



HUSKY Health Behavioral Health Provider Manual

**Serving Children, Families and
Adults through the CT Behavioral
Health Partnership**

COVID-19 RESPONSE

PLEASE NOTE:

Effective March 13, 2020, the Department of Social Services (DSS) temporarily expanded portions of telemedicine coverage in response to the Governor's declaration of a public health emergency resulting from COVID-19 (coronavirus).

PLEASE NOTE THAT ALL POLICY TRANSMITTALS, PROVIDER BULLETINS and important messages may supersede requirements outlined in the following manual.

DSS has posted a Frequently Asked Questions (FAQ) document for HUSKY Health providers regarding the Connecticut Medicaid Assistance Program's (CMAP) Response to COVID-19. It includes information regarding telehealth coverage, authorization parameters, and billing requirements. The document also includes hyperlinks to all recent HUSKY Health provider bulletins and important messages that have been distributed to the CMAP network.

[Click here to access the FAQ Document](#)

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Dear HUSKY Health provider,

The Connecticut Behavioral Health Partnership (CT BHP) was effective January 1, 2006 to create an integrated public system of behavioral health care. The original partners included the Department of Social Services (DSS) and the Department of Children and Families (DCF). A legislatively mandated Oversight Council including legislators, HUSKY Health providers, and consumers provide advice and consultation to the CT BHP. The Departments contracted with Beacon Health Options to serve as the Administrative Services Organization (ASO) for the Partnership. This partnership initially served the HUSKY A, HUSKY B, and DCF Limited Benefit membership.

Expanded in April 2011 to include the Department of Mental Health and Addiction Services (DMHAS), the CT BHP continues to build and maintain an integrated behavioral health service system for HUSKY Health members. Today, the Partnership covers adults, children and families enrolled in HUSKY A, B, C, D, and DCF Limited Benefit programs, including those with other insurance. Please note that prior to January 1, 2012, HUSKY C and HUSKY D were known as Fee-For-Service Medicaid and Medicaid for Low Income Adults, respectively.

The Partnership's goals are to:

- Improve the quality of behavioral health care individuals receive from the publicly funded service system;
- Promote recovery for all individuals with behavioral health disorders;
- Improve the management of state resources; and
- Increase federal financial participation in the funding of behavioral health services.

To accomplish these, the CT BHP works to provide access to a more complete, coordinated, and effective continuum of community-based behavioral health services and supports.

This HUSKY Health Provider Manual is designed to give HUSKY Health providers a concise summary of the policies that guide the delivery of CT BHP services. It will be revised to reflect future program additions and changes. We welcome your feedback about policies and procedures, as well as the content and format of this handbook. If you have feedback or questions about the content in this Manual, please contact the Provider Relations Department at 877-552-8247 or email us at ctbhp@beaconhealthoptions.com.

Most of all, we welcome you to the CT BHP network. Our goal is to fully support you in serving the children, families and adults of Connecticut HUSKY Health members who need behavioral health services. Thank you for your participation.

Department of Children and Families
Department of Mental Health and Addiction Services
Department of Social Services

I. INTRODUCTION

OVERVIEW OF THE CONNECTICUT BEHAVIORAL HEALTH PARTNERSHIP (CT BHP)

The CT BHP evolved from nearly a decade of planning when stakeholders from across the state, including consumers, parents, youth, citizens, HUSKY Health providers and others came together to design a system of care that would offer more appropriate behavioral health services—and better clinical outcomes. Other important priorities included better management of state resources and increased federal financial participation in the funding of behavioral health services.

Through a public procurement process finalized in 2005, the Department of Children and Families (DCF) and the Department of Social Services (DSS) (‘the Departments’) selected Beacon Health Options, a national managed behavioral health care company, to serve as the Administrative Services Organization (ASO) for the CT BHP. The CT BHP included children and families enrolled in HUSKY A, children and youth enrolled in HUSKY B, and the Limited Benefit program (DCF involved individuals with complex behavioral health needs).

In 2010, Connecticut was the first state to receive federal approval to expand its Medicaid services under the Patient Protection and Affordable Care Act. As a result, the Department of Mental Health and Addiction Services (DMHAS) joined the CT BHP.

Since 2006, Beacon Health Options has maintained an office located in Rocky Hill, Connecticut, with its resources dedicated to the CT BHP. Please visit the CT BHP website (www.CTBHP.com) for additional information about the program.

One of the most important goals of the CT BHP was to increase the role service recipients play in the delivery system, not only as individuals guiding their own treatment and recovery, but also as people who have a strong voice in the delivery system itself. CT BHP works closely with advocacy organizations across Connecticut, such as Family Advocacy for Children’s Mental and Behavioral Health (FAVOR) and National Alliance on Mental Illness (NAMI), which are family advocacy organizations offering support groups, newsletters, websites, workshops, resources, advocacy training, and public forums. CT BHP also supports and collaborates with CCAR (Connecticut Community for Addiction Recovery) and their efforts to promote recovery, supports, and resources.

Additionally, the CT BHP works closely with the Consumer and Family Advisory Council (CFAC). CFAC is a consumer and family-driven council that works to improve communication among HUSKY Health providers, individuals, families, agencies and communities regarding service delivery that will result in more positive and meaningful outcomes for families. The Council provides input regarding program and quality initiatives of the CT Behavioral Health Partnership. CFAC meetings are open to Connecticut Medicaid HUSKY Health consumers, and family and community members who are willing to support CFAC’s mission and vision through monthly meeting attendance.

Connecticut legislation statutorily mandated creation of the CT BHP and is invested in monitoring the progress of the reform initiative, as well as ensuring improvement across the system. This is accomplished by the Behavioral Health Partnership Oversight Council, which ensures accountability to contract expectations via reports to the Council and its various subcommittees. Participants in the Oversight Council and its subcommittees include HUSKY Health members, family members, HUSKY Health providers, and other interested individuals.

The day-to-day leadership and oversight of the CT BHP are provided by the state partners, the CT Department of Social Services, the CT Department of Mental Health and Addiction Services, and the CT Department of Children and Families.

QUICK REFERENCE GUIDE TO THE CONNECTICUT BEHAVIORAL HEALTH PARTNERSHIP

State Partners

William Halsey, LCSW, MBA
Deputy Director of Medicaid and Division of Health Services
CT Department of Social Services

Colleen Harrington, MBA, LCSW
Deputy Commissioner
CT Department of Mental Health & Addiction Services

Stephney Springer, LCSW, Psy.D.
DCF Director of CT BHP
Connecticut Department of Children and Families

Gainwell Technologies

*Provider Enrollment and Re-Enrollment • Member Eligibility Verification
Electronic and Web claims submission • Online Claim Inquiry • Provider Manual
Claims Processing and Payment*

Gainwell Technologies Provider Assistance..... 800-842-8440
Gainwell Technologies Website www.ctdssmap.com

For information on submitting electronic and web claims, call Gainwell Technologies at the number listed above, or go online to www.ctdssmap.com.

CT BHP Administrative Services Organization (ASO) Beacon Health Options

The Connecticut Behavioral Health Partnership
500 Enterprise Drive, Suite 3D, Rocky Hill, CT 06067

CT BHP Toll Free 877-552-8247
Fax 855-750-9862
TTY..... 711
CT BHP Website.....www.CTBHP.com
CT BHP Email.....CTBHP@beaconhealthoptions.com

For your convenience, we have one central toll-free number with a menu through which callers can select the appropriate option. HUSKY Health Member and Provider Services Lines are open from 9:00 a.m. to 7:00 p.m. EST on regular business days. Care Managers (for HUSKY Health members in crisis and pre-certifications for inpatient services) are available 24 hours a day, 365 days a year for HUSKY Health members and providers.

HUSKY Health Provider Service Referrals • Provider Bulletins/Newsletter/Training Workshops • HUSKY Health Provider Manual • Intensive Care Management • Peer Support Services • Utilization Management • Authorization Procedures • Clinical/Administrative Appeal Procedures

Quality Management (QM)

- Critical incidents/significant events
- Provider profiling
- QM committees
- QM studies
- QM and improvement initiatives
- Compliance and auditing

Regional Network Management

- Supports integration of community stakeholders within local collaboratives
- Develops standardized methodology to evaluate HUSKY Health provider performance and change
- Establishes performance improvement plans with HUSKY Health providers to positively impact outcomes
- CT BHP and community liaisons

Provider Relations

- HUSKY Health Provider training/education
- Newsletter, updates, and alerts
- Service/network development
- CTBH(e)P Desk
- Rapid Response Team

Member Services

- Eligibility verification
- HUSKY Health provider listings & referrals
- General information
- File complaint/grievance

Peer Support Services

- Family/member support
- Member calls & referrals
- Educational mentoring
- Outreach & training services
- Promotion of wellness & recovery

Utilization/Care Management

- Prior authorizations
- Concurrent reviews
- Intensive Care Management
- DCF residential and one-to-one authorizations and census tracking
- Home Health Services for Behavioral Health issues.

II. Participating as a HUSKY Health Provider

PROVIDER ENROLLMENT

A behavioral health provider seeking reimbursement by the Department of Social Services (DSS) for Medicaid covered services delivered to eligible HUSKY Health members must meet applicable enrollment requirements and enroll as a Connecticut Medical Assistance Program (CMAP) provider. The credentialing process takes several weeks from the date that the *completed* application is received by Gainwell Technologies, the fiscal agent for DSS. HUSKY Health Providers can request that their enrollment be effective from the date entered on their completed application. Gainwell Technologies will accept retroactive start dates up to six months from the date the application was signed. We recommend that newly enrolled HUSKY Health providers should attend the new behavioral health provider workshop for an introduction to the Connecticut Medical Assistance Program's policies and procedures. To attend the new provider workshop or provider specific workshop please go to the www.ctdssmap.com web site, click on "Provider", then "Provider Services", and scroll down to provider training. Select the link, "here", to view the list of available provider workshops or to review the most current workshop materials.

HUSKY Health providers must enroll electronically through the Gainwell Technologies website: www.ctdssmap.com using the enrollment wizard. To enroll in CMAP from the home page, click on "Provider", and then "Provider Enrollment". DCF residential facilities and group homes enroll directly with the DCF Division of Administrative Law and Policy Licensing Unit at 860-550-6306.

To ensure continued eligibility for reimbursement, it is necessary for HUSKY Health providers to periodically re-enroll. DSS conducts re-enrollment of providers through Gainwell Technologies. If a HUSKY Health provider fails to comply with regulations governing enrollment and participation under CMAP, DSS may, with proper notification, discontinue a provider's participation in the program.

While enrollment in CMAP does not obligate a HUSKY Health provider to see all HUSKY Health members who request services (especially those HUSKY Health members whose behavioral health needs fall outside the provider's expertise), it does prohibit a HUSKY Health provider from discriminating in their acceptance of HUSKY Health members, other than due to clinical criteria

Once Medicaid enrollment is complete, HUSKY Health providers will receive a Provider Data Verification form. The Provider Data Verification Form is separate from Provider Enrollment. It ensures that the clinical services provided are loaded into the CT BHP system, allowing HUSKY health providers to obtain authorization for reimbursement, ensuring that our clinical and customer service teams make appropriate referrals, and allowing the HUSKY Health provider to indicate if they are currently accepting HUSKY Health members.

Providers should use the Provider Data Verification (PDV) form found on the CT BHP website ([For Providers/Forms Page](http://www.CTBHP.com) www.CTBHP.com) to update the services they are providing and their specialties, and/or to indicate the status of referrals. HUSKY Health providers may contact Provider Relations at 877-552-8247 for assistance with completing the Provider Data Verification form.

PARTICIPATING HUSKY Health PROVIDER RESPONSIBILITIES

CT BHP and its HUSKY Health providers must maintain a cooperative relationship to provide quality recovery focused services to adults, children, and families. HUSKY Health Providers have an independent responsibility to provide mental health and/or substance use services to HUSKY Health members in care. HUSKY Health providers shall always exercise their best clinical judgment in the treatment of HUSKY Health members. Providers deliver services which are medically necessary, and do not bill the member except as permitted by benefit.

Professional Standards

HUSKY Health Providers must render covered services in a high-quality and cost-effective manner in recognition of the CT BHP's standards and procedures; in accordance with generally accepted medical standards and all applicable laws and regulations; and pursuant to the same standards as services rendered to a provider's other patients. HUSKY Health Providers must not discriminate against any HUSKY Health member based on race, color, gender, sexual orientation, age, religion, national origin, ability, health status or source of payment.

Confidentiality

HUSKY Health providers are required to maintain the confidentiality of all protected health information (PHI) in accordance with applicable federal laws, including the Health Insurance Portability and Accountability Act (HIPAA), as well as laws of the State of Connecticut. This confidentiality includes information gathered and developed while providing behavioral health care services, such as:

- HUSKY Health member-specific information, including confirmation or acknowledgement that treatment or care management records may exist, and
- Provider information related to quantity or quality of a provider's performance or to a HUSKY Health provider's interaction in providing services to HUSKY Health members.

HUSKY Health providers must cooperate with DSS, DMHAS, DCF, and Beacon Health Options to ensure that all consents or authorizations to release member records are in conformity with applicable state and federal laws and regulations governing the release of records maintained in connection with mental health and/or substance use treatment. HUSKY Health providers must also ensure that any records meet all applicable federal and state laws and regulations related to the storage, transmission and maintenance of such records, including without limitation HIPAA (Public Law 104- 191) and the rules and regulations promulgated hereunder, as well as guidance issued by the United States Department of Health and Human Services.

The CT BHP recognizes that HUSKY Health members have a basic right to privacy of their personal information and records. HUSKY Health providers must adhere to the following guidelines:

- HUSKY Health Providers must limit access to member information solely to the member except in the case of a parent or guardian with legal custody of a minor child, or a person with legal authority to act on behalf of an adult or emancipated minor in making decisions related to health care.
- All requests for release of information must be reviewed by management staff of a provider agency or by the individual practitioner and responded to in accordance with CT BHP policy.
- Confidentiality regulations must be followed unless the HUSKY Health member waives confidentiality or as required by law. When a HUSKY Health member waives confidentiality, the HUSKY Health provider discloses information with the HUSKY Health member's permission and only that which is necessary to fulfill the immediate and specific purpose, and
- HUSKY Health providers must train their employees on their responsibilities regarding confidential information. All employees must sign a confidentiality agreement upon employment and annually thereafter, attesting that they have read, understand, and abide by confidentiality policies.

Given that HUSKY Health providers are licensed and credentialed by a variety of state agencies, it is expected that all participating HUSKY Health providers will conduct business in accordance with licensing standards. In addition, CT BHP anticipates working with the HUSKY Health provider community, at a minimum, to identify and develop best practices, to exchange relevant information as requested regarding medical necessity or investigations, to identify training opportunities, and to identify and address local service needs while maintaining a focus on member centered care.

SUPPORTS AVAILABLE TO HUSKY Health PROVIDERS

The CT BHP is committed to helping HUSKY Health providers fulfill their administrative functions efficiently and conveniently. To that end, Beacon Health Options and Gainwell Technologies, the Medicaid fiscal agent, provide a variety of tools to support HUSKY Health providers. Both entities also have staff available to provide training and respond to questions from employees of HUSKY Health provider organizations.

CT BHP Website

The CT BHP website, www.CTBHP.com, provides access for HUSKY Health providers who wish to:

- Review information contained in this Provider Handbook
- Review HUSKY Health Provider Alerts/Notices & state issued bulletins pertaining to the CT BHP
- Review the CT BHP Authorization Schedules & Covered Services
- Review the CT BHP Level of Care Guidelines
- Access a listing of CT BHP Enhanced Care Clinics
- Access a listing of CT BHP Medications for Addiction Treatment (MAT) providers
- Access ReferralConnect to search CT BHP HUSKY Health providers and identify appropriate practitioners or agencies to whom to refer a HUSKY Health member ready for discharge (also available to HUSKY Health members for self-referral)
- Access the CT BHP web registration system, ProviderConnect, for authorizations that do not require a telephonic review with a Care Manager or Intensive Care Manager
- Access our training video library and manuals
- Review schedules of provider events and trainings

The CT BHP website also includes multiple language selections, archived alerts/communications, recent provider news and updates, updates to the HUSKY Health Provider Manual, as well as, tools, resources, and training materials which providers may find useful.

Medication for Opioid Use Disorder (MOUD) & Medication for Alcohol Use Disorder (MAUD)

At the CT BHP, we work to help people live their lives to the fullest potential. With this in mind, we have made significant efforts to expand the list of providers available for MOUD and MAUD services. We have also worked to expand the amount of MOUD/MAUD related resources that are available to both HUSKY Health providers and members. The CT BHP website has Medications for Addiction Treatment (MAT) Resources landing page. On this page, you can find

- SAMHSA, Local and National Resources
- HUSKY Health Provider Toolkit
- Primary Care Provider (PCP) Toolkit
- Interactive Medications for Addiction Treatment HUSKY Health Provider Locator Map

The interactive MAT provider map allows HUSKY Health providers and HUSKY Health members to search for a HUSKY Health provider offering MOUD/MAUD treatment including Methadone clinics, partial hospitalization, intensive outpatient, and outpatient services. You can also search for other treatment services that support substance use by typing in a provider or town name. This has served as a valuable tool in connecting HUSKY Health members with substance use challenges to available HUSKY Health providers.

We are continually working to update the list of resources on our MAT page. If you are interested in providing Medications for Addiction Treatment or have any recommended resources for HUSKY Health members or HUSKY Health providers, please contact us at CTBHP@BeaconHealthOptions.com.

Achieve Solutions®

Achieve Solutions® is an award winning, online library of information about behavioral health care. This site offers behavioral health information in a convenient, confidential manner with interactive tools and other resources to help individuals and family members resolve personal concerns.

Its educational content and internet accessibility allow HUSKY Health providers to easily select and print articles and news on a wide range of issues, including child care and parenting, depression and anxiety, drugs and alcohol, elder care and aging, events and transitions, health and wellness, legal and financial issues, work, and personal growth. The site includes more than 3,000 feature articles across more than 200 topics, presenting a robust resource for the creation of tip sheets and other handouts. [Click here to access Achieve Solutions.](#)

HUSKY Health providers have found Achieve Solutions® to be a valuable source of material to share with HUSKY Health members and families. Hard copies of pertinent literature can be printed out for distribution. All online transactions are completed in a secure manner. HUSKY Health members and families can also access the website themselves. The website is certified by VeriSign ensuring that information remains confidential. Any questions regarding these easy-to-use, secure, online services or requests for assistance should be directed to the Provider Relations Department at 877-552-8247 options 1, 2, and 7.

ReferralConnect - CT BHP's On-line HUSKY Health Provider Directory

ReferralConnect offers help in finding participating behavioral health HUSKY Health providers in the CMAP network. The directory can narrow a search to select providers with a specific expertise, service, or program. The directory is updated regularly to provide the most up-to-date information on the HUSKY Health provider network. The online directory can be accessed on the homepage of CT BHP website: www.CTBHP.com by clicking [Find a Provider](#). If HUSKY Health providers or HUSKY Health members are unable to find a HUSKY Health provider that matches their needs or if they are looking for resources that cover specialized needs, please contact the CT BHP directly by calling 877-552-8247 to speak with a Customer Service Representative.

The CT BHP is responsible for updating the HUSKY Health provider's file by obtaining additional information via the Provider Data Verification form (PDV). The PDV verifies that we have the correct contact information, practice location information, hours of operation, clinical services and populations served. To ensure we have accurate information for referral purposes, please complete the PDV. These forms can be found on the CT BHP website: [For Providers/Forms Page](#). You may also contact a Provider Relations Representative by calling 877-552-8247 and a form will be mailed or faxed to you.

Psychiatric Inpatient Bed Tracking

In 2018, the CT BHP implemented a centralized bed tracking system for inpatient psychiatric hospitals. This system is available through the current ProviderConnect registration/authorization portal. The CT BHP Bed Tracking System gives psychiatric inpatient HUSKY Health providers the ability to update their inpatient bed availability in real time and update, twice daily, the number of beds available to ensure accurate availability.

The intent of the CT BHP Bed Tracking System is to improve the efficiency of locating a psychiatric hospital bed for HUSKY Health members who need inpatient treatment, resulting in quicker access to treatment and a reduction of time spent in the ED. The Psychiatric Bed Tracking User Manual provides step-by-step instructions for hospitals on updating bed availability as well as instructions on how any participating HUSKY Health provider can search for available beds. The user manual is available under the Manuals section on the [For Providers homepage](#) of the CT BHP website: www.ctbhp.com.

Bed Tracking Roster - Congregate Care

One of the features available within the ProviderConnect web application is the Bed Tracking Roster. The focus of the Bed Tracking Roster is for DCF Child and Adolescent residential and group home placements. As HUSKY Health providers update information about their own facility, the system allows a search for available beds in order to assist in faster placements. HUSKY Health providers utilize bed tracking to review and make updates to their census and projected admissions. When updates need to be made, the HUSKY Health provider enters ProviderConnect and inputs a date that will indicate when a HUSKY Health member will be admitted or when a HUSKY Health member will be discharged. This allows the CT Engagement Center to know who is leaving the facility and when. The HUSKY Health provider should also be checking bed tracking periodically to ensure that the correct HUSKY Health members are listed on their census. If there is a member who is missing from the census or appearing on the census but is not actually residing in their program, the HUSKY Health provider should call Beacon Health Options. The HUSKY Health provider cannot edit the list of HUSKY Health members on their census. HUSKY Health providers and Beacon Health Options Care Managers will be able to search for available placements by:

- Facility Type
- Ages Served
- Gender Served
- Population Served (Specialty)
- Facility County
- Date Inquiring about Bed from ____date to ____date
- Available Beds, and
- All Beds Regardless of Availability

Claims and Billing Information

Gainwell Technologies administers behavioral health service claims; therefore, claims must be submitted to Gainwell Technologies. For information on submitting electronic claims to Gainwell Technologies go online to www.ctdssmap.com, or call the Provider Assistance Center at **800-842-8440**.

Appeals or out of state claims or claims that require special handling can be sent to the following address:

Gainwell Technologies
P.O. Box 2991
Hartford, CT 06104

CMAP providers will find additional information available through Gainwell Technologies such as, claim submissions, claim payment and HUSKY Health provider manuals and workshops, by accessing the Connecticut Medical Assistance Program website at www.ctdssmap.com.

Rapid Response Team

The Rapid Response Team is comprised of representatives from Beacon Health Options, Gainwell Technologies, DSS, DMHAS, and DCF. The goal of this team is to resolve issues related to timely and accurate authorizations and claims payment. A bi-weekly meeting is held to review possible systemic issues and to determine appropriate intervention by the respective organization(s). After the meeting, the appropriate members of the Rapid Response Team will initiate contact with the HUSKY Health provider(s) to discuss potential issues and determine any necessary outreach or education tools for the HUSKY Health provider as needed. Contacts for the Rapid Response Team can be located on the [Contacts Page](#) of the CT BHP website: www.CTBHP.com.

III. Verifying HUSKY Health Member Eligibility

OPTIONS FOR VERIFYING MEMBER ELIGIBILITY FOR HUSKY Health SERVICES

HUSKY Health providers will only be reimbursed for behavioral health services covered by CT BHP that are provided to HUSKY Health members who are eligible for the dates when services were provided.

Verifying CMAP Eligibility

Prior to beginning a course of treatment, before any admission to a facility or program, and at the time of each session, it is important that the HUSKY Health provider verify the member's eligibility. HUSKY Health providers cannot be reimbursed for services provided to a person who is not eligible at the time the services are rendered.

Eligibility verification must be completed through one of the Automated Eligibility Verification System (AEVS) tools maintained by Gainwell Technologies, the fiscal agent for the CMAP. In addition to eligibility, the AEVS eligibility inquiry will also indicate whether the member in question has a third-party payer who may be liable for some or all of the member's behavioral health care costs; Medicaid is the payer of last resort. If a HUSKY health member has applicable third-party coverage, the benefits of these policies must be fully exhausted prior to claim submission.

Accessing AEVS

HUSKY Health provider can access the Automated Eligibility Verification System in the following ways:

Web Eligibility Verification

Enrolled HUSKY Health providers may verify HUSKY Health member eligibility through the CMAP website at www.ctdssmap.com. Go to the public website at www.ctdssmap.com, navigate to the Provider page and click on the hotlink for SECURE SITE. HUSKY Health providers may verify a member's eligibility by logging on to their Provider Secure website using their web User ID and password and clicking on the Eligibility tab. Please note, the website only accepts one submission at a time and the response is immediate. Other insurance coverage that exists for the member will be returned for the specific date of service entered on the eligibility transaction. User ID and passwords may be requested by calling 800-842-8440.

For more information regarding HUSKY Health member eligibility, please visit the www.ctdssmap.com website. From the home page, click on "Publications," "Provider Manuals," and then "Chapter 4, Client Eligibility" and refer to section 4.4.

- **Automated Voice Response System (AVRS)**

Enrolled HUSKY Health providers may verify HUSKY Health member eligibility through Gainwell Technologies' Automated Voice Response System (AVRS) using a touch-tone phone. HUSKY Health provider must be actively enrolled in the Connecticut Medical Assistance Program and must use their assigned AVRS ID and PIN # to utilize the automated system. The AVRS can be accessed by dialing 800-842-8440.

The system interacts with callers in a series of verbal prompts and responses as a caller enters data. The system will prompt a caller to enter their AVRS ID and PIN and then the pound key (#).

The AVRS prompts HUSKY Health providers to verify eligibility using a variety of inputs such as:

- HUSKY Health Member ID
- Social Security Number
- Date of Birth

Two pieces of information are required for eligibility verification. The valid combinations of HUSKY Health member identification information are listed below:

- HUSKY Health Member ID AND
 - Social Security Number OR
 - Date of Birth
- Social Security Number AND Date of Birth

HUSKY Health providers can verify eligibility for dates of service up to the present date but cannot verify future eligibility since a HUSKY Health member's status may change on any date. HUSKY Health providers are also able to verify eligibility retroactively for dates of service up to one year before the current date. For eligibility verification for dates of service greater than one-year, HUSKY Health providers must call the Provider Assistance Center during business hours at 800-842-8440.

It is important to listen to the entire message, as the AVRS line will specify if a member has other insurance. In addition, HUSKY Health providers may verify one date or multiple dates of service within one call. If verifying multiple consecutive dates, the dates must be within the same month.

For more information regarding HUSKY Health member eligibility, please visit the www.ctdssmap.com website. From the home page, click on "Publications," "Provider Manuals," and then "Chapter 4, Client Eligibility" and refer to section 4.5.

The AVRS line will first indicate the member's benefit coverage (i.e. HUSKY A, B, C & D) and then indicate, *"For Behavioral Health Services call CT BHP at 877-552-8247."* *If the client is a DCF Limited Benefit Member, the message will indicate: Limited Benefit Member - "Client eligible for limited behavioral health services only. Contact CT BHP at 877-552-8247."*

- **ASC X12N 270/271 Health Care Eligibility Benefit Inquiry and Response Transaction**

The 270/271 is a HIPAA compliant paired transaction set used to send and receive eligibility verification requests and responses. HUSKY Health providers who wish to have this eligibility verification function incorporated into their vendor's software program may do so. The technical transaction specifications are available at www.wpc-edi.com.

For additional information regarding these methods to verify HUSKY Health member eligibility, please refer to Chapter 4 in the Connecticut Medical Assistance Program Manual. To view this chapter, go to www.ctdssmap.com and click on the Information tab, then Publications.

Children not eligible for HUSKY

Children who have complex behavioral health needs but are not eligible for HUSKY may be eligible for participation in the CT BHP through the Limited Benefit program. The Limited Benefit program does not guarantee access to all Medicaid services covered under HUSKY.

- Non-HUSKY children who **are** DCF involved simply need to inquire with their caseworker;
- Non-HUSKY children who **are not** DCF involved will need to apply through the DCF Voluntary Care Management Program. HUSKY Health providers can obtain instructions on the referral and application process by contacting the DCF Care Line at 800-842-2288. A referral will then be made to Beacon Health Options for review for Voluntary Care Management Services.

Changes in Member Eligibility

Due to the frequent changes that may occur in a member's eligibility, it is a HUSKY Health provider's responsibility to review the HUSKY Health member's coverage and verify that it is in effect. If a HUSKY Health member's eligibility becomes inactive for a period of time and then becomes active again, the HUSKY Health provider must ensure that there is either an authorization still in place with available units or must contact the CT BHP for a new authorization. See additional information in Retroactive Eligibility section in Chapter IV.

IV. Utilization Management and Care Management

The primary vision that guided the development of the CT BHP was to develop an integrated public behavioral health service system that offers enhanced access as well as increased coordination of a more complete and effective system of community-based recovery/resiliency focused services and supports.

The CT BHP's clinical philosophy emphasizes a care management system that offers easy and timely access to the most appropriate, high quality, recovery/resiliency focused mental health and/or substance use disorder services for HUSKY Health enrolled individuals. The utilization management system supports CMAP providers in delivering clinically necessary and effective care with minimal administrative burden. Both Utilization Management (UM) and Care Management (CM) activities are conducted by independently licensed behavioral health clinicians. These care managers and intensive care managers operate under the supervision of Connecticut licensed clinicians. Together, UM and CM provide the foundation to support HUSKY Health providers in the delivery of high-quality treatment services and supports with minimal administrative barriers.

Utilization Management (UM) is designed to ensure that HUSKY Health enrolled individuals receive the most appropriate, integrated and effective treatment—and therefore the best clinical outcomes. This is accomplished through prospective concurrent and retrospective assessments of the necessity and appropriateness of the allocation of health care resources and services given, or proposed to be given, to an individual.

Care Management (CM) is designed to ensure that needed services, both traditional and non-traditional are coordinated with and on behalf of the child, family or adult, regardless of funding streams.

Both UM and CM encompass management of care from the point of engagement through discharge. Throughout this process, our approach embraces the principles of recovery and resiliency. The *President's New Freedom Commission on Mental Health* endorsed the recovery philosophy, for people who have serious mental illness. However, it is clear that the same principles are equally important and applicable to children, families and adults. Therefore, CT BHP's approach to care management incorporates a substantial role for Peer Specialists and includes system-wide training in the recovery philosophy for individuals and families. More information on this topic can be found in the Recovery and Resiliency section of this Manual.

WORKING WITH CARE MANAGERS

Care management is a set of activities designed to ensure that services authorized by Beacon Health Options, on behalf of HUSKY Health members, are integrated to certify the best clinical outcomes. CT BHP services should be coordinated with services provided through other funding streams to ensure consistency and continuity in the overall delivery of services to an individual, child and family.

All Beacon Health Options Care Managers assist with the determination of medical necessity of requested services and work with HUSKY Health providers, individuals and families to coordinate services. Beacon Health Options has two different levels of Care Management: routine Care Management and Intensive Care Management. All clinicians serving in these roles are master's degree trained, independently licensed behavioral health practitioners, or licensed Bachelor of Science in Nursing (BSNs) in the State of Connecticut.

CARE MANAGEMENT

Care Management activities are generally web based through the secure ProviderConnect platform. Care Management is provided for recipients whose treatment needs may be acute, intermittent or chronic, but whose utilization is within expected parameters. This level of Care Management is performed as part of the process of authorizing services as the Care Manager works with the HUSKY Health provider on treatment, discharge, aftercare and follow-up.

UTILIZATION MANAGEMENT CRITERIA

The goal of Utilization Management (UM) is to ensure that all authorized services meet the Departments' definition of medical necessity.

Medical Necessity

Please Note: Any and all decisions to deny a service are based on the following medical necessity definition. For purposes of the administration of the medical assistance programs by the Department of Social Services, "medically necessary" and "medical necessity" refer to those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (3) not costlier than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (4) based on an assessment of the individual and his or her medical condition.

Level of Care Guidelines

The above standards for medical necessity and medical appropriateness of care have been translated into Clinical Level of Care Guidelines. These guidelines are based on recommendations from Connecticut clinicians with expertise in the diagnosis and treatment of people who have mental illness and/or substance use disorders and HUSKY Health members and parents of children with behavioral health service needs. The guidelines also reflect opinions of national experts, citations from standard clinical references and guidelines of professional behavioral health organizations. The CT BHP reviews these guidelines annually. Any recommendations for changes are forwarded to the statutorily mandated Clinical Management Committee for review. Suggested changes are forwarded for review and approval to the Connecticut Behavioral Health Partnership Oversight Council Operations Sub-Committee. Any changes made to the criteria are reflected in the annual quality management program evaluation. The CT BHP uses the most recent edition of ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders (Published by the American Society of Addiction Medicine, Inc.) as the substance use level of care guidelines. [Level of Care Guidelines](#) can be accessed on the CT BHP website: www.CTBHP.com. The Level of Care Guidelines assists clinicians reviewing authorization requests from HUSKY Health providers but cannot be used to deny authorization. Denial of authorization for services is solely based on the Medical Necessity definition referenced above.

Determining Appropriate Services

The Care Manager reviews the HUSKY Health enrolled individual's clinical condition and determines the most appropriate services based on the appropriate Level of Care Guidelines.

As part of that review process, the HUSKY Health provider and the clinician:

- Review, discuss and evaluate physical and behavioral health information about the individual who has been provided by qualified professionals who have personally evaluated the individual within their scope of practice, who have taken into consideration the individual's clinical history including the impact of previous treatment and service interventions and who have consulted with other qualified health care professionals as appropriate.
- Consider the views and choices of the individual or the individual's legal guardian, agent or surrogate decision maker regarding the proposed covered service as provided by the clinician

- or through independent verification of those views and considers the services being provided concurrently by other service delivery systems, and
- Ensure that decisions regarding benefit coverage for children covered by CMAP are in accordance with the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).

In order to evaluate the appropriateness of a requested service, the Care Manager and the requesting HUSKY Health provider review four parameters:

- Severity of condition
- Intensity of service
- Psychosocial, cultural, linguistic factors, and
- Least restrictive setting

SEVERITY OF CONDITION

The severity of current signs, symptoms, and functional impairments resulting from the presence of a psychiatric diagnosis are evaluated in determining what specified level is most appropriate at a given point in time. In addition, the presence of certain “high risk” clinical factors warrant consideration in evaluating an individual to determine their severity of condition. These factors include, but are not limited to:

- Repeated attempts at self-harm or aggressiveness to others, with documented suicidal or homicidal intent
- Significant co-morbidities (e.g., psychiatric/medical; psychiatric/substance use, psychiatric/intellectual disability/developmental disability; substance use or medical condition)
- Coexisting pregnancy and substance use disorder
- Medication non-adherence
- Unstable diagnostic disorder
- History of individual or family violence
- Multiple family members requiring treatment
- Decline in ability to maintain previous levels of functioning, or
- Significant impairment in one or more areas of functioning

INTENSITY OF SERVICE

The level of care authorized should match the individual’s condition, taking into consideration their strengths and limitations (e.g., physical, psychological, social, cognitive) and psychosocial needs. It is the expectation of the CT BHP that treatment planning will be: individualized, specifically state what benefits the individual can reasonably expect to receive; outline what actions the individual is expected to take; and include discharge planning. Family members of minors or adult individuals, with consent, should take an active role in all treatment and discharge planning activities.

PSYCHOSOCIAL, CULTURAL, AND LINGUISTIC FACTORS

These considerations represent factors that either are aggravating an individual’s clinical condition, or need to be addressed to assure effective treatment. An inappropriate or more intensive level of care may result if the issues are not addressed.

Common stressors/barriers to progress may include:

- Primary language/Absence of services in primary language
- Psychosocial factors
- Lack of culturally appropriate services
- Inadequate housing or homelessness

- Lack of effective family or social support
- Gender-specific issues
- Physical disability or illness
- Recent or imminent stressors
- Recent significant change in school or work performance
- Inability for self-care
- Active legal issues
- Recent or imminent re-entry to the community, and
- Transportation access

LEAST RESTRICTIVE SETTING

In general, people respond better to treatment and have better clinical outcomes when they can remain in their homes as an integral part of their families and communities. Therefore, the Care Manager and requesting HUSKY Health provider should carefully consider whether the treatment and setting being requested is the least restrictive environment in which the most appropriate care and treatment can be safely provided.

OVERVIEW OF AUTHORIZATION AND REGISTRATION OF SERVICES

Authorized Services are those for which the treating HUSKY Health provider must register services to obtain authorization for treatment and concurrent (continuing stay) reviews for an extension of the previous authorization. The CT BHP offers a web-enabled application for registration of services that require authorization (i.e. Inpatient, Partial Hospitalization Program (PHP), Outpatient*, Intensive Outpatient (IOP), Ambulatory Withdrawal Management, Methadone Maintenance, Psychological Testing, Autism Spectrum Disorder Services (ASD), Home-Based and Home Health services.) For additional information, see Registering Services on the Web: Page 20. Categories of services that require registration are:

- Psychiatric Hospitalization
- Inpatient Withdrawal Management
- Residential Withdrawal Management
- Residential Rehabilitation
- Psychiatric Residential Treatment Facility (PRTF)
- Residential Treatment Center (RTC) for Children through DCF
- Adult Medicaid Rehabilitation Option (MRO) Group Homes through DMHAS
- Child Therapeutic Group Homes through DCF
- Partial Hospitalization (PHP)
- Intensive Outpatient Services (IOP)
- Methadone Maintenance
- Ambulatory Withdrawal Management
- Extended Day Treatment (EDT)
- Home-based Services for Ages 21 and under
 - Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS)
 - Multidimensional Family Therapy (MDFT)
 - Multi-systemic Therapy (MST)
 - Functional Family Therapy (FFT)
- *Outpatient Services – (Please note: Per [Provider Bulletin PB 2021-26](#) – Effective for dates of service 5/21/21 and forward, only Psychiatric Diagnostic Evaluation Codes (90791, 90792 and 90785) require authorization for Individual/Group Practitioners, Community Mental Health Clinics, Outpatient Hospitals, Federally Qualified Health Centers and Enhanced Care Clinics. Rehabilitation Clinics still require prior authorization for outpatient individual, family and group therapy.)

- Case Management for HUSKY A & B members <21 and HUSKY C & D members <18 (after initial 3 hours)
- Autism Spectrum Disorder (ASD) Services
- Psychological Testing, and
- Home Health Services for Behavioral Health Concerns
- Spravato®/Esketamine*

* Per DSS [Provider Bulletin PB 2020-83](#), effective January 1, 2021 the Department of Social Services (DSS) implemented a Prior Authorization (PA) requirement for the coverage of esketamine nasal spray, marketed as Spravato®, for HUSKY A, HUSKY B, HUSKY C, and HUSKY D Health members. The U.S. Food and Drug Administration (FDA) approved Spravato® (esketamine) nasal spray, in conjunction with an oral antidepressant, for the treatment of depression in adults who have tried other antidepressant medicines but have not benefited from them (treatment-resistant depression) and acute suicidal ideation.

- Spravato® Provider Prior Authorization Request Form: <https://www.ctbhp.com/uploads/Spravato-Provider-Authorization-Form.pdf>
- Spravato® Pharmacy Prior Authorization Request form <https://www.ctbhp.com/uploads/Spravato-Pharmacy-Prior-Authorization-Form.pdf>

While some services requiring authorization can be conducted via telephonic reviews, most are completed via the CT BHP web registration system (ProviderConnect). Registration is conducted at the time of the initiation of services when the individual is accepted for treatment. For services that require registration, please visit the [For Providers homepage](#) of the CT BHP website at www.CTBHP.com.

THE PROCESS OF SERVICE REGISTRATION/AUTHORIZATION

In order to complete a review that is both efficient and comprehensive enough to establish the appropriate level of care and service necessary, an established set of questions are presented for the HUSKY Health provider as they relate to the particular HUSKY Health member's need and service. These questions can be viewed in their entirety on the [For Providers homepage](#) of the CT BHP website: www.CTBHP.com.

REGISTERING SERVICES ON THE WEB

The CT BHP offers a web-enabled application for registration of services that require authorization (i.e. Inpatient, PHP, Outpatient, IOP, Ambulatory Withdrawal Management, Methadone Maintenance, Psychological Testing, ASD, Home-Based and Home Health services.) Access to this application is located on the [For Providers homepage](#) of the CT BHP website: www.CTBHP.com. The "For Providers" homepage provides access to the ProviderConnect [Online Account Services form](#) to obtain an ID and password, user manuals and training videos. The following steps outline the procedures for accessing and utilizing ProviderConnect:

Step 1: Before accessing the system, HUSKY Health providers and/or system users must print, complete and submit an **Online Services Account Request Form** to obtain a User ID and Password. This ID and password will establish secure access to the system.

Step 2: Our comprehensive user manuals and our training videos provide screen shot by screen shot reference guides to entering registrations for system users. HUSKY Health providers are strongly encouraged to review the user manual or watch our training videos before attempting to complete registrations and/or re-registrations/concurrent reviews.

ProviderConnect links directly to the CT BHP management information system so authorization numbers are automatically generated and subsequent authorization letters are then available to print.

AUTHORIZATION OF SERVICES

For those services requiring a telephonic review, the Care Manager and HUSKY Health provider will complete the review process and, in most cases, will come to an agreement about the services to be authorized and the authorization period (or number of units). For those services that are completed via the registration process, when the service units and date span are in keeping with established parameters, the services are authorized at the conclusion of the registration process in ProviderConnect. In both these situations, the HUSKY Health provider is given an authorization number and a written notice of the authorization is available to that HUSKY Health provider via ProviderConnect. In keeping with CMAP regulations, notices indicate that authorization does not confer a guarantee of payment. The basis for all decisions will be documented.

When a HUSKY Health provider makes a request for a level of care that is not consistent with the Level of Care (LOC) Guidelines, the provider is informed and the reviewer will recommend an alternative LOC, which might better meet the HUSKY Health providers stated goals, and the HUSKY Health member's identified needs. In situations where there is agreement, the care will be authorized.

Please find copies of review templates at www.CTBHP.com on the [For Providers homepage](#) section.

TEMPORARY HUSKY HEALTH MEMBER ID REQUESTS

- The CT BHP will create temporary individual's IDs ONLY for inpatient psychiatric, inpatient withdrawal management, partial hospitalization, freestanding withdrawal management, residential rehab, adult group home, home health, and Autism Spectrum Disorder (ASD) levels of care.
- The CT BHP will process temporary ID requests when a HUSKY Health provider verifies that the individual is not currently active, assists the individual in submitting an application for benefits to DSS, and secures authorization to disclose Personal Health Information to CT BHP.
- HUSKY Health providers contact the CT BHP at 877-552-8247 to request authorization for "Pending Eligible" individuals.
- A temporary ID will be created if the individual is not showing eligible.
- Utilizing the temporary ID, HUSKY Health providers can register services and obtain authorization through the ProviderConnect portal.
- Temporary ID's are reconciled with Medicaid IDs on a weekly basis.
- If the individual is granted benefits, the CT BHP will merge the authorization under the temporary ID with the HUSKY Health member's Medicaid ID and the authorization will be submitted to Gainwell Technologies.

PARTICIPATING IN A CONCURRENT (CONTINUING STAY) REVIEW

After the initial authorization is given, the second and subsequent reviews focus on identifying progress in treatment and planning for discharge. It will be the responsibility of the HUSKY Health provider to initiate the concurrent review process, specifically completing a concurrent review through ProviderConnect or contacting the Care Manager prior to expiration date of the authorization or use of all units associated with authorization (whichever comes first) to ensure continued authorization and service provision, as appropriate.

Concurrent reviews focus on the rationale for continued need of treatment – the individual's response to treatment, continuing severity of symptoms, appropriateness and intensity of the treatment plan, and the HUSKY Health provider's progress in discharge planning and arranging aftercare. Involvement of family members and/or other significant individuals in the treatment and discharge planning is also expected during this review. Just as in the initial authorization process, if conducted telephonically, the Care Manager documents all clinical information received and the basis for the services authorized.

For those services requiring a telephonic review, the Care Manager conducts the review with the HUSKY Health provider and in most cases will come to an agreement about the services to be authorized as well as the

authorization timeframe and/or number of units. For those services that are completed via the on-line registration process, the services are authorized at the conclusion of the registration process in ProviderConnect. HUSKY Health providers can access authorization timeframes by visiting the CT BHP website and viewing the [Covered Services](#) page. HUSKY Health providers should click on the link that identifies the correct provider type under the 'Authorization Schedule' header. In both these situations, an authorization number is provided to the HUSKY Health provider and a written notice of the authorization is generated via ProviderConnect. The authorization letter can also be mailed to the HUSKY Health provider at their request. The authorization notice includes language that indicates that the authorization does not confer a guarantee of payment.

When a HUSKY Health provider makes a request for a Level of Care (LOC) that does not meet Level of Care Guidelines, the HUSKY Health provider is informed. The reviewer will work with the HUSKY Health provider to make them aware of alternatives to the requested LOC in terms of type, frequency, timing, site, extent, duration and effectiveness for the individual's illness. In situations where there is agreement, the CT BHP will authorize the care. In situations when there is continued disagreement, the Care Manager will inform the HUSKY Health provider that the case needs to be referred to a Physician Peer Advisor for a Medical Necessity review.

A concurrent review decision is made upon the CT BHP receiving all necessary clinical information required to make a level of care determination. All times will be measured from the time the Care Managers or Peer Advisors have received all requested information.

INTENSIVE OUTPATIENT CONCURRENT REVIEWS

The CT Behavioral Health Partnership will accept concurrent reviews on the date the HUSKY Health member re-presents to treatment or **one business day** after. This will provide the most up to date clinical information and attendance history.

Example 1: HUSKY Health provider has IOP authorization for John Smith from 5/29/19 – 6/12/19:

- If John Smith continues with IOP treatment on 6/13/19, the concurrent review must be completed on 6/13/19 or 6/14/19 with a 6/13/19 requested start date, or;
- If John's next attended session is on 6/18/19, the concurrent review must be completed on 6/18/19 or 6/19/19 with a requested start date of 6/18/19, or;
- If John's next attended session is on 6/27/19, the concurrent review must be completed on 6/27/19 or 6/28/19 with a requested start date of 6/27/19.

NOTE: In the event that the next attended session is on a Friday, the concurrent review must be completed on that Friday or the following business day (Monday) with Friday as the requested start date.

PLEASE NOTE: If HUSKY Health member re-presents to treatment 30 days after the last authorized date, the authorization request will be considered an initial review; not a concurrent review.

DATE EXTENSIONS

In the event that all service units are **not utilized** prior to the end date of an authorization, HUSKY Health providers can request to have an existing authorization expiration date extended. The CT BHP will allow one date extension request on an initial authorization for the following levels of care - Intensive Outpatient (IOP), Extended Day Treatment (EDT), Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS), Multidimensional Family Therapy (MDFT), Multisystemic Therapy (MST), Functional Family Therapy (FFT) and Autism Spectrum Disorder (ASD) services.

This one-time date extension request must be submitted utilizing the ProviderConnect inquiry function outlined in the [CT BHP Registered Services User Manual](#).

Beyond the initial authorization line and one-time date extension request (if required), all requests for continuing authorizations will have to be completed as a standard concurrent review through the ProviderConnect portal. This will ensure that we are receiving the most up to date clinical information and assist in assessing the HUSKY Health members continued need for treatment.

ASD Providers: Please note that initial requests for authorization and for date extensions should only occur once treatment staff is identified and services will be commencing or continuing from initial authorization.

BACKDATING REQUESTS

In the event that all service units are utilized prior to the end date of an authorization, HUSKY Health providers can request an existing authorization expiration date to be backdated, so that a concurrent review can be entered via the ProviderConnect portal. Backdating requests can be requested for Intensive Outpatient (IOP), Extended Day Treatment (EDT), Intensive In-Home Child and Adolescent Psychiatric Services (IICAPS), Multidimensional Family Therapy (MDFT), Multisystemic Therapy (MST), Functional Family Therapy (FFT), and Autism Spectrum Disorder (ASD) services.

HUSKY Health providers must submit a backdating request of authorization utilizing the ProviderConnect inquiry function outlined in the [CT BHP Registered Services User Manual](#).

A Care Manager can only authorize treatment. Any decision to deny, partially deny, reduce, suspend or terminate services must be made by a Peer Advisor. Peer Advisors must be a doctoral level psychologist, a psychiatrist, an American Society of Addiction Medicine (ASAM) certified physician, or a certified addiction medicine specialist. Peer Advisors will be involved only in reviewing cases that fall within their area of clinical expertise.

MEDICAL DIRECTOR / PEER ADVISOR

If the Care Manager is unable to authorize the care requested by the HUSKY Health provider, the Care Manager will refer the request to a Medical Director/Peer Advisor. The CT BHP Medical Directors, contracted psychiatrists, or doctoral level psychologists may conduct consultations.

Peer Advisors review those requests in which services do not appear to meet level of care guidelines and/or those in which the Care Manager may identify a potential quality of care issue.

The Peer Advisor reviews the available clinical information and attempts to contact the referring HUSKY Health provider for a telephonic consultation. If the Peer Advisor can reach the referring HUSKY Health provider, the case is reviewed with the HUSKY Health provider. If the Peer Advisor is unable to reach the referring HUSKY Health provider, the Peer Advisor will render the decision to authorize (or not) the requested services based on the available clinical information within appropriate timeframes.

The Peer Advisor or Care Manager will inform the HUSKY Health provider telephonically of the decision. A written notification is also sent to the HUSKY Health enrolled individual and HUSKY Health provider in accordance with requirements of the CT BHP. The written notification includes a rationale for not approving the request, a description of the rights to appeal the decision, and the process by which to file that appeal.

OTHER REVIEWS CONDUCTED BY CT BHP

In addition to conducting prior authorization and concurrent reviews, Care Managers may also conduct retrospective reviews for various reasons – eligibility being granted retrospectively, emergency admission, or no presentation of an individual's identification card, etc.

Retrospective reviews for medical necessity is a review conducted after services have been provided to the individual. Retrospective reviews may also occur when a decision regarding the authorization of a service previously administratively denied is overturned on appeal. Under these circumstances, the service would be retrospectively reviewed for medical necessity.

Retrospective reviews for medical necessity typically involve the review of the medical record for the dates of service in question. HUSKY Health providers are encouraged to submit a copy or portion of the medical record that will best assist in determining medical necessity, along with their request for a retrospective review. When all the necessary clinical information accompanies the request, a decision will be rendered within 30 calendar days. However, if the request is made verbally, the HUSKY Health provider will be notified by mail that additional information is needed and will be given 45 calendar days to respond to the request. If the information is not received within that time frame, the appropriate administrative or clinical denial is issued. In the instance when the information is received within the timeframe, the review of the record will be conducted, and a decision made within 15 calendar days of the receipt of the necessary information.

RETROACTIVE ELIGIBILITY

Most retrospective reviews are the result of the HUSKY Health enrolled individual being granted backdated eligibility and the HUSKY Health provider subsequently asking for the authorization of services rendered during the now covered period. When an individual is granted retroactive eligibility, HUSKY Health providers who provided services to the individual during the now covered period can request that those services be reviewed for medical necessity, within 90 days of eligibility being updated. These retroactive medical necessity reviews are a subset of retrospective reviews and follow the policy and procedures that govern retrospective reviews. For a retroactive review to be conducted, the effective date of eligibility must span the date(s) of service.

PROCESS FOR HIGHER LEVELS OF CARE

The CT BHP assists HUSKY Health providers with obtaining authorizations for HUSKY Health enrolled individuals that become retroactively eligible during or after higher level of care services. Higher level of care services includes inpatient psychiatric, inpatient withdrawal management, partial hospitalization, freestanding withdrawal management, residential rehabilitation, adult group home, home health, and Autism Spectrum Disorder (ASD) services. When a HUSKY Health provider verifies, with the DSS automated eligibility system, that an individual has been made retroactively eligible, they can submit a request for retroactive authorization for higher level of care services.

All retrospective eligibility requests for higher levels of care must be submitted within 90 calendar days from the valid eligibility change date in ProviderConnect. The CT BHP will process all requests within 30 calendar days from the date of receipt from the HUSKY Health provider. HUSKY Health providers can check if authorization has been approved by contacting Denials and Appeals at 860-263-2161. Requests should be submitted to CT BHP with a cover sheet (including full name and phone number of submitter/requestor, individual's Medicaid ID #, full name, date of birth, level of care being requested and dates of service needed) along with the necessary supporting documentation* to the following:

Connecticut Behavioral Health Partnership
ATTN: Quality - Retroactive Eligibility Authorization
Enterprise Drive, Suite 3D
Rocky Hill, CT 06067
OR
Fax: 855-575-6532 (toll free)
OR
Email: ctbhappeals@beaconhealthoptions.com

*The following table lists the required accompanying documentation by level of care:

HLOC Retroactive Eligibility Review Request - Documentation Requirements						
	ED Summary, if applicable	Admission Summary	Discharge Summary	Labs	Medications	Progress/ Visit Notes
Inpatient, Psychiatric						
Precertification	X	X	X	X	X	
Concurrent	X	X	X	X	X	X
Inpatient, Psychiatric State-operated facility						
Precertification	X	X	X	X	X	
Concurrent	X	X	X	X	X	X
Inpatient Withdrawal Management Freestanding						
Precertification	X	X	X	X	X	
Concurrent	X	X	X	X	X	X
Inpatient Withdrawal Management Hospital						
Precertification	X	X	X	X	X	
Concurrent	X	X	X	X	X	X
Substance Use Residential Rehabilitation						
Precertification	X	X	X	X	X	
Concurrent	X	X	X	X	X	X
Partial Hospitalization						
Precertification	X	X	X	X	X	
Concurrent	X	X	X	X	X	X
<i>Group Notes should be included in Concurrent Requests</i>						
Adult MH Group Home						
Precertification	X	X	X	X	X	
Concurrent	X	X	X	X	X	X
Home Health Care						
Precertification		X	X		X	
Concurrent		X	X		X	
<i>Plan of Care/485 should be included in Precertification and Concurrent Requests</i>						
Autism Services						
Precertification		X	X		X	
Concurrent		X	X		X	
<i>Autism Assessment & Program Book should be included in Precertification and Concurrent Requests</i>						

PROCESS FOR LOWER LEVELS OF CARE

For Intensive Outpatient, Extended Day Treatment, Home Based Services (IICAPS, MST, MDFT, and FFT), Outpatient*, Psychological Testing, Methadone Maintenance, and Ambulatory Withdrawal Management services:

- HUSKY Health providers can submit a Registered Services Retroactive Eligibility Template or a Psychological Testing Registration Template to CT BHP within 90 calendar days from the valid eligibility change date in ProviderConnect. (Both forms can be located under the Templates header on the “For Providers” homepage of the CT BHP website).
- The CT BHP will verify that individual’s eligibility has been retroactively granted, create an authorization and submit the authorization to Gainwell Technologies.
- HUSKY Health providers can check individual’s eligibility in ProviderConnect. Please refer to [Provider Alert \(PA2016-03\)](#)

**(Please note: Per [Provider Bulletin PB 2021-26](#) – Effective for dates of service 5/21/21 and forward, only Psychiatric Diagnostic Evaluation Codes (90791, 90792 and 90785) require authorization for Individual/Group Practitioners, Community Mental Health Clinics, Outpatient Hospitals, Federally Qualified Health Centers and Enhanced Care Clinics. Rehabilitation Clinics still require prior authorization for outpatient individual, family and group therapy.)*

DISCHARGE & AFTER CARE PLAN

In order to support optimal connect to care rates; Care Managers will verify discharge information to establish that the treated individual is ready to discharge from the treating level of care.

In order to determine that an individual has connected to treatment at the aftercare facility following discharge from a more acute level of care, Beacon Health Options staff will contact the individual and/or aftercare service HUSKY Health provider who has been identified during the acute care discharge review process.

CT BHP BYPASS PROGRAMS

“Bypass programs” refers to a program where HUSKY Health providers that meet or exceed performance targets on key indicators bypass the selected usual administrative requirements in the utilization management process. This allows for the authorization of care for longer periods of time, thus decreasing the number of concurrent reviews required for a stay or service.

INPATIENT BYPASS PROGRAM CRITERIA

The enhanced Inpatient Bypass program, implemented in 2019 and currently on hold until further notice, incorporates case-mix data, which is a more equitable length of stay evaluative process by capturing the clinical complexity of HUSKY Health members treated within inpatient facilities and generating an expected length of stay accordingly for these individuals. The bypass metrics include the following:

- Length of Stay (LOS) difference,
- LOS Improvement/Maintenance
- 7-day readmission rate
- Behavioral Health Emergency Department (ED) visit within 7-days post IPF discharge rate
- Discharge Form completion rate
- Bed Tracking completion rate

HOME HEALTH BYPASS PROGRAM CRITERIA

The Home Health Bypass program continues to use two measures consistent with previous years: BID rate and ED rate. To meet criteria to be in the bypass program, a HUSKY Health provider must meet the

BID (i.e., twice daily medication administration) rate of 20% or less based on the data in the current quarter being assessed. Additional measures are monitored but not required for inclusion in the Bypass Program: QD (once daily medication administration) rate and ED (emergency department) visit rate. To meet the criteria for the Bypass Plus Program, HUSKY Health providers must have a BID rate of 15% or less and an ED rate of 32% or less. In both cases, initial authorizations are longer than standard and concurrent review timeframes are extended as well.

INTENSIVE CARE MANAGEMENT

Intensive Care Management activities include identifying children and adults who are encountering barriers to care and providing short term assistance and problem solving to eliminate those barriers. Each Intensive Care Manager (ICM) can support approximately 30-40 children and/or adults at any given time.

Beacon Health Options in collaboration with the Partners have established criteria for referral to an Intensive Care Manager (see below for examples). Beacon Health Options conducts analyses on an ongoing basis to proactively identify HUSKY Health members that meet the criteria and then refer these individuals to the ICM program for follow-up.

If the referred individual does not have an established source for their behavioral health care needs, the ICM will help connect the individual to care and will follow-up to see that they connected and engaged in those services. If an individual is already receiving behavioral health (BH) services, the ICM will coordinate case conferences with the individual/parent/natural supports and/or HUSKY Health providers to determine and/or identify opportunities to improve the individual's plan of care. If a child has complex service needs and would benefit from wrap-around services, the ICM may present the child and family needs to a Community Collaborative for additional resources or in the case of an adult HUSKY Health member refer the member to a Local Mental Health Authority (LMHA) and/or other community resource such as a Community Care Team (CCT). Finally, for those individuals with co-morbid medical conditions, the ICM will coordinate with the Medical ASO and/or medical provider.

SAMPLE ICM REFERRAL CRITERIA

- Delay of discharge from emergency department or hospital setting
- Multiple emergency department visits in short period of time
- High risk hospital discharge (i.e., multiple risk factors, recent prior admissions)
- History of unsuccessful connections to care
- Disruptions in placement due to behavior
- Serious medical co-morbidities, and/or
- Transition risk – age 17 years and receiving multiple behavioral health services

SAMPLE PLAN/INTERVENTIONS

- Coordinate with involved state agencies, hospitals and HUSKY Health member specific team
- Participate in care planning with individual and/or their family members
- Identify alternative services and supports (social determinants of health resources, non-traditional services) that had not been considered by HUSKY Health provider or family
- Monitor success of connection to care and intervene if connection is disrupted
- Facilitate access to and/or enrollment of HUSKY Health provider with special qualifications (e.g., language specialty), and/or
- Assist with coordination of Wellness Recovery Action Plan (WRAP) with the appropriate state agency and HUSKY Health provider

PEER BASED SERVICES

Peers are adult individuals with experience receiving services via the Medicaid Network, who are in long-term recovery, and who utilize their lived experience to provide education and outreach to HUSKY Health members. Peers can be parents of children with behavioral health needs or adults who are receiving or have received

behavioral health or substance use services. (For Additional information on Peer Services: See Page 43).

CRITICAL ELEMENTS IN TREATMENT AND RECOVERY PLANS

The CT BHP expects all HUSKY Health providers to develop a treatment and recovery plan with the HUSKY Health enrolled individual and the individual's family as appropriate. The content of the treatment plan may vary depending on the complexity of the individual's needs, the array of services being provided, and the duration of the episode of care.

Nevertheless, Care Managers and Intensive Care Managers collaborate with HUSKY Health providers about the individual's treatment and discharge plan as part of every review process or during participation in onsite rounds.

The following list includes key elements that the CT BHP expects to be documented as part of person-centered treatment, recovery and/or discharge planning:

- HUSKY Health member strengths and resources
- Primary therapist
- Primary Care Physician
- Date of most recent treatment plan update
- Measurable goals
- Behavioral objectives
- Treatment modalities and frequency, including
 - Individual therapy
 - Family therapy
 - Group therapy
 - Partial hospitalization
 - Medication management
 - Case management
 - Substance Use Services, and/or
 - Other
- Medical conditions
- Medications (type, dosage)
- Family and other natural supports, and involvement
- Community resources involvement
- Consultations
- Substance use concerns/treatment
- Treatment obstacles and strategy for overcoming obstacles
- Date of planned discharge, and
- Wellness Recovery Action Plan (WRAP)

OTHER REVIEWS CONDUCTED BY CT BHP

CT BHP HUSKY Health providers are required to cooperate with all record reviews conducted by Beacon Health Options. Findings of the reviews will be shared with the HUSKY Health provider. If findings are not favorable to the HUSKY Health provider, the HUSKY Health provider is offered an opportunity to provide additional information and/or implement an improvement or quality improvement plan.

Focused Chart Reviews

Beacon Health Options may conduct focused chart reviews of a HUSKY Health provider whenever concerns are raised about a particular individual's care or about the services, a HUSKY Health provider is offering to multiple HUSKY enrolled individuals. Such reviews may be conducted on site and without prior notice to the HUSKY Health provider.

V. Quality and Network Management

The primary goal of Beacon Health Options Quality and Network Management Program is to continuously improve the individual's care experience and outcomes. Through data collection, measurement and analysis, opportunities for improvement in care and services are identified and addressed. Data collected for quality improvement activities are frequently related to key indicators of quality that include high-risk diagnoses or services to special populations, or access to care. The Quality and Network Management Program ensures that the data collected to assess performance and/or outcomes are valid, reliable and comparable over time.

HUSKY Health providers have a variety of opportunities to participate in and/or provide input to the Quality Management Program that has been implemented by Beacon Health Options on behalf of the CT BHP. Some of those opportunities include participation in:

- The Behavioral Health Partnership Oversight Council, either the Adult or the Child Quality, Access and Policy Committees, public forums, and/or training sessions that are offered
- The development of performance indicators that are subsequently used to compare the HUSKY Health provider's performance against the performance of their peers
- CT BHP Bypass Programs whereby the HUSKY Health provider is granted administrative relief from certain requirements of prior authorization and continuing stay reviews
- The review of Level of Care Guidelines that relate to care management and intensive care management and the adaption of those guidelines to meet the needs of the Connecticut behavioral health delivery system, and
- Quality improvement initiatives with other HUSKY Health providers

HUSKY HEALTH PROVIDER RESPONSIBILITIES AS PART OF THE CT BHP QUALITY AND NETWORK MANAGEMENT PROGRAM

HUSKY Health providers also have an array of responsibilities for assuring the quality of services provided to HUSKY Health members. These responsibilities include, but are not limited to:

- Honoring HUSKY Health member rights
- Complying with standards for the documentation of HUSKY Health members' conditions and services provided
- Proactively coordinating HUSKY Health members' treatment with other practitioners and agencies also serving the member or the child's family
- Supporting the involvement of Beacon Health Options ICMs in planning services for HUSKY Health members with high needs or complex conditions
- Contacting the CT BHP in a timely manner (prior to authorization end date or prior to exhausting authorized units, whichever comes first) when requesting an extension of authorized services to ensure non disruption of authorization and service provision
- Cooperating with all reviews conducted by Beacon Health Options staff to assess the quality and appropriateness of services provided and the validity of information provided to Care Managers against claims submitted
- Taking corrective action as indicated following reviews conducted by Beacon Health Options staff
- Maintaining an internal quality management program to ensure that opportunities for improvement are identified and appropriate actions are implemented
- Notifying Beacon Health Options of any limits on a HUSKY Health provider's ability to accept new HUSKY Health members or to serve HUSKY Health members currently in care
- Maintaining appointment time availability as contractually specified
- Refraining from billing HUSKY Health members in accordance with Title XIX requirements, and

- Reporting of all critical incidents, serious occurrences, or “serious reportable events” involving a HUSKY Health member

FILING INQUIRIES, COMPLAINTS, GRIEVANCES, AND COMPLIMENTS

Both HUSKY Health providers, as well as HUSKY Health members, have the right to file inquiries, complaints, and grievances about any aspect of the CT BHP program or the performance of Beacon Health Options. Concerns related to denials based on procedural issues are discussed under the heading “Filing Administrative Appeals” below.

HUSKY Health provider and HUSKY Health member inquiries, complaints, and grievances may be submitted telephonically to the Customer Service toll-free number 877-552-8247.

Written inquiries, complaints, and grievances may be mailed, faxed, or emailed to:

Connecticut Behavioral Health Partnership
ATTN: Complaints and Grievances Coordinator
500 Enterprise Drive, Suite 3D
Rocky Hill, CT 06067
OR
Fax: 855-575-6532 (toll free)
OR

Email: ctbhappeals@beaconhealthoptions.com

At a minimum, the person submitting the above information must include the following information:

- Category of submission (inquiry, complaint, grievance or compliment)
- Name of the person submitting
- Address of the person submitting
- Best contact telephone number of the person submitting, and
- The situation being addressed (e.g., please include original complaint information, date and resolution when submitting a grievance)
- The resolution being requested

As the Administrative Service Organization for the CT BHP, Beacon will address and respond to all inquiries, complaints, grievances or compliments within thirty (30) calendar days from the date of filing. All items will be tracked, trended and included in a summary report to the Departments. Pertinent trends will be addressed through the Quality Management Program. The CT BHP understands the role that complaints and grievances play in identifying opportunities to improve the quality of care and service for HUSKY Health members. The program’s continuous quality improvement framework is based on the premise that all HUSKY Health members and their HUSKY Health providers have a voice in the services they receive and provide. Through its complaint and grievance policies, Beacon Health Options sets forth one of the most important structures through which HUSKY Health members and HUSKY Health providers may express concerns about access to or the quality of those services.

COMPLAINT AND GRIEVANCE PROCESS

HUSKY Health providers may file a complaint, either verbally or in writing, to Beacon Health Options at the fax, phone number, address, or emailed address noted on this page. A written acknowledgement of receipt of the complaint is sent out within five (5) calendar days of receipt.

Investigation and resolution of all complaints, including notification to the complainant occurs within thirty (30) calendar days of the receipt of the complaint. A one-time extension of fifteen (15) calendar days can be used when the complaint determination cannot be made within the required timeframe, if the reason for the extension is solely for the benefit of the HUSKY health member and the complainant is notified prior to the end of the thirty (30) day calendar period. The final determination and notification is then made within forty-five (45) calendar days of the receipt of the complaint. All notifications of complaint resolutions include the notice of the right to file a grievance, as well as the timeframe and method for filing a grievance.

HUSKY Health provider complaints received by Beacon Health Options that are related to CMAP enrollment or any aspect of their facility agreement will be directed to the Gainwell Technologies Provider Assistance Center (as referenced above in the Provider Enrollment section). Beacon Health Options recognizes that there may be occasion for a HUSKY Health provider to contact DSS, DMHAS or DCF directly, and the appropriate contact information will be given to the provider at that time.

If the HUSKY Health provider is not satisfied with the proposed resolution of the complaint, the HUSKY Health provider may request a formal grievance, either verbally or in writing, within ninety (90) calendar days of receipt of the proposed resolution to the complaint.

Notice of the grievance decision will be issued within thirty (30) calendar days of receipt of the grievance request from the HUSKY Health provider. A one-time extension of fifteen (15) calendar days can be taken when a resolution cannot be reached within the above noted thirty (30) calendar day timeframe and the extension is solely for the benefit of a HUSKY Health member.

FILING ADMINISTRATIVE APPEALS

In the event that Beacon Health Options determines that a HUSKY Health provider did not comply with utilization management policies and procedures (e.g., not contacting Beacon Health Options in a timely manner prior to authorization end date or prior to exhausting authorized units, whichever comes first when requesting continued stay) and subsequently administratively denies the request for care, a HUSKY Health provider may file an administrative appeal.

The administrative appeal must be filed no more than ten (10) calendar days after receipt of the determination from Beacon Health Options. The administrative appeal must cite the denial being appealed and provide a rebuttal that includes additional information or good cause.

Administrative appeals may be submitted telephonically to the CT BHP Customer Service toll-free number, 877-552-8247. Written appeals may be mailed, faxed, or emailed to:

The Connecticut Behavioral Health Partnership
ATTN: Denials and Appeals
500 Enterprise Drive, Suite 3D
Rocky Hill, CT 06067

OR

Fax: 855-575-6532 (toll free)

OR

Email: ctbhappeals@beaconhealthoptions.com

All administrative appeals will be logged, tracked and trended in a database tracking system and monitored on at least a semi-annual basis to identify trends.

Beacon Health Options will mail a notice of the determination to the HUSKY Health provider within seven (7) business days following receipt of the administrative appeal. The notification shall include the principal reason for the determination. There is only one level of appeal included in the administrative appeal process. At the conclusion of the level one administrative appeal determination, the administrative appeal process is exhausted. When an administrative appeal determination reverses the original denial determination under appeal, in whole or in part, the administrative appeal determination includes a review of the medical necessity of the original denial determination and the appeal decision and notification includes the result of both administrative and clinical review of the original request and associated denial determination.

FILING CLINICAL APPEALS

HUSKY Health providers and members or their designated representatives, may appeal decisions of Beacon Health Options to deny, partially deny, reduce, suspend or terminate services based on the lack of medical necessity of those services. All clinical appeals are logged and trended in a database tracking system. The

substance of appeals and the actions taken as a result of appeals will also be documented in the member's utilization record.

HUSKY HEALTH PROVIDERS CLINICAL APPEALS

Individual practitioners and facility providers have the right to initiate a clinical appeal of any medical necessity denial, partial denial, reduction, suspension, or termination of service.

A practitioner or facility rendering service can submit written comments, documents, records, and other information relating to the case, which is being appealed. Beacon Health Options considers all such submitted information in considering the appeal, regardless of whether such information was submitted or considered in the initial consideration of the case.

There are two (2) levels of clinical appeal for providers and both are internal to Beacon Health Options.

HUSKY HEALTH PROVIDER LEVEL I CLINICAL APPEAL

Note: A Beacon Health Options Peer Advisor (PA) who is neither the individual who made the original decision nor the subordinate of such an individual will conduct the Level I Clinical Appeal.

Upon receipt of the denial decision from Beacon Health Options, a provider may initiate the Level I Appeal process by notifying Beacon Health Options either verbally or in writing to:

Connecticut Behavioral Health Partnership

ATTN: Denials and Appeals

500 Enterprise Drive, Suite 3D

Rocky Hill, CT 06067

OR

Fax: 855-575-6532 (toll free)

OR

Email: ctbhppapeals@beaconhealthoptions.com

HUSKY Health Providers are required to initiate the Level I Appeal no later than ten (10) calendar days after receipt of the decision to deny, partially deny, reduce, suspend or terminate a behavioral health service.

Beacon Health Options shall complete arrangements for peer review within one (1) business day upon notification of an appeal request, to be conducted at a mutually agreed upon time. A peer desk review will be conducted if the provider peer is unavailable or is accepting of an alternative good or service.

Beacon shall render determination in response to the appeal request and notify the provider telephonically, no later than one (1) business day following completion of the peer review or peer desk review.

Beacon Health Options will mail the provider a written Level I Appeal determination within three (3) business days of the determination. The Level I Appeal determination will include a reminder to the HUSKY Health provider that if the HUSKY Health provider is dissatisfied with the Level I Appeal determination that the HUSKY Health provider has the right to request a Level II Appeal with Beacon Health Options.

HUSKY HEALTH PROVIDER LEVEL II CLINICAL APPEAL

Note: A Beacon Health Options Peer Advisor (PA) who is neither the individual who made the original decision or Level I Appeal decision, nor the subordinate of such individuals will conduct the Level II Clinical Appeal.

Upon receipt of the Level I Appeal determination, if the HUSKY Health provider is dissatisfied with the determination, a provider may initiate the Level II Appeal process by notifying Beacon Health Options either

verbally or in writing to:

Connecticut Behavioral Health Partnership
ATTN: Denials and Appeals
500 Enterprise Drive, Suite 3D
Rocky Hill, CT 06067

OR

Fax: 855-575-6532 (toll free)

OR

Email: ctbhappeals@beaconhealthoptions.com

The HUSKY Health provider will be required to initiate the Level II Appeal no later than fourteen (14) calendar days after receipt of the Level I Appeal determination. The HUSKY Health provider **must** submit additional documentation in support of the Level II Appeal, including the member's treatment records, within thirty (30) calendar days of the request for the Level II Appeal. If Beacon Health Options does not receive the HUSKY Health member's treatment record within thirty (30) calendar days, the Level I Appeal determination will stand and the Level II Appeal will be considered closed.

Beacon Health Options will mail the HUSKY Health provider a written Level II Appeal determination no later than five (5) business days after the receipt of information deemed necessary and sufficient (including the HUSKY Health member's treatment records) to render a determination.

MEMBER CLINICAL APPEALS

HUSKY Health members or their designated representatives, a conservator, or the member's parent or guardian if the HUSKY Health member is under 14 years of age, have the right to initiate the appeal of any clinical denial, partial denial, reduction, suspension or termination of a Medicaid service. For all HUSKY Health members ages 14 and older, they may have their parent, guardian, or provider appeal on their behalf by completing the Appointment of Authorized Representation form, which is included with the denial letter to all HUSKY Health members and providers. This appeal must be submitted within sixty (60) calendar days from receipt of either a Notice of Action or a Denial Letter.

All HUSKY Health members have two levels of Clinical Appeal. The Level I Appeal process is internal to Beacon Health Options. The Level II Appeal process is external and varies by the HUSKY Health member's benefit package.

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

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

The HUSKY Health member must complete a document called the Appeal and Administrative Hearing Request Form and mail or fax it within sixty (60) calendar days from the date the Notice of Action was mailed to you:

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

When DSS receives this Appeal and Administrative Hearing Request Form, DSS will forward the appeal request to Beacon Health Options. Upon receipt of the appeal, Beacon Health Options, on behalf of the CT BHP, will mail the HUSKY Health member an Acknowledgement Letter, letting the HUSKY Health member know that Beacon Health Options has received the appeal request. Beacon Health Options will make a determination, at the earliest point possible, but no later than fourteen (14) calendar days after receiving the appeal. The HUSKY Health member will receive a determination 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 HUSKY Health member will receive a separate notification of the scheduled Administrative Hearing from DSS.

HUSKY Health members may request to speak or meet with Beacon Health Options staff or submit additional information for review during the appeal process. If the HUSKY Health member makes this request, the meeting must be scheduled within fourteen (14) calendar days of submitting the Appeal and Administrative Hearing Form. To make this request, please contact the CT BHP Customer Service at 877-552-8247 and ask to speak to the Denials and Appeals Department.

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

Upon receipt of the Level II Appeal Fair Hearing determination from DSS, Beacon Health Options will update the Appeals database and comply with the Level II Appeal determination.

If a HUSKY Health 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 Beacon Health Options will stand.

LIMITED BENEFIT MEMBER CLINICAL APPEALS (D05)

For Limited Benefit members, the Level I Appeal is internal to Beacon Health Options. Limited Benefit Members' Level II Appeal Fair Hearing with DCF occurs after a Level I Appeal determination has been made.

Level I Medical Necessity Appeal requests may be accepted in writing via mail, fax, or email to:

The Connecticut Behavioral Health Partnership
Attention: Denials and Appeals
500 Enterprise Drive, Suite 3D Rocky Hill, CT 06067

OR

Fax: 855-575-6532 (toll free)

OR

Email: ctbhppapeals@beaconhealthoptions.com

Level I Appeal determinations are made at the earliest point possible, but no later than fourteen (14) calendar days of filing the appeal. Beacon Health Options will mail the written determination to the Limited Benefit member, the member's conservator, the member's parent, or guardian and/or the Regional DCF Behavioral Health Clinical Director for any child who is committed to or in the custody of DCF, by certified mail, within fourteen (14) calendar days of the filing of the appeal.

The Level I Appeal determination includes a reminder that if the Limited Benefit member is dissatisfied with the Level I Appeal determination that the Limited Benefit member has the right to request a Level II Appeal with DCF within sixty (60) calendar days of the receipt of the Level I Appeal determination. The Level I Appeal determination includes a DCF Level II Appeal Fair Hearing Request Form and instructions.

Beacon Health Options 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, Beacon Health Options updates the Appeals database and complies with the Level II Appeal determination.

CONDUCTING AN EXPEDITED APPEAL AT THE MEMBER'S REQUEST

Beacon Health Options will conduct an appeal on an expedited basis if the 14-day appeal timeframe could jeopardize the life or health of the HUSKY Health member or the member's ability to regain maximum function. Beacon Health Options will determine, within one (1) business day of receipt of an appeal that contains a request for an expedited review, whether to expedite the review or to perform a review according to the standard timeframes. Beacon Health Options will expedite its review in all cases in which such a review is requested by the HUSKY Health member's treating provider. The request for an expedited review may be made in writing or telephonically.

An expedited review shall be completed and an appeal decision issued within a timeframe appropriate to the condition or situation of the HUSKY Health member, but no more than three (3) business days from Beacon Health Options' receipt of the appeal from DSS or from the HUSKY Health member, unless the member asks to meet with the decision maker and/or submit additional information.

If the HUSKY Health member asks to meet with the decision maker and/or submit additional information, the decision maker shall offer to meet with the HUSKY Health member within three (3) business days of receipt of the appeal from DSS or the HUSKY Health member, and Beacon Health Options will issue its determination no later than five (5) business days after receipt of the appeal. The meeting with the HUSKY Health member may be held via the telephone or at a location accessible to the HUSKY Health member, subject to approval of DSS' Regional Offices. Any of DSS' office locations may be available for video conferencing

CRITICAL INCIDENT AND ADVERSE INCIDENT REPORTING

Providers are required to report all critical incidents, serious occurrences, and "adverse incidents" involving a HUSKY Health member to Beacon Health Options by calling 877-55 CT BHP [877-552-8247]. If a provider is unsure if something constitutes a critical incident, serious occurrence, or serious reportable event, then please call to speak to Quality Management. The definitions and categories of incident reporting are listed below.

CRITICAL INCIDENT / SIGNIFICANT EVENT

ANY INCIDENT THAT RESULTS IN SERIOUS INJURY, OR RISK THEREOF, SERIOUS ADVERSE TREATMENT RESPONSE, DEATH OF A SERVICE USER, OR SERIOUS IMPACT ON SERVICE DELIVERY AS DEFINED BY DCF'S AND/OR DMHAS' POLICIES AND PROCEDURES FOR ADVERSE INCIDENTS

An occurrence that represents actual serious harm to the wellbeing of a HUSKY Health member who is currently receiving services or has been recently discharged (within 30 days for higher levels of care and 90 days for outpatient services) from behavioral health services.

Sentinel Events/Serious Reportable Events occurring within or on the grounds of a behavioral health facility that either results in death of the HUSKY Health member or immediately jeopardizes the safety of a HUSKY Health member receiving services in any level-of-care includes:

- Unanticipated death occurring in any behavioral health setting (e.g., suicide, homicide, unexpected death by medical cause), that is related to a behavioral health condition or treatment
- Absence without authorization (AWA) involving a HUSKY Health member who is unstable / at risk or under the age of 18 including AWA of a HUSKY Health member of any age who was admitted or committed pursuant to State laws and who is at high risk of harm to self or others
- Falls that have serious consequences or multiple falls without evidence of safety precautions being put in place in a treatment setting
- Any serious injury when in a treatment setting resulting in urgent or emergent interventions. A serious injury is an injury that requires the individual to receive medical treatment including transport to an Emergency Room or acute care hospital. This is independent if medical admission occurs
- Unplanned transfers to a medical unit (i.e. when a HUSKY Health member has an exacerbation of symptoms related to a chronic or current medical condition) that went undetected and/or there was inadequate evaluation and monitoring of chronic or current conditions
- Significant sexual behavior with other patients or staff, whether consensual or not, while in a behavioral health treatment setting. All incidents that results in police contact or legal involvement are considered significant
- Serious adverse reaction to behavioral health treatment requiring urgent or emergent medical treatment (e.g. neuroleptic malignant syndrome, tardive dyskinesia, or other serious drug reaction)
- Medication management issues and treatment errors or errors of omission
- Violent/Assaultive behavior with physical harm to self or others (e.g., attempted murder, physical assault) and requiring urgent or emergent medical intervention (indicate in documentation if perpetrator was staff or HUSKY Health member/visitor, etc.)
- Unscheduled event that results in the evacuation of a program or facility and may result in the need for finding alternative placement options for HUSKY Health members
- Suicide attempt demonstrating significant risk to HUSKY Health member at a behavioral health facility resulting in serious injury that may or may not require medical admission
- Self-Inflicted harm in a behavioral health treatment setting that may or may not require urgent or emergent treatment (i.e. self- injurious behaviors, suicide gestures, non-lethal, such as cutting)
- Property damage, including that which occurs secondary to the setting of a fire, due to the intentional actions of a HUSKY Health member while in a behavioral health treatment setting
- Human Rights Violations (e.g. neglect, exploitation)
- Illegal activity (i.e. possession/sale of illicit drugs, alcohol, weapons, prostitution, public nudity in a treatment setting this is independent of harm to self or others including if there were any arrest(s))
- Other occurrences representing actual serious harm to a HUSKY Health member not listed above – requires explanation

Please note: Irrespective of their membership in the CT BHP, the above is not meant to replace the provider's requirement under CT General Statute 17a-101 to contact the DCF Care Line 800-842-2288 to report any suspicion of abuse or neglect regarding any child. Additionally, the above is not meant to replace the provider's requirement under CT General Statute 17a-452b to contact DMHAS Critical Incident Line 860-418-8750 to fulfill Critical Incident Reporting requirements.

HUSKY Health provider reports of adverse incidents are treated confidentially and are processed in accordance with "peer protection" statutes. Based on circumstances of each incident, or any identified trend of incidents, Beacon Health Options may undertake an investigation designed to provide for HUSKY Health member's safety. As a result, HUSKY Health providers may be asked to furnish treatment records, and/or engage in corrective action or quality improvement plan to address quality of care concerns and any identified deviations from a reasonable standard of care.

SITE VISITS FOR QUALITY REVIEWS

Beacon Health Options conducts site visits at provider facilities and/or offices on behalf of the CT BHP. A site visit may be conducted as part of monitoring an investigation stemming from a HUSKY Health member complaint or other quality issue. The current Beacon Health Options Quality Management site visit/treatment record review tool can be made available upon request.

Beacon Health Options will contact the provider to arrange a mutually convenient time for the site visit. The Quality Management site visit process is intended to be consultative and educational. Following the site visit, the provider will receive a written report detailing the findings of the site visit. If necessary, the report will include an action plan that will provide guidance in areas that the provider needs to strengthen in order to comply with CT BHP's standards.

VI. Provider Relations

The primary goal of the Provider Relations Department (PR) is to develop and maintain positive relationships within the CMAP provider network. PR focuses on education, communication, customer service, and support. PR strives to offer quality assistance to HUSKY Health providers who are serving the needs of children, families, and adults in Connecticut. PR assists HUSKY Health providers in understanding and navigating the service system and resolving any questions or concerns about CT BHP. PR serves the provider network by offering:

PROVIDER TRAINING / EDUCATION

The PR department is responsible for developing ongoing HUSKY Health provider trainings designed to meet the specialized needs of providers, as well as educational workshops to reduce administrative responsibilities. PR staff members provide one-on-one, small or large group training presentations, offer online webinars and telephonic support. PR creates supplementary educational materials such as manuals, handbooks, and training videos. Some current trainings and materials include:

- **CT BH(e)P Desk** – An interactive bi-monthly webinar providing tutorials of the ProviderConnect System functions and more. This training offers a space to interact with PR, ask questions or refresh a HUSKY Health provider's current knowledge of the system. More information and registration for CT BH(e)P Desk can be found on the For Providers, [Events, Trainings & Publications homepage](#).
- **ProviderConnect Manuals** – Each ProviderConnect function has a detailed instructional manual that can be found on the CT BHP website. All manuals provide step-by-step directions and graphics for services such as Inpatient Bed Tracking, Registered Services, and Higher Levels of Care registration. These manuals can be found on the [For Providers homepage](#) of the CTBHP website.
- **New Provider Resources** – PR works to ensure that newly enrolled HUSKY health providers have all the tools to navigate the Behavioral Health system. PR conducts weekly outreach to individual and group practice providers via email to introduce CT BHP and provide resources to successfully authorize and bill for services. PR also developed a Welcome page for new HUSKY Health providers which includes directions on how to obtain a ProviderConnect or ClientConnect username and password, submit authorizations, referrals, update practice information and more. More information can be found on the [Welcome New Providers homepage](#). HUSKY Health providers can obtain login credentials to access ProviderConnect by completing the [Online Account Request Form](#).

For additional information regarding service registration and account requests, please see Section IV, Page 23 of this manual.

PROVIDER NEWSLETTERS, UPDATES AND ALERTS

The PR department is responsible for managing all HUSKY Health provider publications. Publications to the network include Provider Alerts, Bulletins, and Newsletters. PR also alerts HUSKY Health providers to modifications in the Provider Handbook and any policy and procedure changes or requirements that are not otherwise communicated by the Departments. PR's goal is to keep the network up to date and informed as quickly as possible to reduce interruption in services. HUSKY Health provider communications can be found on the [Providers-Bulletins Page](#). Additional News, Events and Spotlight information can be found directly on the homepage of the CT BHP website.

WEBSITE MAINTENANCE

The PR department is responsible for maintaining the website www.CTBHP.com. This is a full service site with resources available to both the provider and member. Available resources include level of care guidelines, MOUD treatment resources, covered services information, member eligibility guidelines, and program information. The website is also the main point of access for the ProviderConnect, ClientConnect, and ReferralConnect sites, which are available 24/7.

PROVIDER ADMINISTRATIVE ASSISTANCE

The PR department is here to assist HUSKY Health providers with the everyday functions regarding navigating the CT BHP systems. PR responds to both clinical and administrative inquiries to help promote best practices for HUSKY Health providers. Such inquiries can include:

- What services are covered
- How to update practice information
- Authorization questions and/or troubleshooting
- Username and Password lookup
- How to verify Medicaid Eligibility
- How to enroll as a provider

In an effort to better serve providers, the PR department has compiled Frequently Asked Questions (FAQ) sheets. These sheets help HUSKY Health providers independently find answers to commonly asked questions surrounding items such as higher levels of care, eligibility, billing and more. These sheets can be found on the [For Providers homepage](#).

Additional information regarding the above-mentioned inquiries can be found in Sections II, III and IV of this manual.

PROVIDER NETWORK DEVELOPMENT

The PR department has a focus on the growth and maintenance of the HUSKY Health provider network capacity. This is to ensure exceptional delivery of all covered services to all HUSKY Health members. PR's network development functions include:

- Providing consultation for clinical and administrative issues
- Obtaining HUSKY Health provider network data from the Department of Social Services (DSS)
- Annual certification of HUSKY Health provider practice and program information for referral purposes
- Annual reporting of network growth
- Interacting with HUSKY Health providers as an administrative agent on behalf of the Departments
- Negotiating special service agreements on a case-by-case basis to address critical access issues
- Attending regular meetings hosted by Departments and attended by Contractor's staff and Departments' fiscal agent to address operational issues that may or are impacting HUSKY Health providers

PROVIDER COMMUNICATION

Communication with HUSKY Health providers is made through a variety of platforms. PR will outreach to HUSKY Health providers by a means that is most convenient to the network. Communication can occur via telephone, webinar, website, or email distribution.

If you currently do not receive Email notifications from us and would like to be added to our list, please contact us with the information listed below.

877-552-8247, Options 1, 2, and 7

ctbhp@beaconhealtoptions.com

VII. Compliance Department

The Beacon Health Options Corporate Compliance Department ensures that the CT BHP/Beacon CT are compliant with contractual and regulatory requirements, HIPAA standards, contractual obligations and company policy and procedures.

HONORING HUSKY HEALTH MEMBER RIGHTS

Providers must respect the rights of HUSKY Health members they serve and support HUSKY Health members in fulfilling their responsibilities.

HUSKY HEALTH MEMBER RIGHTS

HUSKY Health members served through the CT BHP have the right to:

- Be treated with dignity and respect
- Know about the CT BHP and how business is done including, but not limited to:
 - Names and titles of staff members
 - Services covered by the benefit plan, and
 - Rights and responsibilities as a HUSKY Health member
- Know about the HUSKY Health providers including, but not limited to:
 - Names
 - Clinical licenses
 - Specialties
 - Addresses
 - Phone numbers
 - Office hours, and
 - Demographic information such as race or gender (if available)
- Expect that their diagnosis, treatment information and other HUSKY Health member-related information be kept confidential. However, sometimes the law requires the release of such information. The CT BHP will only release information to others about a HUSKY Health member's diagnosis and treatment if the HUSKY Health member, or the HUSKY Health member's legal guardian signs a release of information authorizing the disclosure or if there is an emergency situation that requires the release of information
- Participate with their HUSKY Health provider(s) in decision-making regarding their health care
- Talk with their HUSKY Health provider about the best treatment options for their condition, regardless of the cost of such care, or benefit coverage
- Tell the CT BHP what they think their rights and responsibilities as a HUSKY Health member should be
- Voice complaints about CT BHP or the care provided
- Appeal if they disagree with a decision made by the CT BHP about their care
- Have anyone they choose speak for them in contacts with the CT BHP with a signed release of information form completed
- Know about covered services and benefits offered under their plan, and how to seek these services
- Receive timely care consistent with their need for care
- Know all the facts about any charge or bill they receive no matter who is making payment
- Be free from any form of restraint or seclusion as a means of coercion, discipline, retaliation or convenience
- Change their selected provider at any time without the need for stating a reason
- Receive an explanation from their HUSKY Health provider of the process for giving informed consent prior to the start of treatments or procedures requiring such informed consent
- Access their medical records, including the right to request to amend or correct their medical records, when applicable
- Know the measures that will be utilized to ensure confidentiality of their personal health information
- Expect that CT BHP has policies and procedures to determine who may authorize the release of personal health information, and who may have access to this information when they lack the ability to give consent

- Approve or deny the release of personally identifiable or personal health information that is beyond the standard consent already agreed to when the HUSKY Health member applied for and enrolled in their health benefit plan. In such instances, the CT BHP will specify the information to be released when requesting this consent, and
- Exercise the rights described above without any adverse effect on their treatment by the CT BHP and its participating HUSKY Health providers

HUSKY HEALTH MEMBER'S RESPONSIBILITIES

HUSKY Health members have the responsibility to:

- Learn about their condition and work with their HUSKY Health provider to develop a treatment and recovery plan for their care
- Follow the plans and instructions for care they have agreed to with their HUSKY Health provider and by asking questions if directions, instructions, medications, or procedures are not understood
- Notify the Department of Social Services and their HUSKY Health provider of changes. This includes an address or phone number change
- Assist their HUSKY Health provider in assessing any medical or behavioral health needs by providing complete and accurate information about medical history, hospitalizations, medications and other relevant matters pertaining to their health
- Be considerate of their HUSKY Health provider, their staff and property, and respect the comfort of other HUSKY Health members, and
- Read the Member Handbook, which explains the benefits the HUSKY Health member is entitled to receive and the HUSKY Health member's responsibilities. Questions may be directed to the benefit program's Customer Service department

As an integral part of respecting Husky Health member's rights, CT BHP Husky Health providers must inform Husky Health members of their right to file a complaint or appeal or request a Fair Hearing. In addition, Husky Health providers should train those staff members that have the most direct contact with HUSKY Health members on how to assist Husky Health members in filing a complaint or appeal or requesting a Fair Hearing.

CONFIDENTIALITY, PRIVACY & SECURITY OF IDENTIFIABLE HEALTH INFORMATION

HUSKY Health providers are: (a) expected to comply with applicable federal and state privacy, confidentiality and security laws, rules and/or regulations, including without limitation the federal *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* and the rules and regulations promulgated thereunder, and 42 C.F.R. Part 2; and (b) responsible for meeting their obligations under these laws, rules and regulations, by implementing such activities as monitoring changes in the laws, implementing appropriate mitigation and corrective actions, and timely distribution of notices to HUSKY Health members, government agencies and the media when applicable. In the event that Beacon Health Options receives a complaint or becomes aware of a potential violation or breach of an obligation to secure or protect HUSKY Health member information, Beacon Health Options will notify the HUSKY Health provider utilizing the general complaint process, and request that the HUSKY Health provider respond to the allegation and implement corrective action when appropriate. HUSKY Health providers must respond to such requests and implement corrective action as indicated in communications from Beacon Health Options.

HUSKY Health Providers and their business associates interacting with Beacon Health Options staff should make every effort to keep *protected health information* secure. If a HUSKY Health provider does not use email encryption, Beacon Health Options recommends sending *protected health information* to Beacon Health Options through an inquiry in *ProviderConnect* or by secure fax.

VIII. Recovery and Resiliency

PRINCIPLES OF RECOVERY/RESILIENCY AND WELLNESS

We believe that people can and do recover from mental illness and/or addiction and can thrive in the process of taking responsibility for their own lives. Further, we believe that children, adolescents, and their families can be safe and hopeful for a future where their goals and aspirations can be met. A key goal of the CT BHP is to integrate recovery and Wellness Recovery Action Plan (WRAP) core values, principles, and language into all aspects of treatment delivery. The expected outcome is a system that will be age and gender appropriate, culturally competent, and will be sensitive to concerns that affect recovery and wellness.

The process of authorizing services must also be done within the framework of the principles of recovery and wellness. 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	Belief and Approach for Children and their Families
Stability	People have a stable living situation in an environment they choose.	Children are safely maintained in their homes whenever possible, and that home is appropriate to provide permanency and stability.
Safety	People live, work and play in a safe environment.	Children are protected from abuse and neglect and feel safe in their living environment.
Social Outcomes	People develop a satisfying social life with meaning and purpose.	Children learn to make friends and feel connected and important.
Vocational Outcomes	People choose, get, and keep a vocational goal. They use the services and supports available to help them to achieve their chosen goal.	Children choose to participate in school or other learning environments. They use the 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 they want out of life. The child's hopes that they can have a satisfying life is recognized and supported.
Skill Development	People develop new skills for independence.	Children develop skills with peers, school, and family.
Services	The person chooses services that they need to be successful in the community.	Services are wrapped around the child and are provided in the context of the family and community.
Strengths	People have the strengths and resilience they need to achieve their chosen goals.	Families have the strengths and resilience they need to meet their children's needs.

PEER BASED SERVICES

Peers are an important part of the support/care continuum provided via the CT BHP. Studies show talking to a person who has had similar experiences can be helpful to individuals in recovery. Peers are individuals with lived experience, meaning they or someone in their immediate family has experienced a behavioral health and/or substance use disorder. Peers provide education, outreach, and other types of services to HUSKY enrolled individuals and understand that there are multiple paths to recovery.

Peers support engagement in treatment, help navigate the service system, and identify natural supports. They work closely with adults, parents/guardians and children to establish personal goals and communicate them with their treatment team. Peers may also be parents of children who have experience with the children's behavioral health system. The CT BHP implements an extensive training program in coordination

with advocacy agencies to build additional leadership and mentoring skills amongst the Peer staff. The ASO includes Peers in an array of services that are offered directly to, or on behalf of, HUSKY enrolled individuals. Peers are embedded within the CT BHP and ensure recovery, resiliency, and health literacy are not only supported, but also encouraged, from outreach to outcomes.

GOALS OF THE PEER TEAM

- Provide information and assistance to HUSKY enrolled individuals to facilitate health literacy and appropriate access to traditional and non-traditional services
- Improve treatment outcomes by supporting treatment engagement
- Normalize the recovery process for individuals
- Provide support navigating the system
- Support a community of non-traditional services, and lend their voice to the recovery network in Connecticut

THE ROLE OF THE PEER

- Share ways of coping with distressing symptoms that interfere with an individual's goals
- 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
- Support children and families who need assistance in accessing services or engaging in treatment
- Provide training for HUSKY Health providers, adult HUSKY Health members, families, community collaborative groups, and the ASO staff
- Help promote skill development in key areas to support personal goals
- Encourage and support active participation in the treatment process
- Manage a directory of statewide peer support resources and provide linkages as needed
- Develop and distribute educational materials for HUSKY Health providers, HUSKY enrolled individuals, 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, and which embrace and promote the principles of recovery and resiliency.

IX. INTERFACE ACROSS DELIVERY SYSTEMS

COLLABORATION ACROSS DELIVERY SYSTEMS

There are multiple services and supports available to assist HUSKY Health members. The following grid provides an overview of these services:

IMPORTANT CONTACT INFORMATION FOR HUSKY HEALTH MEMBERS	
Mental Health and Substance Use Treatment Services	<p>Connecticut Behavioral Health Partnership: For information, covered services and finding HUSKY Health providers: 877-552-8247 Hearing Impaired: 711 Regular business hours: Mon-Fri 9:00 am to 7:00 pm, Crisis and Inpatient Admissions: 24/7 Website: www.ctbhp.com</p> <p>HUSKY D – Residential and Recovery Support Substance Use Treatment Services</p> <p>Institute for Mental Disease Services (IMD) & Recovery Support Program – Advanced Behavioral Health-Substance Use: Clinical Services 800-606-3677 Recovery Support Program: 800-658-4472</p>
Medical Services	<p>Community Health Network of CT: For information, covered services and finding providers: 800-859-9889 Hearing Impaired: 711 Mon-Fri 8:00 am to 6:00 pm Website: www.chnct.org</p>
Dental Services	<p>Dental Health Partnership/BeneCare: For information, covered services and finding dentists: 855-283-3682 Hearing Impaired: 711 Mon-Fri 8:00 am to 5:00 pm Website: www.ctdhp.com</p>
Pharmacy Services	<p>Client Assistance Center: For information: 866-409-8430 or 860-269-2031 Hearing Impaired: 711 Mon-Fri 8:00 am to 5:00 pm Website: www.ctdssmap.com</p>
Transportation to Health Care Appointments	<p>For HUSKY A, HUSKY C & HUSKY D Members, Contact Veyo 855-478-7350 Mon-Fri 7:00 am to 6:00 pm Website: www.ct.ridewithveyo.com</p>
Claims Member Assistance/Bills	<p>Gainwell Technologies: Client Assistance Member Claims/Billing Services: 866- 409-8430 Hearing Impaired: 711 Mon-Fri 8:30 am to 5:00 pm Website: www.ctdssmap.com</p>
Vision Services	<p>Community Health Network of CT: For information: 800-859-9889 Hearing Impaired: 711 Mon-Fri 8:00 am to 6:00 pm Website: www.chnct.org</p>

DSS Benefit Center/ConneCT	DSS Benefits Center: For information: 855-626-6632 Hearing Impaired: 800-842-4524 or 711 to apply for HUSKY D and for all DSS benefits including SNAP, TFA, Cash, State Supplement, Medicare Savings, Refugee Assistance, HUSKY C application, renew & report changes to personal information and interviews Mon-Fri 7:30 am to 4:00 pm Website: www.connect.gov
DDS	Department of Developmental Services Information: For information: 866-737-0330 Hearing Impaired: 711 Mon-Fri 8:00 am to 5:00 pm Website: www.ct.gov/dds
Medicare	Customer Assistance: 800-633-4227 Hearing Impaired: 711 Website: www.medicare.com
Social Security	Social Security Administration Customer Assistance: 800-772-1213 Hearing Impaired: 711 Website: www.socialsecurity.gov
HUSKY Spend-down	Spend-down amount, expenses, expenses received & applied: 877-858-7012 Hearing Impaired: 711 Mon-Fri 8:30 am to 5:00 pm
DCF Careline	Department of Children & Families Careline: 800-842-2288 Hearing Impaired: 711 Website: www.ct.gov/DCF
Application for health insurance	AccessHealthCT for eligibility questions, apply, renew or report changes for HUSKY A, B, and D: 855-805-4325 Hearing Impaired: 711 Mon-Fri 8:00 am to 4:00 pm (Hours extended during open enrollment) Website: www.accesshealthct.com
CONNECT Help Desk	ConneCT My Account Password resets Mon-Fri 8:30 am to 5:00 pm 877-874-1612 Hearing Impaired: 711 Website: www.ct.gov/dss
CONNECT EBT (Gray card)	For SNAP, TFA and other cash assistant 24 hours/day, 7 day a week: 888-838-2666 Hearing Impaired: 711 Website: www.ct.gov/dss/ebt
CT DSS 1095B Tax form	Information Center: 844-503-6871 Hearing Impaired: 711 Mon-Fri 8:00 am to 5:00 pm Website: www.ct.gov/dss
HUSKY Premium Billing	For HUSKY B and Med-ConneCT premium billing related questions Mon-Fri 8:30 am to 5:00 pm: 1-800-656-6684 Hearing Impaired: 711
To Renew for: SNAP, Cash assistance and HUSKY C	On line www.ct.gov/dss/myaccountlogin when you have an on-line account or completing the form and mailing, or going to DSS regional offices.
United Way	Connect to local services such as utility assistance, food, housing, crisis intervention and more. Dial 211 or search the online data base at 211.ct.org

MEDICAL COVERAGE

HUSKY Health members receive general medical care through Community Health Network (CHN) of Connecticut. CHN CT is the ASO responsible for physical health services, hospital emergency services as well as ancillary services such as laboratory, radiology and medical equipment, devices and supplies regardless of diagnosis, for all HUSKY members. Limited Benefit members are encouraged to contact the HUSKY Program at 877-CT-HUSKY (877-284-8759) to apply for coverage under HUSKY. Individuals who are deaf or hearing impaired may call the TTD/TTY telephone number at 711.

TRANSPORTATION

Veyo Transit is the Non-Emergency Medical Transportation (NEMT) broker that provides non-emergency transportation for HUSKY Health members for both medical and behavioral health services that are covered under HUSKY A, C and D. Behavioral Health transportation services to clinics, and independent professionals for routine outpatient, extended day treatment, intensive outpatient, partial hospitalization, withdrawal management, methadone maintenance, and inpatient psychiatric services are covered. HUSKY B members are not covered for non-emergency medical transportation. Transportation is not provided for non-Medicaid services such as respite, or DCF funded services that are designed to come to the HUSKY Health member including mobile crisis, home-based services, or therapeutic mentoring.

Beacon Health Options will make referrals to the closest appropriate CMAP providers (typically three names will be given upon request) and avoid referrals to facilities and offices outside of a 10 to 20 mile radius depending on the geographic location of the HUSKY Health member to the nearest provider. Beacon Health Options is not required to review HUSKY Health provider distance from the HUSKY Health member when responding to requests for authorization. The NEMT broker will assess all requests for transportation when contacted by the HUSKY Health member and it will be up to the broker to apply coverage limitations as appropriate when contacted by the HUSKY Health member. In most cases, the transportation broker will be able to make decisions about whether to authorize transportation to the non-closest HUSKY Health provider or to a HUSKY Health provider that is outside of the 10 to 20 mile radius by working directly with the HUSKY Health member. However, the CT BHP will be required to respond to inquiries from the NEMT broker if additional information is needed to support authorization of a transportation request.

Beacon Health Options is expected to work to monitor transportation utilization and, if necessary, cooperate with the NEMT broker in conducting focused provider education or training related to the appropriate use of transportation services.

SHARING EXPERTISE AND INFORMATION

A primary responsibility of all HUSKY Health providers is to proactively identify potential medical needs of HUSKY Health members to whom they are providing behavioral health care services and work with CT BHP Care Managers and the HUSKY Health member's health care providers to assure that both physical and behavioral health care needs are met. This coordination of medical and behavioral health care is also a primary emphasis of the Beacon Health Options Intensive Care Managers.

TELEPHONIC CONSULTATION

To support primary care providers, Beacon Health Options medical staff will be available by phone to offer consultation to primary care physicians serving HUSKY Health members. This telephonic consultation can be accessed by calling 877-552-8247.

Additionally, ACCESS Mental Health CT is a program that offers free, timely consultative services for Primary Care Physicians (PCPs) seeking assistance in providing behavioral health care to children and adolescents under the age of 21 years, irrespective of insurance. This DCF funded program provides specialists who are available to answer questions and provide valuable resources for mental health treatment in your community. A listing of the ACCESS Mental Health Hub Teams, towns covered and contact information is located on the ACCESS Mental Health CT website: <http://www.accessmhct.com/>

OVERVIEW OF SERVICES COVERED BY THE CT BHP

OUTPATIENT MEDICAL CLINIC SERVICES

- Behavioral health evaluation and treatment services provided by freestanding primary care/medical clinics with a primary behavioral health diagnosis and only when provided by a licensed behavioral health professional.

HOSPITAL OUTPATIENT PSYCHIATRIC

- The CT BHP is responsible for authorization of all outpatient psychiatric clinic, intensive outpatient, extended day treatment and partial hospitalization services provided by general and psychiatric hospitals for the evaluation and treatment of behavioral health disorders.
- The CT BHP will cover psychiatric evaluation and treatment services related to a medical diagnosis such as psychological testing for a HUSKY Health member with traumatic brain injury.

MENTAL HEALTH AND AMBULATORY SUBSTANCE USE CLINICS

- The CT BHP is responsible for authorization of all Mental Health and Substance Use Clinic Services regardless of diagnosis.

EMERGENCY AND INPATIENT

- Services provided related to care for a behavioral health diagnosis.
- CT BHP is responsible for all psychiatric hospital services and all associated charges billed by a psychiatric hospital, regardless of diagnosis.
- The CT BHP is responsible for management and authorization of inpatient and residential withdrawal management (inpatient-hospital or inpatient-freestanding) when the substance use diagnosis is primary.
- The CT BHP is responsible for management and authorization of inpatient general hospital services when the behavioral health diagnosis is primary. The behavioral health diagnosis will be considered primary when the billed Revenue Center Code (RCC) and the primary diagnosis are both behavioral and when the billed RCC is medical but the primary diagnosis on the claim form is behavioral.
- When an admission to a general hospital is initially medical, but the reason for the continued stay becomes behavioral, responsibility for management and authorization of services transitions to the CT BHP.
- The CT BHP will reimburse professional psychiatric services rendered in an emergency department by a community psychiatrist if the psychiatrist is enrolled in CMAP as an independent solo or group practitioner and bills under the solo or group practice ID.

HOME HEALTH CARE SERVICES

Home Health Services are defined as services provided by a home health care agency (as defined in Subsection d of section 19A-4890 of Connecticut General Statutes) that is licensed by the Department of Public Health, meet the requirements for participation in Medicare, meet all DSS enrollment requirements and offer care on a part-time or intermittent basis in the HUSKY Health member's home.

- CHN CT is responsible for the authorization and management of home health services when the home health service is for medical diagnoses alone and when the home health services are required for medical and behavioral diagnoses, but the medical diagnosis is primary, or the psychiatric nurse or aide cannot safely and effectively manage the HUSKY Health member's medical treatment needs.
- Beacon Health Options is responsible for the authorization and management when home health services are required for the treatment of behavioral health diagnoses alone. When home health services are required to treat both medical and behavioral diagnoses, but the behavioral diagnosis is primary, or the medical nurse or aide cannot safely and effectively manage the individual's psychiatric treatment needs.

- Additionally, Beacon Health Options is responsible for management of home health services for a HUSKY Health member when the HUSKY Health member has a diagnosis of autism as one of the first three diagnoses.
- Effective for dates of service April 1, 2019 and forward, all home health services for individuals covered under the State Funded Connecticut Home Care Program for Elders (CHCPE), Acquired Brain Injury(ABI), Autism, Connecticut Home Care (CHC) and Personal Care Assistance (PCA) Waivers with a behavioral health primary diagnosis code will no longer receive authorization from Beacon Health Options but will be authorized by the Department of Social Services' (DSS) Community Options Unit(COU). Prior Authorizations (PAs) previously uploaded by Beacon Health Options will now be uploaded or entered via the secure Web portal by the Access Agency or the DSS Autism Care manager responsible for managing the individual's care.

INDIVIDUAL PRACTITIONERS

- Behavioral health evaluation and treatment services such as Outpatient Psychiatric Diagnostic Evaluation services, Psychological and Developmental Testing, Consultation, Case Management provided by individual practitioners with a primary behavioral health diagnosis and only when provided by a licensed behavioral health professional.

OTHER SERVICES

- CT BHP is responsible for prior authorizations for HUSKY Health members receiving treatment at methadone clinics for methadone maintenance services.
- Internal toxicology screens are included in the weekly Methadone rate. No more than eight (8) external toxicology laboratory tests may be ordered under a single standing order in any calendar year and must be documented in the HUSKY Health member's chart.
- Behavioral health assessment and treatment services billed by school-based health centers will be the responsibility of the CT BHP.
- Adult Mental Health Group Homes.
- DCF Congregate Care such as Residential Treatment or Group Homes.
- Rehabilitation clinics for Outpatient, Psychological Testing and Autism Spectrum Disorder Services.
- Psychiatric Diagnostic Interviews of the DCF Multi-disciplinary examinations.

OVERVIEW OF SERVICES COVERED UNDER MEDICAL BENEFITS

The following are only a **summary** of services for which CHN CT the medical ASO will retain oversight. Please Note: The following summaries do not supersede Medical ASO coverage responsibilities as established in provider contracts with DSS:

- Programs and procedures designed to support the identification of untreated behavioral health disorders in medical patients at risk for such disorders, some of which are conducted by general medical providers.
- Pharmacy services and all associated charges, regardless of diagnosis, remain under the auspices of the medical benefits. The only exception is for methadone in instances explained in the CT BHP section.

HOSPITAL OUTPATIENT AND OUTPATIENT CLINIC SERVICES

- Primary care and other medical services provided by freestanding primary care/medical clinics regardless of diagnosis except for behavioral health evaluation and treatment services and only when provided by a licensed behavioral health professional.
- Primary care and other medical services provided by hospital medical clinics regardless of diagnosis including all medical specialty services and all ancillary services.

EMERGENCY AND INPATIENT

- Emergency department services including emergent and urgent visits and all associated charges regardless of diagnosis.
- Management and prior authorization for inpatient general hospital services when the medical diagnosis is primary. Medical is considered primary when the billed RCC and the primary diagnosis are both medical.
- Ancillary services associated with primary medical diagnoses.
- During a behavioral health stay, professional services associated with the evaluation and management of co-occurring medical diagnoses.

LONG TERM CARE SERVICES

- Long-term care services for their HUSKY Health members regardless of diagnosis.

OTHER SERVICES

- Components of the DCF Multi-disciplinary examinations.
- Primary care services provided by school-based health centers.

Appendix A: Mixed Services Protocols

ANCILLARY SERVICES

CHN CT, the medical ASO, retains responsibility for all ancillary services such as laboratory, radiology, and medical equipment, devices, and supplies regardless of diagnosis excluding services conducted in a methadone clinic.

CO-OCCURRING MEDICAL AND BEHAVIORAL HEALTH CONDITIONS – SCREENING, REFERRAL, & COORDINATION

CHN CT currently has programs and procedures designed to support the identification of untreated behavioral health disorders in medical patients at risk for such disorders. Upon identification and stratification of such complex cases, services may be carried out by medical service providers or by CHN CT ICM, in partnership with Beacon Health Options, through quality management processes. CHN CT will continue to foster early and effective treatment of behavioral health disorders, including those disorders that could affect compliance with and the effectiveness of medical interventions.

The CT BHP has a similar program and procedures designed to identify and provide services for the HUSKY Health members at the highest risk of untreated medical illnesses in HUSKY Health members with behavioral health disorders. Clinical Care Managers provide wellness/recovery education and care management for high risk HUSKY Health members with a co-morbid severe behavioral health condition coupled with medical conditions.

The Behavioral Health and the Medical ASOs will communicate and coordinate as necessary to ensure the effective coordination of medical and behavioral health benefits. Beacon Health Options will contact CHN CT when co-management is indicated; Beacon Health Options will respond to inquiries regarding the presence of behavioral co-morbidities and assist with behavioral health coordination activities or consultation when invited to do so.

Likewise, CHN CT will contact Beacon Health Options when co-management is indicated (including behavioral health hospital emergency department visits), such as for persons with special physical health and behavioral health needs. CHN CT will respond to inquiries by Beacon Health Options regarding the presence of medical co-morbidities and will assist with medical coordination activities or consultations when invited to do so. Conversely, Beacon Health Options has assigned key contacts to facilitate timely care coordination.

From time to time, there will be a need to make a determination as to whether a HUSKY Health member's medical or behavioral health condition is primary. If there is a conflicting determination as to whether medical or behavioral health is primary, the respective medical directors will work together toward a timely and mutually agreeable resolution. At the request of either party, DSS will make a determination as to the whether medical or behavioral health is primary and that determination shall be binding.

FREESTANDING MEDICAL/ PRIMARY CARE CLINICS

CHN CT retains responsibility for primary care and other medical services provided by freestanding primary care/medical clinics regardless of diagnosis except for behavioral health evaluation and treatment services with a primary behavioral health diagnosis and only when provided by a licensed behavioral health professional.

HOSPITAL EMERGENCY DEPARTMENTS

CHN CT retains responsibility for emergency department (ED) services, including emergent and urgent visits and all associated charges services billed by the facility, regardless of diagnosis. Professional psychiatric services rendered in an emergency department by a community psychiatrist will be reimbursed if the psychiatrist is enrolled in CMAP as an independent solo or group practitioner and bills under the solo or group practice ID. However, when that ED visit results in an inpatient stay to the same hospital and the admission is behavioral

health in nature, then those charges should not be billed separately. The reimbursement for the ED visit is rolled up into the per diem payment. The Department will implement audit procedures to ensure that hospitals do not bill for emergency department services when patients are admitted to the hospital and behavioral health is primary. If the HUSKY Health member were transferred from the ED to another hospital to receive care, then the hospital would be able to bill both the professional and facility charges for the ED visit. CHN CT will address any increase in the utilization trend with the Departments.

HOSPITAL INPATIENT SERVICES

To assure appropriate coordination and communication, the CT BHP will coordinate with the medical ASO and NEMT broker. In addition, the coordination agreements include specific language on the procedures for resolving coverage related issues when there is disagreement. Coordination will be based on the following guidelines:

PSYCHIATRIC HOSPITALS

Beacon Health Options will be responsible for authorizing all psychiatric hospital services rendered to HUSKY Health members under the age of 21, as well as 65 and over, and all associated charges billed by a psychiatric hospital, regardless of diagnosis. The per diem rate is all-inclusive so there will be no reimbursement for professional services rendered by community-based consulting physicians.

GENERAL HOSPITALS

Beacon Health Options shares responsibility for authorizing inpatient general hospital services when related to a primary behavioral health diagnosis. CHN CT will be responsible for authorizations for inpatient general hospital services when the medical diagnosis is primary. Medical would be considered primary when the billed RCC and the primary diagnosis are both medical.

During a medical stay, the admitting physician will be responsible for coordinating medical orders for any necessary behavioral health services with the CT BHP. Other ancillary charges associated with non-primary behavioral health diagnoses shall remain the responsibility of CHN CT or DSS medical benefit administrator, as described in the ancillary services section of this document.

Beacon Health Options will be responsible for authorizing inpatient general hospital services when the behavioral health diagnosis is primary. The behavioral health diagnosis will be considered primary when the billed RCC and the admitting diagnosis are both behavioral or when the billed RCC is medical, but the admitting diagnosis on the claim form is behavioral.

If an individual, who received a behavioral health authorization upon admission from CT BHP, requires further inpatient medical or rehabilitation care, the hospital must administratively discharge the individual from behavioral health and re-admit the individual for medical services or rehabilitation services to qualify for further payment. The hospital must obtain a medical PA from CHN CT for that readmission.

HOSPITAL OUTPATIENT CLINIC SERVICES

CT BHP will be responsible for authorizing all outpatient psychiatric diagnostic evaluation services, intensive outpatient, extended day treatment, and partial hospitalization services provided by general and psychiatric hospitals for the evaluation and treatment of behavioral health disorders. CT BHP will also cover evaluation and treatment services related to a non-behavioral health diagnosis if the billing code is psychiatric as outlined in the covered services grid.

CHN CT will be responsible for authorizing all primary care and other medical services provided by hospital medical clinics regardless of diagnosis including all medical specialty services and all ancillary services.

LONG TERM CARE

CHN CT will be responsible for authorizing all long-term care services (i.e., nursing homes, chronic disease hospitals) regardless of diagnosis.

MENTAL HEALTH CLINICS

CT BHP will be responsible for authorizing all Mental Health Clinic Services regardless of diagnosis including routine outpatient psychiatric diagnostic evaluation services and all diagnostic and treatment services billed as intensive outpatient treatment, extended day treatment, and partial hospitalization treatment. CT BHP will also cover evaluation and treatment services related to a medical diagnosis such as psychological and neuropsychological testing for a HUSKY Health member with traumatic brain injury.

MEDICATIONS FOR ADDICTION TREATMENT

CT BHP will be responsible for authorizing methadone clinics for all methadone maintenance services provided to HUSKY Health members, including but not limited to, the cost of the methadone, on-site drug testing, and case management. All methadone maintenance services are included in the Department of Social Service's rate with methadone maintenance clinics. No more than eight (8) external toxicology laboratory tests may be ordered under a single standing order in any calendar year, with proper documentation in the HUSKY Health member's medical record.

CT BHP will be responsible for authorizing outpatient evaluation and medication evaluation treatment services connected to buprenorphine, naltrexone (Vivitrol), disulfiram (Antabuse) and acamprosate (Campral).

MULTI-DISCIPLINARY EXAMINATIONS

Multi-Disciplinary Examinations (MDEs) are provided for children covered by HUSKY Health who are in the custody of the Connecticut Department of Children and Families (DCF). The MDE is a comprehensive examination with three components: 1) a medical examination, 2) a behavioral/developmental examination, and 3) a dental examination. The MDE must result in a written report with recommendations for appropriate treatment and follow-up care. DCF-contracted MDE service providers or their subcontractors provide MDE services. In some cases, a single agency is licensed to provide all three components of the MDE while being entitled to reimbursement for each component. In other cases, multiple agencies or providers are involved in the conduct of the various components of an MDE, each within its scope of licensure. The CT BHP registration process must be completed prior to claim submission for the behavioral health component of the MDE. For authorization for behavioral health services, contact Beacon Health Options at 877-552-8247. Effective for dates of service on or after October 1, 2015, all MDE claims must be submitted with an ICD-10 diagnosis code of Z65.3 (Problems related to other legal circumstances). For more information, please reference CMAP Policy Transmittal 2017-68 on www.ctdssmap.com.

SCHOOL-BASED HEALTH CENTER SERVICES

In general, Beacon Health Options will be responsible for authorizing school-based health centers for behavioral health diagnostic and treatment services provided to students with a behavioral health diagnosis. CHN CT or DSS medical benefit administrator will be responsible for primary care services provided by school-based health centers, regardless of diagnosis, but they will not be responsible for behavioral health assessment and treatment services.

The following narrative provides additional background and a rationale for this arrangement.

School-based health centers currently provide a range of general health and behavioral health services that are reimbursable. All of these school-based health centers are licensed by the Department of Public Health (DPH), either as freestanding outpatient clinics or as satellites under a hospital license. Under these licenses, clinics can provide general medical services as well as behavioral health services.

School-based health centers vary in their degree of expertise in the provision of behavioral health services. Some school-based health centers provide prevention and counseling for students with emotional or behavioral issues and bill for those services using general primary care prevention and counseling codes, often without a behavioral health diagnosis. Those primary care and preventive counseling services that are currently covered will continue to be the responsibility of the CHN CT or DSS medical benefit administrator.

Other school-based health centers have taken steps to develop their behavioral health services including relying on licensed behavioral health practitioners and/or affiliation agreements with local outpatient child psychiatric clinics that provide clinical staff, consultation, or oversight. If the school-based health center provides behavioral health diagnostic and treatment services, these services will be the responsibility of the CT BHP. However, the school-based health center must enroll as a CMAP provider to be reimbursed for those services under the CT BHP.

In some cases, the behavioral health component of the school-based health center's services is provided under the license of an outpatient child psychiatric clinic. In these cases, the outpatient child psychiatric clinic must be enrolled as a CMAP provider and the services provided will be reimbursable as behavioral health clinic services under the CT BHP.

Appendix B: Glossary of Terms

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

Automated Eligibility Verification System (AEVS): The sole comprehensive source of CT Medical Assistance Program's eligibility information.

Appeal: A procedure through which HUSKY Health members or HUSKY Health providers can request a re-determination of Beacon Health Options decision concerning but not limited to service authorization. For example, an individual can appeal a Beacon Health Options decision regarding the level of care authorized or appeal a Beacon Health Options decision to deny payment of a claim for services delivered.

ASAM: American Society of Addiction Medicine.

Autism Spectrum Disorder (ASD) Services: Services to evaluate, assess, and treat HUSKY A, C, and D HUSKY Health members under the age of 21 who have a diagnosis of Autism Spectrum Disorder.

Care Manager: An independently licensed behavioral health care clinician employed by the ASO to perform utilization review on services that require prior authorization and concurrent review.

Care Management: Overall coordination of an individual's use of services, which may include medical and mental health services, substance use services, and vocational training and employment. Although the definition of care management varies with local requirements and staff roles, a care manager often assumes responsibilities for outreach, advocacy, and referral on behalf of individual HUSKY Health members.

Clinical Management: The process of evaluating and determining the appropriateness of the utilization of the behavioral health services as well as providing assistance to clinicians or HUSKY Health members to ensure appropriate use of resources. It may include, but not be limited to, prior authorization, concurrent authorization, retroactive medical necessity review, discharge review, retrospective utilization review, quality management, provider authorization, and provider performance enhancements.

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 HUSKY Health member and/or others.

Community Collaborative: A local consortium of health care providers, parents, and guardians of children with behavioral health needs, and service and education agencies that have organized to develop coordinated, comprehensive community resources for children or youth with complex behavioral health service needs and their families in accordance with principles and goals of CT BHP.

Community Health Network of Connecticut (CHN CT): Community Health Network of Connecticut is the Medical Administrative Services Organization for the HUSKY Health programs.

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

Complainant: A HUSKY Health member or their designated representatives, an individual practitioner, a facility provider, who makes a complaint to Beacon Health Options.

Concurrent Review: Review of the medical necessity and appropriateness of behavioral health services on a periodic basis during the course of treatment.

Connecticut Behavioral Health Partnership (CT BHP): The CT BHP is a partnership among the Departments of Social Services (DSS), Children and Families (DCF), Mental Health and Addiction Services (DMHAS) with Beacon Health Options as their ASO serving HUSKY A, B, C, D, and DCF Limited benefit members.

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

Department of Children and Families (DCF): The DCF is established under Section 17a-3 of the Connecticut General Statutes as a comprehensive, consolidated agency serving children (under age 18) and families. Its mandates include child protective and family services, mental health services, substance use related services, prevention and educational services (acting in the capacity of a school district for the children in our care).

Department of Mental Health and Addiction Services (DMHAS): State of Connecticut agency that promotes and administers comprehensive, recovery-oriented services in the areas of mental health treatment and substance use prevention and treatment throughout Connecticut.

Department of Social Services (DSS): DSS provides a broad range of services to the elderly, persons with disabilities, families, and individuals who need assistance in maintaining or achieving their full potential for self-direction, self-reliance, and independent living. It administers over 90 legislatively authorized programs and one-third of the state budget. By statute, it is the state agency responsible for administering a number of programs under federal legislation, including the Rehabilitation Act, the Food Stamp Act, the Older Americans Act, and the Social Security Act. The Department is also designated as a public housing agency for administering the Section 8 program under the Federal Housing Act. It is the state agency with primary responsibility for Medicaid.

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

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

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Comprehensive health (including behavioral health) screening, treatment and other services (such as transportation) for HUSKY Health 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.

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

Emergent Treatment: Treatment required preventing a possible loss of life or major loss of physical or psychological function. For the purpose of determining the severity index level of any incident, it is the nature of the treatment that is the determining factor, not the location of the treatment (e.g., treatment in an Emergency Room does not necessarily constitute emergent treatment unless it is required to prevent loss of life or major loss of function).

Family: Family means a child or youth with behavioral needs together with (A) one or more biological or adoptive parents, except for a parent whose parental rights have been terminated; (B) one or more persons to whom legal custody or guardianship has been given, or; (C) one or more adults, including foster parents, who have a primary responsibility for providing continuous care to such child or youth. For adults, family refers to the individual's chosen natural support system; which may include biological relatives, significant others, friends, and other support networks identified by the adult HUSKY Health member.

Federally Qualified Healthcare Clinic (FQHC): Community-based organizations that provide comprehensive primary care and preventive care, including health, oral, and mental health/substance use services to persons of all ages, regardless of their ability to pay.

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

Fraud: Intentional deception or misrepresentation, or reckless 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.

Gainwell Technologies: DSS' fiscal agent contracted to process HUSKY Health provider enrollment and adjudicates claims to support the Connecticut Medical Assistance Program.

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.

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 Health Care Agency: A public or private agency that specializes in providing skilled nursing services, home health aides, and other therapeutic services, such as physical therapy, in the home.

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

HUSKY Health program: Refers to the overall comprehensive health care benefit package, including preventive care, primary care and specialist visits, hospital care, behavioral health services, dental services, and prescription medications; for those individuals covered by HUSKY A, B, C, & D.

Inquiry: A verbal or written communication from an external party seeking information or requesting an action or assistance (e.g., request to check eligibility, clarify benefits, explain a process) that does not meet the definition of a “complaint”, “grievance” or an “appeal”. When a communication is not distinguishable as an inquiry or a complaint, it is handled as a complaint.

Levels of Care (LOC) Guidelines: Guidelines that are used by Beacon Health Options and HUSKY Health providers to conduct utilization management, which help to determine whether a behavioral health service is medically necessary or medically appropriate.

Limited Benefits: A program that provides limited coverage under the CT BHP to children and families, involved with DCF, who have complex behavioral health service needs, as determined by DCF, and who are not otherwise eligible for HUSKY.

Local Mental Health Authority (LMHA): The Department of Mental Health and Addiction Services operates and/or funds Local Mental Health Authorities 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.ct.gov/DMHAS/cwp/view.asp?a=2902&q=335194>.

Medicaid: The Connecticut Medical Assistance Program operated by DSS under Title XIX of the Federal Social Security Act, in related state and federal rules and regulations.

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: (a) Those health services required to prevent, identify, diagnose, treat, rehabilitate, or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider, or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and their medical condition. (b) Clinical policies, medical policies, clinical criteria or any other generally accepted clinical practice guidelines used to assist in evaluating the medical necessity of a requested health service shall be used solely as guidelines and shall not be the basis for a final determination of medical necessity.

Mobile Crisis Services: 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 HUSKY Health member's home, school, local emergency department, or community setting.

Multi-Disciplinary Case Conference (MDC): A case conference consisting of DCF staff across disciplines and in some instances includes external community providers and partners. Cases identified for this process would include those with multiple risk factors, high risk adolescent behaviors, significant treatment history with positive outcomes that are not sustained, consistently unmet specialized medical needs and high-profile cases.

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

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

Peer Advisor: Doctor level licensed health professionals employed by Beacon Health Options who are qualified, as determined by the medical director, to render a clinical opinion about the medical condition, procedures, and treatment under review.

Peer Desk Review: A review of available clinical documentation conducted by an appropriate peer advisor when a request for authorization was not approved during the initial clinical review conducted by the Care Manager. A Peer Desk Review is done when the provider requesting authorization is not available.

Peer Review: A telephonic conversation between Beacon Health Options peer advisor and a HUSKY Health provider requesting authorization when the request does not appear to meet the medical necessity guidelines and either the provider or the peer advisor believes that additional information needs to be presented to make an appropriate medical necessity determination. Peer Review also includes a review of available clinical documentation.

Potential Quality of Care Concerns: Initial reports of incidents that have either harmed or had the potential to harm a HUSKY Health member.

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

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

Professional Services: Delivery of behavioral health services for which the clinician is licensed.

Provider: A person or entity under an agreement with DMHAS, DSS or DCF to provide services to HUSKY Health members.

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

Quality Management (QM): The process of reviewing, measuring and continually improving the outcome of care delivered.

Registration: The process of notifying Beacon Health Options of the initiation of a behavioral health service, to include information regarding the evaluation findings and plan of treatment, which may serve in lieu of telephonic authorization when so designated by the CT BHP.

Retroactive Medical Necessity Review: Beacon Health Options' process for approving payment for covered services after the delivery of the service or initiation of the plan of care based on a determination by Beacon Health Options as to whether the requested service is medically necessary and medically appropriate. Such reviews typically apply when a service is rendered to an individual who is retroactively granted eligibility, when the effective date of eligibility spans the date of service and the service requires authorization.

Retrospective Chart Review: A review of HUSKY Health provider's charts to ensure that the HUSKY Health provider's chart documentation supports the utilization management practices, for example, that the documentation is consistent with the provider's verbal report and corresponding authorization decision. The charts selected for review may be random or focused based on information available secondary to the utilization management process.

Retrospective Utilization Review: A component of utilization management that involves analysis of historical utilization data and patterns of utilization to inform the ongoing development of the utilization management program.

Routine Cases: A symptomatic situation for which the HUSKY Health member is seeking care, but for which treatment is neither emergent nor urgent.

Serious Injury: Any significant impairment of a person's physical condition as determined by qualified medical personnel. This includes but is not limited to burns (rug/carpet burns are not considered serious injury), lacerations, bone fractures, substantial hematoma (severe bruises), and injuries to internal organs, whether self-inflicted or inflicted by someone else.

Significant Event(s): Occurrences that represent actual or potential serious harm to the wellbeing of a HUSKY Health member or to others by the actions of a HUSKY Health member, who is receiving services managed by the CT BHP or has recently been discharged from services managed by the CT BHP. Occurrences do not involve suspected abuse and/or neglect, include, but are not limited to, the following categories of alleged occurrences:

Department of Children & Families - Critical Incidents/Significant Events

FOR INCIDENTS WITH ANY DCF INVOLVEMENT, INCLUDING AN INCIDENT AT A DCF LICENSED FACILITY, THAT:

- a child has died from non-abuse/neglect causes or concerns;
- has a death of a parent or caregiver from unnatural causes;
- is receiving media coverage.

FOR NEW ACCEPTED REFERRAL OF ABUSE/NEGLECT, OR SITUATIONS THAT DEVELOP DURING SUCH, FOR A CHILD WHO:

- has died from alleged abuse/neglect;
- has been hospitalized with a life-threatening condition;
- has broken bones or a serious burn that requires immediate medical attention;
- has a visible or otherwise detectable minor injury that is poorly explained therefore concerning for child abuse given child's functional age (sentinel injury). *Examples: bruising in a non-mobile child, intraoral injury, patterned bruising, bruising in unusual locations (torso, ears, neck);*
- has a serious head injury that requires immediate medical attention;
- has injuries to their internal organs;
- is a victim of domestic or international human trafficking/sexual exploitation with allegation(s) against a caregiver or entrusted person.

FOR ANY CHILD IN THE CARE AND CUSTODY OF DCF WHO:

- has run away and presents an imminent danger to themselves or the community (i.e. child under 13 years of age, medical condition, cognitive disability);
- has been sexually assaulted by an adult;
- there is an allegation of a serious crime by an adult authorized by DCF to be responsible for the care of a child;

- has been abducted;
- is subject to an arrest;
- requires emergent off-site medical treatment;
- is involved in a significant disturbance at a congregate care facility or licensed entity.

Department of Mental Health & Addiction Services

- Client Abuse Alleged
- Death
- Emergency Evacuation
- Escape (Forensic Only)
- Federal Notification
- Medical Event
- Missing Client
- Property Damage
- Serious Crime Alleged
- Serious Suicide Attempt
- Threats
- Other (specify)

Beacon Health Options

- *Surgical or Invasive Procedure*
 - 1A. Wrong Site*
 - 1B. Wrong Patient*
 - 1C. Wrong Procedure*
 - 1D. Foreign Object*
 - 1E. ASA Class 1*
- *Product or Device Events*
 - 2A. Contamination^{††}
 - 2B. Device Malfunction[†]
 - 2C. Embolism^{††}
- *Patient Protection Events*
 - 3A. DC unable to consent
 - 3B. Elopement[†]
 - 3C.i. Completed Suicide[†]
 - 3C.ii. Attempted Suicide[†]
 - 3C.iii. Self-injurious Behaviors[†]
- *Care Management Events*
 - 4A. Medication Error[†]
 - 4B. Fall^{††}
- *Environmental Events*
 - 5A. Electric Shock^{††}
 - 5B. Gas
 - 5C. Burn^{††}
 - 5D.i. Restraint^{††}
 - 5D.ii. Seclusion^{††}
 - 5D.iii. Restrictive Interventions^{††}
- *Potential Criminal Events*
 - 7A. Impersonation
 - 7B. Abduction
 - 7D. Physical Assault^{††}
- Sexual Behavior*

- 20. *Other Events*
 - 20A. Disaster Management^{†*}
 - 20B. Accident^{†*}
 - 20C. Staff Misconduct^{*}
 - 20D. Standard of Care^{†*}
 - 20E.i. Natural Death Expected^{†*}
 - 20E.ii. Natural Death Unexpected^{†*}

† = Death or serious injury sustained

* = Occurring in a health care setting

Tax Identification Number (TIN): The federal identification number, either social security number or employer identification number, that is used by a provider for tax filing, billing and reporting purposes.

Third Party: An individual, entity or program that is or may be liable to pay all or part of the expenditures for Medicaid furnished under a state plan.

Urgent Cases: Illnesses or injuries of a less serious nature than those constituting emergencies but for which treatment is required to prevent a serious deterioration in the HUSKY Health member's health and for which treatment cannot be delayed without imposing undue risk on the HUSKY Health member's wellbeing until the HUSKY Health member is able to secure services from their regular physician(s).

Urgent Treatment: Treatment that requires skilled care but that does not meet the definition of emergent care, but that is reasonably required for moderate injuries (e.g., sutures, treatment of severe sprains, and treatment of minor broken bones such as a broken hand or foot). As with emergent care, it is the nature of the treatment, not the location that determines the type of treatment.

Utilization Management (UM): The prospective, retrospective or concurrent assessment of the necessity and appropriateness of the allocation of health care resources and services given, or proposed to be given, to an individual within the State of Connecticut.