Adult Group Home Transition
Frequently Asked Questions

What are the review turnaround times when requests are entered online?
If a review is received by 12:00pm on a business day, then it must be completed by 5:00pm on that same day. If received by 7:00pm on a business day, then it must be completed by 12:00pm the following business day. If received after 7:00pm and before midnight on a business day, then it must be completed by 12:00pm the following business day.

If the member has primary commercial insurance and secondary Medicaid insurance, do I still complete a precertification authorization request at the time of admission?
While a precert/auth request is not required, we recommend you obtain an online registration.

If we are unsure if the member being admitted will meet the Adult Group Home guidelines, should we complete the Adult Group Home request?
It is the facility's responsibility to provide the care they feel is medically appropriate for the member. The Level of Care Guidelines have not changed and can be accessed on the CT BHP website (www.CTBHP.com) for further clarification. If it is determined that a member does not meet level of care criteria, the facility can take advantage of the CT BHP's Appeal process.

Is the Medication field required?
The Medication field is not a required field in our system, but is highly encouraged to enter the medications and to attach the medication list.

What if I don't know when the member started taking their medications historically?
If you do not know when the member started taking medications, indicate the date of your first encounter with the member and then explain that the start date for the medication could have been previous to this date in the narrative text box.

Do I enter all psychiatric and medical medications that the member is taking?
Yes, you should enter all available medication information as long as it is helpful in determining the complete clinical picture of the member.

Will the expected discharge date be required in the initial request?
No, the discharge date is not required on the initial precertification request, but it is required on subsequent concurrent reviews.

Does everyone in my group home need a ProviderConnect ID and password to enter HLOC precertifications and concurrent reviews?
No. Only providers and administrative staff who are responsible for entering precertifications and concurrent reviews into ProviderConnect are required to have their own ID and password. Due to HIPAA

regulations, each ProviderConnect user is required to have their own ID and password and cannot share their login credentials with other staff members.

Are there any changes in regards to retroactive eligibility requests?
Please reference Provider Notice PA-2016-03

How do I complete the concurrent review process online?
The process for completing concurrent reviews is the same as the precertification process. The concurrent review will carry over with some information from the previous review. Some fields, like Symptomology and Anticipated Discharge Date, will require updates on the concurrent review. Also, the authorizing CT BHP clinician will enter questions in the "Focus of Next Clinical Review" section that will need to be addressed in the concurrent review. For concurrent reviews, the member's most recent treatment plans targeting the current needs has to be attached to the review.

Where can we find more information on evidence- based approved practices?
Additional information pertaining to approved best practices can be accessed while completing an online authorization request. This information can be found by clicking on the "Best Practice Guidelines Related to Primary Behavioral Diagnosis" hyperlink at the Best Practices Endorsement section in the ProviderConnect system prior to submitting your authorization request.

How do I access the member's authorization letter?
All member authorization letters can be found on ProviderConnect. After logging into the system using your ProviderConnect user name and password, click on "Specific Member Search". Enter the member's Medicaid ID number and Date of Birth. Scroll to the bottom of the screen and click on "View Member Auths', then click "Search".
At the top of the page, click on "Auth Details". Scroll to the bottom of the page to view the dates and units authorized under the section "Service Lines".
To view the auth letter, click on the letter icon, next to the "Authorization Letter (s) in the middle of the page.
Please note, there also is a training video on www.CTBHP.com entitled "*Searching and Printing Authorizations*"