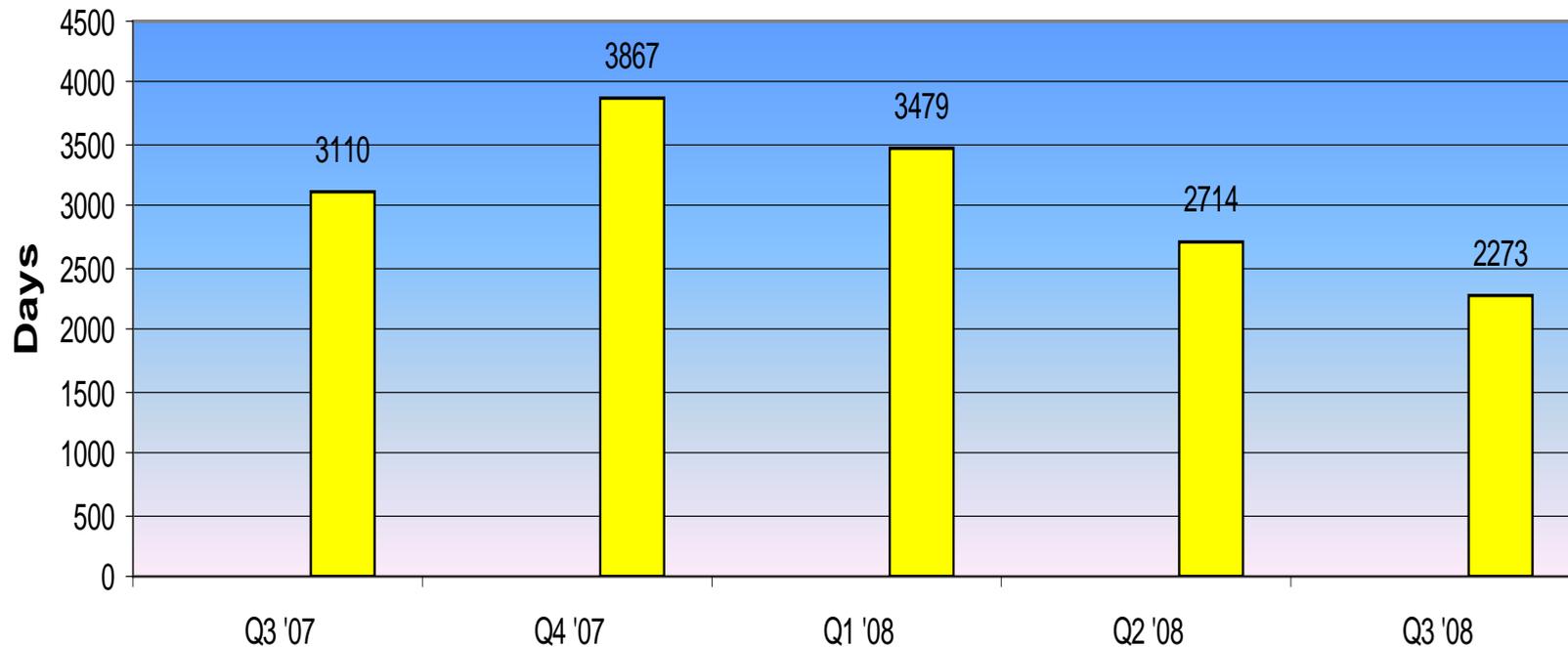


# 10B7: Percent of Days Delayed for Inpatient Psych, Riverview, PRTF, & RTC All Children (DCF & Non-DCF)





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

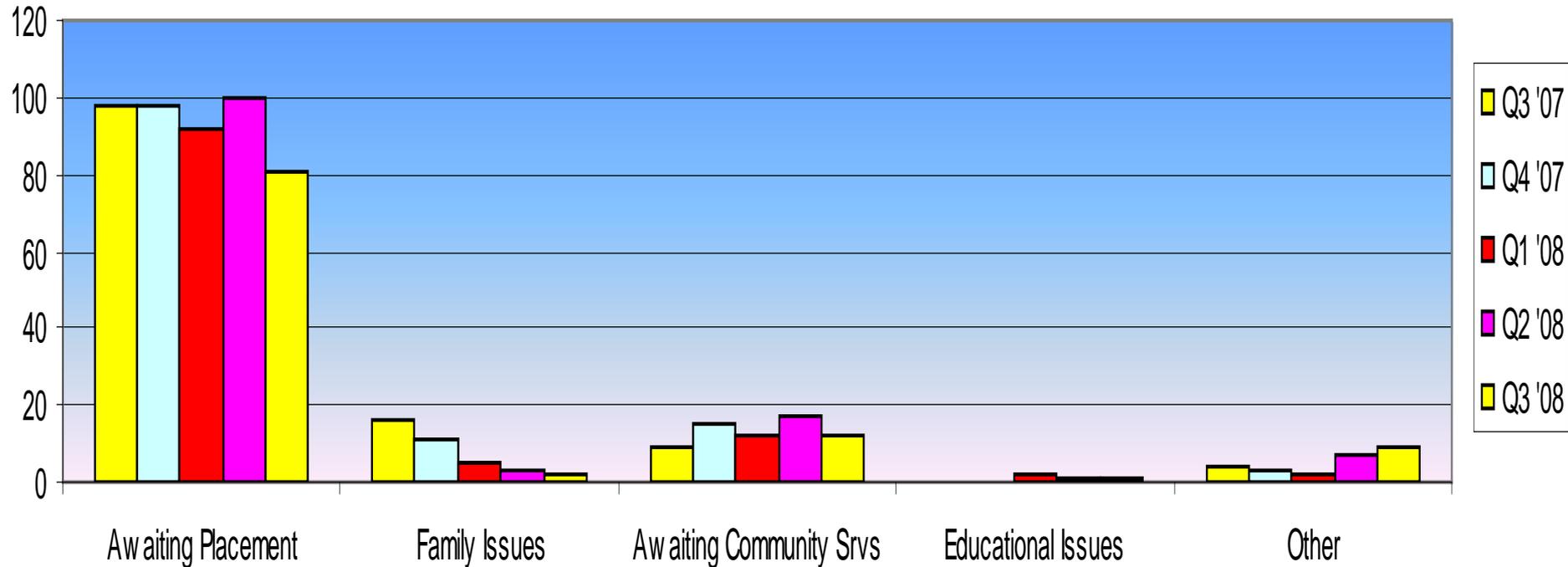


Includes: all cases discharged in the Quarter

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 3<sup>rd</sup> 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 4<sup>th</sup> 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?