Connecticut BHP
Supporting Health and Recovery

BHP Oversight Council

State Agency Report

April 13, 2011

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Status of Implementation

Adult Implementation and Integration Update

As part of its due diligence to ensure the ASO has made progress toward achieving a successful go live on 04/01/11 the Departments conducted a “Readiness Review”

All pre-implementation requirements have been met

Adult Implementation and Integration Update, cont'd

- Staffing: 3 vacancies remain (Psychiatry, Pharmacy and one RN)
- Build out underway on expanded space – anticipate completion and move by mid-May
- Statement of work finalized with McKesson, our Disease Management vendor ~ go-live September 2011
- Final drafts of NAMI and CCAR proposals complete ~ anticipate go-live July 2011

Clinical Update

Entry of Outpatient Authorization Requests

- Initial estimate of authorization volume has proven to be very low
  - Original estimate: ~6,000
  - Current estimate: ~12,000 – 15,000*
    **(includes members seen in FQHC's)*
- As of 4/08/11
  - VO has entered approximately 7,500 requests
  - VO has audited ~ 2,024 (27%) of the entries to verify accuracy
- Target Date for completion of project: May 31, 2011

Outreach Calls to Inpatient Programs, Emergency Departments & Detox Facilities

Purpose:

- *Coordination and Continuity of Care*
- *Emphasis on Early Intervention*
- *Greater Accountability*

Method:

- Assisting facility staff in facilitating the most appropriate service planning and discharge
- Notifying facilities of bed availability in other locations
- Insuring contact between facilities
- Supporting diversion to community

Outreach Calls

- Calls made in conjunction with CT BHP Child/Family Program
- Calls routinely made to ED's to determine if any members are "stuck"
  - Children: stuck = >8 hours
  - Adults: stuck = > 12 hours *(<u>after</u> medical clearance, e.g. after achieving normal BAL, etc., but without disposition plan or target)*
- Calls made to inpatient psych facilities to assist with discharge planning
- Calls to detox facilities to determine bed availability and assist with discharge planning

<u>Outcomes as of 04/08/11</u>:

- VO has assisted 12 hospitals with 43 cases where adult members were identified as stuck in the ED
- VO has assisted 18 hospitals with 81 cases where children were identified as stuck in the ED

Auth Line Count

Authorizations Passed to HP:

	04/01/11	04/04/11	04/05/11	04/06/11	04/07/11
Total	766	1621	1480	1414	1485

Level of Care Associated with Auths:

- IP Facilities 494
- IP Detoxes 324
- RTC 123
- Group Home Child 82
- Group Home Adult 8

Complaints to Date

#	BENEFIT PACKAGE	DATE OF COMPLAINT	DATE OF COMPLAINT ACK	DATE EXTENSION LETTER SENT	DATE OF COMPLAINT RESOLUTION
1	FFS	3/31/2011	4/1/2011		Open
2	Charter Oak	4/7/2011	4/8/2011		Open

Complaint Reason:

1 – Quality of Care – Provider treatment practice issue

2 – Complaint Benefits

Provider Relations Update

Provider Trainings

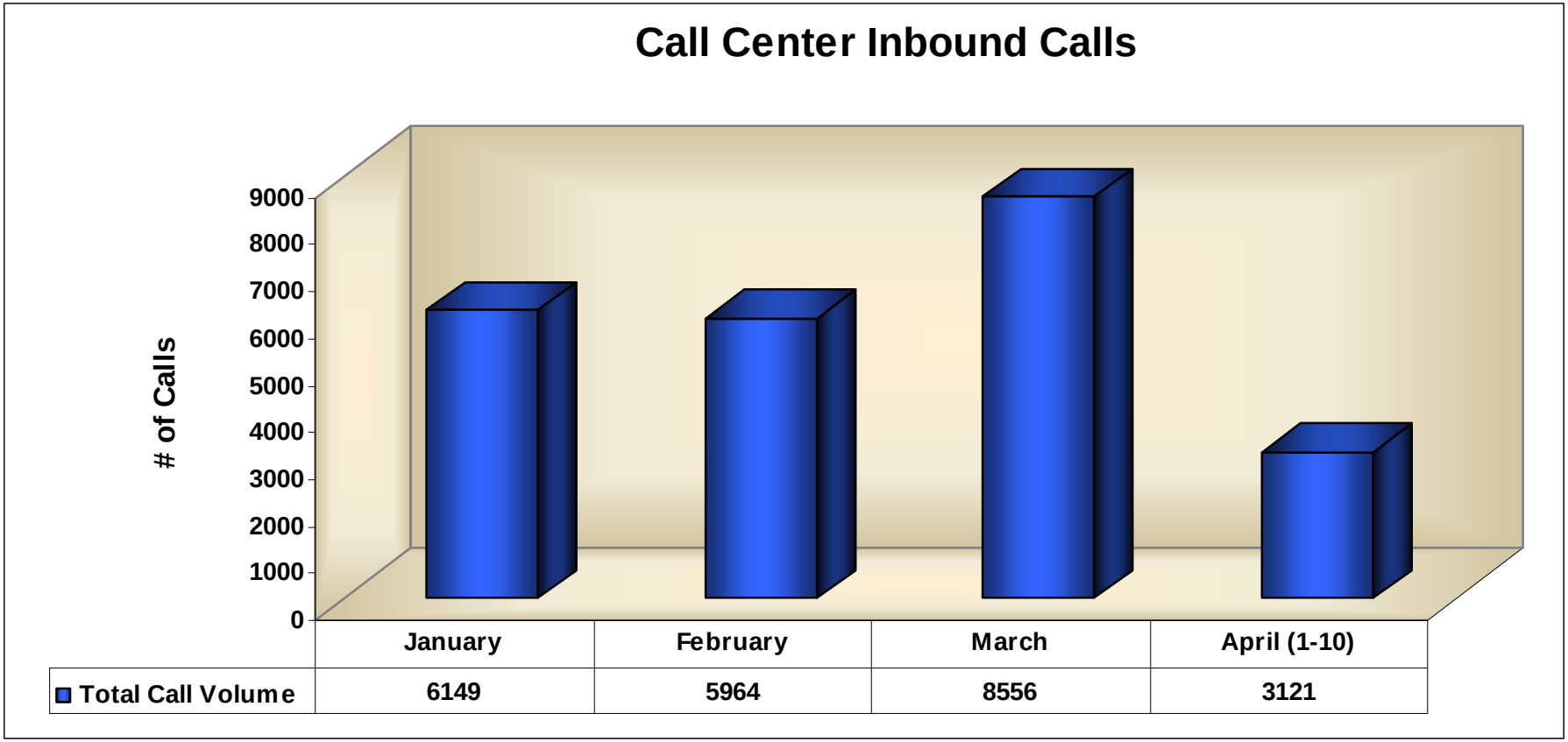
Provider Kick off	345 attendees
Home Health	5 sessions, 159 attendees
Adult Group Homes	2 sessions, 96 attendees
Intensive Outpatient	2 sessions, 124 attendees
DCF, Out of State Residential	3 sessions, 59 attendees
TOTAL	783 providers / individuals trained

Community Meetings

- 6 CT BHP Community Meetings Conducted:
  - March 16th: Bridgeport
  - March 21st: Middletown
  - March 23rd: Hartford
  - March 24th: Waterbury
  - March 30th: Willimantic
  - April 11th: New Haven
- A combined total of 103 people attended the CT BHP Community Meetings

Customer Service Update

Total Inbound Call Volume



April 2011

(reflecting 04/01-04/10/11)

Call Management Performance

Total Calls	Of the Total Provider Calls	Of the Total Member Calls	Total % Abn	Total % w/in SL
3121	2283	698	**0.48%**	**98.75%**

Since go-live on 04/01/11, provider calls continue to represent the larger volume (73.1%) of the total calls while member calls represented 22.4% of the overall volume (SL equals service level – calls answered within 30 seconds – standard is 90%)

April 2011

(reflecting 04/01-04/10/11)

Call Handling Times

Average clinical “handle time”	Overall *(Includes all clinical queues, child, adult, resi and HHC)*	Child Only	Adult Only
3/1-3/30	20m 46s	24m 39s	n/a
4/1-4/6	21m 39s	20m 53s	29m 28s

- Call handling times remain in keeping with overall industry expectations
- For those providers unaccustomed to the review processes, i.e. detox facilities, additional consideration is given as their staff become better prepared with the clinical information needed to support the auth request
- VO has forwarded a review template to help guide facility staff in preparing for reviews; we anticipate the length of the review will shorten over time

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One to One Specialing Services

CT BHP Utilization Summary

Reporting Dates

08/16/10-12/31/10

Definition

- One-to-One Care (Specialing) is a service designed to help an identified youth to address specific behavioral issues through assessment and management of safety/risk factors.

Purpose

- To provide support and nurturance to a child in crisis
- To protect child from harming self or others
- To allow for implementation of new or alternative clinical interventions to address behavioral crisis

Why Authorization is Necessary

- To ensure that only those youth in need of intensive support receive it and only for a prescribed and carefully monitored period of time
- To assist in the identification of youth in need of alternative resources
- To effectuate savings through utilization management
- To facilitate efficient service delivery through a Centralized approval process

Authorization Summary

- Total Members: 90
- Total Episodes: 115
- Total Hours: 11,710

- Total Denials: 13
- Total Members: 9

Facility Analysis

- RTC: 5384 hrs (45%)
-
- SafeHome: 3250 hrs (28%)

- GH: 2020 hrs (17%)
-
- PDC: 1123 hrs (10%)

Reason Codes

- Severe risk to others: 38%
- Severe risk to self: 22%
- ED Visit: 19%
- AWOL Risk: 14%
- Observation: 3%
- Other: 6%

Complex Cases

- Complex cases are defined as cases involving children whose behavioral health challenges require one-to-one until an alternative clinical setting is identified
- Complex cases are considered “outliers” because they do not meet the clinical criteria outlined- due to the chronic nature of their need for the service

Complex Cases

- 10 members received a total of 5,856.8 hours of 1:1. (50.01% of total hours)
- Each member identified as complex received an average of 585.7 hours.
- The remaining 80 “non-complex” Members used 5853.3 hours. (49.98%)

Facility Analysis

- Safe Homes: 4 youth (40%)
- RTC: 3 youth (30%)
- PDC: 2 youth (20%)
- Group Home: 1 youth (10%) I

Reason Code

- Severe Risk to Others: 5
- Disruptive Behavior due to DD: 2
- AWOL risk: 1
- Medically Complex: 1
- PSB: 1

Costs to Date

- DCF spent approximately $615, 6000 on one-to-one services between August 15-December 31, 2009
- DCF spent approximately $295,000 on one-to-one services between August 15, – December 31, 2010.
- This reflects a 57% savings over the same 4.5 month period
- and approx. $1 million projected savings over a 12 month period

Dual Eligibility Demonstration

Dual Eligible Demonstration

Source

- Center for Medicare and Medicaid Innovation Center (CMMI)
- Federal Coordinated Health Care Office
- Responsible for new initiatives to better integrate care for individuals who are eligible for Medicaid and Medicare…(aka “dual eligibles”)
- Connecticut was awarded $1 million to support planning for a demonstration application
- Full presentation of the proposed model to follow in May

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Questions?