CT Behavioral Health Partnership

Partnership in Print

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INSIDE THIS ISSUE:

EVENTS

2008 Provider Workshops/ Trainings

The CT BHP Provider Relations Department is pleased to announce that the 2008 Workshop/Training Series will begin in March of 2008.

This series of Provider Workshops will be held the 3rd Tuesday of every month beginning in April and ending in November.

All workshops will be held the CT BHP A.S.O. office located at: 500 Enterprise Dr. Rocky Hill, CT 06067

A complete schedule of our workshop series will be distributed to our providers electronically and available on the CT BHP website by March 1st, 2008

Visit our website at: www.ctbhp.com

Re-Registration for Web-Based Services

On November 15, 2007, the CT Behavioral Health Partnership (CT BHP) implemented enhancements to the AIS/ Absolute Web Registration system. These enhancements are the first in a series of measures seeking to improve communication and collaboration within the behavioral health delivery system and to streamline registration procedures. These implementations are also an effort to ease our provider's administrative burden.

Enhancements include an additional inquiry field to the current initial registration screens: "Registering for 90801 only?" This feature was designed for those registrations in which an initial evaluation was performed, but continuing outpatient services are not required. When system users select yes, they will be able to directly proceed to the last field of the initial registration (without completing all the required fields) and enter the start date, resulting in an initial registration of (1) unit for outpatient services. If the system user selects "No," all the required fields to complete an initial registration will continue to be necessary and (26) units of outpatient services will be authorized.

The second enhancement allows users to perform on-line re-registrations/ concurrent reviews after an initial registration for outpatient services has been obtained. Re-registrations/concurrent reviews will result in an additional 19 units over a six month span and providers will be able to perform up to (3) concurrent reviews.

If a provider requires more than 26 units within the one-year time span of the initial authorization, users will be able to perform an on-line re-registration to receive an additional 19 units during the first year. In the event that more than 45 units are required within the first year, providers will then contact the CT BHP directly to perform a telephonic review and obtain additional units.

The second set of enhancements was released on December 15th, 2007. The December implementations allow Methadone Maintenance and Family Support Team (FST) providers to also perform re-registrations for continuation of services. Methadone Maintenance providers can now perform (3) successive re-registrations that will each result in 52 units over a year time span. FST providers will also be able to perform (3) successive re-registrations resulting in an additional 440 units over a six month time span

The CT BHP Provider Relations Department offered a series of 10 provider trainings throughout November and December outlining these re-registration procedures and navigating the web registration system. In addition, an updated User Manual outlining step by step procedures for entering re-registrations/concurrent reviews is also available on the CT BHP website: www.ctbhp.com. Users can click on "For Providers" and then on "Registration System" in the left hand navigational menu to access the registration homepage. A link to the User Manual is provided under Step 3. ■

Discharge Delay Initiative

During 2007, CT BHP partnered with family members and providers to address the problem of children and adolescents experiencing unnecessarily long stays on inpatient behavioral health units. The term "discharge delay" is used to describe the situation where a youth no longer requires the clinical intensity of an inpatient unit, but cannot be discharged due to systemic barriers that are preventing access to a clinically appropriate discharge disposition. As part of this year-long discharge delay project, CT BHP obtained input from a variety of sources including; family and provider focus groups and conducted a literature review including standards set by The Joint Commission on Accreditation of Healthcare Organizations (The Joint Commission). Through this research, it was determined that one aspect of addressing the problem of discharge delay is to identify and utilize best practices in discharge planning.

Two primary recommendations were developed based on the synthesis of all available input. The following are best practice recommendations for youth receiving inpatient behavioral health treatment.

1. Discharge planning should occur for every child and adolescent who is admitted to an inpatient behavioral health unit, and should begin at the time of admission. The discharge planning process will be supported by the development and consistent use of a standard discharge planning format, including specific forms that will include but are not limited to:

- A summary of treatment received on the inpatient unit
- Documentation of communication that has occurred with all involved family members and providers;
- Discharge medications and Discharge disposition, including a specific ambulatory follow up appointment that has already been scheduled.

2. Children and adolescents often have a number of different family members and providers that are involved in their care and well-being. It is essential that all of these family members and providers, including those involved in the youth's natural support system, engage in timely and comprehensive communication about the youth's treatment throughout both the inpatient stay and the implementation of the discharge plan. Coordination of care among family members and providers is essential to maximize treatment success. It is recommended that standardized communication pathways be established for this purpose, including but not limited to mechanisms to: (cont. on pg 2)

Kant's Corner by Dr. Steven M. Kant, Medical Director, CT BHP

Shooting for P.A.R.? Well maybe Wednesday afternoons on the golf course is an activity that has come and gone, but at CT BHP we are still setting our sights on P.A.R. Though admittedly this P.A.R. (Provider Analysis and Reporting) is a bit different! In December, we officially kicked off our P.A.R. initiative. In fact, by the time you read this, we will have visited most of the child and adolescent inpatient programs, our starting point for introducing this initiative to the child/ adolescent inpatient providers in the CT BHP network.

What exactly is Provider Analysis and Reporting? P.A.R. is a tool that allows the CT BHP to communicate, via data, information regarding the performance of an identified provider. While a contractual expectation, P.A.R. is also the culmination of two years of data collection at the CT BHP. Although the universe of data we can draw upon to include and analyze under P.A.R. is not endless, it is considerable.

Our early visits to the child/adolescent inpatient providers have been to introduce folks to some of the data elements available and discuss how that data can provide an essential element to understanding the provision of care to our members. For example, we have been able to bring to a number of the area hospitals information about their length of stay stratified by age, DCF status, the percent of members who went into discharge delay and the reasons why. We are also able to contrast this information with care provided by similar programs across Connecticut.

I realize the idea of trying to measure and quantify care raises worries about what we are measuring and what part of the story it legitimately tells. However, flying blind or using anecdotal information is equally perilous. The answer is to combine information; including quality indicators, P.A.R.'s data and site visits. The combination of these three elements do tell a meaningful story.

The goal of this initiative is to better understand the impact of services provided, where we need to make improvements and where road blocks within the delivery system occur and need to be addressed. Everyone communicates that these roadblocks are well-known; however, only by using data can we identify early on those risk factors that call for early and different interventions. For example, we have already identified some programs that seem to have much higher rates of success with traditionally difficult populations including those children who are more apt to become "stuck" in hospitals. Understanding what programs do that successfully and proactively address this issue, and then sharing these best practice approaches across the network, will serve to improve outcomes in the delivery system.

> " by the time you read this, we will have visited most of the child and adolescent inpatient programs, our starting point for introducing this initiative to the child/ adolescent inpatient providers in the CT BHP network."

As we stay focused on the fairway, you may be wondering how we can compare data or how hospitals can use data when the populations they treat seem so heterogeneous. Well, you guessed it. We actually do provide for "handicaps", though we use the term "case mix adjustment". This allows us to quantify data, recognizing specific factors that may impact care and certain outcomes (i.e., length of stay, readmission). Things such as children with developmental delays or children identified as in the custody of DCF are examples. Deciding what factors contribute to one's "handicap" seems challenging, but we see this as an opportunity to work collaboratively in defining these case mix adjustment factors. We have already started this collaborative effort by engaging in conversations with the Connecticut Hospital Association, inpatient providers and other stakeholders to evaluate and determine the final format of the P.A.R. program, which includes our "handicap" structuring.

Our P.A.R. initiative is just beginning and we have recently recruited a new member to our Senior Management Team to lead this initiative. Clark Hansen, our Director of Provider Analysis and Reporting joined our team in mid-December. He, along with our VP of Quality, our CEO and I are working with a variety of internal and external stakeholders to finalize this program. Formal implementation is expected in the spring of 2008. Reviewing performance through the lens of data is an important tool for all providers. We expect that over time, we will also evaluate other programs and levels of care to better understand the delivery system and its impact on our members. We know that the information data can provide is a key ingredient in our effort to move our system of care forward and we welcome the chance to be a part of better service delivery with our P.A.R.s initiative.■

Discharge Delay Initiative (cont. from pg 1)

- Alert all involved family members and providers that an inpatient admission has occurred.
- Obtain timely input from these family members and providers at the beginning of the admission regarding the discharge plan.
- Ensure periodic updates throughout the youth's inpatient stay.
- Facilitate a smooth transition from inpatient care to outpatient or residential providers.
- Notify all involved family members and providers that the youth has been discharged from inpatient care, and provide discharge summary material for use in treatment coordination.

The best practices for communication pathways should include standards for the timeliness of the communication actions listed above and the content and quality of those communications.

CT BHP will make available two separate packages of materials that facilities can adopt or revise to suit their individual needs. The first is a prototype of a "Care Kit" that can be distributed to members or their families to assist and support them as they participate in the discharge planning process and beyond. The second is a toolkit for providers that includes a set of sample forms that can be used by facilities to track communications, discharge plan at the time of admission, treatment planning input, treatment updates, final discharge plan, and crisis plan. To obtain copies of these sample forms, feel free to contact the CT BHP at 1-877-552-8247 and speak with a Customer Service Representative. The forms are available by e-mail so that you can adjust them to suit your needs. ■

Provider Spotlight - Community Mental Health Affiliates

COMMUNITY MENTAL HEALTH AFFILIATES, INC.

Founded in 1975, Community Mental Health Affiliates, Inc. (CMHA) is a private, non-profit organization providing community-based behavioral health and substance abuse recovery services for more than 7,000 adults, families, adolescents and children each year.

Services comprise a continuum of mental health programs from prevention services to outpatient counseling to intensive residential care. Headquartered in New Britain, twenty-four program sites are located in thirteen cities and towns across Northwest and Central Connecticut. CMHA's recovery planning approach is flexible, consumer-driven, holistic and collaborative. Emphasis is placed upon continuous quality improvement by tracking outcomes and adapting recovery model practices to maximize the health and wellness of every person in recovery.

CMHA is accredited by the Joint Commission, which is a tangible demonstration of the organization's commitment to meeting and exceeding national standards for care.

CMHA offers many programs and services, including the state's only residential detoxification and substance abuse rehabilitation residential programs for both men and women; a Jail Diversion program for Women, which is a national model; and an outpatient behavioral health counseling program serving the Veteran's Administration and our veterans.

Programs and Services:

Children and Adolescents
- Child & Adolescent Outpatient Behavioral Health Services
- Adolescent Residential Grp Home
- Foster Care Children's Clinic
- Early Childhood Consultation

Adults
- Adult Outpatient & Residential Services
- Adult Outpatient & Residential Substance Abuse Treatment
- Assertive Comm. Treatment Team
- Case management
- Jail Diversion
- Veterans Administration Services
- Latino Substance Abuse
- Psychosocial Rehabilitation

Family
- Family Counseling
- Family-Based Recovery
- Retired & Senior Volunteer Program
- Adoption Services
- Foster Care Children's Clinic
- Substance Abuse Action Council
- Education Program for Divorcing Parents
- Parent Support and Prevention
- Community Support Program
- Intensive Family Preservation
- Intensive Safety Preservation

For more information regarding Community Mental Health Affiliates, visit their website at www.cmhacc.org.

Find a Provider, On-line!

CT BHP's On-line Provider Directory offers help in finding participating behavioral health providers in the CT BHP network. The directory can narrow your search to select providers with a specific expertise, specialty, service, or program. The directory is updated regularly to provide the most up to date information on the CT BHP provider network. The online directory can be accessed on the CT BHP website: www.ctbhp.com by clicking on the link under *Recent News* or by clicking *Find A Provider* on the Provider or Member homepages. If providers or members are unable to find a provider that matches their needs or you are looking for resources that cover specialized needs, contact the CT BHP directly by calling 1-877-552-8247 to speak with a Customer Service Representative.

Inpatient Bed Tracking Initiative

On July 1st, the Connecticut Behavioral Health Partnership (CT BHP) implemented a new Psychiatric Bed Tracking System (PBTS). Some providers of inpatient psychiatric services began using the PBTS to identify their facility's vacancies for inpatient psychiatric levels of care. The PBTS is a web-based system similar to our current outpatient registration system allowing inpatient providers to update their inpatient bed availability in *real time*.

Since the July implementation, some of our inpatient providers have been accessing the system and updating their availabilities. However, the accuracy of an inpatient psychiatric or Psychiatric Residential Treatment Facility (PRTF) statewide bed search is dependent on **all** of our inpatient and PRTF providers maintaining their bed availability/vacancies in the bed tracking system in real time, when the vacancies occur. This will enable timely referrals and admissions and significantly decrease, and ultimately eliminate, the need to make multiple phone calls to locate an appropriate available bed.

The CT BHP is reaching out to all inpatient and PRTF providers that were unable to attend the PBTS system trainings and are interested in gaining access to and using the system.

If your inpatient facility is not currently using the PBTS, the CT BHP Provider Relations Department is available to you and your staff to answer all your questions and assist with training. Feel free to contact the Provider Relations Department via email at: ctbhp@valueoptions.com or by calling 1-877-552-8247 and asking to speak with a Provider Relations Representative. ■

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Behavioral Health Partnership

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Rocky Hill, CT 06067

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CT BEHAVIORAL PARTNERSHIP - PROVIDER NEWSLETTER

YOU'VE GOT MAIL!

The Provider Relations Department of The CT Behavioral Health Partnership maintains a CT BHP Provider email distribution list for rapid notification of policy changes, procedures, Provider Alerts and EDS Provider Bulletins; as well as news, upcoming trainings and events. If you or a member of your staff is currently not a part of this distribution list, please email us at ctbhp@valueoptions.com.

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Website: www.ctbhp.com
Phone: 1-877-552-8247 or 1-877-55 CTBHP

Bulletin Rewind

We here at the CT BHP wanted to take the opportunity to keep providers abreast of recent communications, alerts, bulletins and policy changes. With such a varied and robust network of providers, it is always a challenge to ensure that each provider is made aware of any and all updates.

Bulletin rewind will be a continuing feature of Partnership in Print and will highlight recent provider alerts (PA) and bulletins (PB). Please note that all CT BHP Provider Bulletins and Alerts can also be found on the CT BHP and EDS websites.

PA07-04 (July)
Subject: ReferralConnect –Web-based Referral Search System

PA07-05 (August)
Subject: Methadone Maintenance Concurrent Reviews for Methadone Maintenance Providers Only

PB07-51 (September)
Subject: Coverage of Professional Services for Hospital Inpatient & ED Services

PA07-07 (September)
Subject: Revision of Authorization Timelines for Intensive Outpatient & Extended Day Treatment Services

PB07-61 (September)
Subject: EDS Schedule of Electronic Claims Submission, Web Remittance Advice, Check, EFT and 835 Schedule.

PA07-08 (October)
Subject: Web Based Re-registration/ Concurrent Reviews for Outpatient Services

PB07-65 (October)
Subject: Pursuit of Third Party Liability (TPL)

A full listing of all CT BHP Bulletins and Provider Alerts can be located on the CT BHP website: www.ctbhp.com & on EDS' website: www.ctmedicalprogram.com