Connecticut BHP
Supporting Health and Recovery

PROVIDER ALERT

Alert #: **PA 2011-11**

Issued: **April 2011**

To: **Detoxification Providers**

Subject: **Revisions to Detoxification Protocols**

Dear Provider,

The CT Behavioral Health Partnership is dedicated to ongoing communication and collaboration with Providers throughout the state, and welcomes suggestions about ways to enhance the systems and procedures in place for authorizing services at all levels. As a result of recent feedback from a number of Detoxification Providers, we have reviewed the ValueOptions CareConnect system protocol that has been used for Detoxification authorizations. The focus was on finding ways to streamline the process and reduce the length of time required to complete either a pre-certification or continued stay review.

Based on that evaluation, we have instituted changes to the process that we believe will reduce the review time significantly but still gather information necessary to insure a competent review of each request.

- First, we have created a dedicated staffing queue for detoxification-related inquiries, and have identified specific, experienced staff to address those calls. This priority will insure that calls are address promptly, and by clinicians who are familiar with this level of care and the authorization process.
- Second, our clinical staff will be using a modified format in place of the standard one and also will be gathering only the minimum, information necessary to make a determination of medical necessity. We have eliminated approximately 40% of the total content areas from the original protocol to streamline the process sufficiently.

After making these changes, we have performed tests of the revised process to determine ease of use and estimate approximate length of time to perform a review. From those tests, we estimate that reviews can be completed in approximately 15-20 minutes. This estimate is based on the expectation that Providers will ensure that their reviewers are prepared and experienced in the review process.

We have created a template for Providers that shows the information to be collected. Additional time can be saved if Providers are familiar with the process and are prepared with

answers at the time of the contact. We anticipate sending the template to detoxification Providers by 4/25 to assist in their preparations for authorization requests.

In addition, we anticipate continuing to adapt the review process over time as data is collected and we develop a better picture of the service requests and the Providers' performance. One area for future exploration, based on the data, is the potential development of a bypass program for detoxification services, similar to the program now in place for hospital inpatient units. That development will be based on the ongoing collaboration and communication between the CT BHP and the Provider community. We are looking forward to that ongoing partnership.

If you have any questions or concerns, please do not hesitate to contact the CT BHP Call Center at 1-877-552-8247.

Provider Relations
CT Behavioral Health Partnership

Attachment:
CT BHP Inpatient Detox Template

Connecticut BHP
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Inpatient Detox Template - CTBHP

Member Demographics	
Name:	CT Medicaid #
Requested Start Date:	Review Date (today's date):

Level of Care	
Type of Service: ☐ Substance Abuse	Select Type of Care ☐ Inpatient Detox – Freestanding IP – RFT - SA ☐ Inpatient Detox – Hospital – IP Hospital ☐ Inpatient Detox – Hospital – IP Psych Facility ☐ Residential Rehab
Calling Provider / Facility:	Admit Date:
Facility Address:	
Member's Current Location:	☐ ER ☐ Jail/Detention ☐ Facility ☐ Provider Office ☐ Home/Community ☐ Group Home ☐ Shelter ☐ Foster Home ☐ School ☐ Nursing Home ☐ Assisted Living Facility ☐ Supervised Housing ☐ Supportive Housing
Primary Requester / Referral Source:	☐ Court/Legal ☐ EAP Provider ☐ Employer ☐ Guardian ☐ Household Member ☐ Member ☐ Parent ☐ PCP ☐ Provider/Facility ☐ School ☐ Social Services ☐ Spouse ☐ Unmarried Partner ☐ Crises/Respite/Shelter/Safehome ☐ PRTF ☐ RTC/GH ☐ Foster Family ☐ DCF/Social Services ☐ CARES ☐ DMHAS ☐ LMHA
Name of Place / Facility / Institution who referred member (be specific):	
If Child, DCF Legal Status:	☐ N/A ☐ Committed ☐ CPS In-Home ☐ Delinquency Pending ☐Dual Committed ☐ FWSN ☐ FWSN Pending ☐ Juvenile Justice ☐ Non Committed ☐ Open Investigation ☐ Order of Temporary Custody ☐ Pending 136 ☐ Probate ☐ Protective Supervision ☐ Termination of Parental Rights ☐ Unknown ☐ Voluntary (age of majority) ☐ Voluntary Services ☐ Voluntary Services Pending

Diagnosis	
AXIS I	
AXIS II	
AXIS III	☐ None ☐ Allergies ☐ Alzheimer's Disease ☐ Anemia ☐ Arthritis or Rheumatism ☐ Asthma ☐ Cancer or Leukemia ☐ Cardiovascular Problems ☐ Chronic Pain ☐ Chronic Obstructive Pulmonary Disease ☐ Circulation Problems in Arms and Legs ☐ Congestive Heart Failure (CHF) ☐ Coronary Artery Disease (CAD) ☐ Diabetes

	☐ Disabilities or Physical Impairments ☐ Emphysema or Chronic Bronchitis ☐ Epilepsy/Seizures ☐ Fibromyalgia ☐ Glaucoma ☐ High Blood Pressure (hypertension) ☐ Head Injury ☐ HIV / AIDS ☐ Kidney Disease ☐ Liver Disease ☐ Migraine Headaches ☐ Multiple Sclerosis ☐ Obesity ☐ Parkinson's Disease ☐ Pregnancy ☐ Skin Disorders (severe burns, leg ulcers, etc.) ☐ Speech Impediment or Impairment ☐ Stomach Problems (e.g., acid reflux, ulcers) ☐ Stroke / Effects of Stroke ☐ Thyroid or other Glandular Problem ☐ Urinary Tract or Prostate Problems ☐ Med Condition Seriously Impacting Member's Health ☐ Unknown
AXIS IV	☐ None ☐ Educational Problems ☐ Financial Problems ☐ Housing Problems ☐ Occupational Problems ☐Other Psychosocial and Environmental Problems ☐ Problems with access to Health Care Services ☐ Problems related to interaction with Legal System/Crime ☐ Problems with Primary Support Group ☐ Problems related to Social Environment ☐ Unknown

Substance Abuse

SUBSTANCE ABUSE (MUST COMPLETE IF SUBSTANCE ABUSE OR ALCOHOL INDICATED)

Check all that apply:

☐ Alcohol
☐ Amphetamines / Stimulants (diet pills, "speed", Ecstasy, Ritalin, etc.)
☐ Barbiturates (sedatives, "downers", etc.)
☐ Cocaine (crack, powder, etc.)
☐ Hallucinogens (LSD, mescaline, etc.)
☐ Inhalants (glue, gasoline, solvents, nitrates, etc.)
☐ Marijuana or Hashish
☐ Opioids (Heroin, Morphine, etc.)
☐ Over-the-counter Cold or Cough Medications (dextromethorpan, etc.)
☐ PCP (Phencyclidine)
☐ Pain Killers (Codeine, Demerol, etc.)
☐ Sleeping Pills
☐ Steroids
☐ Tranquilizers (Valium, Xanax, other anxiolytics, etc.)
☐ Other Prescription Drugs
☐ Other Non-prescription Drugs or substances
☐ Unknown

Primary Drug/Substance

Total Years of Use	Length of Current Use	Amount of Use	Frequency of Use	Date Last Used
☐ 0-5 years	☐ Less than 1 month		☐ Daily	
☐ 6-10 years	☐ 1-6 months		☐ 4X per week	
☐ 11-15 years	☐ 6 mos-1 year		☐ 4-6X per week	
☐ 16-20 years	☐ 1 year or longer		☐ 2-3X per week	
☐ 20+ years	☐ Unknown			
☐ Unknown				

Secondary Drug/Substance

Total Years of Use	Length of Current Use	Amount of Use	Frequency of Use	Date Last Used
☐ 0-5 years	☐ Less than 1 month		☐ Daily	
☐ 6-10 years	☐ 1-6 months		☐ 4X per week	
☐ 11-15 years	☐ 6 mos-1 year		☐ 4-6X per week	
☐ 16-20 years	☐ 1 year or longer		☐ 2-3X per week	
☐ 20+ years	☐ Unknown			
☐ Unknown				

Tertiary Drug/Substance

Total Years of Use	Length of Current Use	Amount of Use	Frequency of Use	Date Last Used
☐ 0-5 years	☐ Less than 1 month		☐ Daily	
☐ 6-10 years	☐ 1-6 months		☐ 4X per week	
☐ 11-15 years	☐ 6 mos-1 year		☐ 4-6X per week	
☐ 16-20 years	☐ 1 year or longer		☐ 2-3X per week	
☐ 20+ years	☐ Unknown			
☐ Unknown				

Withdrawal Symptoms:	Check all that Apply: ☐ None ☐ Nausea ☐ Tremors ☐ Past DT's ☐ Vomiting ☐ Agitation ☐ Black Outs ☐ Current Seizures ☐ Cramping ☐ Hallucinations ☐ Current DT's ☐ Past Seizures ☐ Other? _____

Vitals

Blood Pressure:	Temperature:	Pulse:	Respiration:	Blood Alcohol:
_____ / _____	_____	_____	_____	_____
☐ N/A	☐ N/A	☐ N/A	☐ N/A	☐ N/A

ASAM / Other Patient Placement Criteria

Dimension 1 Intoxication/Withdrawal Potential	Dimension 2 Biomedical Conditions	Dimension 3 Emot/Beh/Cogn Conditions
☐ Low ☐ Medium ☐ High	☐ Low ☐ Medium ☐ High	☐ Low ☐ Medium ☐ High
Narrative:	Narrative:	Narrative:

Dimension 4 Readiness to Change	Dimension 5 Relapse Potential	Dimension 6 Recovery Environment
☐ Low ☐ Medium ☐ High	☐ Low ☐ Medium ☐ High	☐ Low ☐ Medium ☐ High
Narrative:	Narrative:	Narrative:

Treatment History

Psychiatric Treatment in the past 12 Months:	Check All that Apply: ☐ Unknown ☐ None ☐ Outpatient (excluding current course of treatment) Outcome: ☐ Improved ☐ No Change ☐ Worse ☐ Unknown

	Treatment Compliance (Non-Med): ☐ Unknown ☐ Poor ☐ Fair ☐ Good ☐ Intensive Outpatient / Partial Hospital Program Outcome: ☐ Improved ☐ No Change ☐ Worse ☐ Unknown Treatment Compliance (Non-Med): ☐ Unknown ☐ Poor ☐ Fair ☐ Good ☐ Hospitalization (Including residential and group home) Outcome: ☐ Improved ☐ No Change ☐ Worse ☐ Unknown Treatment Compliance (Non-Med): ☐ Unknown ☐ Poor ☐ Fair ☐ Good Number of Psychiatric Hospitalizations in the Past 12 Months: _____ Number of Psychiatric Hospitalizations in Lifetime: _____
Substance Abuse Treatment in the Past 12 Months:	Check All that Apply: ☐ Unknown ☐ None ☐ Outpatient (excluding current course of treatment) Outcome: ☐ Improved ☐ No Change ☐ Worse ☐ Unknown Treatment Compliance (Non-Med): ☐ Unknown ☐ Poor ☐ Fair ☐ Good ☐ Intensive Outpatient / Partial Hospital Program Outcome: ☐ Improved ☐ No Change ☐ Worse ☐ Unknown Treatment Compliance (Non-Med): ☐ Unknown ☐ Poor ☐ Fair ☐ Good ☐ Hospitalization (Including residential and group home) Outcome: ☐ Improved ☐ No Change ☐ Worse ☐ Unknown Treatment Compliance (Non-Med): ☐ Unknown ☐ Poor ☐ Fair ☐ Good Number of Substance Abuse Hospitalizations in the Past 12 Months: _____ Number of Substance Abuse Hospitalizations in Lifetime: _____
Medical Treatment in the Past 12 Months:	Check All that Apply: ☐ Unknown ☐ None ☐ Routine Medical Treatment ☐ Significant Medical Treatment - Please explain: _____

Psychotropic Medications

Is member currently on Psychotropic Medication? ☐ Yes ☐ No ☐ Unknown	Date of Most Recent Med Evaluation: _____ ☐ Unknown
Any Medication Changes this Month? ☐ Yes ☐ No	Do Meds Require Serum Blood Levels? ☐ Yes ☐ No

Enter Current Meds Prescribed

Medication: _____ Dosage: _____ Frequency: _____	Medication: _____ Dosage: _____ Frequency: _____	Medication: _____ Dosage: _____ Frequency: _____

Treatment Request & Discharge Planning

Primary Barrier to Progress and Treatment:	☐ Adequate Housing Residence

	☐ Discharge Treatment setting not available ☐ Family not able to support ☐ Family not willing to support ☐ HX of Interrupted treatment ☐ Lack of Community Support ☐ Language Barrier ☐ Legal Mandate ☐ Par / Adult active SA in HM ☐ Par / Adult in Home is Acc ☐ Transportation ☐ Treatment non-compliance ☐ None ☐ Other _____

Planned Discharge Level of Care:

☐ Community Support Team ☐ Outpatient ☐ Targeted Case Mgt ☐ Inpatient ☐ 23 Hour ☐ CSU ☐ Partial Hospital
☐ RTC ☐ GH ☐ Halfway House ☐ Day Services ☐ IOP / SOP ☐ Alternative ☐ Community Support
☐ Day Treatment ☐ Foster Care ☐ In-Home & Family Services ☐ Placement Services ☐ PRTF ☐ Residential Child Care
☐ Respite ☐ Specialty Children's Program ☐ Subacute ☐ Other ☐ Assertive Community Treatment
☐ Facility Based Crisis ☐ Intensive In-Home ☐ MST ☐ NCMC Only Ambulatory Detox
☐ NCMC Only Medically SPVSD/ADATC ☐ NCMC Only Non-Hospital Med Detox ☐NCMC Only SA Med Monitored Resi
☐ NCMC Only SA Non Med Resi Over 21 ☐ Opioid Treatment ☐ Psychosocial Rehab ☐ SACOT

Planned Discharge Residence:

☐ AWOL ☐ CCP/High Meadow ☐ Correctional Facility ☐ Foster Home ☐ Home ☐ Independent Living
☐ Juvenile Detention ☐ Nursing Home/SNF/Assistant Living ☐ RTC/Group Home ☐ State Hospital
☐ Therapeutic Foster Care ☐ Transfer to Alt. Psych or Rehab Facility ☐ Transfer to Medical ☐ Unknown
☐ Other: _____

Effective Start Date:	Expiration Date:	# of Requested Units:	# of Approved Units: