



Connecticut Medical Assistance Program
Policy Transmittal 2010-30

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Michael P. Starkowski, Commissioner

Effective Date: November 1, 2010
Contact: Paul Piccione @ 860-424-5160

TO: Alcohol and Drug Centers, Hospitals
RE: Behavioral Health Clinical Practice Improvement Initiatives

**Substance Abuse Residential Detoxification and
Emergency Department/Acute Psychiatric
Diversion and Disposition Protocols**

Under public act 10-119, the Department of Mental Health and Addiction Services (DMHAS) and the Department of Social Services (DSS) are responsible for the clinical management of behavioral health services for clients served by Medicaid fee for service and the Medicaid for Low Income Adults (Medicaid LIA) program. In the near future there will be an Administrative Services Organization (ASO) in place to assist the Departments in the clinical management of behavioral health services rendered to this population. The Departments are initiating a Clinical Practice Improvement Initiative prior to the implementation of an ASO in order to improve member outcomes through the use of field-based recovery management staff employed by Advanced Behavioral Health (ABH). In the future, Clinical Practice Improvement Initiatives will be coordinated between the Departments and the ASO.

Substance abuse residential detoxification providers and hospitals will have access to field-based recovery managers. Recovery managers will assist providers with diversion strategies and disposition plans for individuals admitted to services.

**Substance Abuse Residential Detoxification
Protocol - Overview**

Effective November 1, 2010, providers are required to call or fax Advanced Behavioral Health (ABH) on a daily basis to provide census data for individuals eligible for Medicaid and Medicaid LIA. The daily census should include all individuals admitted to residential detoxification who are eligible for Medicaid and Medicaid LIA. The daily census data is not for authorization or continued stay reviews, but rather to determine which Medicaid or Medicaid LIA members are receiving detoxification services. The Departments are seeking to ensure that individuals who receive detoxification services receive the appropriate community supports that improve their likelihood of connecting to and staying engaged in non-acute services. ABH will contact each provider to coordinate the daily census protocol.

**Substance Abuse Residential Detoxification
Protocol -Process**

1. Residential detoxification providers must fax the Medicaid Detox Census List Form to Advanced Behavioral Health (ABH) daily by 10:00 a.m., Monday through Friday. The form should be faxed to (860) 704-6145. If providers prefer, they may call ABH at 1-800-606-3677, Option 1 to provide the list of individuals via telephone.
2. The Medicaid Detox Census List should list all individuals who have current eligibility for Medicaid or Medicaid LIA. The list should contain all Medicaid or Medicaid LIA individuals admitted and/or in care since the report received on the previous day.
3. If the form is not received via fax from a residential detoxification provider by 10:30 a.m., Monday through Friday, ABH staff will contact the facility to remind them of the need to submit the form.
4. ABH Care Management staff will review the Medicaid Detox Census List on a daily basis.
5. Individuals will be identified for potential assignment to a Recovery Manager based on the following:
 - a. One readmission to detox within 30 days;
 - b. More than two admissions to residential detoxification within 60 days;
 - c. Identification by the provider on the Medicaid Detox Census List Form that the individual would benefit from care management or disposition assistance.
6. ABH staff will contact the facility to obtain additional information as necessary and advise the provider that the individual is being assigned to a Recovery Manager.

7. ABH staff will direct the assigned Recovery Manager or Regional Coordinator to initiate contact with the individual as soon as possible, preferably the day of notification of admission.
8. ABH Care Management staff will provide assistance to coordinate and facilitate discharge planning, including obtaining priority access to Methadone Maintenance and/or priority access to Recovery Houses.
9. The ABH Clinical Director will notify DMHAS if the residential detoxification facility is unwilling to submit the Medicaid Detox Census List.
10. ABH will continue to contact residential detox facilities twice daily, Monday through Friday, to obtain updated information on detoxification bed availability.

Hospital Emergency Department and Acute Psychiatric Diversion and Disposition Protocol

Individuals who present to hospital emergency departments may need treatment services other than acute hospitalization. In such cases, hospitals will have access to an ABH Recovery Manager trained to provide assistance with diversions by calling 1-800 606-3677 option 1. The ABH staff will assist the hospital in identifying a more appropriate level of care and then facilitate the admission to the identified level of care. Authorization from Qualidigm continues to be required for individuals that are considered appropriate for admission to the hospital. For those individuals who are admitted for acute psychiatric services, an ABH staff person will be available to the hospital to assist with the discharge disposition. The ABH staff will work collaboratively with the hospital staff to coordinate and facilitate timely discharges to the next level of care. ABH will contact hospitals to set up an initial meeting to review the details and the implementation process of the protocol.

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Distribution: This policy transmittal is being distributed to providers enrolled in the Connecticut Medical Assistance Program by HP Enterprise Services.

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