



Connecticut BHP

Supporting Health and Recovery

Member Handbook





THE CONNECTICUT BEHAVIORAL HEALTH PARTNERSHIP
Serving Adults, Children, and Families

MEMBER HANDBOOK

CONTACT INFORMATION

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TTY 1-(866) 218-0525

Website: www.CTBHP.com

**Si usted necesita una copia de esta carta en Español, por favor llame
1-(877) 55-CT BHP Ó 1-(877) 552-8247**

The services provided by the Connecticut Behavioral Health Partnership (CT BHP) are available to all eligible people without regard to race, color, religious creed, gender, sexual orientation, marital status, age, national origin, ancestry, intellectual disability, mental disability, learning disability, or physical disability, including, but not limited to: blindness, criminal record, political beliefs and/or language barriers.

This handbook is available in other formats (auxiliary aids for blind or visually impaired persons). Please call us at 1-(877) 552-8247 and ask to speak with a Peer Specialist who can help you with your requests.

ACKNOWLEDGEMENT

This handbook was developed with the help of many people, organizations and agencies. We thank them for their generous support. Special thanks to all that have helped us make this handbook an important resource for our members.

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I. Introduction

Welcome to the Connecticut Behavioral Health Partnership. This handbook was created to help our members understand:

- What the Partnership is;
- How it works;
- What services and supports are available to you and/or your family; and
- How to contact CT BHP directly.

We know that life can be tough. If you and/or your family need help for mental health and/or substance misuse (also called behavioral health), we want you to get the best possible care. We also want these services to be easy to get.

THE BIG PICTURE OF THE CT BEHAVIORAL HEALTH PARTNERSHIP (CT BHP)

The CT BHP was originally created after more than 10 years of planning by community members, state agencies, advocates, providers, legislators and others.

The Partnership was formed between the Department of Social Services (DSS) and the Department of Children and Families (DCF). In 2005, the Departments chose Beacon Health Options, a national managed behavioral health care company, to serve as the Administrative Services Organization (ASO) for the CT BHP. At first, the CT BHP only managed behavioral health services for children and families in HUSKY A, HUSKY B, and Limited Benefit (DCF involved individuals with complex behavioral health needs).

In 2010, Connecticut was the first state to receive federal approval to add to its Medicaid services, and the Department of Mental Health and Addiction Services (DMHAS) joined the CT BHP. Beacon Health Options Connecticut was chosen to work with the expanded program, combining the existing children/family program with the new adult program.

One of the most important goals of the CT BHP has been to expand the role that members play in the delivery system, not only as people who guide their own treatment and recovery or the treatment of their children, but also as people who have a strong voice in the overall system. The CT BHP works closely with advocacy organizations across Connecticut, such as (Family Advocacy for Children's Mental and Behavioral Health FAVOR), National Alliance on Mental Illness (NAMI), and other community organizations. The CT BHP also supports and works together with CCAR (Connecticut Community for Addiction Recovery) and its work to promote recovery.

The Connecticut Legislature, which passed the legislation to create the CT BHP, also formed the CT Behavioral Health Partnership Oversight Council and its subcommittees to make sure that CT BHP lives up to legislative expectations.

The day-to-day oversight of the CT BHP lies with the Department of Social Services, the Department of Mental Health and Addiction Services and the Department of Children and Families.

WHAT ARE THE GOALS OF THE CT BHP?

The goals of the CT BHP are to:

- Improve behavioral health care (mental health, substance use, and support services) for you and/or your family.
- Promote recovery by working with individuals, family members, providers and other local social support programs.
- Attend to the cultural needs, strengths, and preferences of you and/or your family.
- Make the best use of federal and state funding.

For families with children: We work closely with the Community Collaboratives (local system of care) across the state of Connecticut. To learn more about the Community Collaboratives, visit www.wrapct.org.

For Adults: CT BHP works with the Local Mental Health Authorities (LMHAs), Advance Behavioral Health, Inc and local advocacy and recovery support agencies and systems. To learn more about mental health and addiction services visit: www.ct.gov/dmhas; www.ctbhp.com and www.abhct.com

HOW DO YOU CONTACT THE CT BHP?

Our Customer Services staff can answer your questions, give referrals and connect you and/or a family member to someone who can help you with a mental health or substance use problem. Call toll-free at (877) 552-8247, TTY/TDD (866) 218-0525.

If you do not speak English, a Customer Services Representative will connect you to a person who is able to speak your language.


Office hours are Monday through Friday, from 9:00 a.m. to 7:00 p.m. However, Clinical Care Managers are available 24 hours a day, 365 days a year for members.

There is also information on the CT BHP website that may help. The website is www.ctbhp.com and you can find:

- The latest member news and updates;
- A doctor who participates in your plan;
- A list of services;
- Health and wellness information, special interest articles;
- National resources; and
- Events and trainings.

IMPORTANT CONTACT INFORMATION

There are a lot of services and supports available to Medicaid members. The following grid table provides an overview of who to contact for these services:

 Connecticut BHP Supporting Health and Recovery	
Claims Address	DXC Technology - 1-800-842-8440 CMS 1500: PO Box 2941 - Hartford, CT 06104 UB Hospitals: PO Box 2961 - Hartford, CT 06104
Medical	Community Health Network - CT Husky Health (Medical Medicaid) 1-800-859-9889 , for Hearing Impaired: 711
Behavioral Health	Connecticut Behavioral Health Partnership (Behavioral Health Medicaid) 1-877-552-8247 Hearing Impaired: TDD/TTY - 1-866-218-0525 or 711 (Medicaid LIA ONLY - Residential SA Treatment, IMD Svcs, & Recovery Support Prog. - ABH 1-800-606-3677) Website: www.ctbhp.com
Transportation	HUSKY A, HUSKY C, and HUSKY D = Logisticare: 1-888-248-9895 , for Hearing Impaired: 711
Pharmacy Services	Client Assistance Center: 1-866-409-8430 or 1-860-269-2031; Hearing Impaired TDD/TTY 1-866-604-3470 or 711 Prior Authorization Assistance Center: 1-866-409-8386 or 1-860-269-2030; DSS Website: www.ctdssmap.com
Dental Services	Dental Health Partnership/BeneCare: Mon - Fri 8:00 am to 5:00 pm. 1-855-283-3682 ; Hearing Impaired: 711; Website: www.ctdhp.com
Vision Services	Community Health Network - CHN 1-800-859-9889
CONNECT CARD	HUSKY A, contact DSS Eligibility Worker HUSKY B, contact HUSKY Enrollment Center: 1-800-656-6684; Hearing Impaired: 711
DSS	DSS Benefits Center: 1 (855) 626-6632 / DSS Information Line: 1 (855) 578-4515
DDS	Department of Developmental Services: 1 (866) 737-0330
Medicare	Medicare: 1 (800) 633-4227
Social Security	Social Security Administration: 1 (800) 772-1213
Xerox Spenddown	Xerox Spenddown Line: 1 (877) 858-7012



II. CT BHP Services Available to You and/or Your Family

An important part of the CT BHP is to use recovery values and language in all aspects of treatment. The result is a system that will be age and gender appropriate, culturally competent, and will be sensitive to issues that impact treatment. We believe that people can and do recover from mental illness and/or addiction.

PRINCIPLES OF RECOVERY AND RESILIENCY

The process of authorizing services must also be done within the framework of the principles of recovery and resiliency. Adults, families and children will be directly involved in the treatment and discharge planning processes.

Goals, Beliefs and Approaches of a Recovery-Based System of Care		
Goal	Belief and Approach for Adults with Behavioral Health Conditions	Belief and Approach for Children and their Families
Stability	People have a stable living situation in an environment they choose.	Children are safely nurtured in their homes whenever possible.
Safety	People live, work and play in a safe environment.	Children are protected from abuse and neglect and feel safe.
Social Life	People have a social life with meaning and purpose.	Children learn to make friends and feel important.
Work and/or school	People choose, get, and keep a work/school goal(s). They use the services and supports available to help them to achieve their chosen goal(s).	Children participate in school or other learning environments. They use services and supports to help them succeed in learning.
Hope	People have hope for the future, meaning, and purpose in their lives.	Families have hope that their child will achieve what he/she wants out of life. The child has hopes that he/she can have a good life.
Skill Development	People develop new skills for independence.	Children develop skills with friends, school, and family.
Services	The person chooses services that he/she needs to be successful in the community.	Services are wrapped around the child and are provided in partnership with the family and community.
Strengths	People have the strengths that they need to achieve their chosen goals.	Families have the strengths they need to meet their children's needs.

WHAT ARE MY COVERED BENEFITS?

Physical Health, Brief Overview of Medical Coverage

HUSKY Health members receive general medical care through Community Health Network of Connecticut. CHN CT is the Administrative Services Organization (ASO) responsible for physical health services, hospital medical emergency services as well as supplemental services such as laboratory, radiology and durable medical equipment as needed, for all HUSKY Health members. Limited Benefit members are encouraged to contact the HUSKY Health Program at 1-877-CT-HUSKY (1-877-284-8759) to apply for coverage under HUSKY Health. Individuals who are deaf or hearing impaired can call the TTD/TTY telephone number at: (800) 842-4524 or dial 711.

ARE YOU ELIGIBLE FOR SERVICES?

The CT BHP is available to members who are enrolled in HUSKY A, HUSKY B, HUSKY C, and HUSKY D and the Limited Benefit Program through the Department of Children and Families. To find out if you, or someone you know, is eligible for any of these plans, please call:

- The HUSKY Health program at (877-284-8759) or (877) CT HUSKY

Children who do not qualify for HUSKY Health may be eligible to apply for services in the Limited Benefit Program if they have special behavioral health needs and are involved with the Department of Children and Families. For these members, the Partnership services are designed to support (not replace) services provided by a family's commercial insurer.

CAN YOU KEEP YOUR PROVIDER?

Yes, if your provider **has already joined** the Connecticut Medical Assistance Program (CMAP). However, if your **provider has not joined**, ask them to call the CT BHP at (877) 552-8247 and we will work with them to get the necessary information to begin the enrollment process.

PEER BASED SERVICES

Peers are an important part of the care continuum. Talking to a person who has had similar experiences has been found to be helpful for members in recovery. Peers are adults who are in recovery from a behavioral health and/or substance use disorder who utilize their lived experience to provide education and outreach to members. They support engagement in treatment, assist in navigating the service system, and identify natural supports. They may also be parents of children who have experience with the children's behavioral health system. Beacon Health Options implements an extensive training program in cooperation with advocacy agencies to build additional leadership and mentoring skills amongst the Peer staff.

Goals of the Peer team:

- Provide training and assistance for ASO initiatives;
- Improve treatment outcomes by improving treatment engagement;
- Normalize the recovery process for our members;
- Support completing necessary forms and navigating the system
- Support a community of non-traditional services; and
- Lend their voice to the recovery network in Connecticut.

The Peers' role is to:

- Share ways to cope with distressing symptoms;
- Provide support and encouragement from the perspective of someone who has lived with a similar experience;
- Provide educational mentoring;
- Promote recovery and resiliency by providing outreach services while serving as a role model/mentor supporting children and families that need assistance in accessing services or engaging treatment;
- Provide training for providers, adult members, families, community collaborative groups and the ASO staff;
- Help promote skill development;
- Support active participation in treatment process;
- Manage a directory of statewide peer support resources;
- Develop and distribute educational materials for providers, members and the ASO staff;
- Coordinate educational efforts for families, schools, faith based communities, social and medical health care providers; and
- Work with community collaborative groups and advocacy agencies to support family and community-based resources that are culturally competent which embrace and promote the principles of recovery and resiliency.

Recovery and resiliency is not merely a philosophy, the fundamentals are woven through the fabric of the work we do and identified in our services. The ASO has included Peers in an array of services that are offered directly or on behalf of members. Peers are embedded within the CT BHP and ensure recovery and resiliency is not only supported, but encouraged from outreach to outcome. Peers fully exemplify for others that there are multiple pathways to recovery.

OVERVIEW OF BEHAVIORAL HEALTH SERVICES COVERED THROUGH THE CT BHP

For questions related to services you and your family are eligible to receive you can call the local DSS office or check out ConnectCT at <https://connect.ct.gov>. The following is a sample of covered behavioral health services:

- Psychiatric hospitalization;
- 23-hour observation;
- Detoxification;
- Partial hospitalization;
- Extended day treatment;
- Crisis Stabilization Bed (CARES unit);
- Psychiatric Residential Treatment Facility (PRTF);

- Residential Treatment Center for Children through DCF;
- Adult Group Homes through DMHAS;
- Child Group Homes through DCF;
- Home-based services for Ages 21 and under
- 1:1 Specializing for Children in Congregate Care for DCF;
- Case management for < 19 years of age;
- Outpatient Services;
- Intensive Outpatient Services;
- Electro Convulsive Therapy (ECT);
- Methadone Maintenance;
- Ambulatory Detoxification;
- Autism Spectrum Disorder Services
- Psychological Testing; and
- Home Health Services for Behavioral Health issues.

Freestanding Outpatient Medical Clinic Services

- Behavioral health evaluation and treatment services provided in freestanding primary care/medical clinics. You must have a primary behavioral health diagnosis and the services must be provided by a licensed behavioral health professional.

Hospital Outpatient Psychiatric Services

- Evaluation and treatment services at all levels of care, including outpatient, intensive outpatient, extended day treatment and partial hospitalization services.
- Psychiatric evaluation and treatment services that are related to a medical diagnosis. (For example, the benefit would include psychological testing for a member with traumatic brain injury.)

Freestanding Mental Health and Ambulatory Substance Use Clinic Services

- All Mental Health and Substance Use Clinic Services, regardless of the person's diagnosis.

Emergency and Inpatient Psychiatric Hospitalization Services

Services are covered if they relate to care for a behavioral health diagnosis:

- Observation stays of 23 hours or less;
- All psychiatric hospital services and all associated charges billed by a psychiatric hospital, regardless of diagnosis;
- Inpatient and residential detox (inpatient-hospital or inpatient-freestanding) when the substance use diagnosis is primary;
- Inpatient general hospital services when the behavioral health diagnosis is primary;
- Professional psychiatric services that are provided in an emergency department by a community psychiatrist will be reimbursed by the CT BHP if the psychiatrist is enrolled in CMAP as an independent solo or group practitioner and bills under the solo or group practice ID;
- Professional services associated with a behavioral health diagnosis that are provided during a medical stay.

Individual Practitioner Services

Behavioral health evaluation and treatment services such as Outpatient services, Autism Services, Psychological and Developmental Testing, Consultation, and Case

Management that are provided to people who have a primary behavioral health diagnosis. The services must be provided by a licensed behavioral health professional.

Home Health Care Services

Home Health services are included as a benefit in some circumstances. It may be covered depending on certain things.

The medical Administrative Services Organization is responsible for the authorization and management of home health services when:

- The home health service is for medical diagnoses alone;
- The home health services are required for medical and behavioral diagnoses, and the medical diagnosis is primary; or
- The member's medical treatment needs cannot be safely and effectively managed by the psychiatric nurse or aide.

CT BHP is responsible for the authorization and management when:

- The home health services are required for the treatment of behavioral health diagnoses alone;
- Home health services are required to treat both medical and behavioral diagnoses, and the behavioral diagnosis is primary; or
- The individual's behavioral health issues are so complicated that the medical treatment cannot be safely and effectively managed by the medical nurse or aide; or
- The member has a diagnosis of autism as one of the first three diagnoses.

Other Services

- Methadone clinics for methadone maintenance services provided to HUSKY Health enrollees.
- Laboratory costs for tests related to methadone chemistry (quantitative analysis). These costs are covered under the CT BHP if they are included as part of the costs of the methadone maintenance providers. Methadone chemistry testing is not covered if it is billed by an independent laboratory.
- Behavioral health assessment and treatment services that are billed by school-based health centers.
- Adult Mental Health Group Homes.
- DCF funded Residential Treatment Centers and Therapeutic Group Homes.
- Autism Treatment Services, such as; Diagnostic Evaluation, Behavior Assessment and Treatment Planning and Direct Intervention.

BEHAVIORAL HEALTH RESOURCES FOR CHILDREN AND ADOLESCENTS

Limited Benefit Program

The Limited Benefit Program is for children or adolescents who are not eligible for HUSKY A or B. Under this program, those children or adolescents may be able to access some of the services offered within the CT BHP. If DCF is involved with a child or family who is not eligible for benefits under HUSKY and determines that there are complex needs for behavioral health services, then this program offers limited coverage. Currently, the only service offered through the Limited Benefit Program is Intensive Home-based Child and Adolescent Psychiatric Services (IICAPS). As the program grows, additional services may be added to the Limited Benefit Program.

DCF Voluntary Services Program

The Voluntary Services program is a DCF operated program for children and youth with serious emotional disturbances, mental illnesses and/or substance dependency. This program is only for families who are not abusive or neglectful. The Voluntary Services Program emphasizes a community-based approach and attempts to coordinate service delivery across multiple agencies. Parents and families are critical participants in this program and are required to participate in the planning and delivery of services for their child or youth. The Voluntary Services Program promotes positive development and reduces reliance on restrictive forms of treatment and out-of-home placement.

DCF may provide, on a voluntary basis (at the request of the family), casework, community referrals and treatment services for children who are not committed to the Department. These are youth who do not require protective services intervention, but may require any of the services offered, administered by, under contract with or otherwise available to the Department of Children and Families due to emotional or behavioral difficulties.

The Voluntary Services Program is designed for children and youth who have behavioral health needs and who are in need of services that they do not otherwise have access to. Parents do not have to relinquish custody or guardianship under this program. The DCF policy outlines eligibility requirements for this program.

For additional information about the Voluntary Service program or to request an application, contact the DCF Care line number at (800) 842-2288. If you would like assistance in understanding the process, you can contact the CT BHP Member Service line for help at (877) 552-8247.

Connecticut's Community Collaboratives

In 1997, the state of Connecticut adopted a "System of Care" model for its state mental health plan for children. This federally supported model of service delivery is based on the idea that children with behavioral health challenges do better when they can receive services in their community and when those services involve their parents/caregivers. The Community Collaboratives (Systems of Care) in Connecticut are groups of service providers, advocates, and family members who meet together on a regular basis. They help families locate needed services and develop treatment plans with input from the family. Each of the 25 Community Collaboratives has workers called Care Coordinators and Family Advocates. Those people work with a family to help identify the child's service needs and help the family decide the kind of service they want. Families do not need to be involved with DCF or be eligible for HUSKY to receive help from the Community Collaborative. However, some services that are recommended may require the family to enroll in HUSKY or in DCF's Voluntary Services program. To learn more about the Community Collaboratives, and to view a current list of meeting times and locations, visit the website at www.wrapct.org

RESIDENTIAL TREATMENT SERVICES

Residential care is a very specialized service that is used only after other treatment services have been tried and have not helped. If you believe that your child needs this type of care, you must apply to the Department of Children and Families for the Voluntary Services Program (see page 10, "DCF Voluntary Services Program"). A

Voluntary Services worker will help you collect information from the doctors, counselors and other providers you have worked with. That will help determine what kind of residential care your child may need. The Voluntary Service worker also may be able to help you find another kind of specialized treatment so your child can remain at home. You can call and request an application for Voluntary Services by contacting the DCF Hotline number at (800) 842-2288. If you are uncertain about the process, you can call the CT BHP Customer Services line for help at (877) 552-8247.

BEHAVIORAL HEALTH RESOURCES FOR ADULTS

The following list of resources may help individuals and/or their caregivers find services in their community:

Department of Mental Health and Addiction Services: To access DMHAS website go to:
www.ct.gov/dmhas

The DMHAS website gives a wealth of resource information. From the homepage click on "Programs and Services" then click on the service you seek. To find services in your town or region, click on "Finding Mental Health and/or Addiction Services" and click your region or scroll down and click your town then choose the services you are seeking in your area.

Local Mental Health Authority (LMHAs). To locate an LMHA in your area go to:
www.ct.gov/dmhas click on *Agency Directories* then click on: [Local Mental Health Authorities \(LMHAs\)](#)

The Department of Mental Health and Addiction Services (DMHAS) operates and/or funds Local Mental Health Authorities (LMHAs) throughout Connecticut. The LMHAs manage the mental health services within specific geographic areas. They offer a wide range of therapeutic recovery-oriented programs, including employment and supportive housing programs, as well as crisis intervention services. There are also many DMHAS operated, or DMHAS-funded programs at [private non-profit agencies](#) that you can access.

Department of Social Services (DSS). To learn more about what services are provided by DSS go to: – www.ct.gov/dss

The Department of Social Services (DSS) provides a broad range of services to the elderly, people with disabilities, families, and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-reliance and independent living. DSS also administers federal programs, including the Rehabilitation Act, the Food Stamp Act, the Older Americans Act, and the Social Security Act. DSS is also a public housing agency which administers the Section 8 program under the federal Housing Act.

National Alliance on Mental Illness. NAMI-CT website – www.namict.org

NAMI-CT is a grassroots family and consumer organization dedicated to improving the lives of people with serious mental illnesses and their families. NAMI-CT serves

thousands of people largely through the volunteer efforts of dedicated family members and consumers. NAMI hosts many organized support groups and educational opportunities throughout the state. Their advocacy on behalf of people living with mental illness is known nationally. Visit their website to find out more about how NAMI-CT can help.

Connecticut Community for Addiction Recovery. CCAR website – www.ccar.us

CCAR envisions a world where the power, hope and healing of recovery from alcohol and other drug addiction is thoroughly understood and embraced. CCAR is organizing the recovery community including those in recovery, family members, friends and allies in order to “put a face on recovery”. Their Telephone Recovery Support Program (TRS), Recovery Oriented Employment Service (ROES), recovery centers and legion of volunteers give hope to those suffering from addictions of all kinds. Visit their website to find out more about how CCAR can help.

Advocacy Unlimited. AU website – www.advocacyunlimited.org

Advocacy Unlimited, Inc. (AU) is a private, non-profit organization that offers advocacy training, peer support certification training, intentional living workshops, mind/body focus, wellness center and community events, and resource support to individuals who have received mental health services and for the community at large. AU's programs include: Advocacy Education Course, Recovery University, "Super Advocacy" Young Adult Program, Toivo, Problem Gambling, Latino Initiative and "Join Rise Be."

Connecticut FAVOR, Inc. FAVOR website - www.favor-ct.org

Family Advocacy for Children's Mental and Behavioral Health. FAVOR's mission is to provide family-focused, advocacy-based, and culturally sensitive community services that improve outcomes and family wellbeing. FAVOR works to ensure that Connecticut's public policies promote a family driven system of care that is responsive to the needs of the family. FAVOR's programs include: Family Peer Support Program, Family System Manager Program, and THE CT Medical Home Initiative.

TRANSPORTATION TO YOUR APPOINTMENT

- HUSKY A, HUSKY C, and HUSKY D members may contact Logisticare at: 888-248-9895 to learn about how to schedule non-emergency transportation rides to and from medical appointments. Members can also make a reservation on-line at <https://member.logisticare.com>
- HUSKY B members are not covered for non-emergency transportation.

If you are having a problem getting a ride to your appointment after calling the transportation company, please call the CT BHP Member Service line at (877) 552-8247.

Question & Answers

WHAT IF YOU AND/OR YOUR CHILD NEED HELP WHEN TRAVELING OUT OF STATE?

If you are traveling out of state and you and/or your child need mental health or substance use services, call the CT BHP at (877) 552-8247 for help in finding the right provider. However, in an emergency call 911 or go to the nearest hospital.

WHAT IF YOU MOVE?

To assist in keeping you connected to care, we encourage you to notify any agencies that are currently assisting you, like DCF, DSS DMHAS or LMHA, of your new address to allow for a smoother transition. Also, when you move, you may need to change to a new provider. If that happens, you should ask your old provider to send your medical records to your new provider. This can only be done with signed permission from you. A signed release of information form allows your former provider to give your medical records to your new provider. Without this signed form it is against the law for your previous provider to give such information to your new provider.

AM I ELIGIBLE FOR CELL SERVICE?

SAFELINK WIRELESS® service is a program for Income eligible households provided by TracFone Wireless, Inc. In order to participate in the SAFELINK WIRELESS® service, persons must meet certain eligibility requirements set by each State where the service is to be provided. These requirements are based on a person's participation in a state or Federal support programs or by meeting the Income Poverty Guidelines as defined by the U.S. Government. SAFELINK WIRELESS® service is limited to one person per household. For more information, call 1-800-977-3768 for services and eligibility guidelines or visit the SafeLink Wireless website at: <https://www.safelinkwireless.com>

HOW ARE DECISIONS MADE ABOUT MY SERVICES?

Decisions are based on medical necessity, level of care guidelines, and with your input. Your input is very important and we strongly encourage you to share your thoughts, concerns and your desires about treatment with your Provider.

You should get the mental health and/or substance use services when they are necessary and when you need them. Medically Necessary or Medical Necessity means care that is needed to correct or reduce the negative effects of a medical condition or mental/substance abuse illness; to assist you in getting or keeping your best level of health, to evaluate a condition; or to prevent a medical condition from occurring as cited in Connecticut Medicaid Program regulations.

Level of care guidelines and your input help providers and the CT BHP make decisions about the care that would help you. If you would like a copy of the level of care guidelines, please call the Customer Services Line at (877) 552-8247 or go to our web site at www.CTBHP.com.

WHAT IS DISCHARGE PLANNING?

Discharge planning is important for you and/or your child's care. This is especially true for discharge from intensive services such as emergency department, inpatient, residential, intensive outpatient, and home-based services. The most helpful process is to have a discharge planning meeting in the beginning of the treatment experience. It is best not to wait until the end when you and/or your child are preparing to leave the treatment setting. The purpose of the meeting is to make sure that everyone knows what services and/or support will be needed upon discharge. This meeting should include you and/or family members, natural supports such as friends or clergy, recovery support members, collaborative members, representatives from the school, community mental health care provider(s), DCF, DDS, and DMHAS/LMHA when appropriate. It can be helpful for you to bring a friend, relative, or advocate who can listen to what the staff is recommending as this can be an emotional meeting.

Here are some helpful tips to remember. It is important to know that the most successful discharge plans usually occur when the provider, member and/or family works closely together to prepare for the discharge and follow-up care. The plan should include as much information as possible to help the treating team within the facility and in the community understand your needs, or the needs of your child. If medication is being prescribed, you may want to take some additional time to discuss any concerns you may have about the medication in general and whether the amount of medication being prescribed will be enough to last until your first aftercare appointment in the community. For children in care with an Individual Education Plan (IEP), it will be very important that any changes or issues related to the school setting should be addressed and in place, preferably before discharge.

WILL YOU HAVE TO PAY FOR SERVICES THAT YOU GET FROM THE CT BHP?

To find out if you have to pay for services, call the CT BHP at 877-552-8247 to speak with a Customer Services Representative who can explain your coverage.

Note: Providers are not allowed to bill for services that they do not provide, so missed appointment fees are not allowed.

Note: If you are a member of the Limited Benefit Program, your primary insurance company is responsible for any behavioral health service your child uses that is covered in your policy. You may be responsible for a co-pay depending on the terms of your policy. If your insurance company denies the claim for payment of a service authorized by the CT BHP (currently IICAPS) then your provider may bill the Department of Social Services claims vendor, DXC Technology, for the service.

WHAT IF YOU GET A BILL?

If you get a bill for services call the Connecticut Medical Assistance Program's Client Assistance Center at (866) 409-8430 for someone to help research it for you. You can also remind your Provider that he or she will need to bill DXC Technology.

Note: If you are a Limited Benefit Program recipient, and you get a bill for the service provided under the Limited Benefit Program, after January 1, 2006, you can remind your Provider to bill your primary insurance company first. If the insurance company denies payment, and you receive a bill, you can remind the Provider to bill DXC Technology. You can also contact us at (877) 552-8247 and we will be happy to assist you in resolving the matter.

WHAT IF YOU WANT A SECOND OPINION?

You can get a second opinion about your care or diagnosis. Getting a second opinion means seeing a different CT BHP provider. You can see another provider when:

- You don't agree with your doctor or therapist, or
- You want to get a second opinion about a treatment your doctor or therapist has prescribed.

You can ask your current provider for a referral to another CT BHP provider or you can call the Customer Service Line at (877) 552-8247 to get a referral to another CT BHP provider.

EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT) SERVICES

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program is a special program for children in HUSKY. Children from birth to their 21st birthday get services under the EPSDT program. EPSDT health check-ups, nutrition check-ups, mental health and developmental screenings, baby shots and other tests are done for free and your child can get dental exams twice a year. Regular check-ups are important. They help keep your child healthy. The check-ups can also help you get treatment for health problems in their early stage when the treatment can be more effective.

If your child is enrolled in HUSKY and you would like him or her to get an EPSDT check-up, we encourage you to call your Primary Care Physician (PCP) or call the number on the back of your child's HUSKY card. Your PCP will do the health check. A dental provider will do the dental exam. Autism Treatment Services, such as; Diagnostic Evaluation, Behavior Assessment and Treatment Planning and Direct Intervention are covered as part of EPSDT.

PHARMACY AND MEDICATIONS

If your behavioral health provider prescribes medications for you, the medications should be covered. Prescribers must be enrolled in the CT Medical Assistance Program (CMAP) as an individual practitioner, a performing provider or an Ordering, Rendering, Prescribing (OPR) Provider. Use your gray "connect cards" for prescription coverage. If you have any questions about pharmacy coverage or you need help, please call Pharmacy Services at 866-409-8430.



III. Member's Rights and Responsibilities

MEMBER RIGHTS

You have the right to:

- Be treated with dignity, respect and privacy;
- Get care in a timely manner;
- Exercise your rights without it affecting how you are treated by the CT BHP and/or a Provider;
- Choose or change your behavioral health provider from a list of CT BHP providers;
- Review your medical records with your provider and/or request a copy of your medical records from your provider;
- Take part in decisions about your care; develop and participate in treatment planning;
 - Refuse treatment, except when that treatment is required by law;
 - Receive information on available treatment options and alternatives;
 - Be informed about services, benefits, and how to access care;
 - Talk to your provider regarding the right to medically necessary treatment options regardless of cost or benefit coverage;
 - Receive a second opinion;
- Request services designed to meet your cultural needs and receive services without regard to race, color, religion, sex, sexual orientation, age or ethnic background;
- Appeal if you disagree with a decision made by CT BHP about your care;
- Make a complaint or a grievance about CT BHP staff, services or the care given by providers;
- Make recommendations about our Members' Rights and Responsibilities Policies;
- Request information and an explanation about any bill or charge, no matter who is making the payment;
- With your permission, have a person of your choice speak for you with any CT BHP employee;
- Get a copy of the Notice of Privacy Practices from either the CT BHP office, its web site, or have it mailed upon request;
 - Get a copy of your Protected Health Information (PHI), subject to certain limitations;
 - Have information about your diagnosis and treatment kept confidential to the extent allowed by law, unless you provide written consent for release of such information;
 - Ask to correct or change your PHI or to restrict how your PHI is used or disclosed;
 - Ask for and get a report of when your PHI was shared by us or by our business associates (that is, information that is shared not for treatment, payment, or healthcare reasons and where you have not specifically authorized release);
- Get the names and titles of CT BHP staff members.

MEMBER RESPONSIBILITIES

As a partner in your care, your **responsibilities** are to:

- Respect the dignity and privacy of others;
- Give your provider or facility information that they need to serve you better;
 - Work with your provider to develop a treatment plan and ask questions when you do not understand your treatment;
 - Follow the treatment plans you developed with your provider;
 - Tell your provider if you do not agree with your treatment plan;
 - Contact your provider if you want to stop your treatment;
- Keep your appointments with your provider, or contact your provider if you need to cancel or reschedule your appointment, preferably at least 24 hours in advance of the appointment;
- Call the CT BHP if you move and change your address/phone number;
- Call the CT BHP if you have questions about your responsibilities;
 - If you are hearing impaired, call the TTY number (866) 218-0525.

YOUR QUESTIONS, CONCERNS AND OPINIONS MATTER TO US...

As a CT BHP member, you have the right to speak to us at any time.
Please call us at (877) 552-8247.

If you would like more information about the CT BHP, or would like to express your opinion, feel free to contact us! Please don't wait; share your thoughts with us right away. No question or concern is too small. Remember, your feedback and active involvement will truly help you get the most out of your care. Most concerns can be solved quickly and informally. In rare situations you may want to use more formal ways to solve your concern.

CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION

Protected Health Information (PHI) is personal health information about you or a family member. It includes for example: name, address, phone number, patient identifier, description of a health condition, healthcare provider, employer, health plan or healthcare-clearinghouse (an independent data warehouse). We keep PHI about members and use this information in the following manner:

- To coordinate your care among providers, or between a provider and an insurance company;
- When needed, to insure that claims are paid to your provider. A release of information may be requested and shared with your providers for that purpose;
- To look at how our members use services in an effort to provide better care;
- When the law requires it, we will share PHI if we get a court order or if your records are subpoenaed (asked for by a court);
- When we have to collect information about disease or injury. We share PHI to give facts to the CT Public Health Authorities;
- In order to help to prevent a major threat to health or safety.



IV. Quality Management Program

We are serious about improving our members' care. Our Quality Management program:

- Tracks whether members get the mental health and substance use services they need, when they need them;
- Tracks whether members are satisfied with the care they get;
- Looks at reports and data that tell us how well we are caring for our members, how quickly we respond to and resolve complaints, grievances and appeals and other information.

IF YOU HAVE A PROBLEM WITH SERVICES

Complaints and Grievances

All members, adults, families and children, along with providers, have a voice in the services they receive and provide. A complaint or grievance can be about anything that has to do with your care. For example, if you believe you were treated unfairly, if you had to wait too long for your appointment, or if a staff person was rude, you can file a complaint. The complaint and grievance process is **not** for appeals of denied clinical care. Please read the appeals process below for how to pursue an appeal related to denied care.

Complaint Process

You or your representative may file a complaint, either verbally or in writing to the CT BHP at the address and phone number listed below. The CT BHP will send a letter within five (5) calendar days to let you know that we received the complaint. The CT BHP will send a letter within one (1) business day for complaints about emergency care.

We will try to solve the complaint within thirty (30) calendar days of the date we receive your complaint. We will send you a letter before the end of the thirty (30) calendar days telling you our decision and how we have solved the problem. A one-time extension of fifteen (15) calendar days can be taken when the solution to your complaint cannot be made within thirty (30) days. We can do this if the reason for the extension is for your benefit and you are notified prior to the end of the thirty (30) calendar days.

Complaints involving urgent care should be resolved within three (3) calendar days after the complaint is received by the CT BHP. There are no extensions for complaints involving emergency care.

Grievance Process

If you are unhappy with what we decide to do to solve your complaint, you may file a grievance by phone or in writing at the CT BHP phone number and address listed below. You will have to file your grievance within ninety (90) calendar days of receiving our decision about your original complaint. We will then send you a letter letting you know that we have received your grievance within five (5) calendar days of receipt.

We will try to solve your grievance within thirty (30) calendar days from the date we receive your grievance. We will send you a letter before the end of the thirty (30) calendar days telling you our decision and how we have solved the problem. We can take an extension of fifteen (15) calendar days when we need more time to solve your

grievance. We can do this if the reason for the extension is only for your benefit and you are notified before the end of the thirty (30) calendar day period.

HOW TO FILE A COMPLAINT OR GRIEVANCE

You can file a complaint or grievance either by calling (877) 552-8247, or by writing to:

The Connecticut Behavioral Health Partnership
Attn: Complaints and Grievances Coordinator
500 Enterprise Drive, Suite 4D, Rocky Hill, CT 06067

Filing Clinical Appeals (Challenges)

The CT BHP may deny, partially deny, reduce, suspend or end authorization for services based on the lack of medical necessity. Members or providers may appeal (challenge) any one of these decisions made by the CT BHP. An appeal is not a complaint or grievance.

Member Clinical Appeals

All members or their designated representatives (for example, a conservator, or if the member is a minor, the member's parent or guardian) have the right to submit an appeal of any clinical denial, partial denial, reduction, suspension or ended services. This appeal must be submitted within sixty (60) calendar days from receipt of either a Notice of Action or a Denial Letter.

Clinical Appeals Process

Please call the CT BHP Customer Services at 1-877-552-8247 for any questions about the appeal process. If needed, the information describing these processes is available in other formats: Call the CT BHP Customer Services or TDD/TTY 1-866-218-0525.

HUSKY HEALTH (A, B, C AND D) MEMBERS

Once the CT BHP has denied, partially denied, reduced, suspended or ended services a letter called a Notice of Action will be mailed to the member. The Notice of Action will state why a specific service was denied, partially denied, reduced, suspended or ended. Along with the Notice of Action letter, the member will also receive a "What You Should Know" letter which explains the appeal process and an Appeal and Administrative Hearing Request Form.

You must complete a paper called the Appeal and Administrative Hearing Request Form and mail or fax it within sixty (60) calendar days from receiving the Notice of Action to:

State of Connecticut - Department of Social Services ("DSS")
Office of Legal Counsel & Administrative Hearings, Appeals
55 Farmington Ave, Hartford, CT 06105 FAX: (860) 424-5729

When DSS receives this Appeal and Administrative Hearing Request Form, DSS will forward the appeal request to the CT BHP.

Upon receipt of the appeal, the CT BHP will mail the member an acknowledgement letter, letting the member know that the CT BHP has received the appeal request. The CT

BHP will then review the appeal request and make an appeal decision at the earliest point possible, but not later than thirty (30) calendar days after receiving the appeal. The member will receive a letter which will tell them the decision that was made for a Level I Appeal. If the denial is upheld during the Level I Appeal, the member will also receive a separate notification of the scheduled Administrative Hearing from DSS.

Members may request to speak or meet with the CT BHP or submit additional information for review during the appeal process. If this request is made by the member, the meeting must be made within fourteen (14) calendar days of submitting the Appeal and Administrative Hearing form. To make this request please contact the CT BHP Customer Services at (877) 552-8247.

CT BHP will provide the DSS with a summary of the initial denial and Level I Appeal for all members within ten (10) business days prior to the scheduled fair hearing.

Upon receipt of the Level II Appeal Administrative Hearing determination from the DSS, the CT BHP will update the Appeals database and comply with the Level II Appeal determination.

If a member does not show up to a scheduled Administrative Hearing or does not contact DSS to reschedule an Administrative Hearing, the appeal determination made by the CT BHP will stand.

DCF LIMITED BENEFITS MEMBERS (D05)

All Limited Benefit Program Level I Appeal requests are made in writing via mail or fax to the CT BHP.

Limited Benefit Program Member Level I Appeal determinations are made at the earliest point possible, but no later than thirty (30) days of filing the appeal.

The CT BHP will mail to the member, the member's conservator, the member's parent, or guardian (if the member is under the age of 14) and/or the DCF central office contact person for any child who is committed to or in the custody of DCF, by certified mail, within thirty (30) calendar days of the filing of the appeal.

The Level I Appeal determination includes a reminder that if the member is dissatisfied with the Level I Appeal determination that the member has the right to request a Level II Appeal of DCF within thirty (30) calendar days of the receipt of the Level I Appeal determination. The Level I Appeal determination includes a Department of Children and Family (DCF) Level II Appeal Fair Hearing Request form and instructions.

CT BHP will provide DCF with a summary of the initial denial and Level I Appeal for all Limited Benefit Program Members within ten (10) business days prior to the scheduled fair hearing.

Upon receipt of the Level II Appeal Fair Hearing determination from DCF, the CT BHP will update the Appeals database and comply with the Level II Appeal determination.



V. Understanding Behavioral Health Emergencies

A Behavioral Health Emergency is a serious mental health and/or substance use problem. The problem is so severe that an average person would think that not getting help would cause more serious problems, such as:

- Putting the person's health at serious risk;
- Having disorganized or dangerous thoughts;
- Threatening harm or causing harm to self; or
- Threatening harm or causing harm to others.

WHO DO YOU CALL IN AN EMERGENCY?

In a mental health and/or substance use emergency, you should do one of the following immediately (You **do not** need to get approval to get emergency services):

- Call 911 if a life is in danger;
- Go to the nearest emergency room;
- Call your provider, if you have one; or
- If it's a child or adolescent in crisis, call the emergency mobile psychiatric service for your town at 211. (see Appendix II)
- For adults 18 and older, you can find the crisis services using the town locator on the DMHAS website: [Crisis Services](#) or call 9-1-1.

When you call for help, try to remain calm, stay focused and state clearly why you and/or your child is not safe or why the safety of others is at risk. Speak clearly. Let the person know why emergency care is needed. Be prepared to give the following information as well as answer additional questions:

- Name, phone number and address of caller;
- Name of person needing evaluation;
- Why you are calling including diagnosis if known and actions/signs observed;
- Examples as to why you or your child is not able to keep safe, or the safety of others is at risk;
- Give a brief history of the build up of the crisis situation over the last 24-48 hours; and
- Past history of hospitalizations.

After an emergency you should contact your provider to continue needed treatment and support.

DO YOU HAVE A WELLNESS RECOVERY PLAN?

If the answer is yes, refer to your wellness recovery plan in case of a mental health or substance use emergency. If you do not have one it is important to work with your provider to put one in place immediately for you and/or your child.

WHAT IS A WELLNESS RECOVERY PLAN?

The Wellness Recovery Plan should be put together before it is needed and put in a place that is easy to find. The plan should include people, friends/family, providers, and activities that can help to calm the person in crisis. It should also include important phone numbers and contact information. Your current provider is a good person to help you put together your crisis plan. During a crisis, use this plan to remind you of steps to take and of important information that is easy to forget during a crisis.

If there are children in the home, make sure that you include a plan of who will care for them during the crisis. Be sure to include all contact information including phone numbers and addresses.

Please refer to the crisis plan form in the appendix for guidance.

WHAT ARE ADVANCE DIRECTIVES?

Connecticut law gives a person who is 18 years or older the right to make decisions about his or her health care. An Advance Directive for behavioral health is a way of planning for your future behavioral care in case you become ill and can no longer make your own health care decisions. An Advance Directive must contain the following: your signature, the signature of two witnesses and a notary public and the date the form was signed.

The Advance Directive is a legal document with a set of written instructions that will tell your provider the following:

- The kind of treatment you want or do not want;
- Where you would like to have your treatment;
- The name of a trusted person who may make decisions for you if you are not able to make them on your own (although you do not have to name a specific person);
- Who should be notified immediately if you are admitted to a psychiatric facility; and
- Who should have temporary custody of your child(ren).

You may call the Office of Protection and Advocacy for help with talking to your personal physician or your personal attorney by dialing toll free at (800) 842-7303 or (860) 297-4300 (Phone line also has TTY accessibility).

Adult members, families and youth have important things to tell us. We would like to hear about your experiences and get your input on issues regarding the delivery of behavioral health services. We have a Consumer and Family Advisory Committee that meets on a monthly basis and consists of consumers and families who have experience in the HUSKY A, HUSKY B, HUSKY C, HUSKY D, and the Department of Children and Families system. The role of the Committee is to advise the CT BHP on members' interests and needs related to services as well as giving consumer and family input on programs and quality initiatives.

If you are interested in becoming a member of the CT BHP Consumer and Family Advisory Committee please call: (877) 552-8247.



VI. Consumer and Family Advisory Council (CFAC)

To date, the CFAC has worked on the following:

- Development and revisions to the Member Handbook;
- Various pamphlets and fact sheets related to services at the CT BHP;
- Advocating on behalf of CT BHP members who utilize transportation services;
- Family friendly recommendations on the development of the enhanced care clinic model;
- The Hospital Family Engagement Initiative.

The Consumer and Family Advisory Committee helps to identify issues related to service delivery and gaps in services. Once these have been identified, the Committee will make recommendations to the Senior Management Team at the CT BHP.



VII. Glossary of Terms to Know

Access: The extent to which an individual who needs care and services is able to receive them. Access is more than having insurance coverage or the ability to pay for services. It is also determined by the availability of services, acceptability of services, cultural appropriateness, location, and hours of operation, transportation needs, and cost.

Acute Services: Medical or behavioral health services needed for an illness, episode, or injury that requires intense care, and hospitalization.

Administrative Hearing: Also called "Fair Hearing". A formal review by the Department of Social Services (DSS), Department of Children and Families (DCF) or Department of Mental Health and Addiction Services (DMHAS) that occurs after Beacon Health Options and a HUSKY A, B, C, & D, or Voluntary Services member have failed to find mutual satisfaction concerning treatment issues such as denials, reductions, suspensions, terminations or appropriate levels.

Administrative Services Organization (ASO): An organization providing statewide utilization management, benefit information and intensive care management services within a centralized information system framework.

Advance Directives: Members who are over the age of 18 can make choices about their medical care. An Advance Directive advises medical professionals of how the member wants to be cared for if/when they are unable to communicate their decisions.

Appeal: A procedure through which members or providers can request a redetermination of the CT BHP decision concerning, but not limited to, service authorization. For example, an individual can appeal a CT BHP decision regarding the level of care authorized, or appeal a CT BHP decision to deny payment of a claim for services delivered.

Appropriate Services: Services designed to meet the specific needs of each individual, child and family. For example, one family may need *day treatment*, while another may need *home-based services*. Appropriate services for one individual, child and/or family may not be appropriate for another.

Assessment: A professional review of individual, child and family needs that is done when services are first sought from a *caregiver*. The assessment includes a review of physical and mental health, intelligence, school performance, employment, level of function in different domains including family situation, and behavior in the community. The assessment identifies the strengths of the individual, child and family. Together, the *caregiver* and individual or family decides what kind of treatment and supports, if any, are needed.

Autism Spectrum Disorder Services: Services to evaluate, assess, and treat HUSKY A, C, and D members under the age of 21 who have a diagnosis of Autism Spectrum Disorder. **A confirmed diagnosis of Autism is required in order to access these services, however, if the member is suspected to have this diagnosis without an evaluation, an Autism Diagnostic Evaluation can be accessed.**

Behavior Disorder: Displaying disruptive behavior in home, school or other settings. This behavior is usually significantly different from socially accepted norms for the person's age and situation.

Behavioral Health: A term used when describing mental health or substance use.

Behavioral Health Emergency: A serious mental health and/or substance use problem. The problem is so severe that an average person would think that not getting help would cause more serious problems, such as:

- Putting the person's health at serious risk;
- Having disorganized or dangerous thoughts;
- Threatening harm or causing harm to self; or
- Threatening harm or causing harm to others.

Benefits: The mental health substance use and/or related services (including wrap around services - defined below) you can get as a HUSKY HEALTH Program member.

Care Coordinator: An individual who organizes and coordinates services and supports for individuals with mental health issues and their families.

Care Manager: An independently licensed behavioral health care clinician employed by the CT BHP to perform utilization review on services that require prior authorization and concurrent review in order to qualify for reimbursement.

Child or Adolescent with Complex Behavioral Health Needs: Child or adolescent who has had a diagnosable Serious Emotional Disturbance (mental, emotional or behavioral disorder) which has resulted in functional impairment that substantially interferes with or limits the child's role of functioning in family, school or community activities.

Clinician: An individual providing mental health services, such as a psychologist, social worker or other therapist.

Clinical Management: The process of evaluating and determining the correct level of care and authorizing level of care for members.

Clinical Risk: The potential for direct or indirect injury or harm to self and/or others, including property damage, which could directly or indirectly result in injury or harm to the member and/or others.

Committed: Placement under the custody of the Commissioner of DCF, or in a mental health facility in response to a valid court order of competent jurisdiction.

Community-Based Services: Services that are provided in a community setting. Community services refer to all services not provided in an inpatient setting.

Complaint: A verbal or written communication to Beacon Health Options from a member or provider expressing dissatisfaction with some aspect of the CT BHP's services, including a denial of services based on medical necessity, facility agreement, payment dispute, or general complaint.

Complainant: A member or the member's designated representative, an individual practitioner, or a facility provider who makes a complaint to Beacon Health Options.

Connecticut Behavioral Health Partnership (CT BHP): An integrated behavioral health service system for HUSKY A, HUSKY B, HUSKY C, HUSKY D and children enrolled in the Limited Benefit Program.

Connecticut's Community Collaboratives (CT's System of Care): A local group of health care providers, parents and/or guardians of children with behavioral health needs, and agencies that have organized to develop resources for children or youth with complex behavioral health service needs and their families.

Connecticut Community KidCare: DCF's reform initiative that focuses on eliminating the major gaps and barriers that exist in the current children's behavioral health delivery system.

Consent: Permission that is usually given by signing a form allowing a designated person to administer a test or treatment, or to releasing Protected Health Information (PHI). *Informed consent* requires that the person giving the permission understands the risks, benefits and possible ramifications.

Consumer: A person who receives mental health and/or substance use (behavioral health) services.

Continuum-of-Care: A comprehensive range of services, from inpatient through outpatient level of care that an individual may move through, as appropriate to the member's needs. Also see *system of care* and *wraparound services*.

Coordinated Services: Service organizations or providers talk with the family and agree upon a *plan of care* that meets the member's/child's needs. These organizations can include mental health, education, juvenile justice, and child welfare. *Case management* is necessary to coordinate services. Also see *family-centered services* and *wraparound services*.

Crisis Stabilization Services: Short-term, round-the-clock help provided in a non-hospital setting during a crisis. For example, when a child becomes aggressive and uncontrollable, despite in-home supports, a parent can temporarily place the child in a *crisis stabilization service*. The purposes of this care are to avoid *inpatient hospitalization*, help stabilize the child, and determine the next appropriate step.

Cultural Competence: Help that is sensitive and responsive to cultural differences. *Providers* are aware of the impact of culture and possess skills to help provide services that respond appropriately to a person's unique cultural differences, including race and ethnicity, national origin, language, religion, age, gender, sexual orientation, or disability. They also adapt their skills to fit member or family's values and customs.

Denial of Authorization: Any rejection, in whole or in part, of a request for authorization from a provider on behalf of a member.

Department of Children and Families (DCF): State of Connecticut agency with primary responsibility for delivery and oversight of child welfare, juvenile justice, prevention and behavioral health services for children.

Department of Mental Health and Addiction Services (DMHAS): State of Connecticut agency with primary responsibility for delivery and oversight of behavioral health services for adults, including those covered under HUSKY and Aged, Blind and Disabled (ABD) programs.

Department of Social Services (DSS): State of Connecticut agency with primary responsibility for Medicaid (Title 19).

Designated Member Representative: Any person, including an individual practitioner, facility provider, authorized in writing by the member or the member's legal guardian to represent the member's interests related to complaints or grievances.

DSM-V - Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition: A reference manual of mental health disorders developed by the American Psychiatric Association, used by clinicians to understand and diagnose a mental health problem. Also used by insurance companies to determine necessary services.

Diagnostic Evaluation: The aims of a general psychiatric evaluation are 1) to establish a psychiatric diagnosis, 2) to collect data sufficient to permit a case formulation, and 3) to develop an initial treatment plan, with particular consideration of any immediate interventions that may be needed to ensure the patient's safety, or, 4) if the evaluation is a reassessment of a patient in long-term treatment, to revise the plan of treatment in accord with new perspectives gained from the evaluation.

Discharge Planning: The evaluation of a member's need for psychiatric or substance use disorder services, or both, developed to arrange for appropriate care after discharge or upon transferring from one level of care to another level of care.

Drop-in Center: A social club offering peer support and flexible schedule of activities. It may operate during the evenings and/or on weekends.

Drug Formulary: The list of prescription drugs for which a particular health insurance company or State Medicaid program will pay. Formularies that cover only certain drugs are called "closed." Formularies that include all drugs are "open." Both types of formularies typically impose a cost scale requiring consumers to pay more for certain brands or types of drugs.

Dual Eligible: Clients who are covered under both Medicare and Medicaid in some combination are said to be Dual Eligible, as some parts of their services may be covered by both payers.

Dually Diagnosed: A person who has both a substance use problem and an emotional/psychiatric problem is said to be dually diagnosed.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Comprehensive health (including behavioral health) screening and treatment and other services (such as transportation) for Medicaid members under the age of 21. EPSDT includes referral services, and the development and coordination of a plan of services that will help a child gain access to needed medical, social, educational, and other services.

Early Intervention: A process used to recognize warning signs for mental health issues and to take early action against factors that put individuals at risk. *Early intervention* can help members get better in less time and can prevent problems from becoming worse.

Educational Services: Locating or providing a full range of educational services from basic literacy through the General Equivalency Diploma (GED) and college courses. Includes special education at the pre-primary, primary, secondary, and adult levels.

Emergency and Crisis Services: A group of services that is available 24 hours a day, 7 days a week, to help during a mental health emergency. Examples include telephone crisis hotlines, suicide hotlines, crisis counseling, crisis stabilization services, crisis outreach teams, and crisis respite care.

Emergency or Emergency Medical Condition: A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or with respect to a pregnant woman, the health of the woman or the unborn child) in serious jeopardy, serious impairment to body functions or serious dysfunctions of any body organ or part.

Emergency Mobile Psychiatric Services (EMPS): Services for children and adolescents that provide immediate, mobile assessment and intervention to individuals in an active state of crisis and can occur in a variety of settings including the member's home, school, local hospital emergency department, or community setting.

Emergency Services: Inpatient and outpatient services including, but not limited to, behavioral health and detoxification needed to evaluate or stabilize an emergency medical condition.

Emotional Disorder: A disorder exhibiting emotional, behavioral and/or social impairments that interfere with a member's academic, job-related, developmental, and social functioning, and may disrupt the member's family, social or other interpersonal relationships.

Evaluation: The process of collecting information about a member through a series of tests, observations and interviews which results in an opinion about that member's mental and emotional state. This process may include recommendations about treatment or placement.

Family Advocate: Family members who have experience with children and youth with emotional, behavioral, neurobiological or mental health needs. Family advocates provide information to caregivers to help them identify and access a variety of formal and informal services, supports and resources to meet the needs of their child and family in their own community. Family advocates work directly with families who are receiving care coordination through their local system of care. They may also assist families in the development and/or expansion of parent support groups within their local communities.

Family-Centered Services: Help designed to meet the specific needs of each individual member and family. Also see *appropriate services, coordinated services, wraparound services, and cultural competence*.

Family Support Services: Help designed to keep the family together, while coping with mental health issues that affect them. These services may include consumer information workshops, in-home supports, family therapy, parenting training, *crisis services, and respite care*.

Fee for Service (FFS) Reimbursement: A reimbursement method for health services under which a provider charges separately for each member encounter or service rendered.

Fraud: Intentional deception or misrepresentation, or reckless or willful disregard (or willful blindness), by a person or entity with the knowledge that the deception, misrepresentation, disregard (or blindness) could result in some unauthorized benefit to him/herself or some other person, including any act that constitutes fraud under applicable federal or state law.

Grievance: A verbal or written communication from a complainant of dissatisfaction with the outcome of a complaint resolution. Grievances, as herein defined, are not administrative appeals.

Group Home: Community-based, home-like settings providing intensive treatment services with 24-hour supervision. Services offered in this setting try to avoid inpatient hospitalization and move the member to a less restrictive living situation.

Group Therapy: This form of therapy involves groups of people who have similar symptoms or concerns and who meet regularly with a therapist. The therapist uses the emotional interactions of the group's members to help them get relief from distress and possibly modify their behavior.

HIPAA: The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, was enacted on August 21, 1996. Sections 261 through 264 of HIPAA require the Secretary of HHS to publicize standards for the electronic exchange, privacy and security of health information.

Home-Based Services: Services provided in a family's home either for a defined period of time or for as long as it takes to deal with a mental health problem. Examples include parent training, counseling, and working with family members to identify, find, or provide other necessary help. The goal is to prevent a child from being placed outside of the home. (Alternate term: in-home supports.)

Independent Living Services: Support for a young person living on his or her own. These services include supportive housing and job placement. Services teach youth how to handle financial, medical, housing, transportation, and other daily living needs, as well as how to get along with others.

Individualized Services: Services designed to meet the unique needs of each member and family. Services are individualized when professionals honor the needs and strengths, ages, and stages of development of the member and individual family members. Also see *appropriate services* and *family-centered services*.

Inpatient Hospitalization: Mental health treatment provided in a hospital setting 24 hours a day. Inpatient hospitalization provides: (1) short-term treatment in cases where a member is in crisis and possibly a danger to him/herself or others, and (2) diagnosis and treatment when the member cannot be evaluated or treated appropriately in an outpatient setting.

Intake/ Screening: Services designed to briefly assess the type and degree of a member's mental health condition to determine whether services are needed and to link him/her to the most appropriate and available service. Services may include interviews, psychological testing, physical examinations including speech/hearing, and laboratory studies.

Intensive Care Manager: Intensive Care Managers are licensed behavioral health clinicians. Intensive Care Managers identify children and adults who are experiencing barriers to care and to provide short term assistance and problem solving to help remove those barriers.

Levels of Care (LOC) Guidelines: Guidelines that are used by the CT BHP to conduct utilization management in which help to determine whether behavioral health services are medically necessary and/or medically appropriate.

Limited Benefit Program: A program that offers limited coverage to children and families involved with DCF who have complex behavioral health service needs as determined by DCF and are not HUSKY eligible. Children or adolescents who are not eligible for the HUSKY A or B

program may be able to access some of the services offered within the CT BHP through the Limited Benefit Program.

Local Mental Health Authority: The Department of Mental Health and Addiction Services operates and/or funds **Local Mental Health Authorities (LMHAs)** offering a wide range of therapeutic programs and crisis intervention services for adults and their families throughout the state. For a listing of the Local Mental Health Authorities and the towns they serve please visit the LMHA pages from the DMHAS website: <http://www.dmhas.state.ct.us/lmha.htm>.

Managed Service System: A consortium of DCF-funded provider agencies convened under the authority of the DCF Local Area Office to assure that a comprehensive and coordinated array of services is available at the local level to meet the behavioral health and community support needs of children and their families.

Medicaid: The Connecticut Medical Assistance Program (CMAP) operated by DSS under Title 19 (XIX) of the Federal Social Security Act.

Medical Appropriateness or Medically Appropriate: Health care that is provided in a timely manner and meets professionally recognized standards of acceptable medical care; is delivered in the appropriate medical setting; and is the least costly of multiple, equally-effective alternative treatments or diagnostic modalities as cited in Connecticut Medicaid Program regulations.

Medically Necessary or Medical Necessity: Health care provided to correct or diminish the adverse effects of a medical condition or mental illness; to assist an individual in attaining or maintaining an optimal level of health, to diagnose a condition; or to prevent a medical condition from occurring as cited in Connecticut Medicaid Program regulations.

Member: An individual eligible for coverage of behavioral health services under the CT BHP.

Member/Family Advisory Board: A board made up of adult members, family members, and others to advise the Connecticut Behavioral Health Partnership.

Mental Health Issues/ Mental Health Disorder: Mental health issues are real. They affect one's thoughts, body, feelings, and behavior. Mental health issues are not just a passing phase. They can be severe, seriously interfere with a person's life, and even cause a person to become disabled. Mental health issues include depression, bipolar disorder (manic-depressive illness), attention-deficit/hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia, and conduct disorder.

Network: The system of participating providers and institutions in a managed care plan.

Neurologist: A medical doctor specializing in diagnosis and treatment of diseases of the nervous system.

Non-covered Benefits: Services that are not paid for by the Connecticut Behavioral Health Partnership.

Out-of-Network Provider: A provider that is not enrolled in the Connecticut Medical Assistance Program Provider Network or the CTBHP Network.

Outpatient: Treatment available at local mental health clinics or from private therapists. This can include diagnosis, assessment, family and individual counseling.

Peer Specialist: A trained adult or family member of a current or previous consumer who understands mental illness and/or substance disorders through her/his own personal experience. The peer specialist is employed by the ASO. His or her role is to provide education and outreach to members and families, to support engagement in treatment, navigation of the service system, and identification of natural supports.

Plan of Care: A treatment plan especially designed for each member and family, based on individual strengths and needs. The member and provider develop the plan with input from the family. The plan establishes goals and details appropriate to treatment and services to meet the special needs of the member and family.

Primary Care Provider (PCP): A licensed health care professional responsible for performing or directly supervising the primary care medical services of members.

Prior-Authorization: The CT BHP's process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by the CT BHP as to whether the requested service is medically necessary and medically appropriate.

Provider Network: All providers enrolled in the Connecticut Medical Assistance Program Provider Network that serves CT BHP members.

Psychiatrist: A medical doctor specializing in emotional, behavioral and mental disorders. Qualified to prescribe medication and admit to hospitals.

Psychiatric Residential Treatment Facility: An inpatient psychiatric facility that provides psychiatric and other therapeutic and clinically informed services to individuals under age 21, whose immediate treatment needs require a structured 24 hour residential setting that provides all required services (including schooling) on site.

Psychologist: A doctoral-level mental health professional with advanced training that can administer psychological tests, diagnose, evaluate and treat emotional disorders.

Psychosocial Rehabilitation: Therapeutic activities or interventions provided individually or in groups that may include development and maintenance of daily and community-living skills, self-care, and skills training including grooming, bodily care, feeding, social skills training, and recovery of basic language skills.

Recovery: A set of concepts and skills that when applied by an individual improves their quality of life.

Residential Treatment Centers: Facilities that provide treatment 24 hours a day and can usually serve more than 16 young people at a time. Children with serious emotional disturbances receive constant supervision and care. Treatment may include individual, group, and family therapy; behavior therapy; special education; recreation therapy; and medical services. Residential treatment is usually more long-term than *inpatient hospitalization*.

Resiliency: The ability to regain a sense of stability after undergoing a major life event.

Respite Care: A service that provides a break for families who have a child with a serious emotional disturbance. Trained parents or counselors take care of the child for a brief period of time to give families relief from the strain of caring for the child. This type of care can be provided in the home or in another location. Some parents may need this help on an ongoing basis.

School Based Services: School-based treatment and support interventions designed to identify emotional disturbances and/or assist parents, teachers, and counselors in developing comprehensive strategies for addressing these disturbances. School-based services also include counseling or other school-based programs for emotionally disturbed children, adolescents, and their families within the school, home and community environment.

Screening: An assessment or evaluation to determine the appropriate services and/or setting for a member.

Second Opinion: When you or your provider asks another provider to confirm or dispute a previous mental health or substance use diagnosis.

Self-help: Self-help generally refers to groups or meetings that: involve people who have similar needs; are facilitated by a consumer, survivor, or other layperson; assist people to deal with a "life-disrupting" event, such as a death, use, serious accident, addiction, or diagnosis of a physical, emotional, or mental disability, for oneself or a relative; are operated on an informal, free-of-charge, and nonprofit basis; provide support and education; and are voluntary, anonymous, and confidential. Many people with mental illnesses find that self-help groups are an invaluable resource for recovery and for empowerment.

Serious Emotional Disturbances: Diagnosable disorders in children and adolescents that severely disrupt their daily functioning in the home, school, or community. These disorders include depression, attention-deficit/hyperactivity, anxiety disorders, conduct disorders, and eating disorders. Pursuant to section 1912(c) of the Public Health Service Act "children with a serious emotional disturbance" are persons: (1) from birth up to age 18 and (2) who currently have, or at any time during the last year, had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV and/or DSM-V.

Serious Mental Illness: Pursuant to section 1912(c) of the Public Health Service Act, adults with serious mental illness (SMI) are persons: (1) age 18 and over and (2) who currently have, or at any time during the past year had a diagnosable mental behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV and/or DSM-V or their ICD-9-CM equivalent (and subsequent revisions) with the exception of DSM-IV and/or DSM-V "V" codes, substance use disorders, and developmental disorders, which are excluded, unless they co-occur with another diagnosable serious mental illness. (3) That has resulted in functional impairment, which substantially interferes with or limits one or more major life activities.

Social Worker: A mental health professional trained to provide services to individuals, families or groups.

Substance Use: Misuse of medications, alcohol, or illegal substances.

Supported Employment: Supportive services that include assisting individuals in finding work; assessing individuals' skills, attitudes, behaviors, and interest relevant to work; providing

vocational rehabilitation and/or other training; and providing work opportunities. These services include transitional and supported employment services.

Supported Housing Services: Services to assist individuals in finding and maintaining appropriate housing arrangements.

Supportive Residential Services: Moderately staffed housing arrangements for clients/patients. Includes supervised apartments, satellite facilities, group homes, halfway houses, mental health shelter-care facilities, and other facilities.

Systems of Care: A comprehensive spectrum of mental health and other support services which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents with serious emotional disturbances and their families.

Therapeutic Foster Care: A service that provides treatment for troubled children within private homes of trained families. The approach combines the normalizing influence of family-based care with specialized treatment interventions, thereby creating a therapeutic environment in the context of a nurturing family home.

Transition: The process of moving from one setting or level of care to another.

Vocational Rehabilitation Services: Services that include job finding/development, assessment and enhancement of work-related skills, attitudes, and behaviors as well as provision of job experience to clients/patients. This also includes transitional employment.

Voluntary Services: Voluntary Services is a DCF operated program for children and adolescents with behavioral health disorders who are not otherwise committed to or involved with the Department. Voluntary Services allows access to services or treatment programs funded by DCF and supports family focused, community based treatment whenever possible.

Wraparound Services: A unique set of community services and natural supports for a child/adolescent with serious emotional disturbances based on a definable planning process, individualized for the child and family to achieve a positive set of outcomes.

Adapted from SAMHSA National Mental Health Information Center.



VIII. Commonly Used Acronyms

AA	Alcoholics Anonymous
ACES	Area Cooperative Educational Services
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
AEP	Alcohol Education Program
AFCAMP	African Caribbean American Parents of Children with Disabilities
AIC	Alternative Incarceration Center
AMA	Against Medical Advice
APA	American Psychological Association or American Psychiatric Association
ARG	Area Resource Group (DCF)
ASAM	American Society of Addiction Medicine
ASD	Autism Spectrum Disorder
ASO	Administrative Service Organization
BHPOC	Behavioral Health Partnership Oversight Council
CADC	Certified Alcohol and Drug Counselor
CADAC	Certified Alcohol and Drug Abuse Counselor; or
CADAC	Connecticut Alcohol Drug Abuse Commission
CAFAP	Connecticut Association of Foster and Adoptive Parents
CBHAC	Children's Behavioral Health Advisory Council
CBT	Cognitive Behavioral Therapy
CCAR	Connecticut Community for Addiction Recovery
CCYD	Connecticut Community for Youth Development
CCDFY	Connecticut Communities for Drug-Free Youth
CCMC	Connecticut Children's Medical Center
CCPA	Connecticut Community Providers Association
CCSUD	Connecticut Coalition to Stop Underage Drinking
CDC	Centers for Disease Control and Prevention
CGA(S)	Comprehensive Global Assessment
CMAF	Connecticut Medical Assistance Program
CMS	Centers for Medicare and Medicaid Services
COA	Children of Alcoholics
COSA	Children of Substance Users
COSAP	Children of Substance Abusing Parents
CPS	Child Protective Services
CRC	Community Resource Committee
CRT	Case Review Team (for committed youth)
CSAP	Center for Substance use Prevention
CSAT	Center for Substance use Treatment
CSSD	Court Support Services Division
CST	Child Specific Team (System of Care Coordination)
CT BHP	Connecticut Behavioral Health Partnership
CVH	Connecticut Valley Hospital
DARE	Drug Abuse Resistance Education
DART	Detection Assessment Referral and Treatment
DBT	Dialectical Behavioral Therapy
DCF	Department of Children and Families

DEA	Drug Enforcement Agency
DEPP	Diagnostic, Evaluation, Planning and Placement
DMHAS	Department of Mental Health and Addiction Services
DDS	Department of Developmental Services
DOC	Department of Correction
DOE	Department of Education
DPH	Department of Public Health
DSM	Diagnostic and Statistical Manual
DSS	Department of Social Services
DUI	Driving Under the Influence
DWI	Driving While Intoxicated
ECA	Early Child Assessment Team
ECT	Electroconvulsive Therapy
ED/ER	Emergency Department/Emergency Room
EDT	Extended Day Treatment
EEG	Electroencephalogram
EIP	Early Intervention Program
EKG	Electrocardiogram
EMPS	Emergency Mobile Psychiatric Services
EPSDT	Early Periodic Screening, Diagnosis and Treatment
ERASE	East of the River Action for Substance Use Elimination
FAPE	Free and Appropriate Education
FASU	Foster and Adoption Services Unit (DCF)
FFT	Functional Family Therapy
FWSN	Family With Service Needs
GA	Gamblers Anonymous
GAL	Guardian Ad Litem
HUD	Housing and Urban Development
HVCASA	Housatonic Valley Coalition Against Substance Use Inc.
ICM	Intensive Case Manager
IEP	Individual Education Plan
IDEA	Individuals with Disabilities Education Act
IFP	Intensive Family Preservation
IICAPS	Intensive In-Home Child and Adolescent Psychiatric Services
IOP	Intensive Outpatient Program
ISP	Individual Service Plan
ISPN	Interagency Suicide Prevention Network
LCSW	Licensed Clinical Social Worker
LEA	Local Education Authority
LMHA	Local Mental Health Authority
LMFT	Licensed Marriage and Family Therapist
LOB	Legislative Office Building
LPC	Local Prevention Council
LRE	Least Restrictive Environment
MADD	Mothers Against Drunk Driving
MATCH	Mobilize Against Tobacco for Children's Health
MDFT	Multi-Dimensional Family Therapy
MHA	Mental Health Association
MHPC	Mental Health Policy Council

MSS	Managed Service System
MST	Multi-Systemic Therapy
MSW	Master's Degree in Social Work
NA	Narcotics Anonymous
NACoA	National Association of Children of Alcoholics
NAMI	National Alliance on Mentally Ill
OPR	Ordering, Rendering, Prescribing Provider
OTC	Order of Temporary Custody
PA	Parent Aide
PAP	Padres Abriendo Puertas – A Hispanic Family Advocacy Organization
PCP	Primary Care Physician
PDD	Pervasive Developmental Disorder
PHP	Partial Hospital Program
PO	Probation Officer
PPR	Permanency Plan Review
PPT	Planning and Placement Team (educational)
PPT	Permanency Planning Team (DCF)
PTSD	Post-Traumatic Stress Disorder
QA	Quality Assurance
QM	Quality Management
RAC	Regional Action Council
RCT	Residential Care Team
RFP	Request for Proposal
RTC	Residential Treatment Center
RYASAP	Regional Youth/Adult Substance Use Project
SAAC	Substance use Action Council
SAMHSA	Substance use and Mental Health Services Administration
SAT	School Assistance Team
SCHIP	State Children's Health Insurance Program
SDE	State Department of Education
SED	Seriously Emotionally Disturbed
SOC	System of Care
SSA	Social Security Administration
SSI	Supplemental Security Income
SSDI	Supplemental Security Disability Income
Sx	Symptoms
TA	Technical Assistance
TP	Treatment Plan
TPR	Termination of Parental Rights
Tx	Treatment
YSAB	Youth Suicide Advisory Board
YSB	Youth Service Bureau

APPENDIX A

Member Basic Information Fact Sheet

For your personal use. Feel free to make copies.

Member Basic Information Fact Sheet

*One Sheet for Every Member in the Household***Keep Accessible for Caregivers*

Names of Members in Household	Social Security Number	Date of Birth	Age

Address: _____

Phone Number(s): _____

In Case of Emergency Call

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Emergency Mobile Crisis Phone#: _____

Police Department Phone#: _____

Fire Department Phone#: _____

Rescue Ambulance Phone#: _____

Poison Control Phone#: _____

Physician's Name & Phone #: _____

Physician's Name & Phone #: _____

Therapist's Name & Phone #: _____

Health Insurance/Medicaid Information: _____

Behavioral Health Diagnosis: _____

Medical Diagnosis: _____

Allergies: _____

Medications: _____

Special Instructions: _____

Wellness and Recovery Crisis Plan:

Crisis Plan	
Provider Name:	
Member ID#:	
Member's Current Phone #:	
Plan Developed By (Include all parties involved in developing crisis/safety plan and contact information):	
Select all applicable options:	
<input type="checkbox"/> Case Manager	<input type="checkbox"/> LHMA
<input type="checkbox"/> CMP	<input type="checkbox"/> Medical Providers
<input type="checkbox"/> Current Inpatient Treater	<input type="checkbox"/> Member
<input type="checkbox"/> Current Outpatient Treater	<input type="checkbox"/> Mobile Crisis Team
<input type="checkbox"/> DDS	<input type="checkbox"/> Partnership/Peer Support
<input type="checkbox"/> ED	<input type="checkbox"/> PRTF
<input type="checkbox"/> EMPS	<input type="checkbox"/> RTC
<input type="checkbox"/> Family	<input type="checkbox"/> School
<input type="checkbox"/> Group Home	<input type="checkbox"/> State Agency
<input type="checkbox"/> ICM/CCM	<input type="checkbox"/> Other
Additional Information: Include formal and informal supports, include contact names/phone #:	
Specify current living arrangement (Document support network, including names, addresses and phone numbers):	
<input type="checkbox"/> Family Home	<input type="checkbox"/> Safe Home
<input type="checkbox"/> Foster Family Home	<input type="checkbox"/> Shelter
<input type="checkbox"/> Group Home	<input type="checkbox"/> Sober Housing
<input type="checkbox"/> Homeless	<input type="checkbox"/> Short-Term Assessment & Respite (STAR)
<input type="checkbox"/> Independent Living	<input type="checkbox"/> Supervised Housing
<input type="checkbox"/> Residential Treatment Center	<input type="checkbox"/> Supportive Housing
<input type="checkbox"/>	<input type="checkbox"/> Other
Additional Information:	
Current Strengths and Functioning (Describe key strengths and needs related to behavioral health, vocational, school, social relationships, daily living skills, natural supports):	

Signs and symptoms of de-compensation:	
Safety Concerns: (Any information either about the member, family or living situation, which should be known when member is in crisis.):	
Select all applicable options	
<input type="checkbox"/> Access to Weapons	<input type="checkbox"/> History of Arrests
<input type="checkbox"/> Current Charges Pending	<input type="checkbox"/> History of Police Interventions
<input type="checkbox"/> Current Parole	<input type="checkbox"/> History of Suicide Attempt(s)
<input type="checkbox"/> History/Current JJ Involvement	<input type="checkbox"/> Substance use
<input type="checkbox"/> History of Homicide Attempt(s)	<input type="checkbox"/> Volatile Home Environment
<input type="checkbox"/>	<input type="checkbox"/> Other
Please Specify:	
Substance use (Past or present substance use issues):	
<input type="checkbox"/> Current Alcohol	<input type="checkbox"/> Past Alcohol
<input type="checkbox"/> Current Marijuana	<input type="checkbox"/> Past Marijuana
<input type="checkbox"/> Current Other Illicit	<input type="checkbox"/> Past Other Illicit
<input type="checkbox"/> Current Prescription Drugs	<input type="checkbox"/> Past Prescription Drugs
<input type="checkbox"/> Family Members with Substance Abuse	<input type="checkbox"/> Other
Please Specify:	
Medical/Special Needs (Any health issue or special needs which should be taken into consideration when intervening with the client. Include medical diagnosis that impact behavioral health/access to treatment/services.)	
Select all applicable options:	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Eating Disorder
<input type="checkbox"/> Autism/PDD Spectrum	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Brain Injury	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Cirrhosis	<input type="checkbox"/> Obesity
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease COPD	<input type="checkbox"/> Physical Disabilities
<input type="checkbox"/> Congestive Heart Failure (CHF)	<input type="checkbox"/> Post-Partum Depression
<input type="checkbox"/> Coronary Artery Disease (CAD)	<input type="checkbox"/> Pregnancy/High Risk Pregnancy
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/>	<input type="checkbox"/> Other
Please Specify:	

Triggers/Risk Factors ("Red Flags"/Stressors that may trigger a crisis):			
Select all applicable options:			
<input type="checkbox"/>	Change in Schedule	<input type="checkbox"/>	Police/Legal Involvement
<input type="checkbox"/>	Change in Treatment Providers	<input type="checkbox"/>	Recent Loss/Trauma
<input type="checkbox"/>	Criticizing/Scolding	<input type="checkbox"/>	Rejection
<input type="checkbox"/>	Family Interaction	<input type="checkbox"/>	School/Work Difficulty
<input type="checkbox"/>	Over-stimulating Environment	<input type="checkbox"/>	Substance use
<input type="checkbox"/>	Peer Conflict	<input type="checkbox"/>	Other
Additional Information:			
Reactive Crisis Planning (Interventions/steps successfully utilized in the past to resolve crisis; using member's strengths and support systems)			
Additional Information (list specific steps/interventions successful in the past):			
Proactive Crisis Plan of Action (Steps/Interventions to prevent Crisis; inclusive of member's strengths and natural supports to avert crisis):			
Please specify specific steps to take to prevent crisis (i.e. call EMPS, Mobile Crisis, 211, contact current provider, provider timeout, etc.):			
Is this Wellness Recovery Crisis Plan form used by provider and/or member?			
Provider Name (print) and Signature:		Date:	
Member Name (print) and Signature:		Date:	

Current Medical Contact Information

Member Name: _____

Current Diagnosis(es) if known _____ Date: _____

Current Goals and Priorities _____ Date: _____

Primary Physician's Office: Contact Information

Address:		Phone:	
PCP Name:		Nurse's Name:	

Specialist Provider's Office: Contact Information

Address:		Phone:	
Name:		Specialty	

Address:		Phone:	
Name:		Specialty	

Address:		Phone:	
Name:		Specialty	

Others (Recreational, Educational, Employment, Mentoring, DCF, DSS, etc.)

Address:		Phone:	
Name:		Specialty	

Address:		Phone:	
Name:		Specialty	

Address:		Phone:	
Name:		Specialty	

Allergies

Allergy to: _____ Reaction: _____
Allergy to: _____ Reaction: _____
Allergy to: _____ Reaction: _____
Allergy to: _____ Reaction: _____

Medication Records

Current

Medication Name	Date Started	Dosage	How Often	Purpose	Any Side Effects

History

Medication Name	Date Started	Dosage	How Often	Purpose	Any Side Effects

Pharmacy Contact Information:

Name:		Phone	
Address:		Town/City	

APPENDIX B

Resources and Services

**Enhanced Care Clinics
Local Mental Health Authorities
CT'S Community Collaboratives for Children & Families**

ENHANCED CARE CLINICS

OVERVIEW

Enhanced Care Clinics (ECC's) are specially designated Connecticut based mental health and substance use clinics that serve adults and/or children. They provide routine outpatient services such as individual therapy, group therapy, family therapy, medication management and other special services for CT BHP members.

ECC's must also be able to meet special requirements starting with access and the ability to see clients in a timely fashion depending on their level of urgency.

Some examples are as follows:

- The capability to see clients with emergent needs within two hours.
- The capability to see clients with urgent needs within two days.
- The capability to see clients with routine needs within two weeks.
- Extended coverage outside of normal business hours.

ECC's also meet other special requirements that include:

- Coordination of Care with PCPs
- Member Services and Support
- Quality of Care
- Cultural Competence

The overall goal of the Enhanced Care Clinics initiative is to provide adults and children who are seeking behavioral health services and supports with improved timeliness of access to behavioral health care as well as improved quality of care.

A complete listing of Enhanced Care Clinics is available under the "For Members" section of the CT BHP website www.ctbhp.com. If you would like a complete list sent to you, feel free to call us toll free at 877-552-8247.

Local Mental Health Authorities

The Department of Mental Health and Addiction Services (DMHAS) operates and/or funds Local Mental Health Authorities (LMHAs) throughout Connecticut. They manage the mental health services within specific geographic regions.

The LMHAs offer a wide range of therapeutic recovery-oriented programs, including employment and supportive housing programs, social clubs, as well as crisis intervention services.

A complete listing of Local Mental Health Authorities is available under the "For Members" section of the CT BHP website www.ctbhp.com. If you would like a complete list sent to you, feel free to call us toll free at 877-552-8247.

CT Community Collaboratives

A local group of health care providers, parents and/or guardians of children with behavioral health needs, and agencies that have organized to develop resources for children or youth with complex behavioral health service needs and their families.

A complete listing of Community Collaboratives is available under the "For Members" section of the CT BHP website www.ctbhp.com or visit www.wrapct.org

If you would like a current complete list sent to you, feel free to call us toll free at 877-552-8247.