

**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

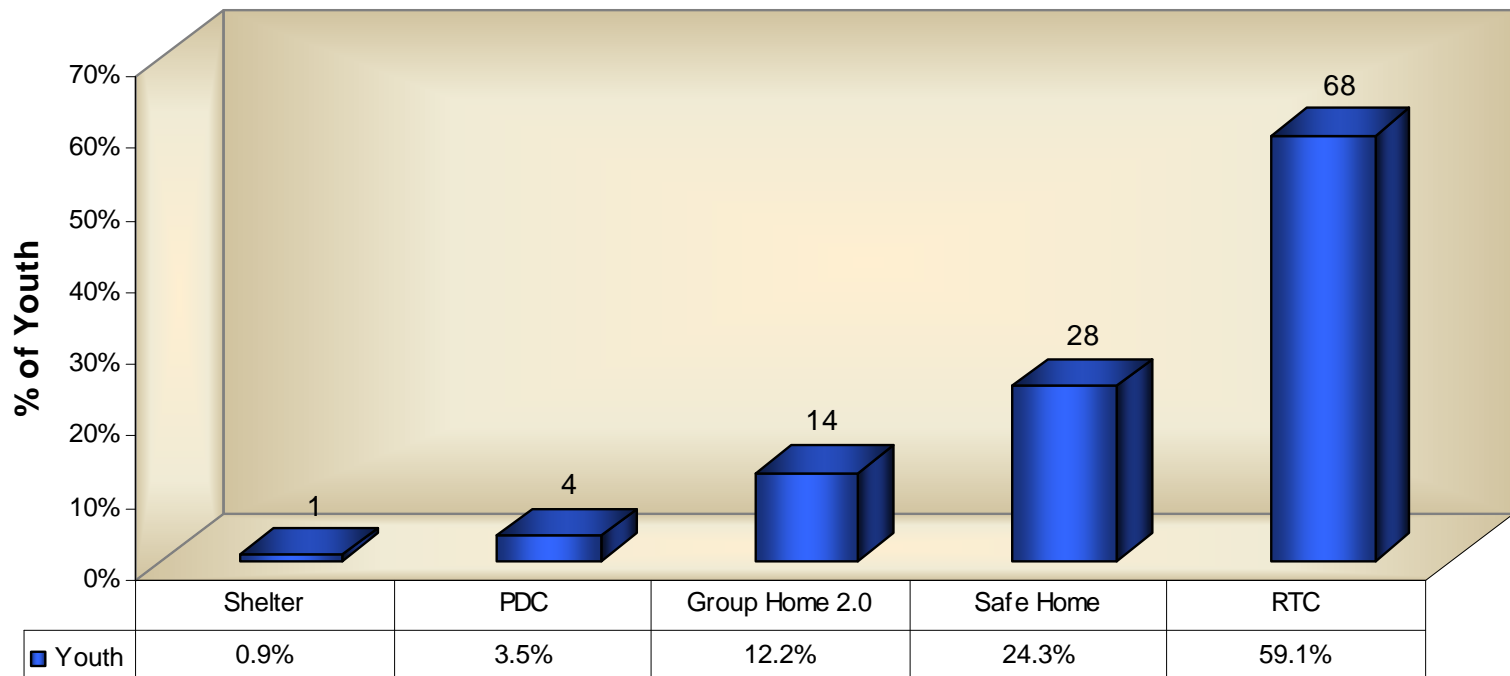
# Total Authorizations

- 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

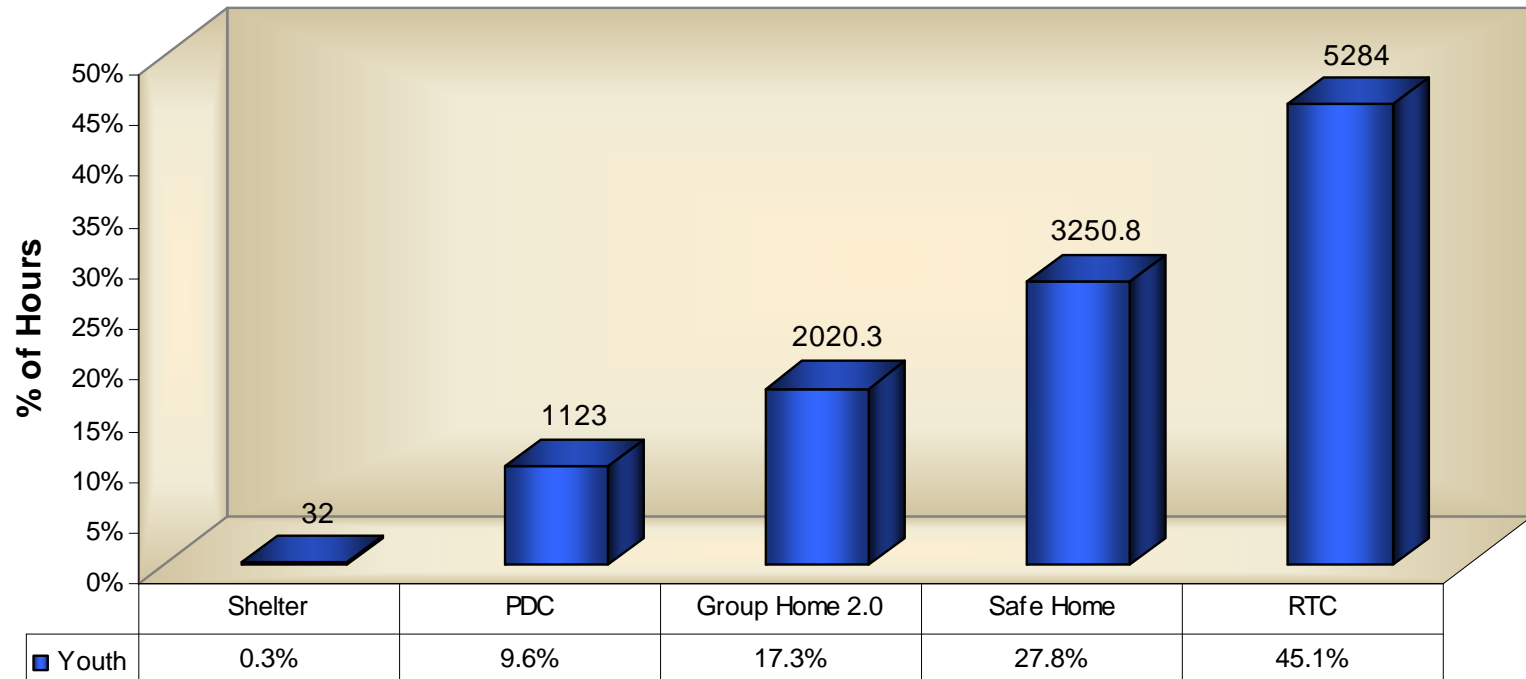
## Types of Facilities

Percent of Youth by Provider Facility Type



# Total Hours by Facility Type

Percent of Hours by Provider Facility Type

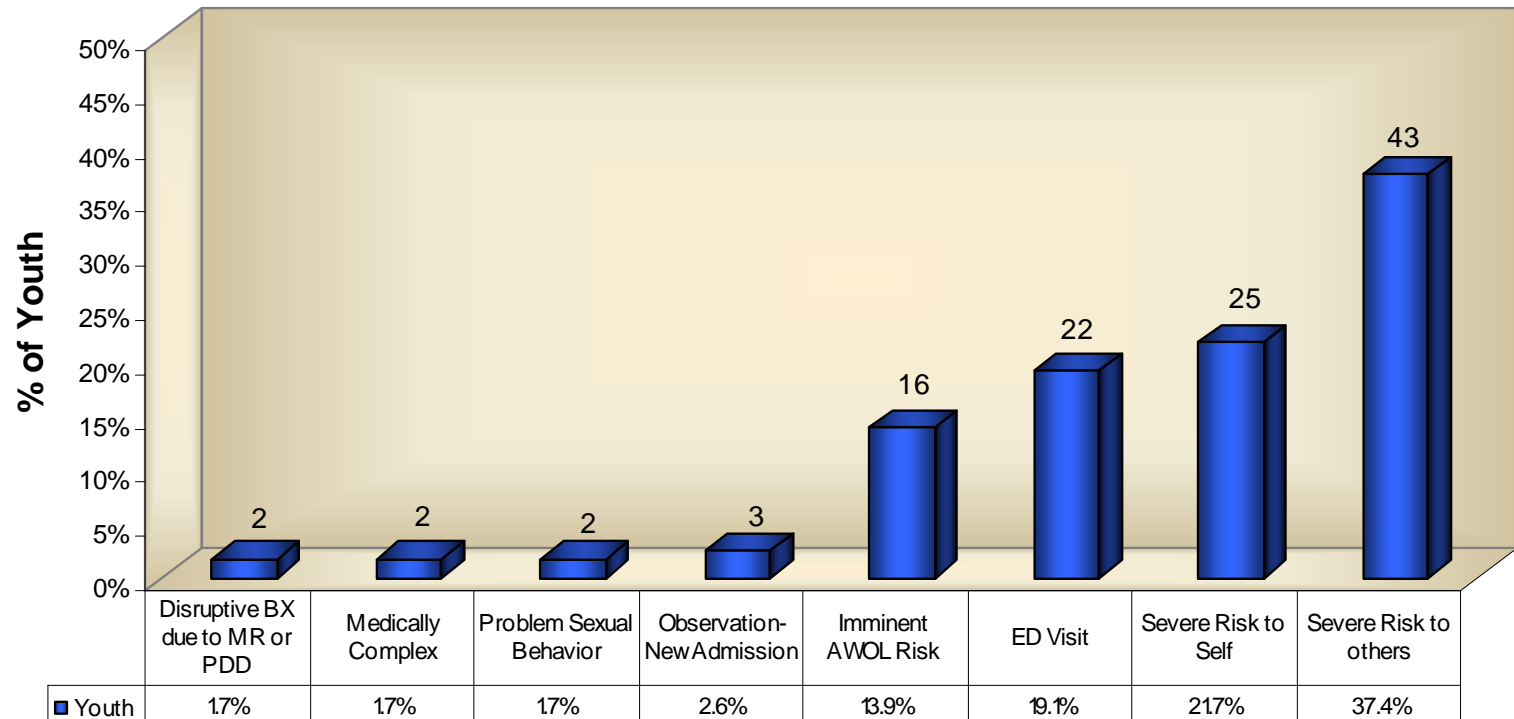




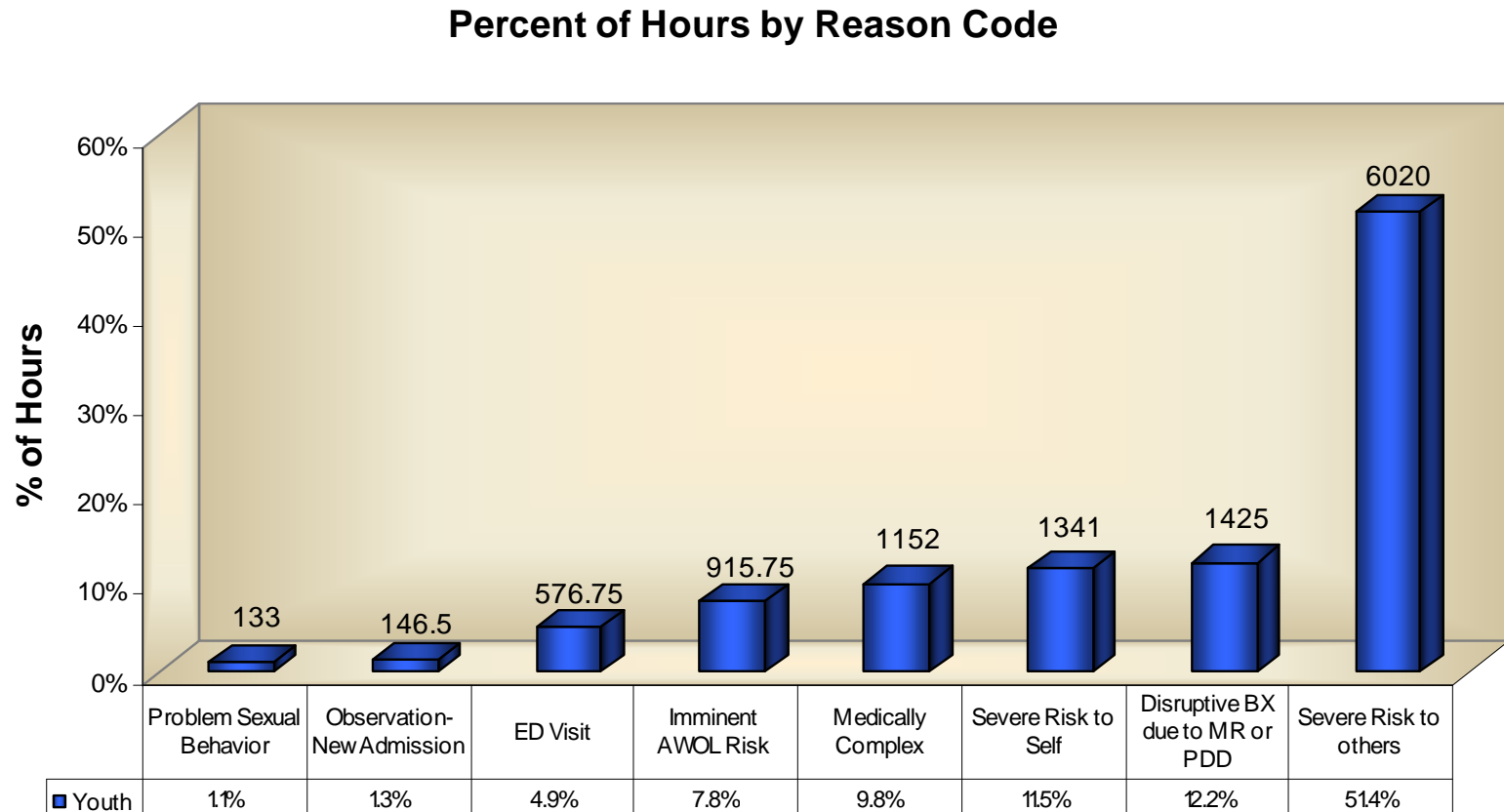
# Total Authorizations

## Reason Codes

Percent of Youth by Reason Code



# Total Hours by Reason Code



# Complex Cases

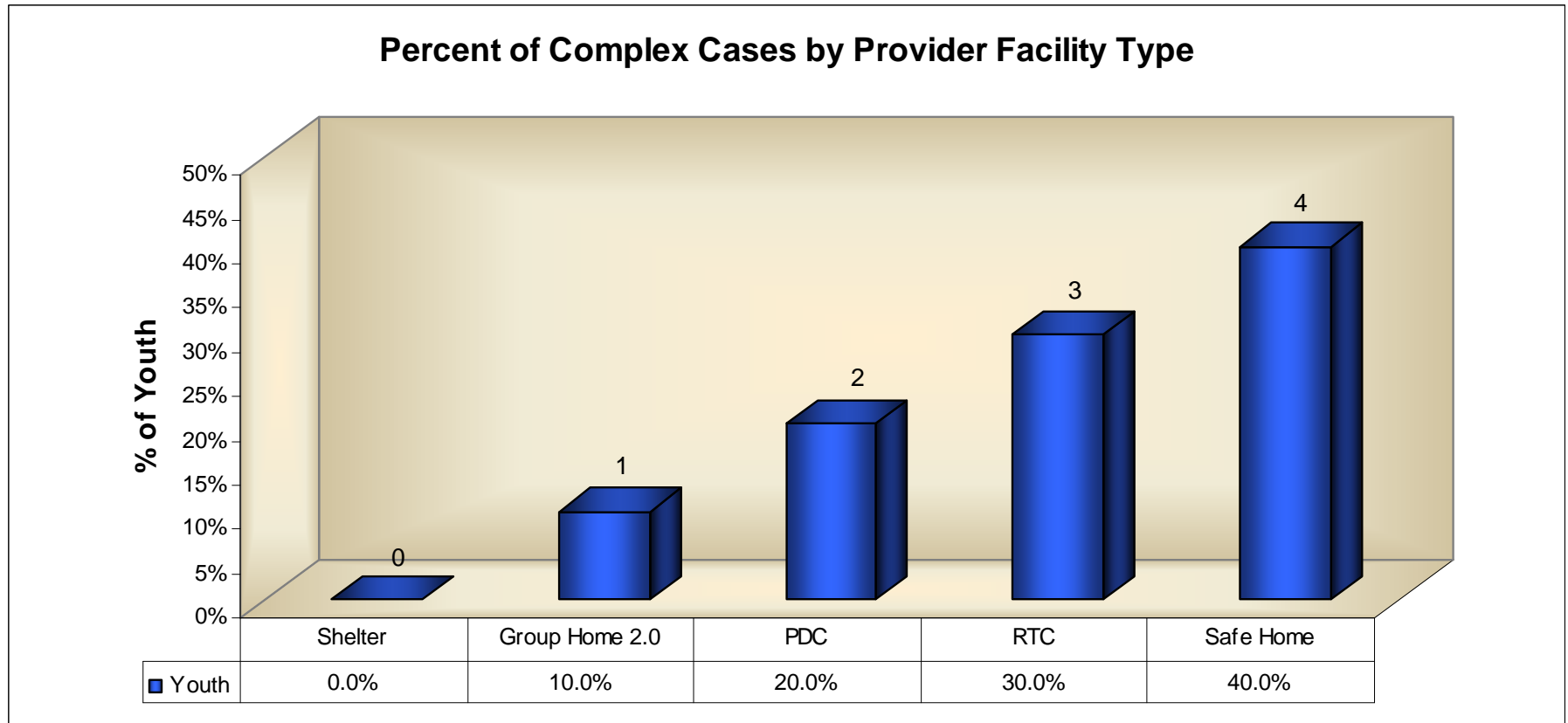
- Complex cases are defined as cases involving children whose behavioral health challenges require one-to-one until an alternative clinical setting is identified
- Complex cases are considered “outliers” because they do not meet the clinical criteria outlined- due to the chronic nature of their need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

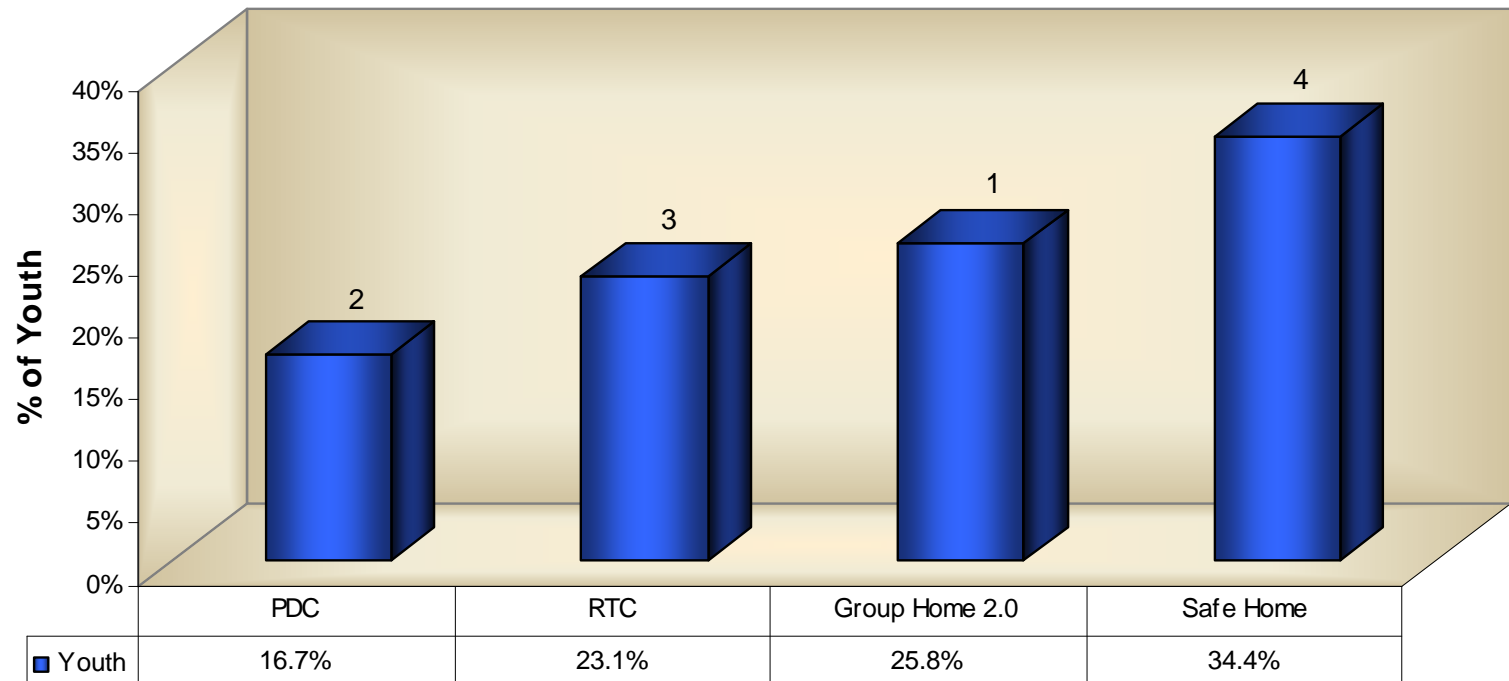
## Types of Facilities



# Complex Cases

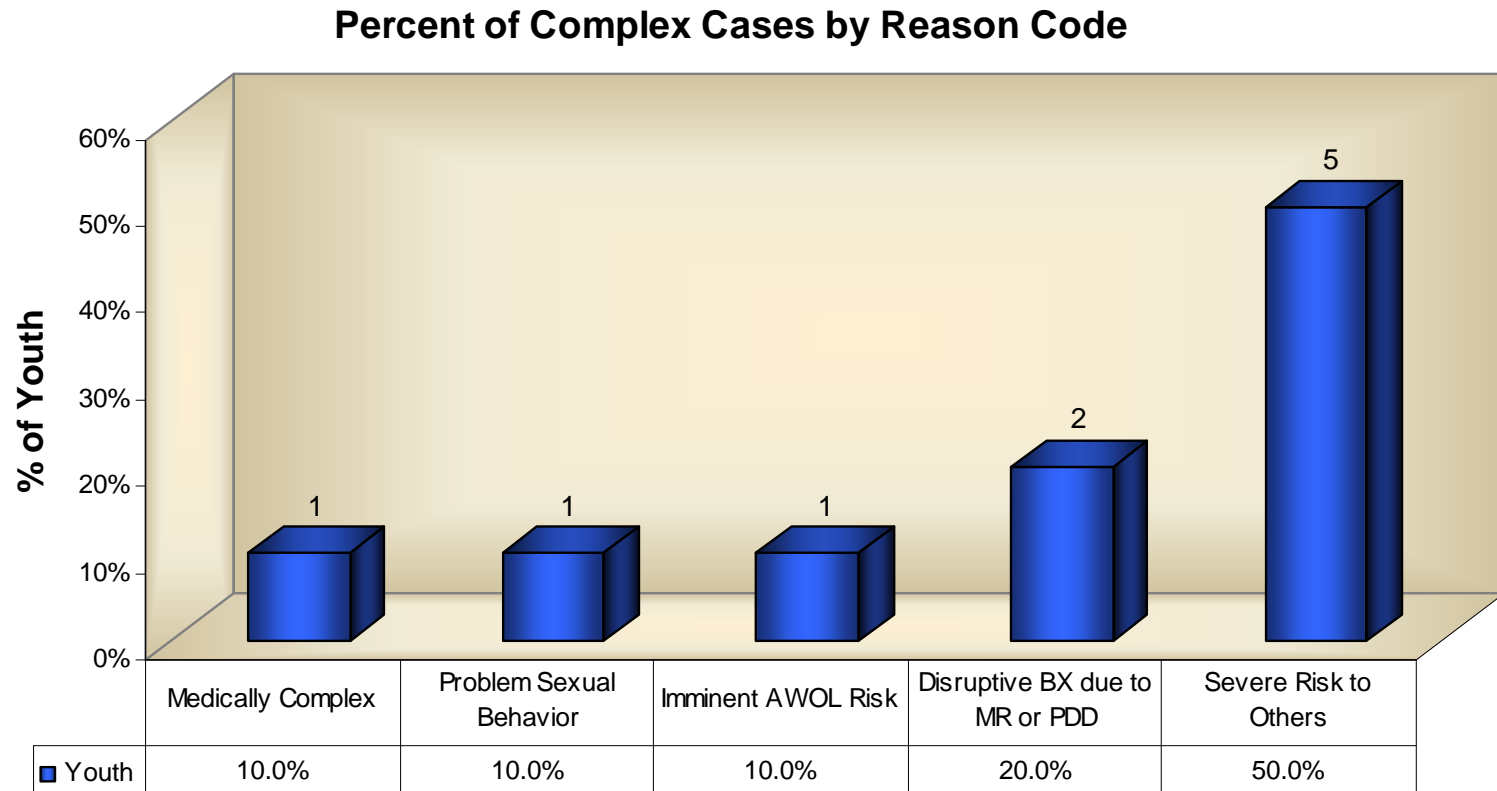
## Total Hours by Facility Type

Percent of Complex Case Hours by Provider Facility Type



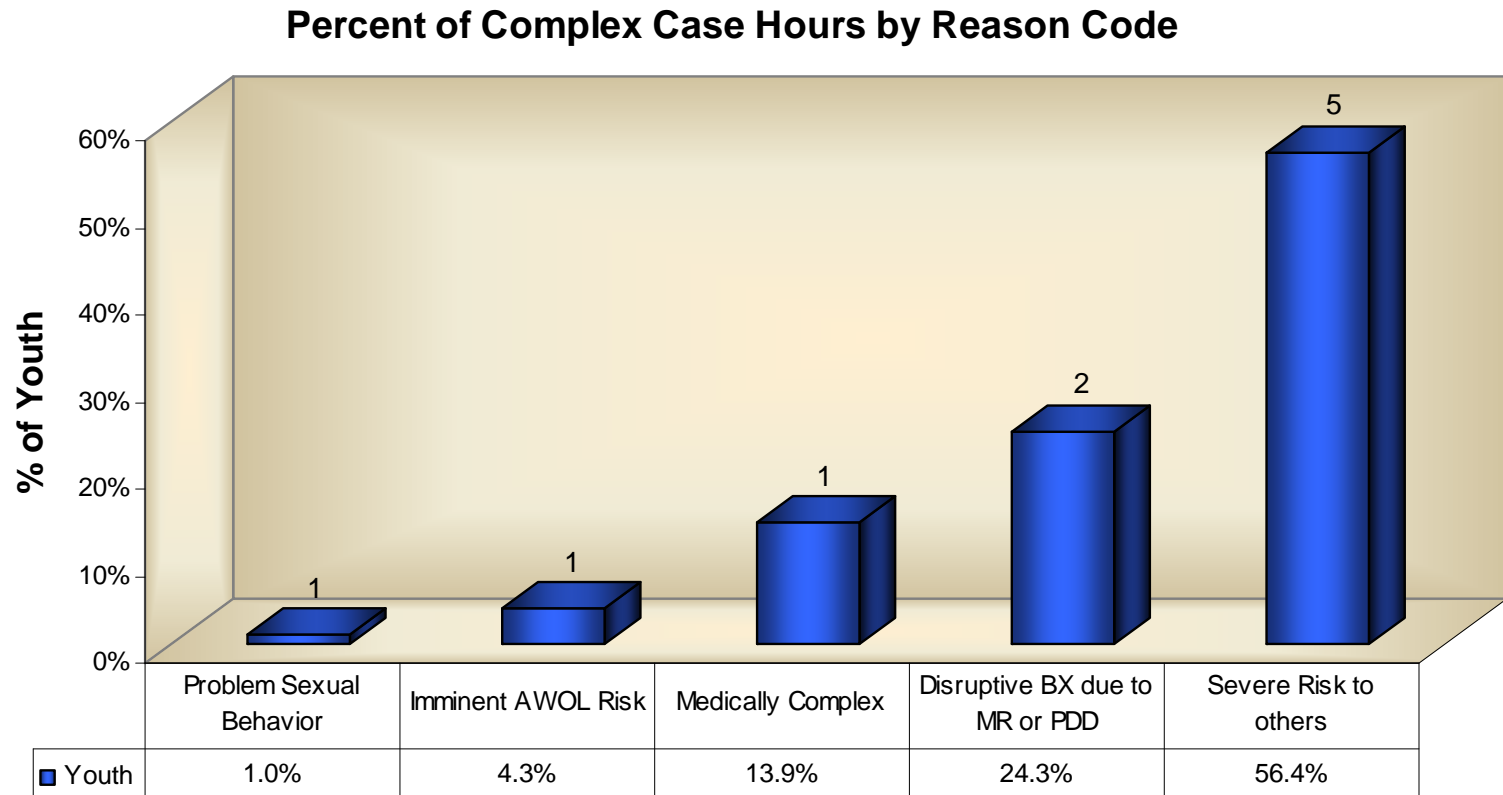
# Complex Cases- Authorizations

## Reason Codes



# Complex Cases

## Total Hours by Reason Codes



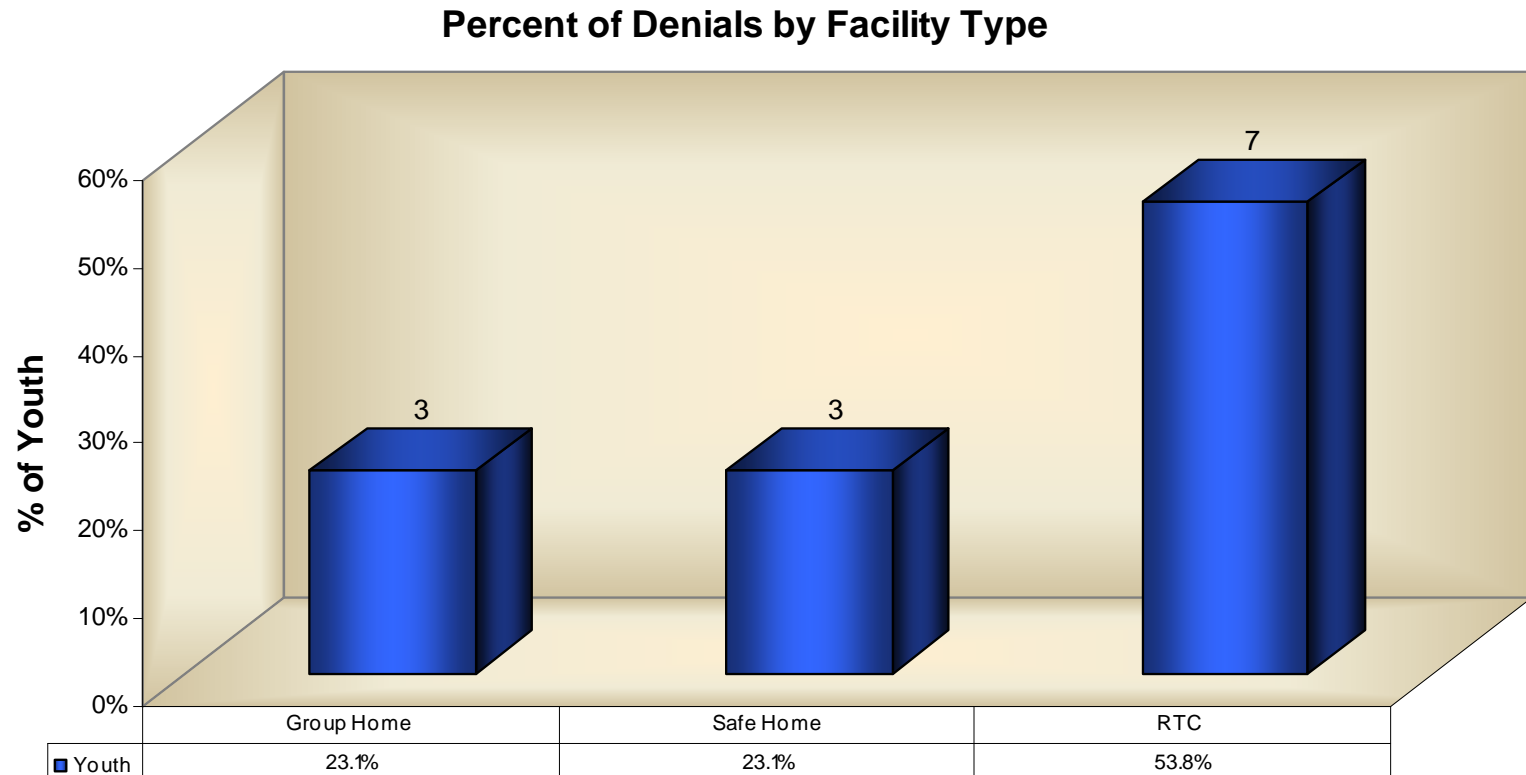


# Denials

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

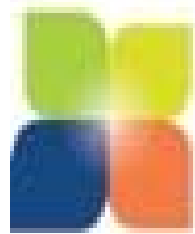
# Denials

## Types of Facilities



# Costs to Date

- DCF spent approximately \$615,600 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

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- 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

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- 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

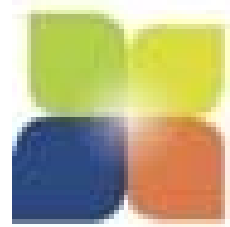
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## Purpose:

- *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?