Connecticut BHP
Supporting Health and Recovery

PROVIDER NOTICE

Notice #: **PN 2011- 06**

Issued: **September 2011**

To: **CT BHP Residential and Group Home Providers**

Re: **ProviderConnect Residential and Group Home Discharge Procedure**

Dear Provider,

This notice is being sent to clarify the discharge process for DCF Residential and Group Home Providers. The goal of the CT BHP is always to insure and manage the appropriate use of resources while improving the consistency in program delivery as well as reduce the administrative burden of providers.

In our effort to become more dependent on our electronic system, effective October 1, 2011, we are asking that DCF Residential and Group Home Providers now complete discharge information through the ProviderConnect application.

A step by step tutorial with accompanying screen shots from the ProviderConnect application has been included with this notice. Please share with appropriate staff members. Additionally, a template of the discharge form will also be available for those facilities in which clinical staff may want to document the required information that an administrative or non-clinical staff may be entering into the ProviderConnect application.

If you have any questions, please feel free to contact the CT BHP Call Center at 1-877-552-8247.

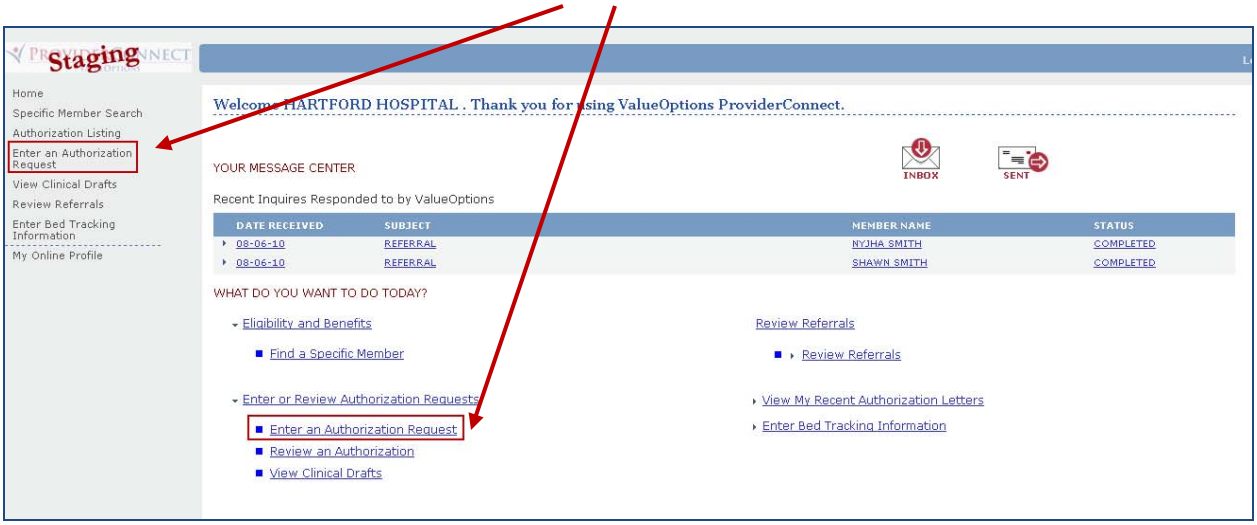
Provider Relations Department
Connecticut Behavioral Health Partnership

Please Note: ProviderConnect users must complete their last MTPPR before completing the electronic discharge. If the discharge is completed first, the user will no longer have access to the member in their system. Discharges should also be completed within a reasonable timeframe, within 24-48 hours from the actual discharge.

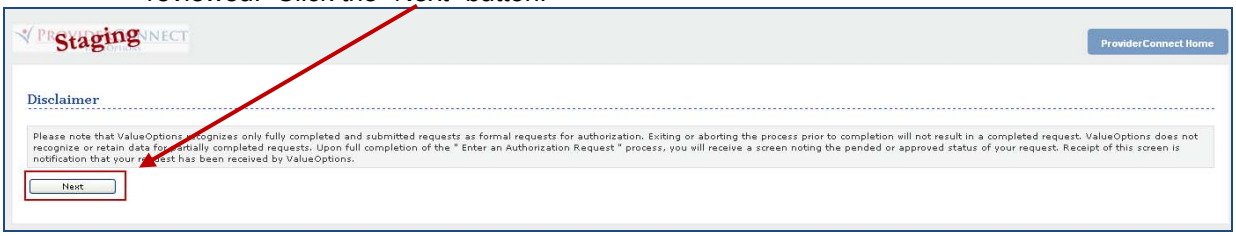
Encl: Discharge Function Tutorial

Discharge Function – ProviderConnect

1) On the ProviderConnect homepage, click on the “Enter an Authorization Request” link either on the left navigation sidebar or the main body of the page.

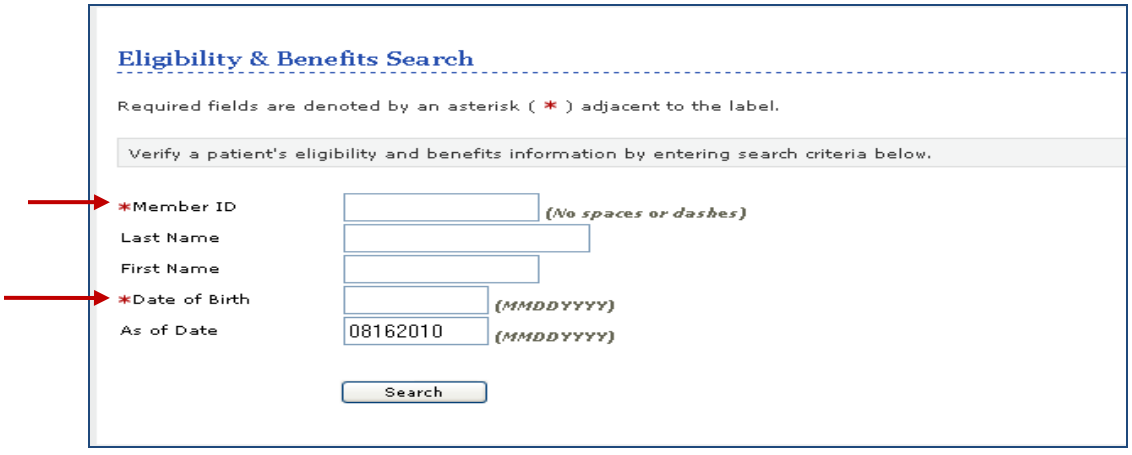


2) A “Disclaimer” box will pop up warning that only completed and submitted requests will be reviewed. Click the “Next” button.

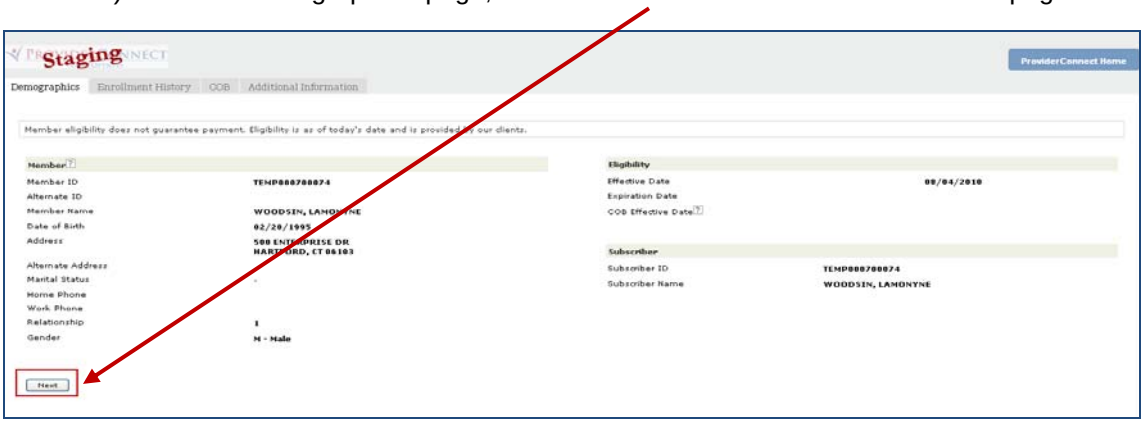


3) On the ‘Eligibility & Benefits Search’ page, search for the member by entering the member’s 9-digit Medicaid ID number in the “Member ID” field. In the “Date of Birth” field, enter the member’s date of birth in MMDDYYYY format. Then click on the “Search” button.

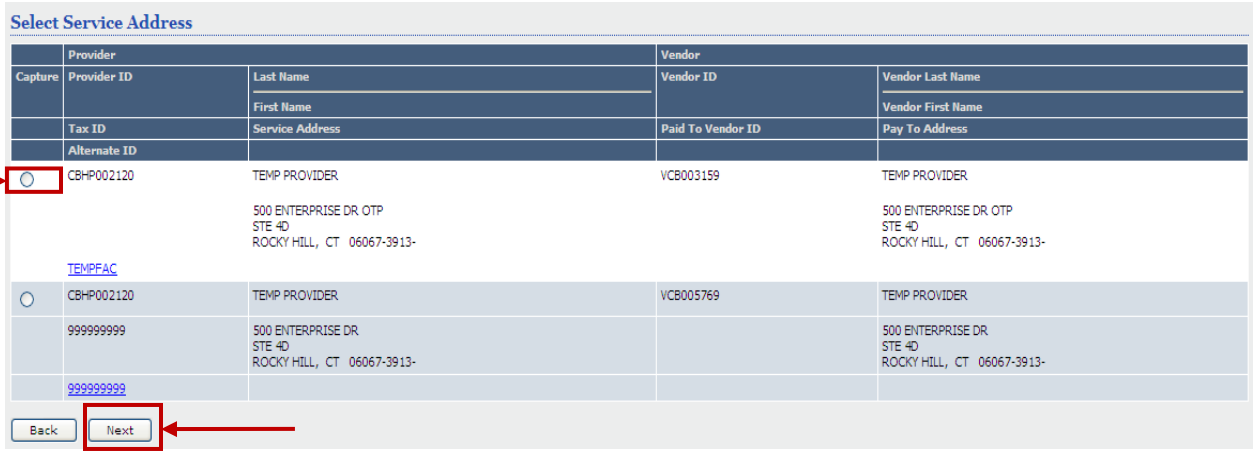
Example: If the member’s date of birth is January 1, 1995, then enter “01011995” in the ‘Date of Birth’ field.



4) On the 'Demographics' page, click the "Next" button on the bottom of the page.



5) On the 'Select Service Address' page, click on the radio button next to the appropriate Provider Service Address and then press "Next"



6) On the 'Registered Services Header' page, enter the date that services were started for the member in the "Requested Start Date" field. For ease of use, click on the calendar next to this field and select the appropriate start date to automatically put the date into this field.

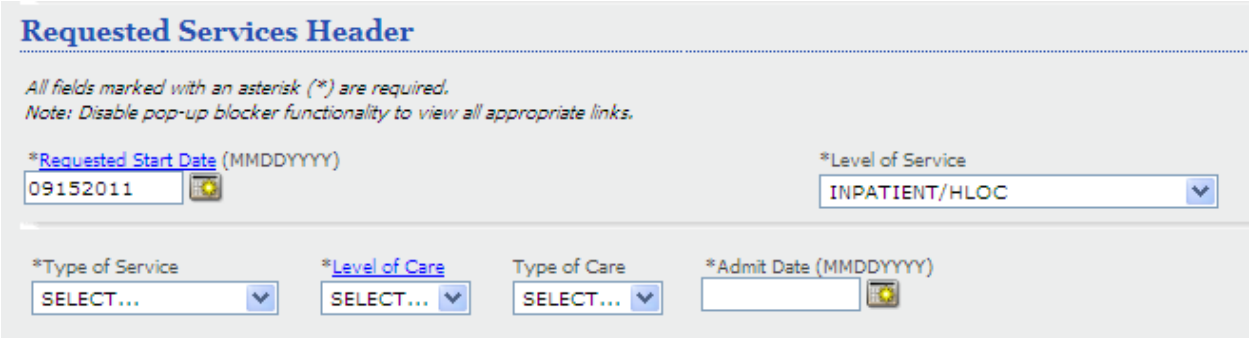
***IMPORTANT! PLEASE NOTE:** The Requested Start Date **must be the same date** as the last authorized end date in order for the MTPPR request to be considered a concurrent. Users should always verify the last authorized end date on the Auth Summary tab of the member's authorization before beginning the member's MTPPR.

Example 1: The member is authorized for Residential/Group Home Services from:

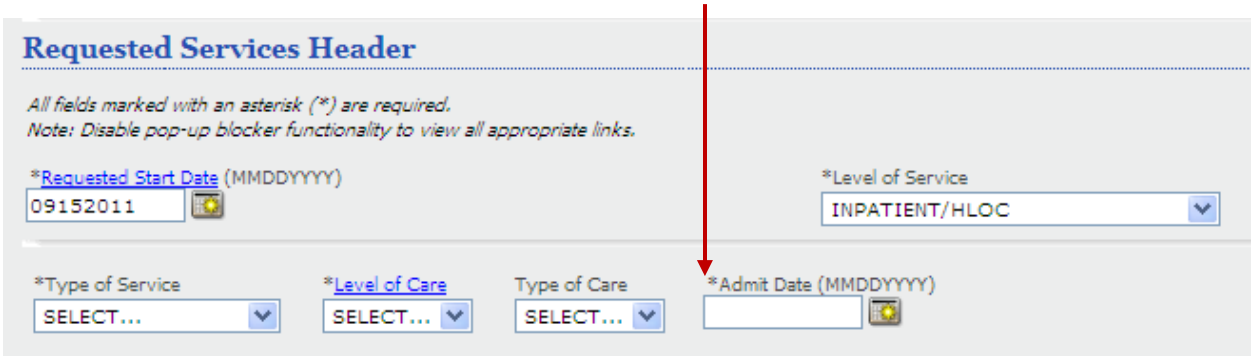
11/01/10 – 12/01/10 for 30 units.

The Requested Start Date for the first MTPPR should be 12/01/2010.

7) In the ‘Level of Service’ field, select “Inpatient/HLOC”. Select the ‘Type of Service’, ‘Level of Care’ and ‘Type of Care’ for this request. The values selected must match the values selected on the initial request.

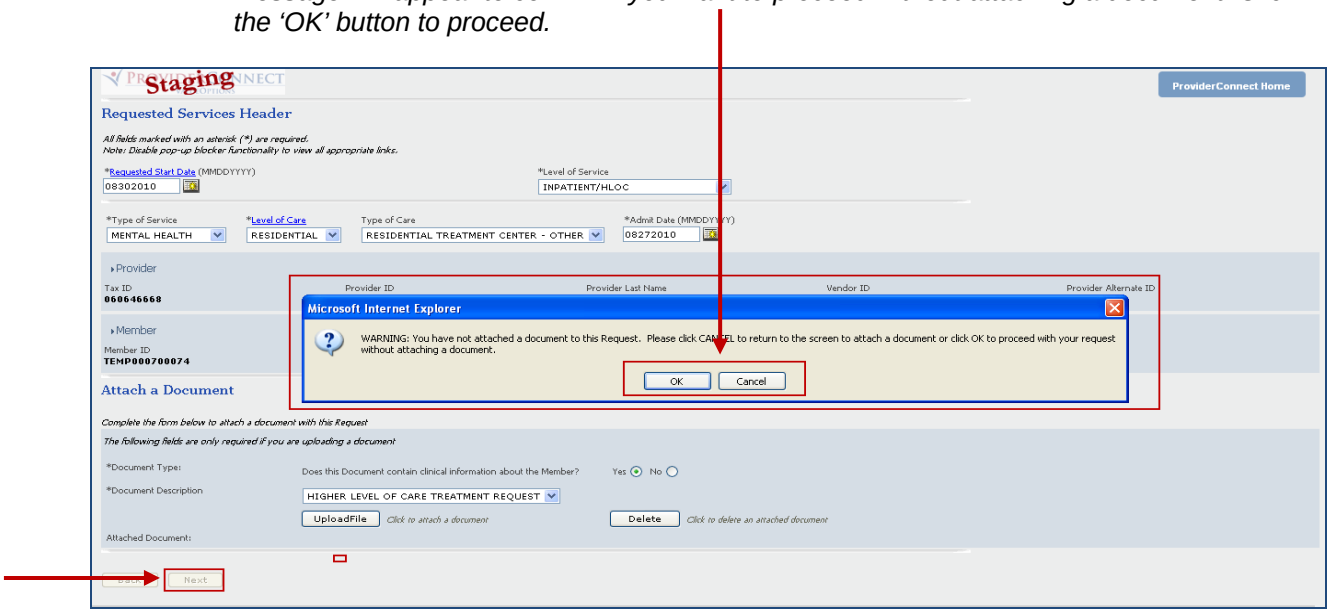


8) Then enter the ‘Admit Date’ in MMDDYYY format or by using the calendar function. The Admit Date must match the Admit Date on the initial review. Providers can verify the Admit Date on the ‘Auth Summary’ tab of the member’s authorization.

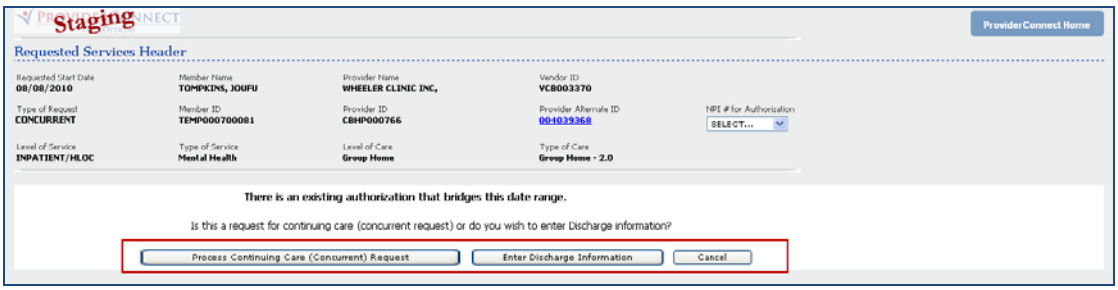


9) The “Attach a Document” section is **not necessary**.

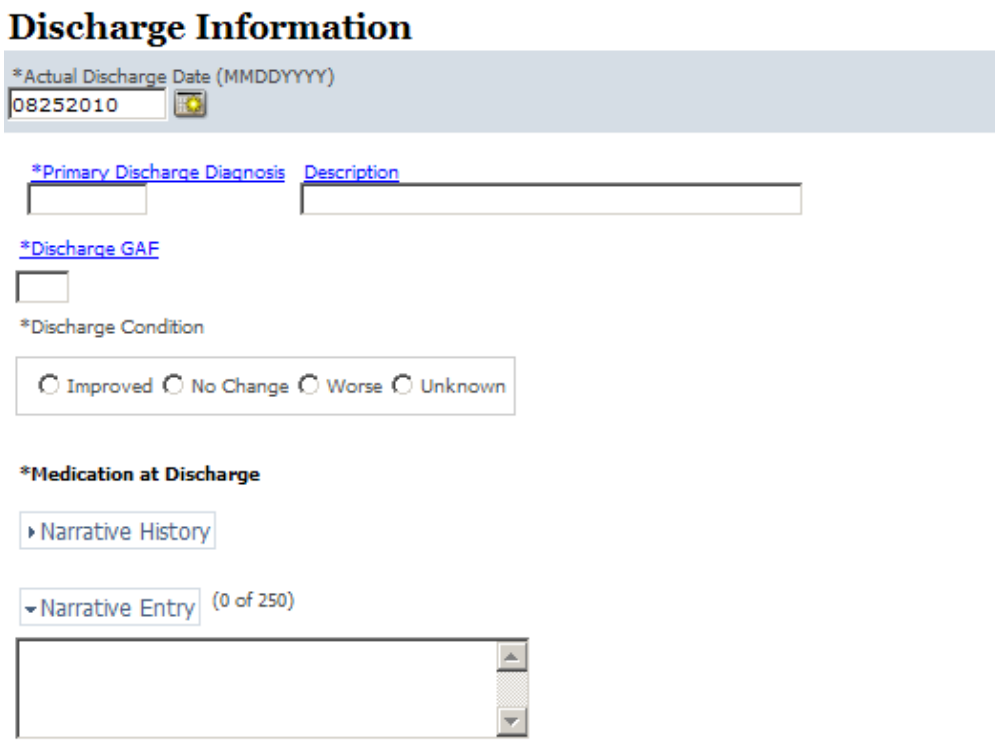
10) Click the ‘Next’ button. *NOTE: If no document has been attached, a pop up warning message will appear to confirm if you want to proceed without attaching a document. Click the ‘OK’ button to proceed.*



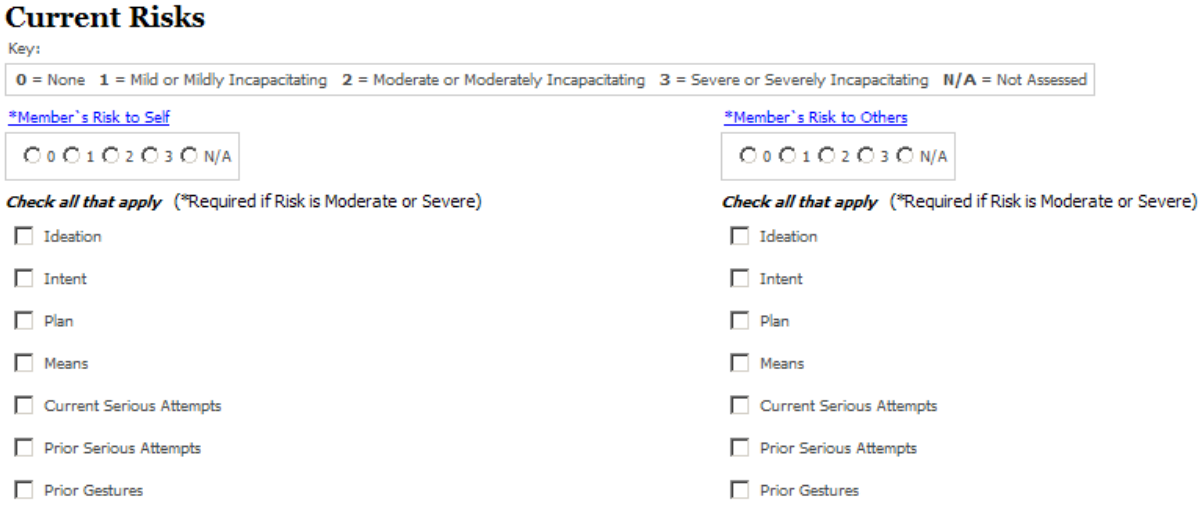
11) Click Enter Discharge Information button, and the discharge screen will display.



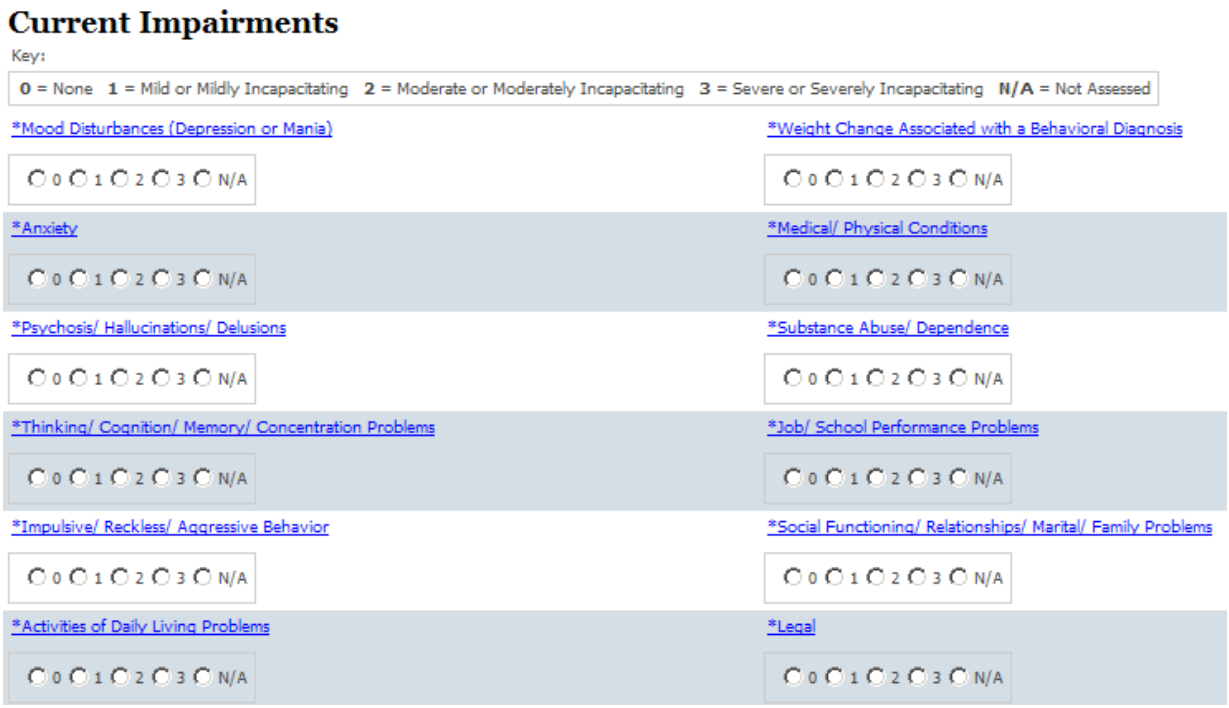
12) Complete the Required Fields of the Discharge Information Section
    a. Actual Discharge Date
    b. Primary Discharge Diagnosis
    c. Discharge GAF
    d. Discharge Condition
    e. Medication at Discharge (open text field under Narrative Entry)
        i. Users should list Medication, Dose, Frequency and reason for treatment.



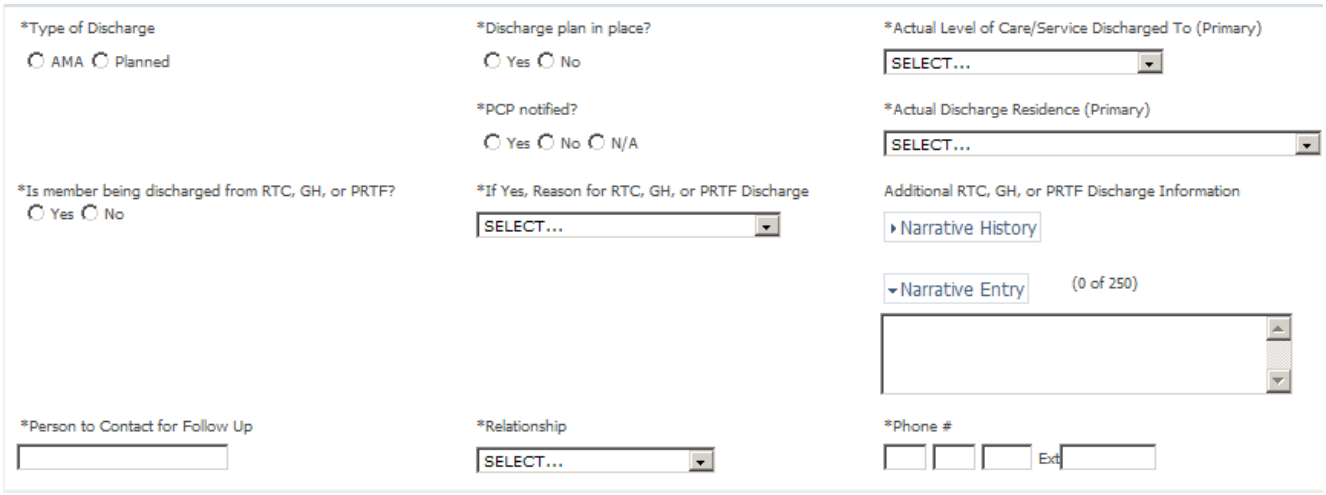
13) Complete the Required Fields of the Current Risks Section.
    a. Member's Risk to Self
    b. Member's Risk to Others
        i. If either rating is (2) Moderate or (3) Severe…check all that apply (i.e. Ideation, Intent, Plan, etc.)



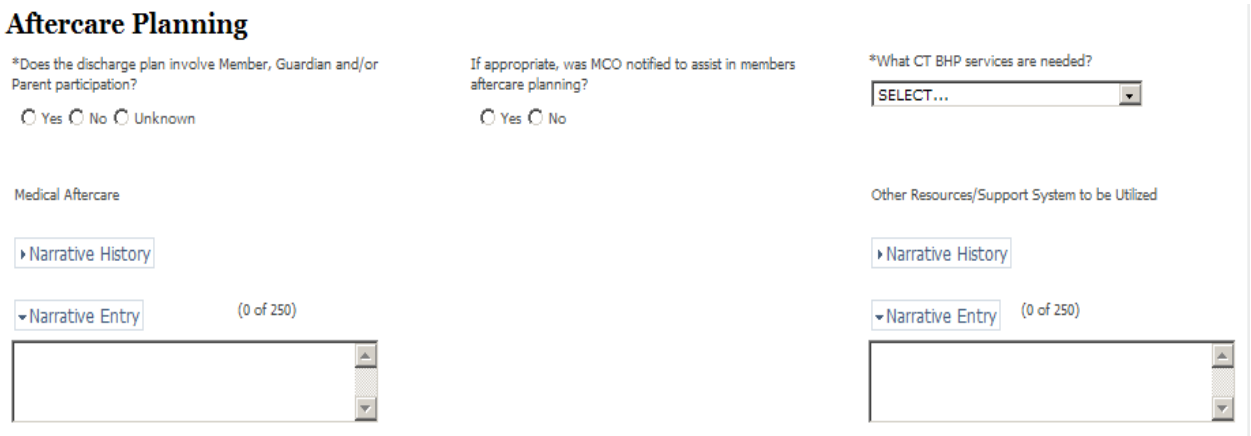
14) Complete the (12) Required Fields of the Current Impairments Rating Section



15) Complete the Discharge Required Fields
    a. Type of Discharge
    b. Discharge Plan in Place
    c. Actual Level of Care/Service Discharged To (Primary) *(drop down menu)*
    d. PCP notified?
    e. Actual Discharge Residence (Primary) *(drop down menu)*
    f. Is member being discharged from RTC, GH or PRTF?
        i. If yes, Reason for RTC, GH or PRTF Discharge *(drop down menu)*
    g. Additional RTC, GH or PRTF Discharge Information
    h. While not required, any additional information on reason for discharge, provider name, level of care and contact information would be extremely beneficial.
    i. Person to Contact for Follow Up
    j. Relationship
    k. Phone #

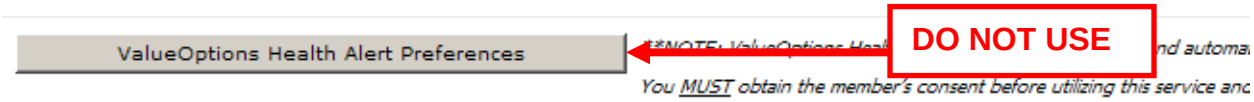


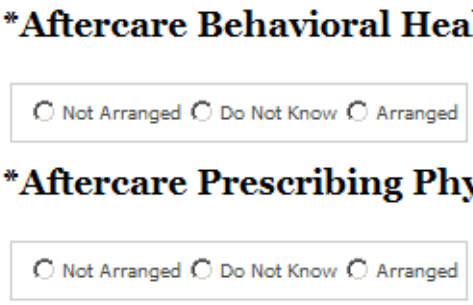
16) Complete the Required Fields of the Aftercare Planning Section.
    a. Does the discharge plan involve Member, Guardian and/or Parent Participation?
    b. What CT BHP services are needed?
    c. Other Resources/Support System to be utilized
        i. While not required, any additional information would be beneficial.



17) Complete the last (2) Aftercare Section Required Fields
   a. Aftercare Behavioral Health Provider
   b. Aftercare Prescribing Physician

NOTE: Please <u>do not</u> use the ValueOptions Health Alert Preferences





11) Click **Save Discharge Information** (btm of page) to Complete Form