

Connecticut BHP
Supporting Health and Recovery

BHP Oversight Council

State Agency Report

May 11, 2011



One to One Specializing Services

CT BHP Utilization Summary

Reporting Dates

08/16/10-12/31/10

Definition

- One-to-One Care (Specializing) 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



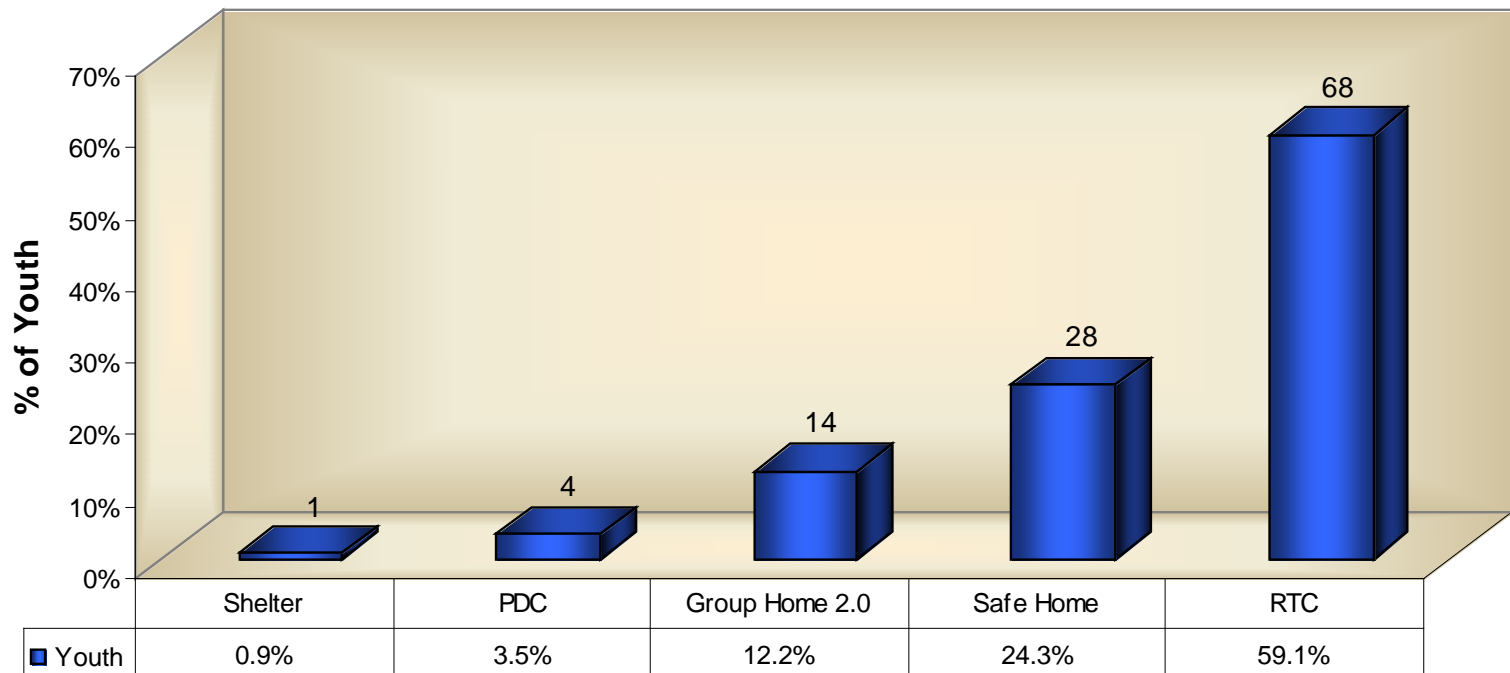
Total Authorizations

- Total Number of (unique) Members = 90
 - Total number of members with multiple episodes (2+) = 16 (17.8% of all members)
- Total Number of Episodes = 115
 - Episodes are typically issued for 24-72 hours within a 10 day period
- Total Number of Hours = 11,710

Total Authorizations

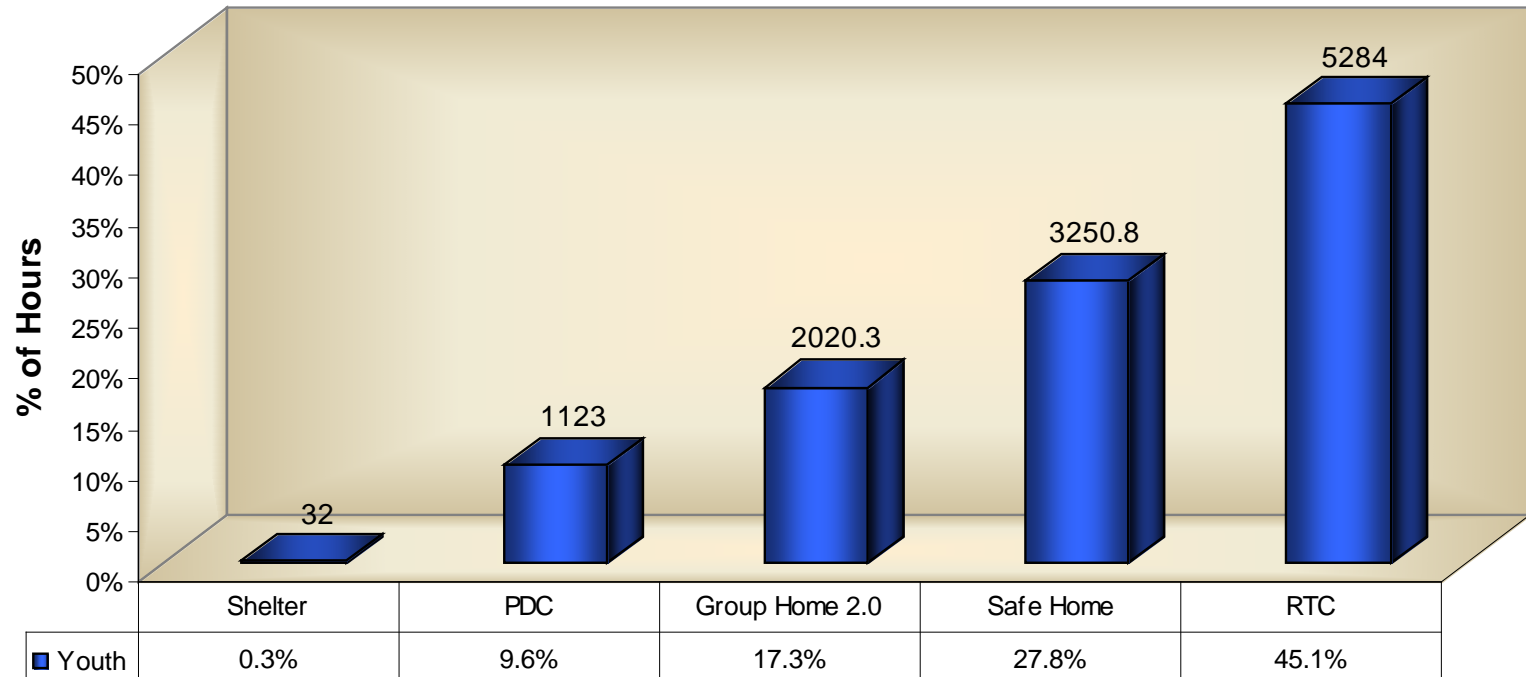
Types of Facilities

Percent of Youth by Provider Facility Type



Total Hours by Facility Type

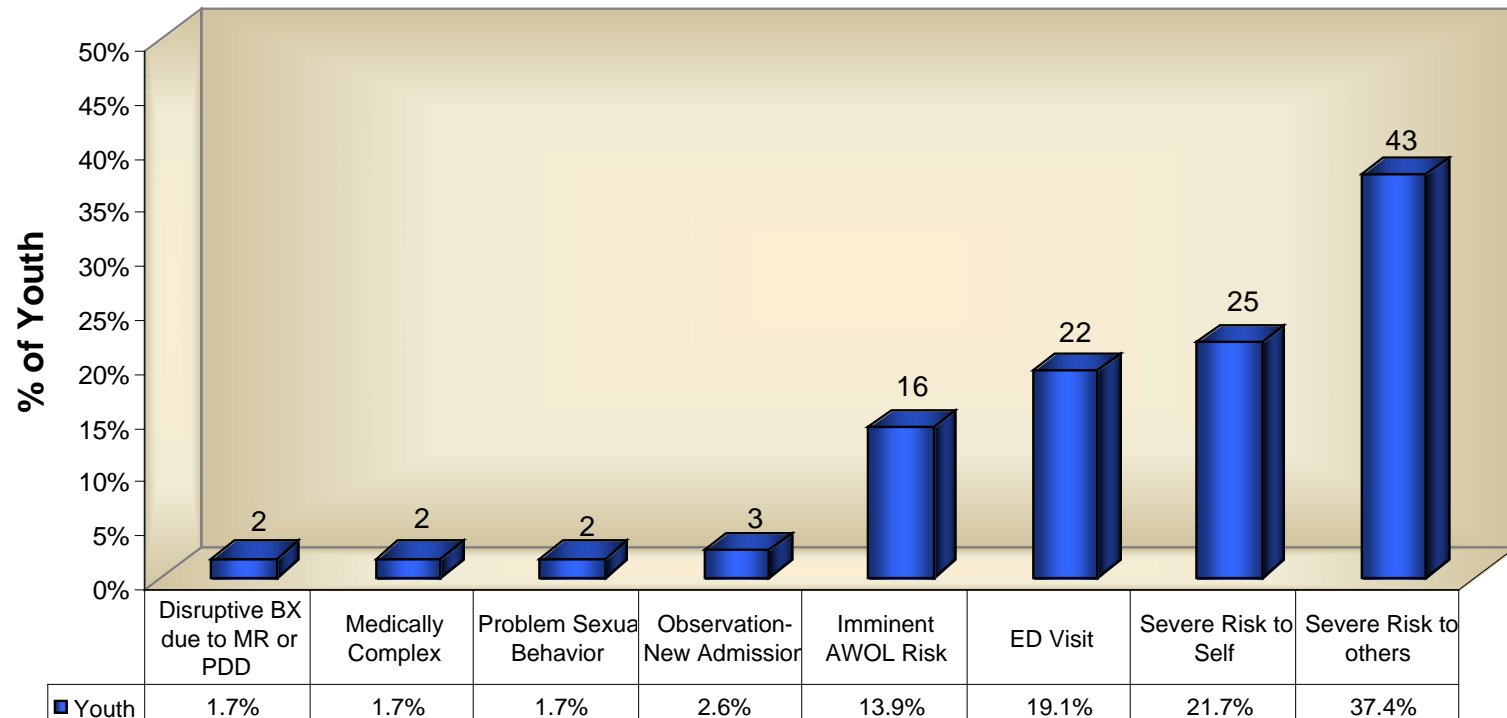
Percent of Hours by Provider Facility Type



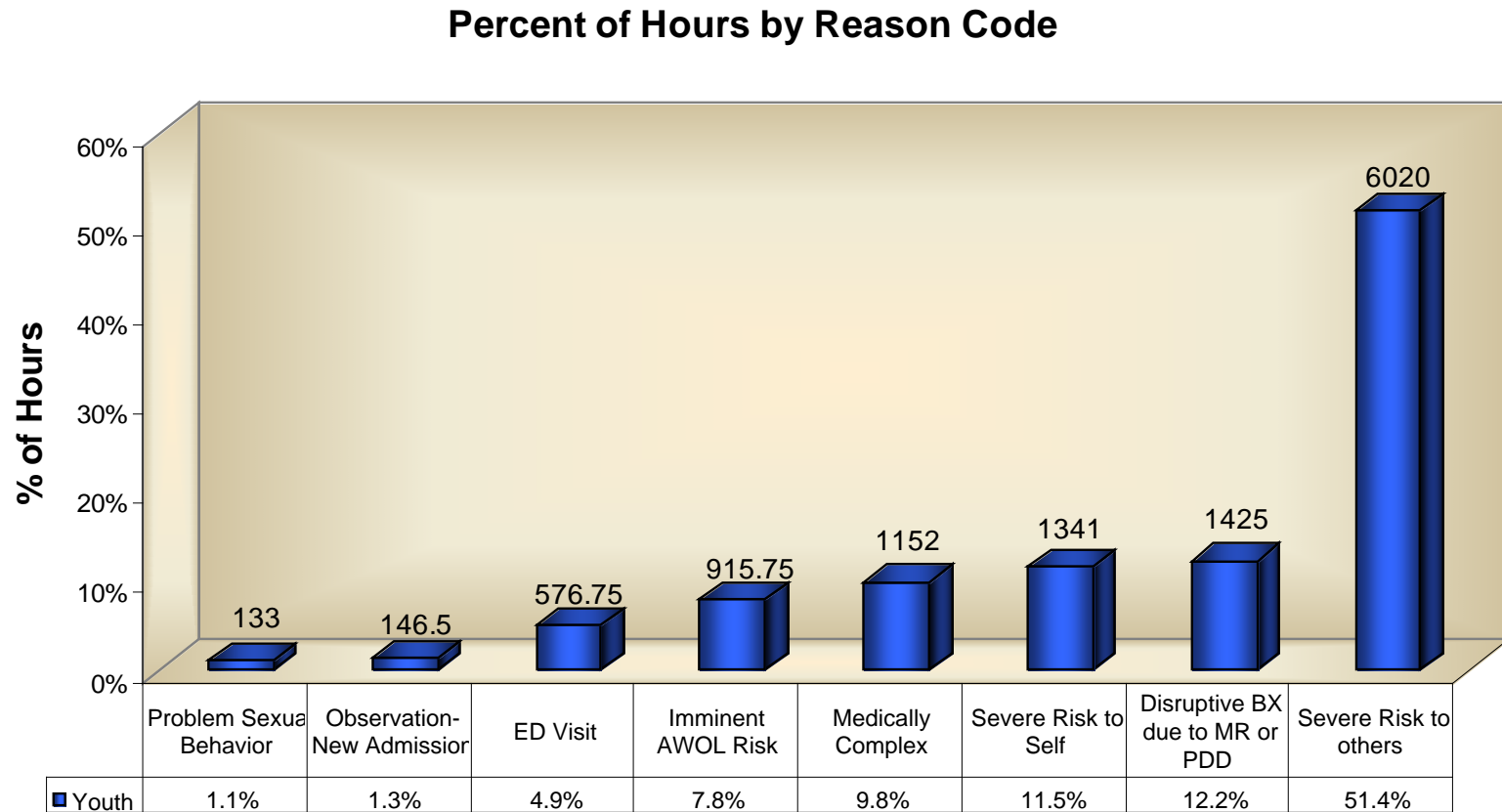
Total Authorizations

Reason Codes

Percent of Youth by Reason Code



Total Hours by Reason Code





Complex Cases

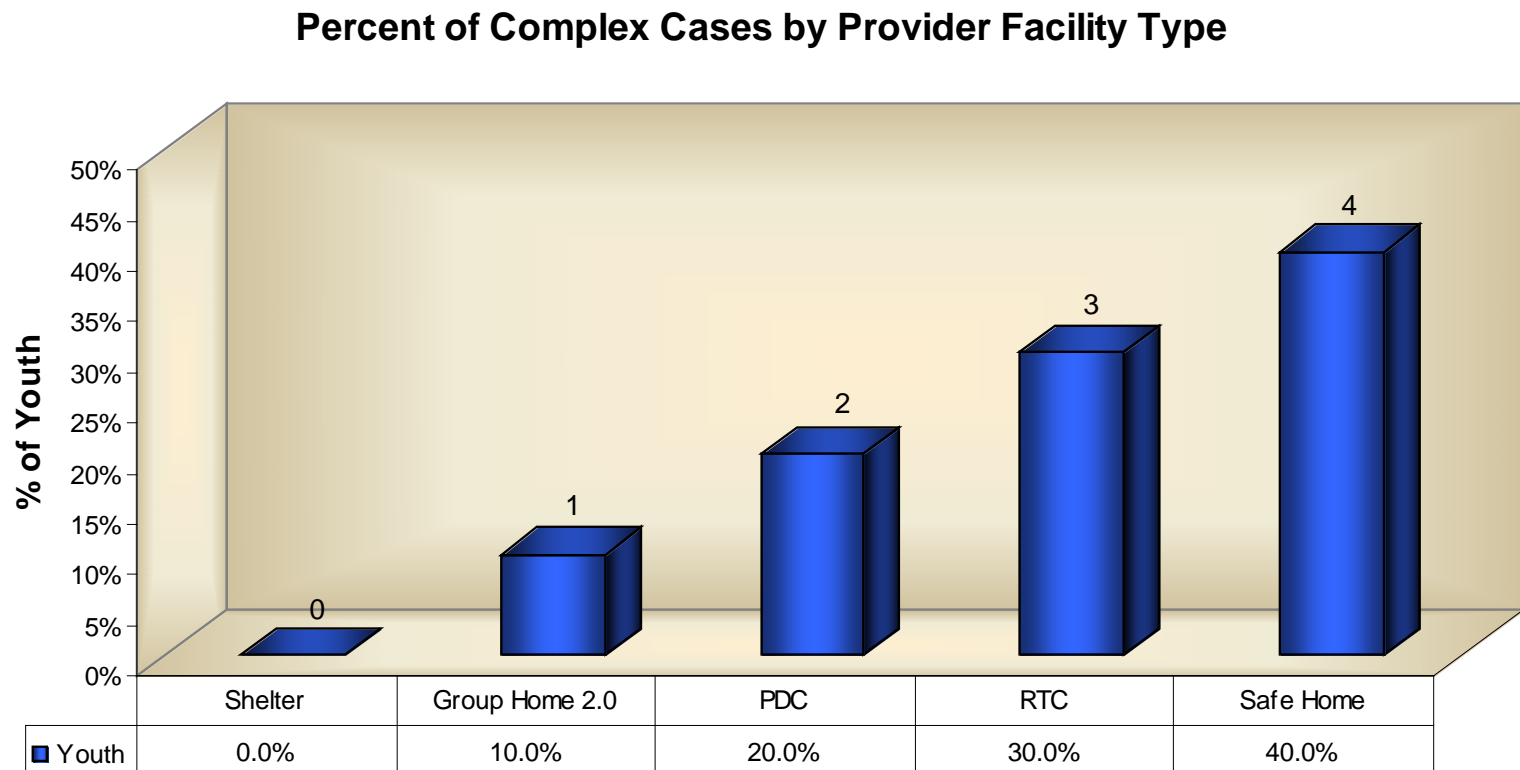
- Complex cases are defined as cases involving children whose behavioral health challenges require one-to-one until an alternative clinical setting is identified
- Complex cases are considered “outliers” because they do not meet the clinical criteria outlined- due to the chronic nature of their need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

Complex Cases- Authorizations

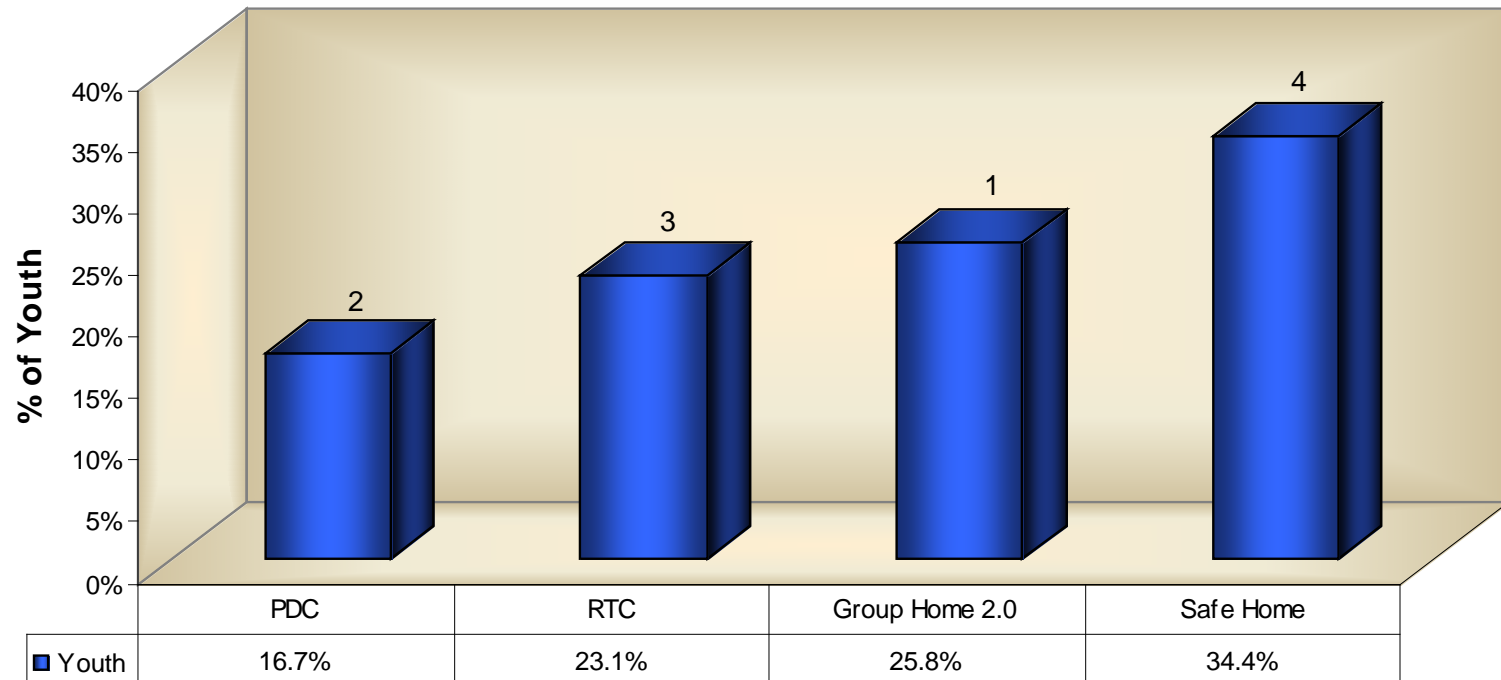
Types of Facilities



Complex Cases

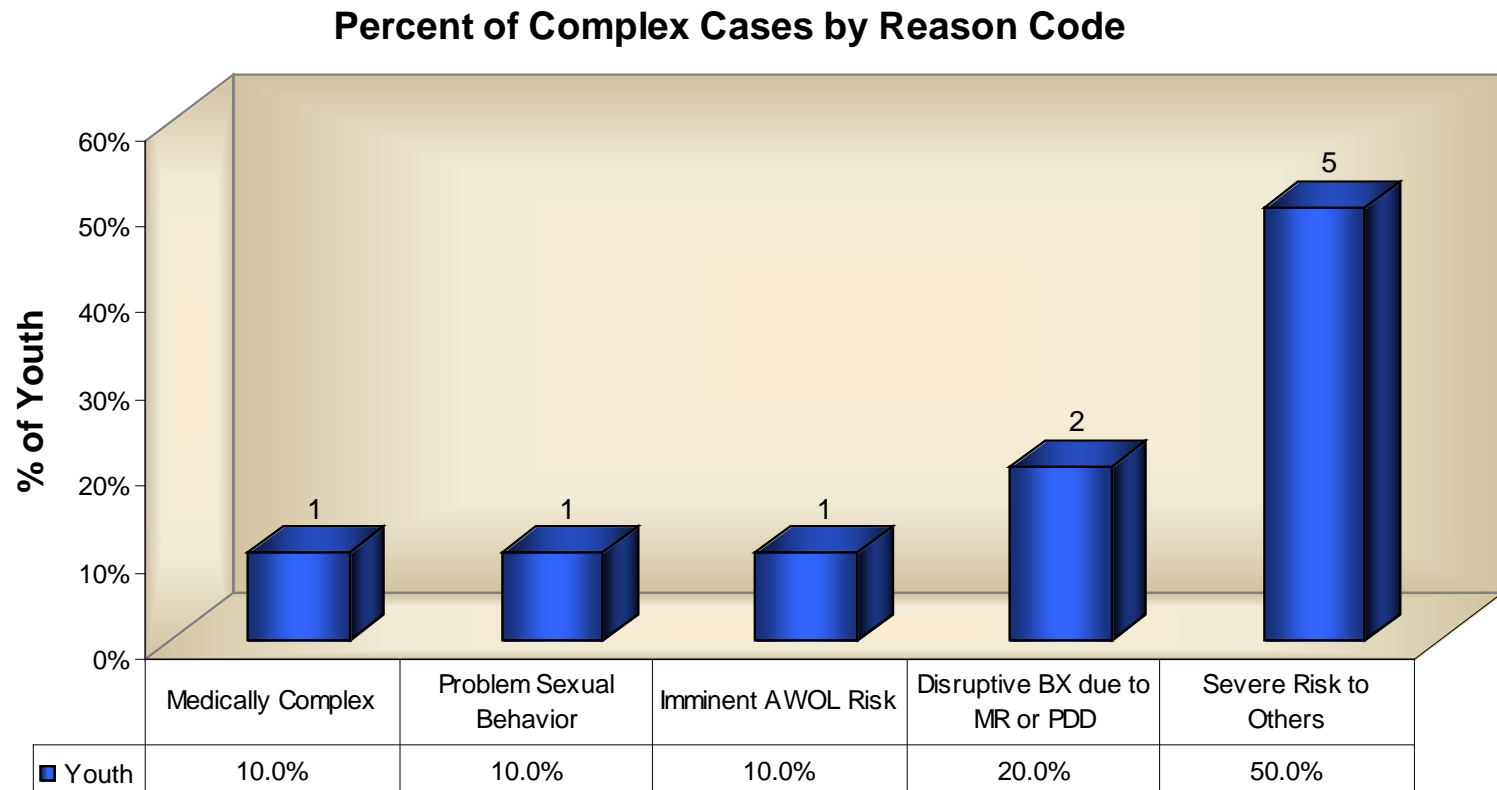
Total Hours by Facility Type

Percent of Complex Case Hours by Provider Facility Type



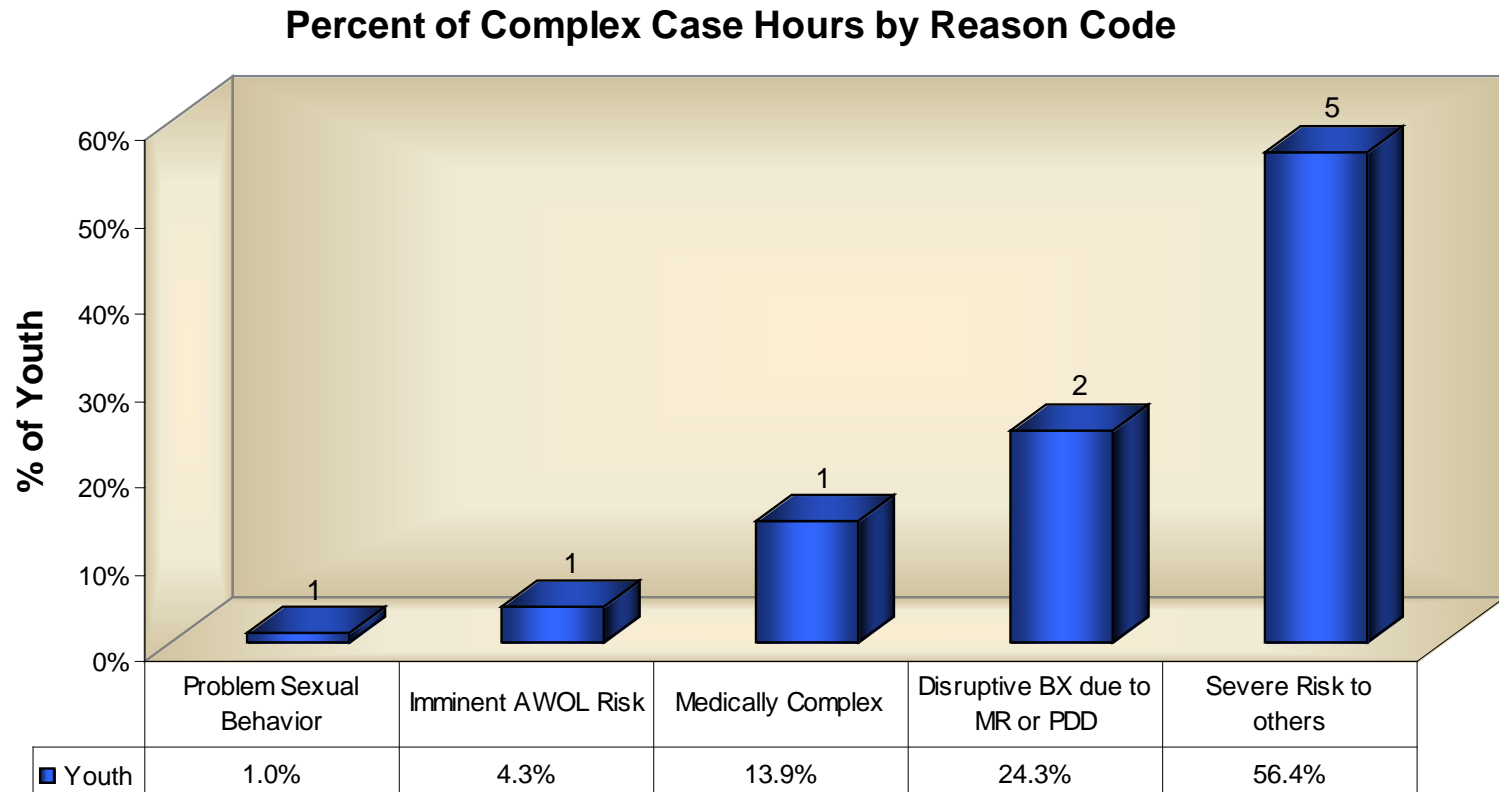
Complex Cases- Authorizations

Reason Codes



Complex Cases

Total Hours by Reason Codes





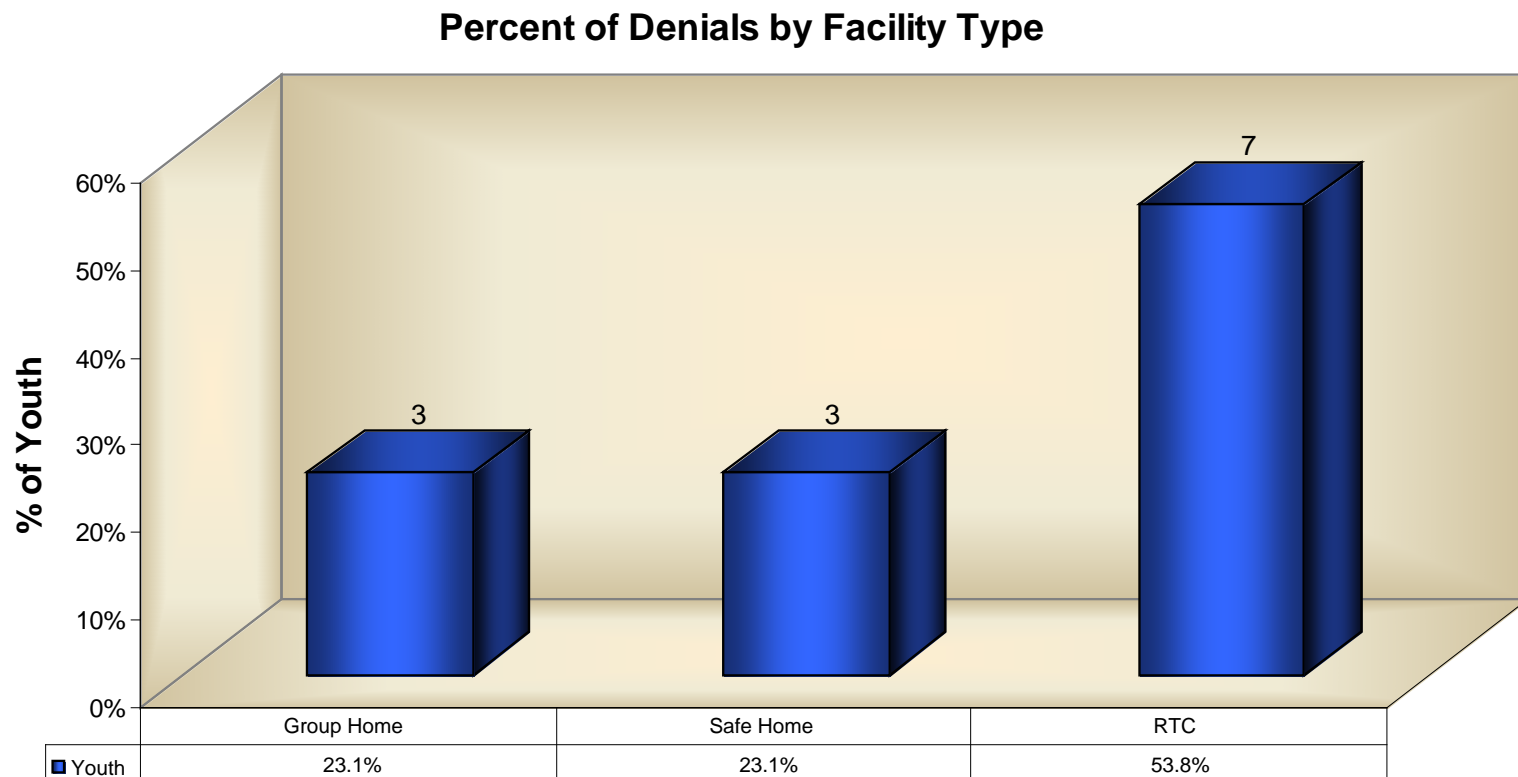
Denials

- The total number of denials= 13
- The total number of members= 9



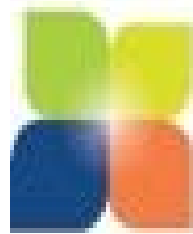
Denials

Types of Facilities



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



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Implementation/Operations Update

Call & Authorization Volume

- 9,759 Provider Calls
- 2,629 Member Calls

Authorizations Passed to HP:

	05/02/11	05/03/11	05/04/11	05/05/11	05/06/11
Total	1,617	1,407	1,603	1,530	1,322

Call Handle Time

Average clinical "handle time"	Overall <i>(Includes all clinical queues, child, adult, resi and HHC)</i>	Child Only	Adult Only
3/1-3/30	20m 46s	24m 39s	n/a
4/1-4/7	21m 39s	20m 53s	29m 28s
4/1-4/11	21m 21s	22m 04s	28m 18s
4/1-4/16	21m 14s	22m 09s	27m 25s
4/1-4/22	20m 34s	22m 23s	25m 53s
4/1-4/29	19m 05s	21m 18s	23m 50s
4/1-5/8	18m 09s	20m 28s	22m 18s

Level of Care Review

- Departments are doing a review of the authorization procedures for all levels of care
- Extended Day Treatment (EDT) authorization parameters were modified to align with pre-implementation parameters
- Residential Detox authorization process reduced questions by 40%
- Departments are reviewing MH Group Homes at this time

Pending Eligibility

- Providers requested the ability to conduct authorization reviews for individuals who are not eligible for entitlements at the time of presentation
- DSS is in its final legal review of this request
- VO has established work flow processes and can implement almost immediately upon approval

Entry of Outpatient & MM Authorization Requests

- Initial estimate of authorization volume has proven to be very low:
 - Original estimate: ~6,000
 - Current estimate: ~22,000*
**(includes members seen in FQHC's)*
- As of 5/08/11
 - VO has entered approximately 11,300 requests
- Target Date for completion of project: May 31, 2011

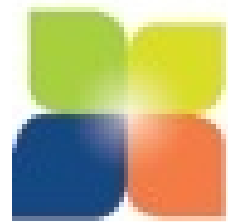
Outreach Calls to Inpatient Programs, Emergency Departments & Detox Facilities

Purpose:

- *Coordination and Continuity of Care*
- *Emphasis on Early Intervention*
- *Greater Accountability*
- *Since 4/1/11: CT BHP assisted hospitals with 182 cases where members were identified as “stuck” in the ED.*

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



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Questions?