



DCF, DMHAS, DSS report to the
Behavioral Health Partnership
Oversight Council
August 11, 2010

DCF Updates

One-to-One Care

CT BHP to Authorize One-to-One

- Effective August 16th, all congregate care providers seeking one-to-one care for a child in their facility must obtain prior authorization from the Partnership
- Exception: children in the ED
- Units of Authorization: 24-72 hours over a ten day period

Goal of Protocol Change

- Provide support and safety for targeted youth
- Ensure that intervention is reserved for crisis situations
- Assist providers in streamlining existing approval process
- Track and monitor use of this service

Service Guidelines

- Similar to Level of Care guidelines but speak to safety issues as well as medical necessity issues
- Vetted by DCF Program Leads and Provider representatives of various congregate care “types”
- DCF Advisory Subcommittee to review and advise with additional provider input

Communication

- CT BHP Provider Alerts posted
- Outreach from DCF Program Leads
- Provider Training as necessary
- www.ctbhp.com for future updates

Medicaid Expansion

SAGA Transition Recoupment Process

SAGA Transition Recoupment Process

- Condition for approval of Medicaid expansion was that all claims be processed by MMIS
- Federal match for Medicaid LIA will be based on claims processed through MMIS
- HP will audit for duplicate payments (claims already processed)
- HP will pay providers for new claims
- HP is enrolling out of network providers to allow for payment under Medicaid

GA BHP Recoupment Process

SAGA Behavioral Health Recoupment Process

- DMHAS will send letters on August 13, 2010 to providers describing the recoupment process for claims paid by DMHAS for Medicaid covered services provided on or after April 1, 2010.
- Providers may access a Microsoft Excel file containing a claim-line detail report of claims designated for recoupment. The report will include a total amount and can be accessed via a password protected internet site.

SAGA Behavioral Health Recoupment Process (continued)

- Providers may request reconsideration of the recoupment of specific claims by submitting a spreadsheet via email with claim number, claim line number, and reason by September 15, 2010.
- Providers will have until November 1, 2010 to remit a check to DMHAS for the recoupment amount.
- Methadone maintenance providers will retain SAGA payments for claims with dates of service between March 28 and April 3, 2010.
- Please see www.ct.gov/dmhas/gaconversion for updates and frequently asked questions.

Charter Oak Conversion to LIA

Charter Oak Conversion to Medicaid for Low-Income Adults (LIA)

- DSS has identified more than 2,000 Charter Oak Health Plan members who qualify for LIA, based on reported income

HUSKY B Cost-Share Changes

HUSKY B Cost Share Changes

- The Department will look at the ability to track changes in utilization.
- Reports may be run by band.
- Reporting units/1000 may not be meaningful.
- Will discuss findings at the next BHPOC.

Rates and Performance Incentives

Rates and Performance Incentives

- SFY09 advances were made in June 2009
- SFY10 advances will be made in June 2010
- Any adjustments to SFY09 rate package will be presented to the BHP OC prior to implementation
- Rates will be loaded and mass adjustments will be made once the rate package is finalized.
- SFY 10 advances did not include advance for EMPS Performance Initiative
 - Allows for claims run out and retroactive rate increase
 - Final payment will be made in SFY 2011

Behavioral Health Indicator

- Behavioral Health Indicator is now being assigned at the claims level by HP.
- The BHP indicator has been assigned by HP to all historical claims.
- The BH indicators (both Legacy and iC) have been successfully updated in the Data Warehouse.
- Top priority is to rerun claims data to adjust SFY09 Rate Package.

Questions?