



Connecticut Medical Assistance Program

Policy Transmittal 2012-09

PB 2012-44

October 2012

Roderick L. Bremby, Commissioner

Effective Date: July 1, 2012

Contact: Paul Piccione @ (860) 424-5160

TO: Enhanced Care Clinics

RE: Enhanced Care Clinic Surveys

The purpose of this policy transmittal is to inform Enhanced Care Clinic (ECC) providers about the implementation of the survey process to determine whether each agency's performance qualifies it for continued designation as an Enhanced Care Clinic.

Teams of surveyors will be reviewing the medical records and/or policies and procedures of the Enhanced Care Clinics to determine their compliance with all of the existing requirements of participation as indicated in the current Enhanced Care Clinic Letter of Agreement (LOA). The teams will be comprised of representatives chosen from the Department of Mental Health and Addiction Services, the Department of Children and Families, the Department of Social Services (the state partners) and ValueOptions CT, the Behavioral Health Partnership's Administrative Services Organization (ASO).

At this time, reviewers will be looking for evidence of the following:

- Coordination with the transportation broker and evidence of compliance with the access requirements (see PB 2007-44 and PB 2007-45);
- Primary care/behavioral health coordination (see PB 2008-14)
- Screening and integrated care for individuals with co-occurring mental health and substance disorders (see PB 2010-14, PB 2010-15, PB 2010-18 and PB 2010-19).
- Documentation concerning screening, evaluation, follow up visits and discharge (PB2007-44 and PB 2007-45)

Reviewers have participated in training on the ECC Oversight Assessment Tool which has been shared with the CT BHP Operations Committee. Only those reviewers who obtained inter-rater reliability of greater than 85% with the other reviewers will be doing the site visits.

It is anticipated that this round of surveys will begin in August of 2012 and be completed by the end of December of 2012. Surveys may include the medical records of members seen at the primary ECC site or any secondary ECC sites identified in Attachment B of the LOA as well

as clinic policies and procedures pertaining to the designated ECC requirements.

In the event that deficiencies are identified, the providers will be formally notified in writing, placed on probationary status and given an opportunity to submit a written corrective action plan (CAP). The provider will have 30 days to submit a CAP to the state partners. The agency will have 60 days from the approval of the corrective action plan to remediate the deficiencies. A survey team will return to the agency to review medical records for services rendered after the day the CAP was accepted. If the deficiencies are remediated to the satisfaction of the survey team and no other deficiencies identified, the probationary status will be removed. If, however, the follow up survey identifies that the deficiencies cited remain, the LOA and designation as an ECC will be terminated effective 30 days from the date of the written notification of the results of the follow up survey. The enhanced care clinic status will be terminated, but the facility may continue to provide services as a non-ECC provider. Services provided after the termination of the LOA will be reimbursed at the non-ECC rate as appropriate.

If the agency does not agree with the results of the follow-up survey, the agency may pursue an appeal. To pursue an appeal, the agency must complete and submit, as instructed, the Appeal Request Form included in the ECC termination letter. The Appeal Request Form must be received no later than 10 business days from the agency's receipt of the termination letter informing them of their loss of designation as an ECC. If the Departments do not receive a completed Appeal Request Form by that date then the agency's ECC designation shall terminate. The Appeal Request Form and the supporting documentation will be reviewed by representatives from the Departments and/or CT BHP who did not participate in the survey. The Departments will issue a final decision on the appeal within 30 business days of the receipt of the Appeal Request Form. The provider will not lose their ECC designation during the period in which the appeal is being reviewed.

The on-site surveys do not take the place of other methods of provider surveys specified in providers' LOAs, including but not limited to, use of authorization or claims data and mystery shopper calls.

Survey Scoring Details: For each item on the Review Tool, a provider must demonstrate satisfactory compliance of at least 80%. For example, question 2A in the Review Tool reads: "Date of first contact (Y/N)". Of the charts reviewed, this question must have an answer of "Yes" in at least 80% of the charts to receive a satisfactory score for this question. Compliance of less than 80% on any item will be considered a deficiency and will require a corrective action plan.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com

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

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