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BHP Oversight Council
State Agency Report

September 14, 2011

DCF Update

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DCF Re-Organization

- Commissioner Katz released new Table of Organization on 9/8/11
- 6 DCF Regions and 2 Central Office Teams
- Child and Adolescent Development and Prevention Team
- Clinical and Community Consultation and Support Team

Re-Org (Cont'd)

- All CT BHP activities fall under the Clinical and Community Consultation and Support Team
- Agency re-design and staff re-alignment supports the development/enhancement of regional competencies across all DCF mandates

Congregate Care Rightsizing

- Congregate Care Rightsizing Report released on August 4, 2011

- One in a series of “Fostering the Future” reports that articulate Agency direction and organizational transformation

Report Highlights

- Extensive review of data on youth in congregate care across a variety of dimensions
- Emphasis on keeping children 12 and younger in community-based settings
- Review of Therapeutic Group Home Program
- Review of Voluntary Services Program

Recommendations

- Reduce reliance on Congregate Care, especially for young children
- Focus on re-design of Therapeutic Group Homes to better meet needs of youth in care
- Increased enforcement of Voluntary Service Program Requirements

Next Steps

- Dialogue with providers through various forums to solicit comment/feedback
- Continuum of Care Partnership
- Connect recommendations to a viable workplan

DSS Update

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Behavioral Health Rate Meld

- January 1, 2012 the HUSKY waiver ends
- The rate meld project is the process to meld or blend the HUSKY rates with the Fee for Service rates
- The Departments are sharing the methodology with provider stakeholders
- The Departments will present the melded rates to the Oversight Council in October for a January 1, 2012 start date

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Rate Meld, cont'd

- Clinics – draft methodology presented to the Operations Sub-committee (9/9/11)
  - Departments are modeling moving to fixed fees for IOP, PHP/Day Tx, MM, EDT
- Home Health
- Independent Practitioners
- Hospital Outpatient
- Hospital Inpatient

Implementation and Operations Update

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Authorization/UM updates

- Inpatient concurrent review process has been streamlined
- Concerns reviewed with providers
- Staff trained in new format
- Instituted week of September 5, 2011

Specific Changes to the Form

Total changes account for as many as 80 questions removed from routine process

- ***Substance Abuse and ASAM questions*** *no longer required (unless Primary Diagnosis is substance abuse-related) – 26 questions*
- *Eliminated repeated inquiries about* ***Treatment History***
- *Eliminated* ***Psychotropic Medications*** *(unless Provider indicates medication change or significant medication issues) – 6 questions*
- *Eliminated* ***Focal Treatment Plan*** *section – 10-20 questions*
- *Eliminated* ***Treatment Request*** *section – 12 questions*
- *Eliminated* ***Inpatient Discharge Planning*** *section – 18 questions*

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Additional Responses to Improve Efficiency

- *Revised procedure for providers with ≥ 5 concurrent reviews in one call: BHP Clinical staff will temporarily move to use of paper form to streamline review process and insure speedy completion of authorizations (September 8, 2011)*
- *Revised procedure for Bypass program, authorizing a lengthier initial auth if 5 day initial falls on the weekend*

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Level of Care (LOC) Authorization Review Process

- The Departments continue to monitor the authorization process for all LOCs in an effort to assure efficiencies
- Currently Under Review:
  - Acute Inpatient
  - Adult Mental Health Group Home
  - Concurrent and Discharge Review Processes
  - Home Health

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Wellness Care Coordination Program

A coordination of physical & behavioral health care

Update

A joint venture between ValueOptions and McKesson

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Wellness & Care Coordination Program (WCCP)

- The result of DSS, DCF, and DMHAS's vision to develop an integrated pilot program serving high risk co-morbid members
  - to improve overall health
  - increase preventative care
  - decrease hospitalizations and ED visits
- Included in ValueOptions contract with the State of Connecticut
  - Identify 300 members at high-risk for hospitalization and Intensive Care Management; in need of disease management; with significant gaps in care
  - Identify members using predictive modeling; source is integration of medical, pharmacy and behavioral health claims data
  -

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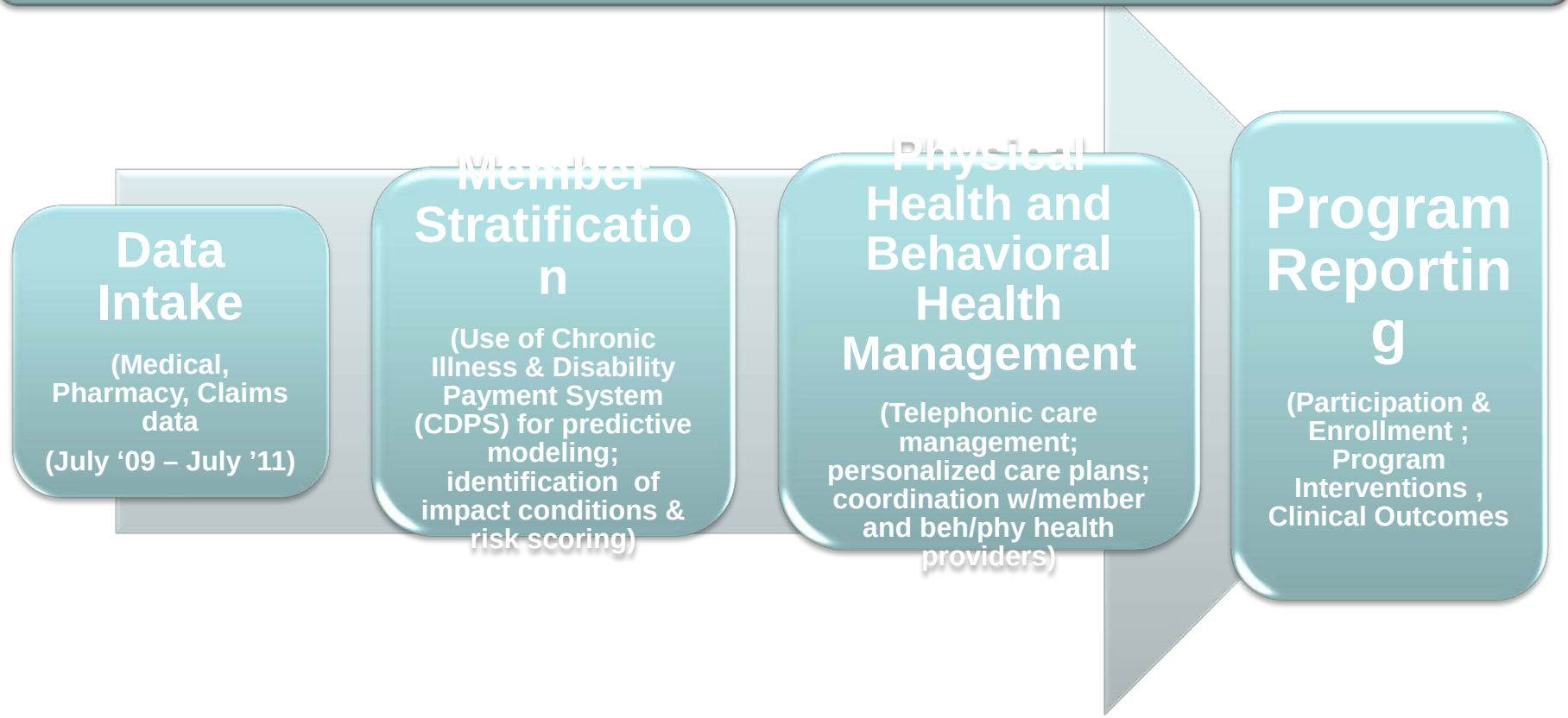
An Integrated Care Model

Meeting behavioral and physical health needs

Targeting child and adults members with high behavioral and physical risk



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Wellness & Care Coordination Program (WCCP)

- Program launched Sept 1, 2011
- Two (2) FTE nurses with medical and behavioral health expertise *(employed by McKesson; dotted line to VO)*
- Nurses on-site; integrated within CT BHP
- Additional support, coordination, and referrals with ICM and Peer services, as needed
- Dedicated link to WCCP from www.ctbhp.com website (information/brochures and resources; English & Spanish)

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WCCP Program Details

Health Management

- Telephonic co-management of 300 high risk members identified primarily through claims (medical, pharmacy and behavioral health) data *(approximately 3 months ramp up to achieve 300 members)*
- Shared referrals between ValueOptions ICMs, CCMs, Peers, and WCCP Nurses
- Shared case coordination/collaboration between ICMs, CCMs, Peers, RNMs and WCCP Nurses, as applicable
- Evidence-based clinical content
- Personalized wellness health care plan for each member
- Identifies/ensures medical home for each member
- Follow-up contacts with member to complete care plan goals
- Member and provider communications after assessment
- Clinical alerts to provider(s) as clinically appropriate

WCCP Program Details (con't)

From 9/1 to 9/6/11

- 108 enrollments attempted (contacts or outreach attempted) –
  - 8 incomplete enrollments (spoke with the member but did not get the enrollment completed due to lack of interest, time etc.)
  - 11 completed enrollments
  - 3 completed full Assessments (program intake assessment completed)
- 89 unable to contact (did not speak with member)

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WCCP Program Details (con't)

- Sample summary of an outreach call to member by the preceptor for the WCCP RN monitoring a call

  "The member was reluctant at first…the RN continued to support the member & use engagement techniques…member soon became very talkative…began disclosing a lot of health issues…thanked the RN and called the RN by her name which is an indication that the member was fully engaged…"

WCCP Summary

- Immediate Goal
  - Ramp up to 100% with 300 identified members to participate in program
- Intermediate Goal
  - Assess efficacy of program via measuring clinical outcomes
- Long Term Goal
  - Expand program beyond 300 members
  - Impact high risk members by increasing overall health and decreasing hospitalizations and ED visits

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Questions?

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