Connecticut BHP
Supporting Health and Recovery

BHP Oversight Council

State Agency Report

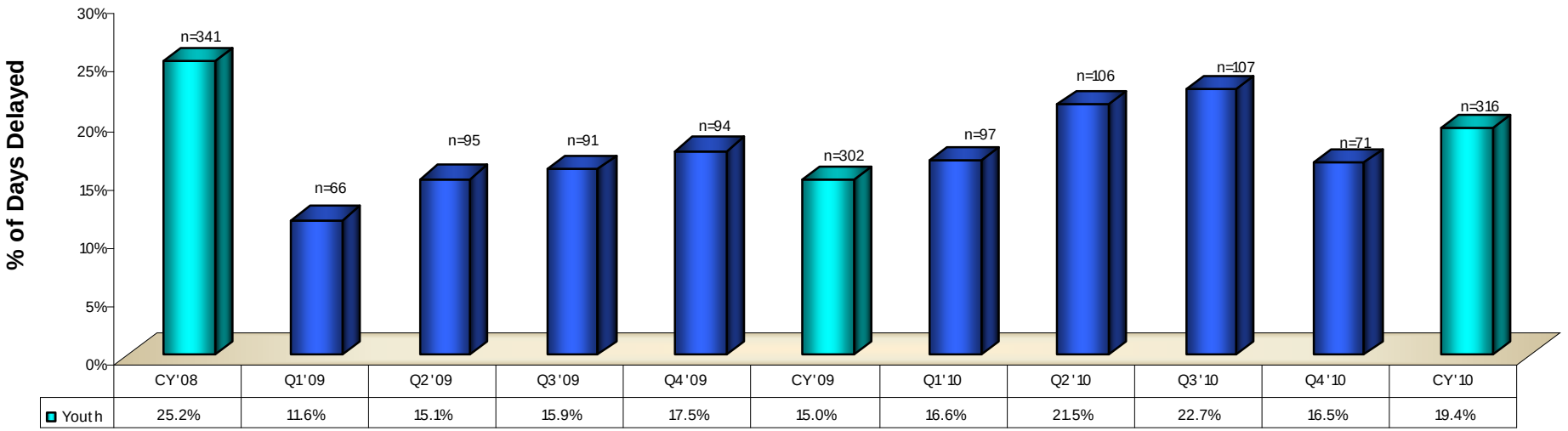
March 9, 2011

Connecticut BHP
Supporting Health and Recovery

Inpatient Hospitals & Residential Discharge Delay

CY 2009 - 2010

Percent of Inpatient Days Delayed (all children and adolescents)

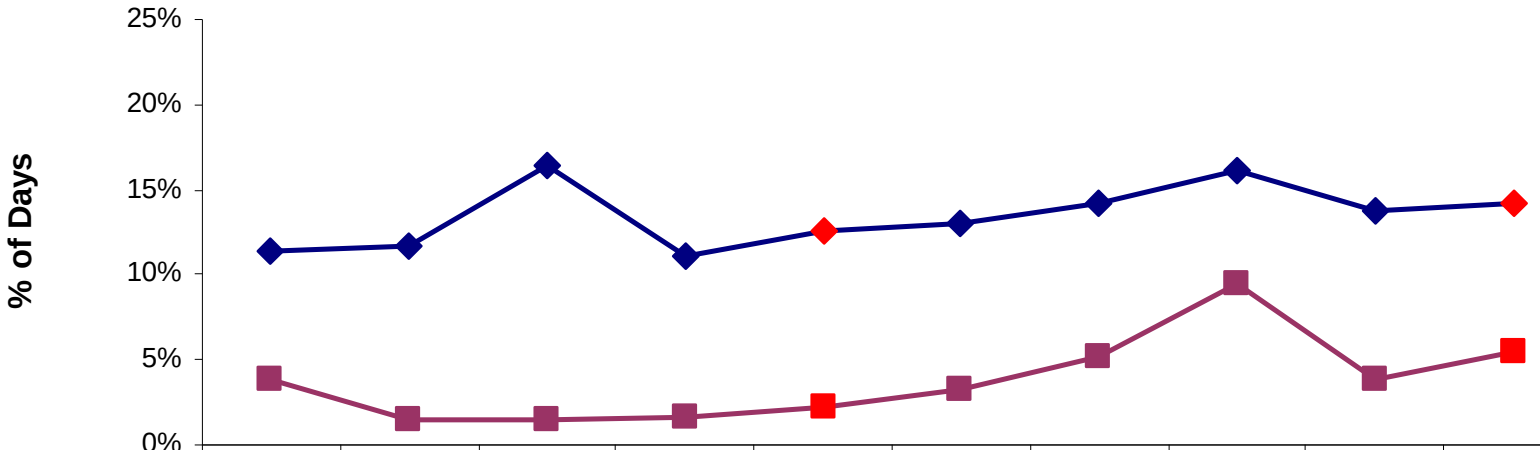


- During 2010, it was noted that inpatient discharge delay was increasing
  - Q3 ’10 had the highest percent of IPF days in delay status since CY ’08
  - From CY ’09 to CY ’10 the percent of days delayed increased by 4.4%

Response to Increase in Discharge Delay

- Analysis of discharge delay data was conducted
- MR/PDD youth requiring specialty inpatient care drove the majority of the discharge delay in 2010
- A large proportion of the increase in delay was accounted for by youth in out of state hospitals
  - Youth treated in out of state RTCs who needed an inpatient stay
  - Youth who were “too acute” for treatment In-State

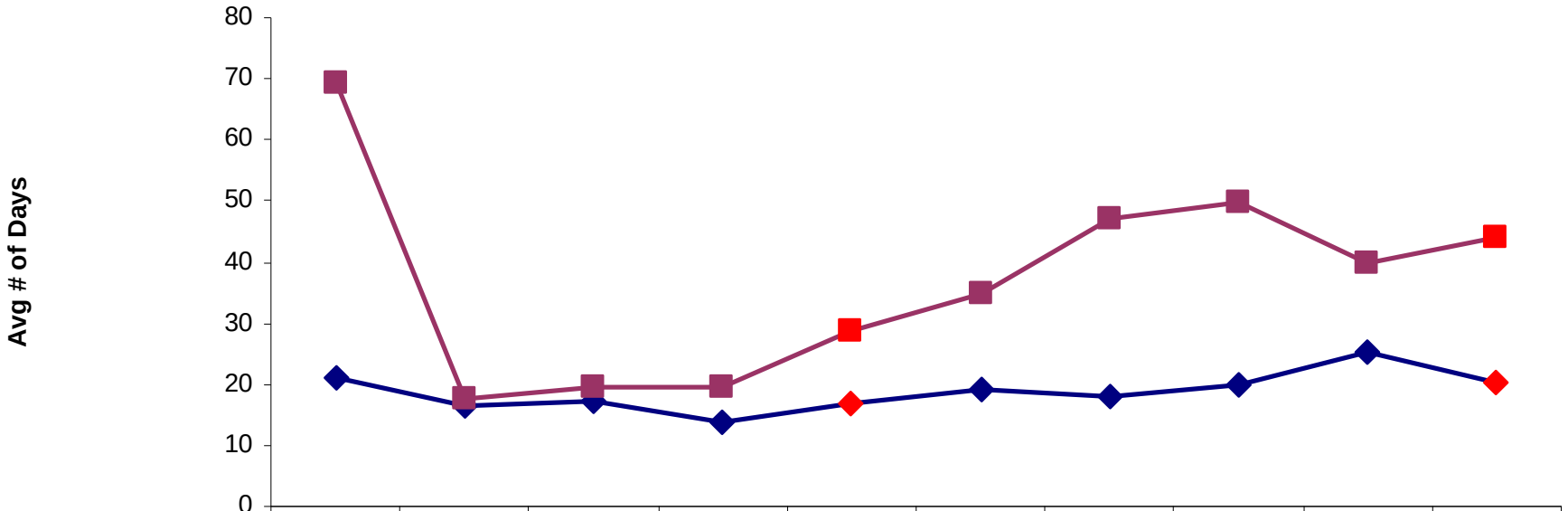
Percent of All Inpatient Days Delayed: In-State vs. Out of State



	Q1 '09	Q2 '09	Q3 '09	Q4 '09	CY '09	Q1 '10	Q2 '10	Q3 '10	Q4 '10	CY '10
In State	11.4%	11.6%	16.4%	11.2%	12.6%	13.0%	14.2%	16.1%	13.8%	14.2%
Out of State	3.9%	1.5%	1.5%	1.6%	2.2%	3.3%	5.2%	9.5%	3.9%	5.4%

- Percent of days in delay status increased from CY ’09 to CY ’10 for both In-State (12.6% to 14.2%) and OOS (2.2% to 5.4%)
- Q3 ’10 had the highest percent of days delayed for OOS hospitals to-date
  - MR/PDD population drove the OOS increase in % of days delayed

Inpatient Discharge Delay Average Length of Stay: In-State vs. Out of State



	Q1 '09	Q2 '09	Q3 '09	Q4 '09	CY '09	Q1 '10	Q2 '10	Q3 '10	Q4 '10	CY '10
In State	21.1	16.6	17.3	13.8	16.9	19.1	18.0	20.0	25.2	20.3
Out of State	69.2	17.8	19.7	19.4	28.5	34.8	47.2	49.6	39.9	44.2

- From CY ’09 to CY ’10, In-State average length of delay increased by 20.1%
- Out of State average length of delay increased by 55.1%
- Average length of delay for OOS hospitals peaked in Q3 ’10
- Average length of delay for In-State hospitals peaked in Q4 ‘10

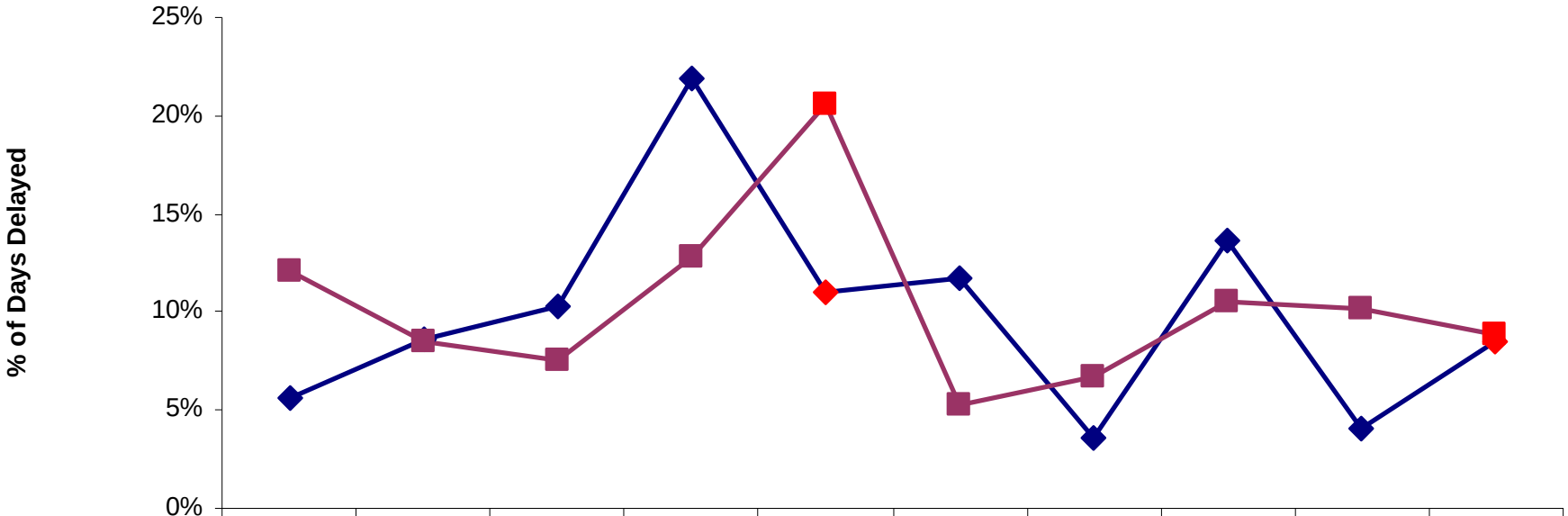
Utilization Management Activities

- Data analysis to identify the facilities or populations that are driving the increase
- Focused clinical management for targeted populations
- Decreased use of OOS facilities for MR/PDD youth

RESIDENTIAL DISCHARGE DELAY

CY 2009 - 2010

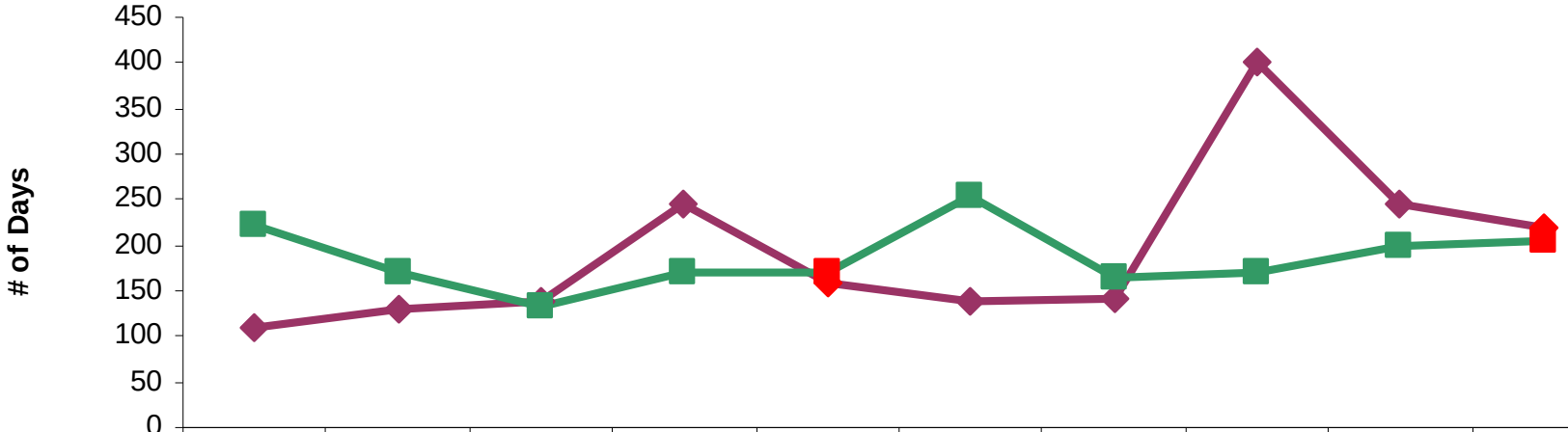
Residential: Percent of Days Delayed



	Q1 '09	Q2 '09	Q3 '09	Q4 '09	CY '09	Q1 '10	Q2 '10	Q3 '10	Q4 '10	CY '10
In-State	5.6%	8.6%	10.2%	21.9%	11.1%	11.8%	3.5%	13.7%	4.0%	8.5%
OOS	12.0%	8.5%	7.6%	12.8%	20.5%	5.3%	6.7%	10.5%	10.1%	8.8%

- From CY ’09 to CY ’10, the percent of days delayed decreased for both In-State and OOS RTCs, 2.6% and 11.7% respectively

Residential Average Length of Delay



	Q1 '09	Q2 '09	Q3 '09	Q4 '09	CY '09	Q1 '10	Q2 '10	Q3 '10	Q4 '10	CY '10
In State	110.62	130.76	137.81	246.30	158.66	137.65	140.14	401.40	246.00	218.19
Out of State	223.17	169.81	133.25	170.33	170.91	252.47	163.25	169.13	198.70	204.37

- From CY ’09 to CY ’10, the average length of delay for both In-State and OOS increased, 37.5% and 19.6% respectively (less youth in delay in 2010 led to an increase in average length of delay)
- There was a significant increase from Q2 ’10 to Q3 ’10 for In-State RTC, more than 100% (a handful of long stay children were discharged in Q3 creating the anomaly)
- Along with an increase in discharge delay there has been an increase in acute days

Utilization Management

- Children are staying longer in residential
- Lack of access to foster care and group home as next placement alternatives
- Reintegration home is the plan for almost 50% of children – more work to be done with families to improve family readiness
- Profiling with residential providers continues

Questions?

Connecticut BHP
Supporting Health and Recovery

DCF Proposed Budget Reductions 2012

Program and Proposed Reduction

- Tx Group Homes $3.34 mil
- JJ Contracted Services $902K
- MST Replacement Balance $97K
- Family Support Teams $1.5 mil
- EDT $300K

Program and Proposed Reduction

- IICAPS $ 619K
- Hartford Youth Project $276K
- Project Safe $60K
- CASSP Fiduciary $58K
- Miscellaneous Programs $176K

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Supporting Health and Recovery

Implementation Update

Implementation Update

- Readiness Review was conducted on 02/28 and 3/2/11
- Participants conducting review included DSS and DMHAS representatives
- 20 “Domains” were examined and evaluated, ranging from file testing to program delivery.

Readiness Review Domains

- Authorization File
- Provider File
- Eligibility File
- Policy & Procedures
- Member Appeal
- Provider Appeal
- Staffing
- Provider & Member Meetings
- Home Health
- Website
- Temporary Space
- Permanent Space
- Computer Connectivity
- Telecom Service
- Business Recovery
- UM System
- UM Program
- ICM Program
- Master Authorization Plan
- Security & Privacy

◄ Febru ary

~ March 2011 ~

April ►

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15 ProviderConnect Web Registration Training Home Health Agencies Bridgeport Hospital Hollander Auditorium 267 Grant Street Bridgeport, CT 9 a.m.– 12 p.m.	16 ProviderConnect Web Registration Training Home Health Agencies Windham RecoveryCenter 713 Main Street Willimantic, CT 9 a.m.– 12 p.m.	17 ProviderConnect Web Registration Training Home Health Agencies CT Valley Hospital Page Hall, 1000 Silver Street Middletown, CT 9 a.m.– 12 p.m.	18 ProviderConnect Training OOS Resi Bed-Tracking & MTPPR MASS BH Partnership 120 Front St., Suite 315 Worcester, MA 1 p.m. – 4 p.m.	19
20	21 ProviderConnect Web Registration Training WEBINAR Outpatient www.gotomeeting.com 1 p.m.- 4 p.m.	22 ProviderConnect Training Adult Group HomeBed- Tracking CTBHP , 500 Enterprise Drive Suite 4D, Rocky Hill, CT 9 a.m.- 12 p.m.	23 ProviderConnect Web Registration Training WEBINAR Outpatient www.gotomeeting.com 9 a.m.- 12 p.m.	24 ProviderConnect Web Registration Training Home Health Agencies CT BHP 500 Enterprise Drive Suite 4D, Rocky Hill, CT 9 a.m.– 12 p.m.	25 ProviderConnect Web Registration Training WEBINAR Outpatient www.gotomeeting.com 9 a.m.- 12 p.m.	26
27	28 ProviderConnect Web Registration Training IOP/OP Services CTBHP 500 Enterprise Drive Suite 4D, Rocky Hill, CT 9 a.m.- 12 p.m. 1 p.m.- 4 p.m.	29 ProviderConnect Web Registration Training WEBINAR Home Health www.gotomeeting.com 9 a.m.- 12 p.m.	30 ProviderConnect Training WEBINAR Adult GH Bed- tracking www.gotomeeting.com 9 a.m. – 12 p.m.	31	Notes:	

Community Meetings for Members

Hosted by the Connecticut Behavioral Health Partnership in Collaboration with our Community Members

Wednesday, March 16, 2011—
Bridgeport: 9:00 – 11:00 a.m.
Greater Bridgeport Community Mental Health Center
1635 Central Avenue, Bridgeport, CT
203-551-7400

Wednesday, March 23, 2011—
Hartford: 2:00 — 4:00 p.m.
Capital Region Mental Health Center Auditorium
500 Vine Street, Hartford, CT
860-297-0800

Monday, March 21, 2011—
Middletown: 4:00 – 6:00 p.m.
Connecticut Valley Hospital
Lee Auditorium
1000 Silver Street, Middletown, CT
860-262-5887

Thursday, March 24, 2011—
Waterbury: 2:00 — 4:00 p.m.
Greater Waterbury Mental Health Authority
Executive Conference Room
95 Thomaston Avenue, Waterbury, CT
203-805-5300

Wednesday, March 30, 2011—
Willimantic: 2:00 — 4:00 p.m.
CCAR Windham Recovery Community Center
713 Main Street (rear), Willimantic, CT
860-423-7088

March 1, 2011 Initiatives Pre-Implementation Activity

- VO is using the DMHAS residential daily census report to identify bed capacity
- VO staff are calling residential detox providers daily to offer disposition assistance and potential referral to ABH case managers
- VO staff are contacting EDs on a daily basis to determine if there are an BHP members “stuck” in the ED and provide assistance on diversion or coordination with LMHA and/or ABH case managers
- VO staff are calling hospital psychiatric inpatient units to assist with dispositions and referrals, if appropriate, to ABH case managers

Implementation Questions?

Extended Day Treatment (EDT)

EDT Billing

- Policy that permits IOP billing in EDT programs will be rescinded (effective date TBD)
- Departments met with the BHP DCF Advisory Committee to present the rate analysis
- New rate equals weighted average (EDT+IOP Expenditures/EDT + IOP unit volume)
- Departments provided a revised rate analysis to EDT provider on March 4, 2011
- Providers have until March 18, 2011 to submit claims data to DCF for consideration of final rate
- Most programs will gain slightly

EDT Billing Continued

- Programs with significant IOP volume will experience a loss, in some cases significant
- Proposed conversion of EDT grants for revenue maximization purposes has been suspended
- Departments will review claims data submitted by providers and report back to the DCF Advisory Committee regarding the proposed new rate

Outpatient Clinic Enrollment

Outpatient Clinic Update

- DPH requires each freestanding adult psychiatric or substance abuse clinic to have a separate license for each address.
- Currently, all freestanding clinics are required to enroll each of their individual DPH licensed sites with DSS CMAP network.

Outpatient Clinic Update

- DCF requires licensure for each freestanding child psychiatric clinic.
- However, clinics are permitted to have a primary site and multiple separate satellite sites on a single license.
- Currently, clinic sites are not required to separately enroll in CMAP.
- This creates a barrier to geographic access reporting.
- Unable to prevent ECC payment for secondary sites that have not been included under LOA.

Outpatient Clinic Update

- Effective April 1, 2011, the Departments will require any new outpatient clinics seeking to enroll to enroll each new site separately.
- Effective July 1, 2011, the Departments will require separate enrollment for existing DCF licensed outpatient child psychiatric clinic locations.
- Separate enrollment for each primary and satellite location.
- This does not apply to off-site locations or hospital outpatient clinics *at this time*.

ECC Enrollment of Secondary Site and Off-Site Locations

ECC Clinic Enrollment

- We are currently suspending the addition of ECC secondary sites while the departments review policy with respect to:
  - Circumstances under which new site will be required to enroll as primary vs. secondary
  - Handling of clinic mergers/acquisitions
  - Requirements for off-site locations and circumstances under which off-site locations will be required to be licensed as satellite

EMPS Performance Incentives

EMPS Performance Incentives

- SFY ‘10 EMPS Performance Initiative was not paid out in SFY’10
  - This allowed for claims run out and retroactive rate increase.
  - All claims have been reprocessed and the PI award calculated based on the revised expenditure data.
  - As referenced in the Letter of Agreement, due to the 5% CMS PI award limit, the EMPS PI available total will be $21,000.
  - Payments will go out within the next few weeks.