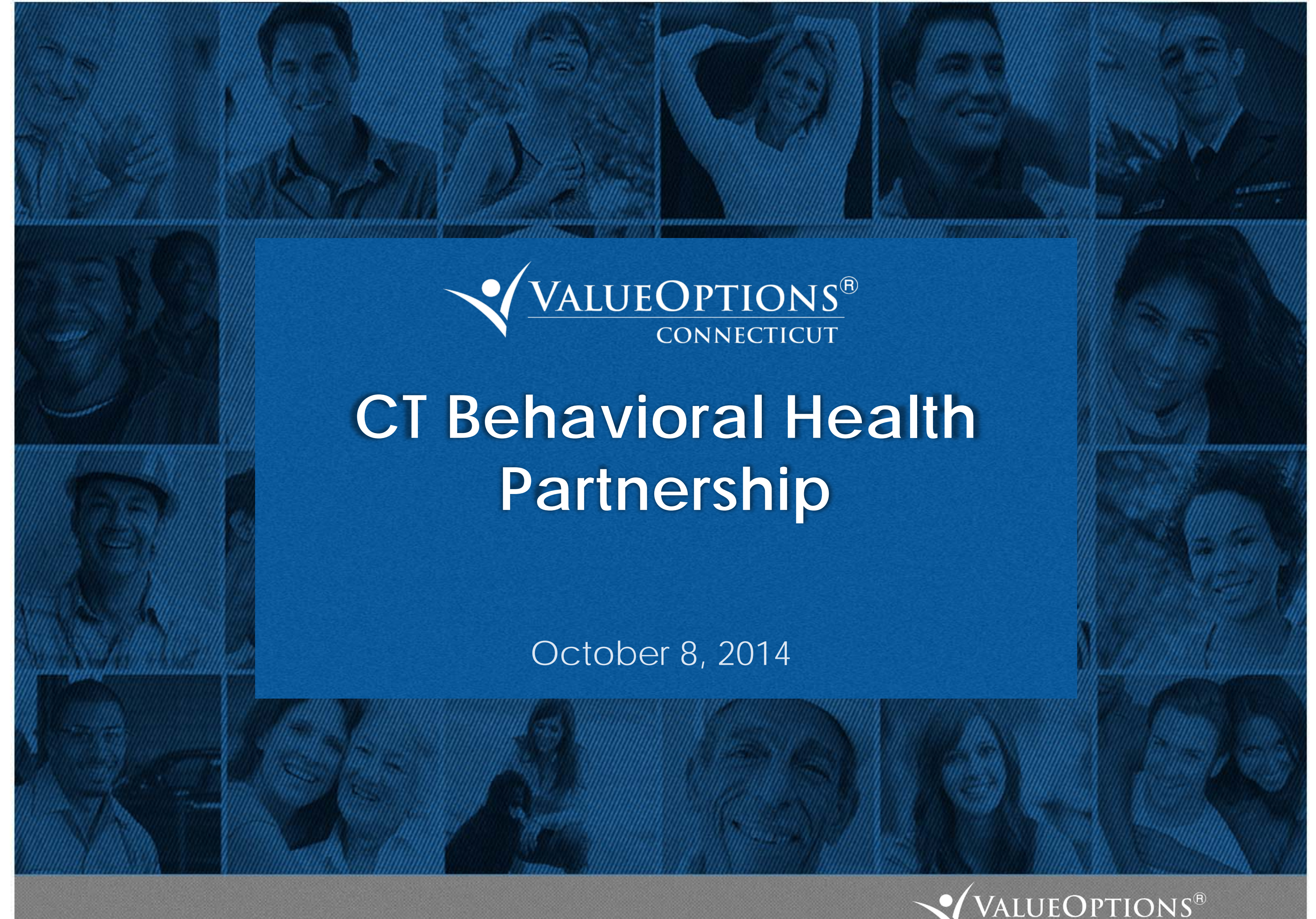


CT Behavioral Health Partnership

October 8, 2014

Copyright 2014 ValueOptions Connecticut.® All rights reserved.

ValueOptions®
Connecticut

CT Behavioral Health Partnership Overview

- **2006 - Partnership Formed**
  - Partnership between Dept of Social Services (DSS) and Dept of Children and Families (DCF)
  - Integrated public behavioral health for children and families enrolled in:
  - 1st state to receive Federal approval to expand Medicaid
  - Dept of Mental Health and Addiction Services (DMHAS) joined partnership in 2010

Contacts & Roles

Department of Children & Families (DCF)
www.state.ct.us/dcf
Department of Social Services (DSS)
www.dss.state.ct.us
Dept of Mental Health & Addiction Services (DMHAS)
www.ct.gov/dmhas

- Contract Oversight
- Level of Care Guidelines
- Administrative Hearings
- Rates/Fees

CT BHP - ASO
www.ctbhp.com
1-877-55-CTBHP
1-877-552-8247

- Clinical Operations
- Provider Services
- Member Services
- Quality Management
- Appeals

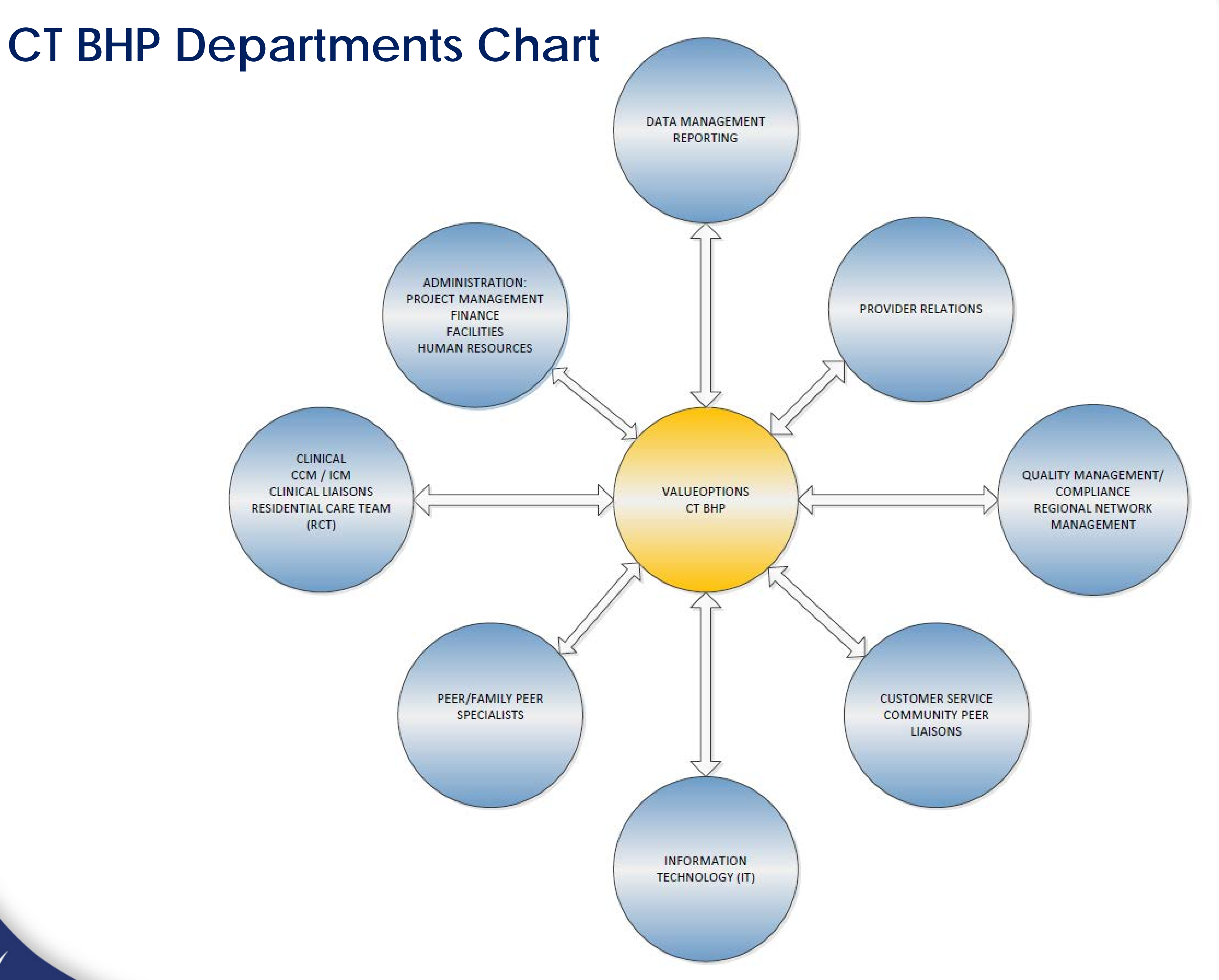
HP Enterprise Services
www.ctdssmap.com
1-800-842-8440 **(in-state toll free)**
1-860-832-9259
(local to Farmington and out-of-state)

- Member Eligibility
- Claims Processing
- Electronic Claims Submission
- Provider Enrollment

ValueOptions CT as the ASO
(Administrative Service Organization)

- **State didn't want Managed Care; ASO instead**
- **VO provides the following services:**
  - Utilization Management
  - Authorization/Registration of Behavioral Health Services
  - Provider Services
  - Quality Management & Reporting
  - Clinical and Medical Necessity Appeals
  - Member Services

CT BHP Departments Chart



Clinical Goals
leading to improved outcomes

- Encourage recovery, prevention, education and outreach;
- Provide timely access to a comprehensive array of treatment and support services;
- Monitor satisfaction of members & providers and work collaboratively in delivering quality services;
- Address the needs of special populations;
- Improve coordination with physical health;
- Promote best practices to support innovation and improvement.
- TEAM: Clinical Supervisors, Intensive Care Managers; Clinical Care Managers, Clinical Liaisons; Residential Care Team

Clinical Team – Care Management

Gather member specific clinical information from providers in order to make appropriate referrals, level of care recommendations and authorization decisions.

- Supervisors – support the overall process
- Intensive Care Managers
  - Intensive Care Managers (ICMs) are licensed clinicians and assigned to most vulnerable of members, those who have had numerous behavioral health admissions and/or complex diagnoses
- Clinical Care Managers
  - Licensed clinicians that provide telephonic assessments and collect clinical information from the caller that is sufficient to make appropriate referrals, level of care recommendations and certification decisions.
- Clinical Liaisons
  - assigned to specific tasks to support the clinical team and customer service
- Residential Care Team
  - Licensed clinicians that provide support to both in-state and out of state DCF Residential and Group Home Facilities

ValueOptions®
Innovative Solutions. Better Health.

Peer Specialists

- Individuals who understand behavioral health and/or substance abuse through **lived experience**, either personally, or with a family member who has received those services
- Peers benefit others by connecting through common lived experience
- Identify specific and system-wide barriers to care

ValueOptions®
Innovative Solutions. Better Health.

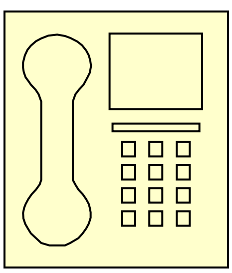
Member-Centered, Family-Focused Care

- Uses a team approach to build support based on Member's strengths, abilities and needs (which include mental, physical emotional, spiritual, cultural and social).
- Recognizes family as a primary support in all stages of decision making to empower the family to advocate for themselves.
- Recognizes all families don't look alike, and may include biological, adoptive and foster members.
- Understands meaningful development of mental health policy at state and local levels must include family representation .

Level of Care Guidelines

- **Level of care guidelines developed by the Clinical Management Committee**
  - Provider community, family members and state agencies
- **All guidelines reviewed by the Behavioral Health Oversight Council and its Provider Advisory Subcommittee**.
- **Guidelines adopted are based on:**
  - Information from community clinicians with expertise in the diagnosis and treatment of individuals with mental illness and/or addictive disorders
  - National experts
  - Family members
  - Guidelines of professional organizations
  - Evidence based practices
- **Guidelines available under "For Providers" on the CT BHP website: www.ctbhp.com**

Prior Authorization & Registration



- **Prior Authorization**
  - Services that DO require telephonic, clinical review at the time of initial service
- **Registration**
  - A form of Prior Authorization but these requests do NOT require telephonic review and are completed through the CT BHP ProviderConnect web registration application

Services Requiring Prior Authorization

- **Inpatient Psych Services**
- **Inpatient Detox**
- **Psychiatric Residential Treatment (PRTF)***
- **23 Hour Observation**
- **Intermediate Care Programs**
  - Partial Hospitalization (PHP)
  - Extended Day Treatment (EDT)
- **Group Home**
- **Residential Treatment Centers (RTC)***
- **Residential Detox**

*licensed by DCF for under age 21 only

Registered Services

- Outpatient Services
- Intensive Outpatient (IOP)
- Ambulatory Detoxification
- Methadone Services
- Home Based Services
- Psychological Testing
- Home Health

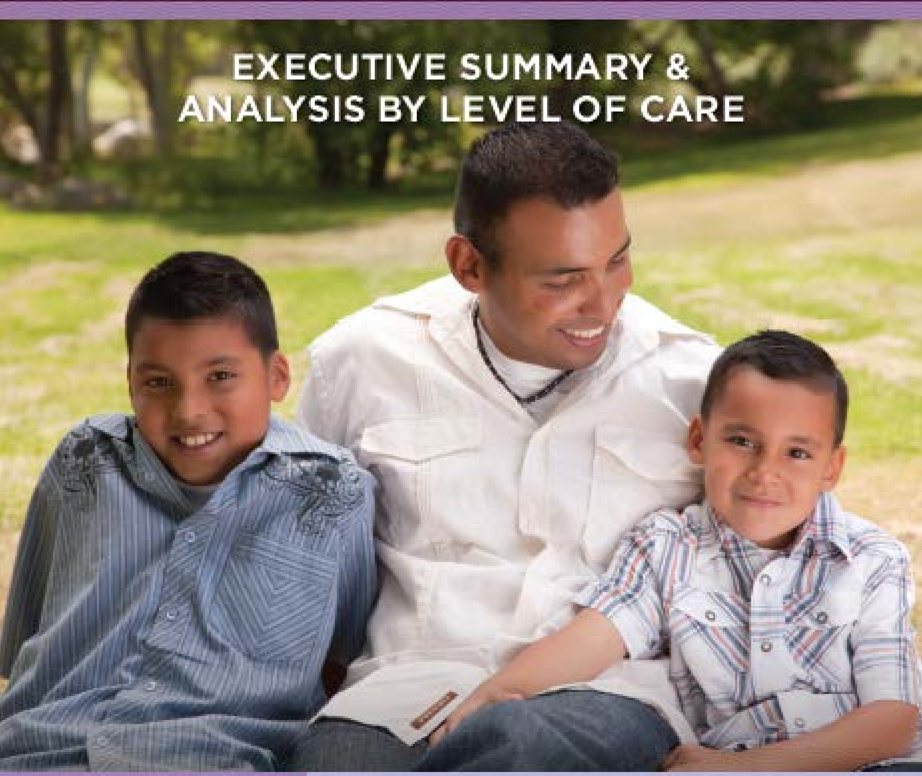
QM Department

- Provider Analysis and Reporting
  - Regional Network Managers
- Quality Analysis
  - identify additional opportunities for improvement and quality initiatives
  - define a program of implementing and monitoring best practices among network providers
- Compliance
  - Privacy
  - Contract Compliance

UTILIZATION MANAGEMENT FOR CHILD & YOUTH MEMBERS

QUARTER 2: (April through June 2014)

EXECUTIVE SUMMARY & ANALYSIS BY LEVEL OF CARE



Submitted:
September 2, 2014

Utilization Report for HUSKY Youth Members

Quarter 2, 2014

General Overview

On at least a quarterly basis, the reports mutually agreed upon in Exhibit E of the CT BHP contract are submitted to the state for review. This Quarterly Report focuses on the utilization management portion of these reports, evidenced in the 4A series which reviews utilization statistics such as average length of stay (ALOS) and admissions per 1,000 members (Admits/1,000). NOTE: A detailed description of the measures can be found at the end of this document.

As stated in previous submissions, results were graphed only for benefit groups that had a sufficient volume of members receiving services in each level of care (LOC). To provide better clarity when viewing the graphs, we have highlighted the benefit groups that appear on the related graph. The Quarterly Report focuses only on those levels of care in which the data warranted analysis and discussion as evidenced by significant changes and trends or in cases when changes and trends are unclear and additional data is needed. If the analysis for a LOC did not reveal results or trends that warranted discussion, the results were removed from the body of this Report and placed in an Appendix at the end. This quarter, tables associated with utilization graphs have also been placed in the Appendix. As a result, this Report outlines/highlights the areas of interest related to certain utilization trends, as well as the underlying factors which drive the trend and associated programmatic responses taken by VO to impact/mitigate or support the trend. We also present recommendations to address remaining challenges and report progress related to these planned recommendations. The areas of focus for this quarter are listed in the table to the right.

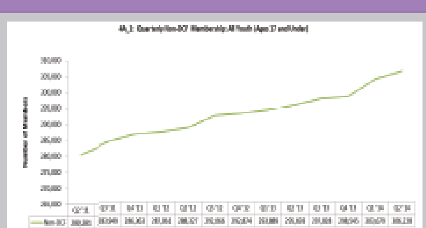
This quarter, the following utilization data points have been placed in the Appendix and are not discussed:

- Inpatient Solnit Days Delayed
- IICAPS
- PHP
- IOP
- EDT
- OTP
- Discharge Delay Inpatient
- Inpatient Solnit Days/1000
- Solnit Delay Day Reason

Areas of Focus for this Quarter

- Membership
- Inpatient Utilization (excluding Solnit)
  - Admits/1000
  - Days/1000
  - ALOS
- Inpatient PAR Providers
  - ALOS
  - Discharge Delay
- Inpatient Solnit
  - ALOS
- PRTF (excluding Solnit)
  - Admits/1000
  - Days/1000
  - ALOS
  - Discharge Delay
- PRTF Solnit
  - Admits/1000
  - Days/1000
  - ALOS
  - Discharge Delay

In addition to the consistent quarterly growth of the non-DCF membership, the DCF membership has increased over the past two quarters, reversing a long-standing downward trend. Also, the refreshed membership number for Q1' 14 (2.18%) was the largest change noted since we began tracking the refresh number in 2013.



Non-DCF membership has increased steadily over the past 12 quarters.

CONCLUSIONS

The Youth membership continues to increase. In addition to the consistent quarterly growth of the non-DCF membership, the DCF membership has increased over the past two quarters, reversing a long-standing downward trend. Also, the refreshed membership number for Q1' 14 (2.18%) was the largest change noted since we began tracking the refresh number in 2013. Given the overall growth, and the possibility for the Q2 '14 to increase significantly when refreshed in Q3 '14, we should be cautious drawing conclusions from the Admits/1,000 and Days/1,000 data.

RECOMMENDATIONS

We will continue to monitor the growth in total youth membership, specifically the DCF population, as this was a notable change in trending. Further monitoring is required to discern whether or not this growth is related to new HUSKY membership, as this will potentially impact Admits/1,000 and Days/1,000.

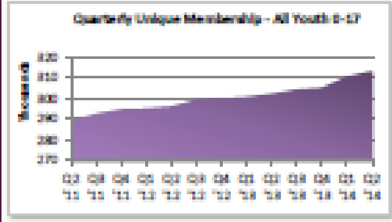
YOUTH UTILIZATION MANAGEMENT

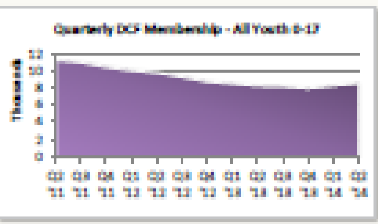
Highlights from Quarter 2, 2014

On at least a quarterly basis, the reports mutually agreed upon in Exhibit E of the CT BHP contract are submitted to the state for review. This Quarterly Report focuses on the utilization management portion of these reports, evidenced in the 4A series which reviews utilization statistics such as average length of stay (ALOS) and admissions per 1,000 members (Admits/1,000).

Youth Membership Increases

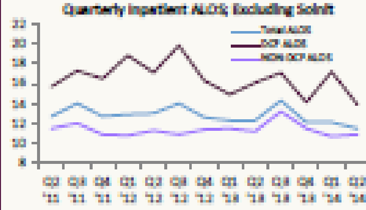
The Youth membership continues to increase. In addition to the consistent quarterly growth of the non-DCF membership, the DCF membership has increased over the past two quarters, reversing a long-standing downward trend. Also, the refreshed membership number for Q1' 14 (2.18%) was the largest change noted since tracking of the refresh number began in 2013. Given the overall growth, and the possibility for the Q2 '14 membership number to increase significantly when refreshed in Q3 '14, some caution should be used in the analysis from the Admits/1,000 and Days/1,000 data.



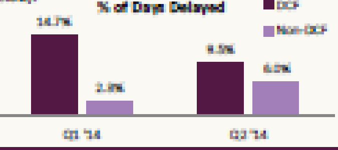


DCF Utilization Patterns

DCF youth admissions to inpatient care increased 6.0%. Despite the increase in Admits/1000 this quarter, the DCF-involved youth Admits/1,000 (0.16) continues to remain one of the lowest values reported in the past thirteen measured quarters. Although there are more members being admitted and utilizing overall days, the total ALOS has decreased, with a 19% decrease in the DCF involved youth ALOS driving the change (chart below). Overall, DCF youth continue to have longer lengths of stay, but fewer inpatient Admits/1,000 and Days/1,000 than the Non-DCF population.



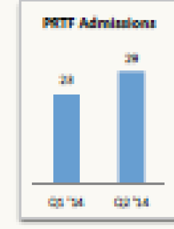
DCF-involved youth percent of days delayed decreased from 14.7% to 9.5%, the lowest percent of days delayed for the DCF population in 13 quarters. Despite the decline, DCF Youth continue to have a higher percentage of delay days than non-DCF youth (chart below).

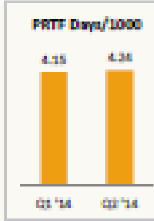


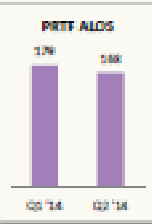
CTBHP 2014

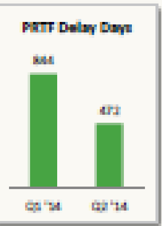
Psychiatric Residential Treatment Facility (PRTF) Utilization

Community PRTF admissions and days/1,000 were up in Q2 '14. In Q1 '14, the community PRTF ALOS reached its highest level in the previous 12 quarters at 179.0 days. In Q2 '14 the ALOS decreased slightly to 168.3 days, a decrease of 4.9%. The PRTF number of days delayed has decreased by 44.1% (844 to 472) from the all-time high number recorded in Q1 '14. At this time, the majority of children in delay are awaiting a Foster Care placement. With limited options for the under 12 age group, it continues to be necessary to increase community resources for this acute population.







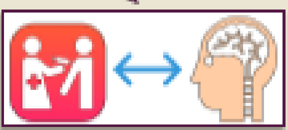


VO Recommendations & Activities in Support of Children's Services

Since the last quarterly report, there has been an expansion of Community collaborative meetings which focus on the integration of behavioral health and medical care. There are further opportunities to establish integrated service system models in Region 1 (Bridgeport), Region 2 (New Haven) and Region 5 (Waterbury).

VO has been working with CHN to expand collaborative efforts and improve coordination of medical and behavioral health care for children and adults. Strategies include establishment of a co-management team, engagement of CHN in existing community collaboratives, and opportunities to work together with children with comorbid medical conditions discharging from inpatient psychiatric care.

VO has recommended the further development of community-based behavioral health services including crisis and wraparound teams which follow children throughout the level of care continuum. During the reporting period there was expansion to some existing EMPS agencies allowing them to place EMPS staff at CCMC and Yale child emergency departments.



This summary is an extraction of the key points from a more extensive quarterly report submitted to the State of Connecticut by ValueOptions Connecticut.

CTBHP 2014

Innovative Solutions. Better Health.

Provider Analysis and Reporting (PAR) Program

- A vital strategy used to shape and adapt the outcomes of the CT behavioral health delivery system.
- The first CT BHP PAR program was developed in 2007.
- A quality improvement process in which providers are evaluated against generally accepted industry utilization and quality measures.

Regional Network Managers (RNMs)

- Operational under the Quality Department
- Provide local leadership and direction in assigned geographic areas
  - Assist to eliminate major gaps and barriers that exist in the behavioral health delivery system
  - Implement regionally based strategies to meet local and statewide clinical, quality, and network improvement goals
- Share best practice information with assigned providers to strengthen quality of the network
- Participate as members of Community Collaboratives

Customer Service

- Receive all inbound Call Center calls/inquiries that come in through the main toll free number
- First line of triage for Clinical Service calls, Complaints, Grievances, Member Eligibility, Transportation Coordination, Peer and Clinical Referrals, Provider Referrals and Departmental Processes
- Provide backup phone coverage for the Front Desk

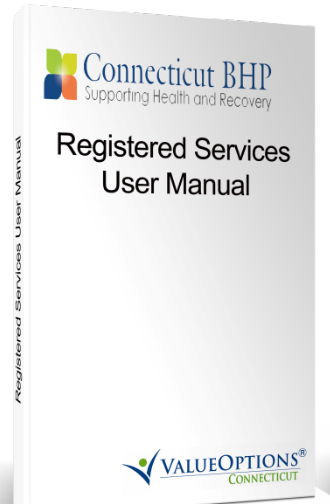
Provider Relations/Network Operations

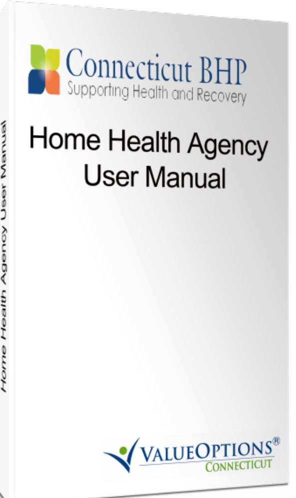
- **Information/Training Materials**
  - Website
  - Bulletins/Alerts/Notices
  - Newsletters
  - User Manuals
  - Provider/Member Handbooks
- **Training**
  - Connect Application Trainings
  - Provider Trainings/Workshops
  - On-Site Trainings
- **Network**
  - Maintain Provider File

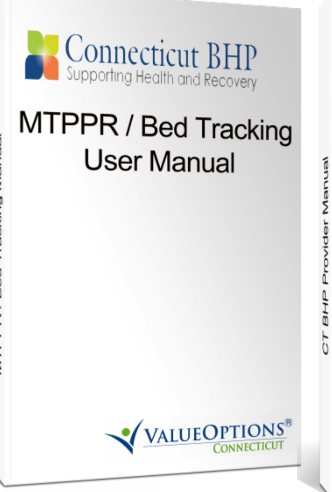
Educating the Network

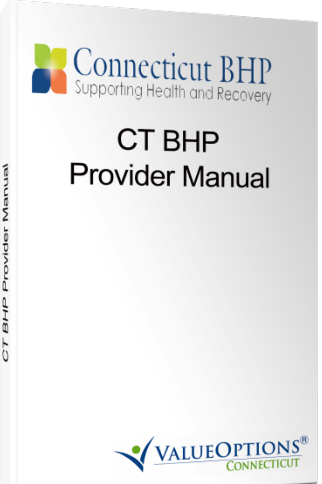
NetOps and PR provide a variety of resources to help educate and inform providers

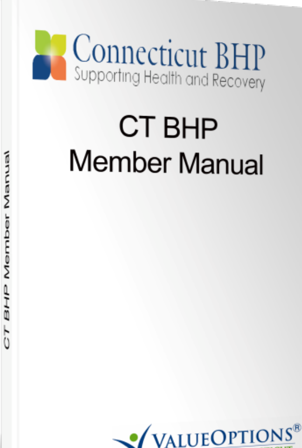
User Manuals







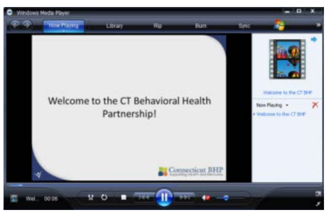




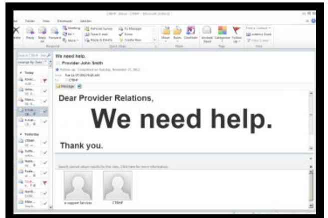
Copyright 2014 ValueOptions Connecticut.® All rights reserved.

Educating the Network

Training videos and webinars



Email and Phone Consultations



In house trainings and site visits

Copyright 2014 ValueOptions Connecticut.® All rights reserved.

Provider Alerts and Newsletters

Connecticut BHP
Supporting Health and Recovery

PROVIDER ALERT

Alert#: **PA-2012-08**

Issued: **August 27, 2012**

To: **Congregate Care Providers**

Subject: **CT BHP Residential Care Team Transition Information**

Dear CT BHP Congregate Care Provider,

As of August 1, 2012, the roles and responsibilities of the CT BHP Residential Care Team (RCT) have changed. CT BHP RCT clinicians have transitioned away from managing individual caseloads and will be moving toward a more macro level involvement with facilities. Due to these changes, RCT clinicians will not be able to offer all of the services that they have previously provided. The Frequently Asked Questions are outlined below to help make this transition as easy as possible.

When will inpatient admissions need to be reported?
Inpatient admissions will need to be reported to the CT BHP within 1 business day of the member entering care.

How will inpatient precertification and One-to-One authorizations be requested?
Inpatient admissions and One-to-One authorization requests will continue to be initiated by calling the CT BHP at 1-877-552-8247 and following the phone prompts indicating that you are completing an inpatient precertification or a One-to-One authorization request. The Customer Service Representative will need to verify your facility name by your TIN or NPI number. Please be specific about the member information and the exact date of admission.

How will Monthly Treatment Planning Progress Reports (MTPPRs) be handled?
MTPPRs must be submitted by their due date or they will be considered late and an administrative denial will be issued. In situations where a staff member is on vacation or out sick, the supervisor or another authorized user can submit an MTPPR in their absence. This process is completed by beginning the MTPPR, documenting another user's ID in the authorized user box, and then saving it as a draft. The supervisor then has the ability to access, view, edit and submit those saved drafts. The authorized user box can be found on the first page of the MTPPR (Level of Care tab). Please do not forget to save the MTPPR to your computer and print them before submitting. You will also have to print out discharges prior to submission. If you were unable to print the MTPPR prior to submitting it, please contact DCF for a copy.

Page 1 of 2

Connecticut BHP
Supporting Health and Recovery

PROVIDER NOTICE

Alert#: **PN-2012-07**

Issued: **June 22, 2012**

To: **CT BHP Providers**

Subject: **CT BHP ProviderConnect Release and Reminder: Saved Drafts & Browser Back Button**

Dear Provider,

This Alert is being sent to all providers and ProviderConnect system users as advanced notification of a scheduled software release for June 30, 2012. While this release is an internal upgrade and will not affect existing authorizations, any registration in "saved draft" form in the ProviderConnect application must be completed or submitted by June 29th, 2012 or it will not be accessible after the release. Information in a saved draft will need to be re-entered if not submitted by June 29th, 2012.

The system will be available throughout the weekend and registration requests can continue to be entered in the system. However, any request in saved draft form will be deleted if it remains in a saved draft status during the upgrade between June 29th and June 30th, 2012.

Please note: As a reminder, the internet browser back button should never be utilized in the ProviderConnect Application while completing a registration request. Using the internet browser back button may close the application and data entered into the registration will not be accessible. Users should always utilize the back button or the tabs within a registration to move from page to page. This would include all browser types (i.e. Internet Explorer, Chrome, Safari, Firefox, etc.)

We thank you for your participation. If you have any questions, please feel free to contact the Provider Relations Department at 1-877-552-8247.

Provider Relations Department
Connecticut Behavioral Health Partnership

Page 1 of 1

Connecticut BHP
Supporting Health and Recovery

Partnership in Print

Volume VII, Issue II November, 2012

In this Issue:

- The CT BHP Partners with CCAR and NAMI on New Initiatives
- Provider Relations Launches Webinar Training Series
- Accessing ProviderConnnect for Authorizations
- Provider Spotlight - New England Home Care, Inc.
- CCAR Recovery Walk
- Bulletin Rewind

Protecting Member PHI in Your Emails

The work of the CT BHP and our provider community is extremely important. We all partner to support people who need our help. Throughout this process we get to know a lot about our members and their personal information. Protected Health Information (PHI) includes private details about our members' identifying contact information, the types of services they may receive and how they pay for those services. The Health Insurance Portability and Accountability Act (HIPAA) requires that the CT BHP and all providers safeguard their members' PHI. When sending emails that contain PHI, it is necessary that your email is encrypted properly. The following describes how you can send an encrypted email to the CT BHP even if you don't have an encrypted email account.

Start by sending an email (which does NOT contain PHI) to ValueOptions. ValueOptions utilizes an email encryption system called ZixSelect. Your email should ask the staff member to send you an encrypted email. Open the encrypted message and click the "Open Message" button. On the next page, sign into your Zix email account or create a new account if this is your first time. Once you are logged into Zix mail, reply to the email you were sent. When you send your email back to the CT BHP, the email will automatically be encrypted for you. ■

CT BHP Partners with CCAR and NAMI on New Initiatives

ValueOptions has entered into their second year of sub-contract agreements with two local non-profit agencies, the National Alliance on Mental Illness (NAMI) (www.namict.org) and the CT Community for Addiction Recovery (CCAR) (www.ccar.us). Each organization will be expanding on their previous work and launching new initiatives that support recovery and wellness.

CCAR continues to offer trainings on addiction recovery to providers, Enhanced Care Clinics and community groups, while implementing two new programs. First, CCAR will be coordinating a YouTube Channel featuring a film series called "A Recovery Minute." These 1 minute videos will feature members describing their personal story of overcoming addiction and moving towards recovery. Keep an eye out for the videos on our YouTube channel at www.YouTube.com/users/ARecoveryMinute. Also, CCAR will be using Twitter to send out two daily affirmations to support and empower people in recovery. You can follow CCAR on Twitter at www.Twitter.com/CCARaffirmation.

NAMI continues to expand their Family to Family program, which strives to lessen the burden of stigma/discrimination experienced by family members and provide tools and strategies to support a family member with mental illness. NAMI will also expand its reach to veterans through their Veterans Initiative. NAMI will be providing free 12-week educational courses to family members of veterans to help them care for themselves and their loved ones. The veterans initiative seeks to increase family and peer-run support groups throughout the state. ■

CT Behavioral Health Partnership | 500 Enterprise Dr.- Suite 4D | Rocky Hill, CT 06067
1-877-552-8247 | www.ctbhp.com

Copyright 2014 ValueOptions Connecticut.® All rights reserved.

ValueOptions® Connecticut

CT BHP Website - www.ctbhp.com

About | Services | Reports | Contact

News & Events

- ProviderConnect Web Registration Conversion
- CT BHP Walks for CCAR
- CT BHP Shares Hope with NAMI

For Providers | For Members

Connecticut Behavioral Health Partnership

Welcome to the CT Behavioral Health Partnership

Knute Rotto, CEO, ValueOptions CT

- Knute.Rotto@valueoptions.com
- 860.707.1181 office
- 860.716.6868 cell

VALUEOPTIONS®
Innovative Solutions. Better Health.