

## PROVIDER ALERT

**Alert #:** PA 2011-14  
**Issued:** May, 2011  
**To:** ACCESS Agencies and Home Health Agencies  
**Subject:** Home Health Authorizations – Behavioral Health Diagnosis

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**PLEASE NOTE: THIS PROVIDER ALERT CONTAINS INFORMATION RELATED TO MEMBERS RECEIVING SERVICES WITH A PRIMARY BEHAVIORAL HEALTH DIAGNOSIS. PLEASE ENSURE THIS ALERT IS DISTRIBUTED WITHIN YOUR AGENCY TO ALL THOSE WHO ARE INVOLVED IN THESE HOME HEALTH SERVICES.**

Dear Access Agency (AA) or Home Health Provider (HHP),

This Alert is regarding clarification related to Home Health authorizations for individuals with a primary behavioral health diagnosis and whose care falls under the authority of an Access Agency. We have also attached a workflow that illustrates the process for obtaining an authorization for these members.

Home Health Provider will:

1. Call the Access Agency for any member who falls under the authority of the Access Agency
  - Will verbally complete a clinical review with the Access Agency using the CT BHP template, or
  - If agreed to by Access Agency, will fax a completed CT BHP Home Health template to the Access Agency
2. Review/print authorization from ProviderConnect within 24-48 hrs of receiving the authorization information from the Access Agency.

Access Agencies will:

1. Call CT BHP to do a telephonic clinical review and request an authorization (1-877-552-8247 (after English/Spanish option, press '3' for Providers),
2. Advise CT BHP of the Home Health provider who will be providing the service and who needs the authorization,
3. Document the authorization number, date span, service codes and units in member's record,

4. Call the Home Health provider to notify them of the authorization details and authorization number.

CT BHP will:

1. Conduct the telephonic review with the Access Agency and enter clinical information into CONNECT,
2. Document Access Agency contact information; attach the review to the Home Health provider that will be providing the service,
3. Provide the authorization number following the telephonic review,
4. Send hard-copy of authorization letters to the Access Agencies monthly, by or before the 15<sup>th</sup> of each month.

**IMPORTANT ADDITIONAL NOTE:**

CT BHP will be responsible for doing reviews for only individuals that are Medicaid eligible. The DSS Alternate Care Unit will be responsible for doing reviews for individuals who are eligible for the State Funded Home Care Program.

If individuals have an authorization with CT BHP and then become State-Funded Home Care Program, it is NOT necessary for the Access Agency to inform CT BHP. The Access Agency can request their authorization under the State-Funded Home Care Program and handle the case with the provider.

For your convenience and to make the review process more efficient, please find attached a Home Health template of the Home Health clinical review form and of the Home Health/Access Agency Clinical workflow. The CT BHP Home Health Clinical Care Manager will ask the questions on the Home Health template when completing a telephonic clinical review with Access Agency staff person. If the review is a concurrent review, the fields highlighted in yellow are required (all other fields auto-populate from the prior review and can be updated as needed upon a concurrent review).

If you have any questions, please contact the CT BHP Provider Relations Department at 1-877-552-8247.

Provider Relations  
Connecticut Behavioral Health Partnership

Encl: Home Health Clinical review template  
Home Health Clinical workflow

**WORKFLOW FOR ACCESS AGENCIES SEEKING HOME HEALTH SERVICES FOR MEMBERS**

The following procedures are to be followed when home health services are requested for members who are under the authority of a Home Health Access Agency.

