

PROVIDER ALERT

Alert #: PA 2010-10
Issued: May 2010
To: CT BHP Hospitals
Subject: CT BHP Outreach to Hospital Emergency Departments

Dear Provider,

The following alert is being distributed to general and psychiatric hospitals in an effort to further collaboration and streamline the current outreach efforts of the Connecticut Behavioral Health Partnership (CT BHP). As you may already know, CT BHP Intensive Care Managers (or their designee) have been outreaching to hospital emergency departments Monday-Friday to assist with HUSKY members who may be experiencing barriers to behavioral health care.

These outreach calls identify those HUSKY members who may not require inpatient level of care and could be diverted to alternative crisis services and also identify members who frequently utilize the emergency department to gain access to care. Oftentimes, the CT BHP can identify alternative services that would meet the level of immediate crisis intervention required and would allow for a swift transition back into the community. Once a HUSKY member is identified, the Intensive Care Manager partners with emergency department staff, community based providers (Emergency Mobile Psychiatric Services (EMPS), Enhanced Care Clinics (ECC)) and inpatient providers to ensure timely access to the most appropriate, least restrictive level of care.

In an effort to streamline these outreach calls and to ease the administrative burdens of our providers, the CT BHP has developed the attached template that can be utilized by emergency department and hospital staff. The attached form template does not need to be completed but can merely be used as a guide to identify the information that the CT BHP Intensive Care Managers (or their designee) will be requesting when the above outreach calls are made. Feel free to post and/or distribute to appropriate staff members for future reference. We thank you for your participation and look forward to our continued collaboration.

If you have any questions or concerns, please do not hesitate to contact the CT BHP Call Center at 1-877-552-8247.

Provider Relations
CT Behavioral Health Partners

CT BHP EMERGENCY DEPARTMENT FORM



Provider/Admission Information	
Name of Crisis worker at ED:	Contact Number:
Date of Admission to ED:	Time of Admission to ED:
Member Information	
Name:	CT Medicaid ID #:
DOB:	MBR Town/ City:
Clinical Info	
How was the member transported to the ED?	
Who referred the member to the ED?	
Where did the member present from?	
Have you utilized EMPS for evaluation and diversion? If no, why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DCF/Juvenile Justice Involvement (Status and Location):	
Presenting Issue: <i>(What was the crisis that brought the member to the ED?)</i>	
What triggered the crisis?	
Diagnosis:	
Medications:	
Current Providers:	
Disposition plan: <i>(Plan needs to address the issues related to the crisis, trigger, family and community supports and include providers (DCF, JJ, Family, Providers, School and the member))</i>	
Are you aware of our peer specialists program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Barriers to the plan:	