

**STATE OF CONNECTICUT
Connecticut Behavioral Health Partnership
Department of Children and Families
Department of Social Services
Request for Applications**

**ECC_RFA_090707_FINAL
ADDENDUM # 1**

The State of Connecticut Behavioral Health Partnership, through the Departments of Children and Families and Social Services is issuing the following addendum to the Enhanced Care Clinics Request for Applications.

The Department's responses to the three (3) questions that were submitted by applicants in accordance with the terms of the ECC RFA are set forth herein as an addendum to this RFA.

1. If there are pages in the application that are not applicable to us, such as the extra secondary site pages and the Clients Served **Adult** grid, may we delete those to create more pages for writing?

No. Applicants should make no deletions and are expected to respond within the available limits.

2. Is it mandatory for the site to provide intensive services? For example, we provide that at one site where we have intensive outpatient, partial hospital program, outpatient counseling, psychiatric services and a variety of other services. The other site, however, presently offers therapeutic services, including treatment for post-traumatic stress disorder, but not intensive ones. Would we need to plan to add such programs?

It is not mandatory for any of the Enhanced Care Clinic sites to provide intensive services. It is mandatory that the clinic offer routine outpatient services such as individual therapy, group therapy, family therapy and medication management, with the option to be seen more than once per week in times of crisis. It is also mandatory that the clinic have the ability to link clients to the appropriate intensive services provided at another site or by another agency if it is found that this is what is needed. If the intensive service provided by another site has a waiting list, the Enhanced Care Clinic is expected to manage the client as an outpatient, with additional visits as needed, until the transition to an intensive service can take place.

3. Under ACCESS REQUIREMENTS A. Centralized Point of Access, Screening and Triage Protocols 7. No Shows – Missed Appointments
“Clients who miss the scheduled initial appointment and call back should be treated as new referrals and thus are excluded from the timeliness calculations. Clients that miss the follow-up visit will be included in the timeliness calculations.”

What is meant by “treated as new referrals and thus are excluded from the timeliness calculations? What if they are urgent or emergent? Do we just dismiss them? Does “call back” refer to the agency’s call to find out why they missed their appointment?

This statement refers to measurement under the access standards. If a client presents, is triaged and scheduled for an initial evaluation, but does not show up for the initial evaluation, the Departments will not count that client in our measure of timeliness (i.e. 2 hours for emergent, 2 days for urgent or 2 weeks for routine). If the client calls or you reach out to the client and an attempt is made to reschedule the initial evaluation, the clock begins anew from the date of the second contact to the date of the initial evaluation or the appointment offered.

None of the above applies to follow-up visits. If a client presents for an initial evaluation, but never attends a follow-up visit, the Departments will include this client in the calculation of the provider’s timeliness for the initial evaluation, but exclude the client from the calculation of the provider’s timeliness for the follow-up visit.

This First Addendum must be signed and returned with your proposal submission.

Authorized Signer

Company Name

Date Issued: October 22, 2007

Approved _____

Kathleen M. Brennan

Director, Contract Procurement

(Original Signature on Document in Procurement File)

**ENHANCED CARE CLINICS
REQUEST FOR APPLICATIONS**



September 7, 2007

State of Connecticut
Department of Children and Families
Department of Social Services

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Connecticut Behavioral Health Partnership
Connecticut Department of Children and Families
Connecticut Department of Social Services

Request for Applications (RFA)

ENHANCED CARE CLINICS
(A Subclass of Outpatient Mental Health and Substance Abuse Clinics for Adults and Children)

1. **PROGRAM TITLE:** Enhanced Care Clinics
2. **SCHEDULE FOR REQUIRED ACTIVITIES AND ASSOCIATED DATES:**

The following table summarizes required activities and associated dates. These activities and dates are detailed in the relevant RFA sections below.

RFA Published	September 7, 2007
Deadline for Receipt of Mandatory Letter of Intent	October 5, 2007
Deadline for Submission of Questions Regarding the Contents of the RFA	October 5, 2007
Questions and Answers Posted to Website	October 19, 2007
Deadline for Receipt of Applications	November 9, 2007
Target Date for Completion of Review and Announcement of Results	To Be Determined

3. **OVERVIEW:**

The Connecticut Behavioral Health Partnership (CT BHP), administered by the Department of Children and Families (DCF) and the Department of Social Services (DSS) is seeking applications from those providers who wish to seek designation as an *enhanced care clinic*. Enhanced Care Clinics (ECC) are defined as a subclass of mental health and substance abuse clinics that serve adults and/or children. Except as otherwise noted, the CT BHP will reimburse the enhanced care clinics with fees that are, on average, 25 percent higher than the standard CT BHP Husky A and B Medicaid fee schedule for routine outpatient mental health and substance abuse clinics. To qualify for higher fees, enhanced care clinics must meet special requirements relating to five domains of service, specifically, access, coordination of care, member services and support, quality of care and cultural competence. The overall goal is to provide adults and children who are seeking behavioral health services and supports with improved timeliness of access to behavioral health care and improved quality of care. **NOTE WELL: A federally qualified health center (FQHC) may seek designation as an ECC but will not receive the higher fees.**

4. BACKGROUND:

Pursuant to subsections h through q of Section 17a-22 of the Connecticut General Statutes, DCF and DSS were directed to develop and implement an integrated behavioral health services system for HUSKY A and HUSKY B clients. This initiative is known as the CT BHP. Details regarding the partnership may be found at: www.ctbhp.com.

The purpose of the partnership is to increase access to quality behavioral health services through:

- Expanding individualized, family-centered, community-based services;
- Enhancing care management services for children with complex behavioral health service needs;
- Maximizing federal revenue to fund behavioral health services;
- Reducing unnecessary use of institutional and residential services for children;
- Improving administrative oversight and efficiency; and
- Monitoring individual outcomes and provider performance.

The CT BHP Oversight Council has been created to advise DCF and DSS regarding planning and implementing the partnership.

The statute requires DCF and DSS to contract jointly with a single administrative entity to oversee the operation of the CT BHP. The intent is to support comprehensive care planning, reduce unnecessary admissions to hospitals and residential treatment facilities and shorten the length of time client's stay there, improve practice efficiencies and reduce administrative costs. ValueOptions was selected as the contractor through a competitive procurement. The contractor's primary responsibility includes the authorization of CT BHP behavioral health services for eligible adults and children using Level of Care Guidelines established by a seven member Clinical Management Committee. Additional functions include intensive care management, quality management, the collection of service related data, assistance to consumers who seek services, and assistance to providers for system navigation.

Outpatient mental health and substance abuse providers play a critical role in ensuring the success of the CT BHP. Designation as enhanced care clinics provides an opportunity to build service capacity and strengthen care practices across the state to better serve adults, children, adolescents and families. The initiative focuses on the delivery of consumer-centered, cost-effective, accessible and quality outcome-based services.

5. SOURCE OF FUNDS:

This RFA does not offer a new source of funds for outpatient services, but does provide an opportunity for providers who meet special service requirements to be designated as an ECC and therefore qualify to receive enhanced CT BHP Medicaid fees covering Husky A and B clients for routine outpatient behavioral health services. **NOTE WELL: A federally qualified health center (FQHC) may seek designation as an ECC but will not receive the higher fees.**

6. DESCRIPTION:

The CT BHP is seeking applications for a subclass of mental health and substance abuse clinics referred to as *enhanced care clinics*(ECC). Providers enrolled in the Connecticut Medical Assistance Program (CMAP) network that are determined through this RFA process to meet

special service requirements will qualify as an ECC. Qualified ECCs, excluding those that are FQHCs may receive fees that can be, on average, 25 percent higher than the standard CT BHP Medicaid fee schedule. Designated ECC's shall be required to provide a centralized point of access with triage protocols to effectively screen and promptly serve clients. Services will be offered at designated ECC's times that can accommodate clients' needs. Designated ECC's will screen and treat Husky A and B clients for co-occurring disorders, provide specialty care and evidence-based treatments as appropriate, and afford access to culturally competent care. Designated ECCs will also be required to provide specialized member services and support including peer support groups. Additionally, designated ECCs will be required to negotiate coordination agreements with primary care providers that serve clinic clients.

7. ELIGIBILITY

Any agency this is enrolled in the CMAP network as a general hospital outpatient provider (01/70), as a freestanding mental health/substance abuse clinic (50/50) or as a Federally Qualified Health Center (FQHC) may apply through this RFA for qualification as an Enhanced Care Clinic. There are no limits on the number of agencies that are permitted to apply and subsequently qualify as Enhanced Care Clinics. If, however, the agency owes any outstanding receivables to DSS or DCF, they may be excluded by DSS and DCF from receiving a designation as an Enhanced Care Clinic.

8. ENHANCED CARE CLINIC REQUIREMENTS

Each agency seeking designation as an Enhanced Care Clinic is required to meet the terms set forth in **Appendix A** of this RFA. In addition, freestanding mental health clinics must meet the requirements set forth in **Appendix B** within six months of designation and general hospital outpatient clinics must meet the requirements set forth in **Appendix C** within six months of designation.

If designated as an ECC, the clinic will receive enhanced care clinic fees for all routine outpatient services provided by the agency, whether at primary or secondary sites. **NOTE WELL: A federally qualified health center (FQHC) may seek designation as an ECC but will not receive the higher fees.**

There are special service requirements that clinics must meet in order to be designated as an enhanced care clinic. The key domains, sub-domains and effective dates of implementation are identified in Appendix A.

The CTBHP intends to phase in the service requirements for the various domains and sub-domains over a period of two years from the date of release of this application. This phase-in plan should allow providers to focus on successive areas of clinical program development.

9. LICENSES AND CERTIFICATIONS:

The Applicant, employees and agents must comply with all federal, state and local statutes, regulations, codes ordinances, certifications and/or licensures applicable to a fully operational outpatient psychiatric and/or substance abuse clinic for adults and/or children.

10. AFFIRMATIVE ACTION:

Applicants **must** complete the CHRO Compliance Package and include with their RFA submission required documentation to evidence their compliance with certain non-discrimination and affirmative actions obligations pursuant to applicable Connecticut General Statutes. The CHRO Compliance Package may be obtained from the following link on the DCF website: http://www.ct.gov/dcf/LIB/dcf/contract_management/pdf/Bidders_CHRO_Compliance_Package.pdf

To qualify for designation as an ECC the clinic must, among other things, have an affirmative action plan prior to the effective date of their qualification. This affirmative action plan must be available for inspection at the time of audit by the CT BHP. Successful Applicants will be expected to comply with non-discrimination requirements and any other required state and federal regulations.

11. DISPOSITION OF APPLICATIONS:

To be considered, applicants must complete the prescribed Application – Enhanced Care Clinics and submit the original completed application and five (5) exact copies of the same to the issuing office by 3:00 pm on November 9, 2007. If awarded designation as an ECC, clinics must meet the access requirements within six (6) months of the date they receive designation as an ECC.

Applications will be individually date stamped upon receipt to record the date of receipt of each application. The applications will be reviewed individually by representatives from DCF as well as family members to determine whether or not the applications meet the special requirements for enhanced care clinics as outlined under Review Procedures in this document. To be considered responsive an application **must** address issues related to centralized access, triage, staffing, physical plant/space, and self-monitoring. Applications **must** also include a feasibility plan for accommodating an annual increase in service volume of up to twenty (20) percent for CT BHP Husky A and B clients over and above existing levels.

Clinics that submit applications that are accepted as sufficient will be granted designation as an ECC. Those clinics with designation as an ECC may be granted the enhanced fees no later than sixty (60) days after their qualification date. Clinics that submit applications that are not accepted as sufficient will be eligible to reapply during the next application cycle. **NOTE WELL: A federally qualified health center (FQHC) may seek designation as an ECC but will not receive the higher fees.**

The CT BHP reserves the right to reject any and all applications, or portions thereof, received as a result of this request, or to negotiate separately any service requirements in any manner necessary to serve the best interests of the CT BHP. The CT BHP reserves the right to qualify clinics for all or any portion of the service requirements contained within this RFA if it is determined that qualifying for a portion or all of the work will best meet the needs of the CT BHP.

12. AUDITS:

The designated ECC must maintain documentation to support data submitted to the web-based client registration system and documentation to support that care practices are consistent with policies and procedures submitted in support of other enhanced care clinic requirements.

Access documentation must include but may not be limited to the documentation of the original referral screening data and a record of the date and time of appointments offered and whether accepted. Audit findings that indicate a failure to comply with program requirements or documentation thereof may result in an audit adjustment.

13. APPLICATION DEADLINE:

To be considered the issuing office **must** receive one (1) original hard copy, five (5) exact hard copies of the original application and (1) electronic copy of the original application on a disc or CD-ROM format (submission of the electronic copy by e-mail will NOT be accepted) no later than **3 p.m. on November 9, 2007.**

Applications received after the stated deadline may be accepted as a clerical function but will not be reviewed.

14. MANDATORY LETTER OF INTENT:

Applicants must submit a separate LETTER OF INTENT for each primary site that will be applying for ECC status.

Submission of the non-binding Letter of Intent on page 13 of this RFA **is required** for EACH application. An application **WILL NOT** be reviewed if the Applicant organization failed to submit the mandatory Letter of Intent by the stated due date. Letters of Intent may be sent via e-mail, fax or regular mail but **MUST BE** directed to and received by the issuing office by **3:00pm on October 5, 2007.** It is the sole responsibility of the applicant to confirm the Issuing Office's receipt of a Letter of Intent.

15. RFA ISSUING OFFICE:

The RFA Issuing Office and the contact person for the Issuing Office is:

Kathleen M. Brennan, Director, Contract Procurement
State of Connecticut
Department of Social Services
25 Sigourney Street, 9th Floor
Hartford, CT 06106
Telephone: (860) 424-5693 Fax: (860) 424-4953
E-mail: Kathleen.Brennan@ct.gov

16. QUESTIONS AND ADDENDUMS TO THIS RFA:

To be considered, questions concerning this RFA must be received by the Issuing Office **via email** no later than **by 3 p.m. on October 5, 2007.** The CT BHP will post responses to these questions on the State Contracting Portal through the Department of Administrative Services (DAS) website (www.state.ct.us/das) on or near October 19, 2007. The posted responses will be in the form of an addendum to this RFA. The addendum will include an acknowledgment form to document the applicant's receipt of the addendum. The completed acknowledgment form **MUST BE** included in the application. It is the sole responsibility of the applicant to confirm the Issuing Office's receipt of questions and to access the State Contracting Portal to receive the posted responses.

Any time before the application submission date the Issuing Office may amend the provisions of this RFA through the posting of a subsequent addendum to this RFA on the State Contracting Portal. The posted addendum will include an acknowledgment form to document the applicant's receipt of the addendum. The completed acknowledgment form **MUST BE** included in the application. **It is the sole responsibility of the applicant to access the State Contracting Portal to receive the posted responses.**

If you prefer to receive automatic notices of posted procurement opportunities and addendums to posted solicitations, go to the State Contracting Portal through the Department of Administrative Service's website to register to receive a daily e-mail from DAS announcing procurement solicitations and addendums that have been posted on the DAS website.

(http://www.das.state.ct.us/Purchase/Register/eReg_form.asp).

Upon receiving the email, you can refer to the list of commodities that had activity for that particular day. This list can be found at the top of each notice. The commodity codes most frequently used by DSS and DCF are 1000 Healthcare services; 2000 Community and Social Services; 3000 Education and Training Services.

Please note that this service is provided as a courtesy to assist in monitoring the solicitations. Since e-mail can be unreliable, DAS, DCF and/or DSS do not guarantee that subscribers will receive all e-mails.

By subscribing to this service, you accept responsibility to periodically visit the web site to remain informed of program changes. You also agree that all notice or updates are effective when posted on the web site regardless of whether an e-mail was sent by DAS or received by you.

17. PREPARING A RESPONSIVE APPLICATION:

The Application – Enhanced Care Clinics contains all the questions that Applicants must address in their submission. Applicants are **strongly encouraged** to answer these questions within the context of the information contained in each sub-heading and corresponding sections from which it has been taken. There is often additional detail within the sub-heading and corresponding sections that explicates the breadth and depth of information that a successful Applicant will provide. This approach to submitting information will better ensure that the submitted answers and information fully address the components of this guidance.

Applicants should carefully read and familiarize themselves with the section titled **“APPLICATION INSTRUCTIONS and REVIEW INFORMATION.”** This section details the format and the appendices requirements. The CT BHP has the right to reject submitted applications that do not conform to these requirements.

18. APPLICATION INSTRUCTIONS AND REVIEW INFORMATION:

Applicants must submit a separate application for each primary site that is applying.

Page Limit – Per Primary Site	30 (Excludes Cover Page, Table of Contents, and Appendices)
Submission Format	Submit clipped copies (No binders)
Font Size	12 pt
Margins	1 inch all sides
Line Spacing	Double

Submitted applications must conform to the following format requirements:

The original hard-copy, the five (5) copies of the original hard copy and the electronic submission (disc or CD-ROM) of the application must be submitted in the order identified below:

- a) ECC Application Cover Sheet – form provided on page 13
- b) ECC Application Subcontractor Profile (if applicable) – form provided on page 14
- c) Acknowledgment of Receipt of Posted Addendums – provided with addendums posted on the State Contracting Portal
- d) Table of Contents
- e) ECC Application – form provided – Appendix D
- f) Required Attachment to the ECC Application identified below
- g) CHRO Compliance Package - obtained from the following link on the DCF website:
http://www.ct.gov/dcf/LIB/dcf/contract_management/pdf/Bidders_CHRO_Compliance_Package.pdf

The following attachments **MUST** be included with the original and each copy of the application:

Attachment 1	Current license(s) issued by DCF and/or DPH
Attachment 2	Copies of agency brochures and related public documents that demonstrate business hours of operation
Attachment 3	Triage Protocols/Flow Charts – Section II, Question 3

Please note: Attachments other than those appendices defined above, are not permitted. In addition, these appendices are not to be used to extend or replace any required section of the application.

19. REVIEW CONTEXT:

The review of the applications will be standardized, but not limited to the following elements.

The Applicant has complied with all application deadlines, as described in the RFA.

The Applicant has complied with the application format and utilization of CT BHP application materials, as described in the RFA.

The Application clearly and satisfactorily addresses how the Applicant will meet the enhanced care clinic requirements described in the RFA including but not limited to satisfactorily answering all the questions within this guidance.

20. REVIEW PROCEDURES:

Before an application is distributed to the Evaluation Team for review, the Issuing Office will conduct a preliminary review to determine if the application includes all of the required parts identified in items a through f in Section 17 – Application Instructions and Review Information. If the Issuing Office determines that a required part of the application has not been included, the Issuing Office will notify through e-mail the agency contact identified on the ECC Application Cover Sheet. The agency will have two (2) business days from the date that the notification is sent by the Issuing Office, to submit any missing material. If the agency fails to comply the application will be disqualified from further review and consideration. PLEASE NOTE that this is strictly a preliminary review to determine if all of the requisite parts have been included, this part of the review will not include a review of the sufficiency or completeness of the application.

Applications that have passed the preliminary review will be distributed to the Evaluation Team. The Evaluation Team will review each application to determine whether or not the responses meet the criteria specified in the RFA. For those applications that do not meet the special requirements to attain qualification as an enhanced care clinic, the Reviewers will list the identified deficiencies.

Review Criteria	MEETS		Identified Deficiencies
	YES	N O	
	Current	Proposed Plan	
Eligibility Qualifications			
Centralized Point of Access			
Screening and Triage Protocols			
◇ Emergency Screening & Crisis Assessment			
◇ Urgent Evaluation			
◇ Routine Evaluation			
◇ Emergent, Urgent & Routine Follow-Up Visits (Medical and Non-medical)			
Quality Assurance Plan			
Feasibility Plan – Wait Lists			
Extended Hours of Operation			
Feasibility Plan – Expanded Service Capacity (At least 20%)			
Linkages			
• To Emergency Rooms			
• To substance abuse or psychiatric clinics			
After-Hours Coverage			

21. GENERAL APPLICATION NOTICES AND REQUIREMENTS:

a. Evaluation and Selection

It is the intent of the Department to conduct a comprehensive, fair and impartial review of applications received in response to this procurement. Only applications found to be responsive to the RFA will be reviewed. A responsive application must comply with all instructions listed in this RFA.

b. Results

The Department will notify all Applicants of the sufficiency of their applications and whether or not qualification as an enhanced care clinic was made as a result of this RFA.

c. Conditions

Through the submission of an application, the Applicant agency agrees with and will comply with the following conditions:

1) **Conformance with Statutes:** Any clinic that obtains qualification as an enhanced care clinic as a result of this RFA must be in full conformance with statutory requirements of State of Connecticut and the Federal Government.

2) **Timing Sequence:** The CT BHP will ultimately determine timing and sequence of events resulting from this RFA.

3) **Oral Agreement:** Any alleged oral agreement or arrangement made by a Applicant with any agency or employee will be superseded by a written agreement.

4) **Amending or Canceling Requests:** The CT BHP reserves the right to amend or cancel this RFA, prior to the due date and time, if it is in the best interest of the CT BHP and the State.

5) **Rejection for Default or Misrepresentation:** The CT BHP reserves the right to reject the application of any Respondent in default of any prior contract or for misrepresentation.

6) **Department's Clerical Errors in Notifications:** The CT BHP reserves the right to correct inaccurate notifications resulting from its clerical errors.

7) **Rejection of Qualified Applications:** Applications are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFA.

8) **Respondent Presentation of Supporting Evidence:** A Respondent, if requested, must be prepared to present evidence of experience, ability, service facilities, and financial standing necessary to satisfactorily meet the requirements set forth or implied in the application.

9) **Changes to Application:** No additions or changes to the original application will be allowed after submittal. While changes are not permitted, clarification at the request of the agency may be required at the Respondent's expense.

10) **Collusion:** By responding, the Respondent implicitly states that it is submitting a separate response to the RFA, and is in all respects fair and without collusion or fraud. It is further implied that the Respondent did not participate in the RFA development process, and that no employee of the CT BHP participated directly or indirectly in the Respondent's application preparation.

d. Application Preparation Expense

The State of Connecticut and the CT BHP assume no liability for payment of expenses incurred by Respondents in preparing and submitting applications in response to this solicitation.

**LETTER OF INTENT
(MANDATORY and NON-BINDING)**

Date: _____

This is to advise you that our agency is planning to apply for qualification as an Enhanced Care Clinic in response to the RFA entitled Enhanced Care Clinics:

AGENCY NAME:
AGENCY ADDRESS:
AGENCY CMAP PROVIDER NUMBER:
AGENCY CONTACT:
POSITION/TITLE:
TELEPHONE NUMBER:
FAX NUMBER:
EMAIL ADDRESS:

Letter of Intent must be received by October 5, 2007 at 3 p.m. to the following person:

Kathleen M. Brennan, Director, Contract Procurement
State of Connecticut
Department of Social Services
25 Sigourney Street, 9th Floor
Hartford, CT 06106
Telephone: (860) 424-5693 Fax: (860) 424-4953
E-mail: Kathleen.Brennan@ct.gov

**ECC APPLICATION
COVER SHEET**

Name of Agency:

Address

Application Contact Person:

**Contact Person Phone &
Fax:**

**Contact Person Email
Address:**

**ECC APPLICATION
SUBCONTRACTOR PROFILE**

(COMPLETE FOR EACH SUBCONTRACTOR)

Legal Name of Agency:	
Agency Contact Person:	
Title:	
Address:	
Phone:	Fax:
Email:	
Amount of Subcontract:	
BRIEF DESCRIPTION OF SERVICES PROVIDED BY THE AGENCY	
DESCRIPTION OF SERVICES TO BE PROVIDED RELATED TO THE SERVICE/PROGRAM	

APPENDIX A

CONNECTICUT DEPARTMENT OF SOCIAL SERVICES
HEALTH CARE FINANCING

PROVIDER ENROLLMENT AGREEMENT –
DESIGNATION AS AN ENHANCED CARE CLINIC

_____ (the “agency”) is a participant in good standing with the State of Connecticut Department of Social Services (“DSS”) in the Connecticut Medical Assistance Program (“CMAP”) and is and must remain enrolled in the CMAP network as a general hospital outpatient provider, a federally qualified health center (FQHC) or as a freestanding mental health/substance abuse clinic.

The Connecticut Behavioral Health Partnership (“CTBHP”), administered by the Department of Children and Families and the Department of Social Services (“Departments”) facilitated the Enhanced Care Clinic (“ECC”) Request for Application and through such process designated the agency as an ECC.

To maintain the designation as an ECC, which shall allow the agency to receive enhanced care clinic fees, the agency acknowledges and agrees:

1. To maintain its status as a participant in good standing with the State of Connecticut Department of Social Services Connecticut Medical Assistance Program through compliance with the terms of its Provider Enrollment Agreement.
2. To meet requirements for all CT BHP HUSKY A and B eligible clients that it serves, whether such clients are served at the clinic’s primary clinic site or at a secondary site. This means that any client in the agency’s catchment area must be afforded care consistent with the requirements, regardless of where the client is served. The agency’s catchment area shall be no less than its catchment area for similar services provided under contract to a Connecticut state agency.
3. To continually comply with all requirements for continued designation as an ECC established under the Connecticut Behavioral Health Partnership (CT BHP) administered by the Department of Children and Families (DCF) and the Department of Social Services (DSS), as established through policies which may be amended from time to time.
 - a. The Departments shall establish requirements for continued designation as an ECC in each of the domains and subdomains listed in Attachment 1.
 - b. With the exception of initial access requirements, proposed amendments to established policies and the issuance of policies that introduce new requirements for the domains and sub-domains identified in 2 through 5 in Attachment 1 will be reviewed by the Behavioral Health Partnership Oversight Council prior to issuance. The agency shall have, unless otherwise agreed, no less than a period of six (6) months to comply with policies that introduce initial requirements for domains and sub-domains 2 through 5 in Attachment 1 once issued.
4. The agency must establish and maintain a centralized telephonic access that covers all primary and secondary clinic sites. The agency must have at least one primary site and each primary site must meet all ECC requirements.

APPENDIX A

- a. A primary site is a service location that is administratively distinct. It must share centralized telephone access, screening, scheduling and medical oversight with the agency's secondary sites.
 - b. A secondary site may include school-based offices, offices in a primary care or medical clinic as well as satellite offices. Additional secondary sites may be added upon notification and approval by the Departments. Once approved, these sites will be subject to the performance requirements.
 - c. Secondary sites are exempt from the emergency access and extended business hours requirements if they meet three or more of the following conditions:
 - i. A small number of staff (e.g., 4 or less) that regularly spend at least half of its hours at the site;
 - ii. A small number of clients (e.g., <125) receive routine outpatient services in any given month;
 - iii. There are no clerical or other administrative staff;
 - iv. The service population is drawn from a catchment area that is largely consistent with the agency's other primary site(s);
 - v. Normal business hours are less than 6 hours per day in operation four or fewer days per week.
 - d. Some, but not all, clinic sites may be designated as ECCs. Those sites that are designated as ECCs must be enrolled in CMAP separate from non-designated ECC sites for billing purposes and services rendered at these non-designated sites will not qualify for payment at the ECC rates.
5. The names and addresses of the primary and, if applicable, secondary sites that have received ECC designation are set forth in Attachment 2 to this letter agreement. Also included will be the CMAP Provider number for each site, communities served by each site, licensure for each site, and whether any secondary site is exempt from emergency access and extended hours requirements. The site(s) identified in Attachment 2 shall maintain its designation so long as the agency remains in compliance with the terms of this Agreement and the site remains operational.
- a. If, during the term of this Agreement, the CTBHP designates additional locations, Attachment 2 to this letter of agreement may be modified by letter identifying the agency name, site name, if any, service address, CMAP Provider under which the additional site will bill, communities served by the site, and applicable licenses for the site. If the provider is requesting an exemption from the emergency access and extended business hours requirements, the agency should also provide information to support the exemption as provided for in Section 4.c of this agreement.
6. The agency shall be subject to and the CT BHP shall conduct random surveys to determine the agency's performance and the continued designation as an ECC.
- a. If, as a result of the CTBHP's survey process it is determined that the agency is deficient with respect to the terms of this Agreement, the agency shall be placed on probationary status that shall last for a period of one-hundred and twenty (120) days.
 - b. A written corrective action plan for the cited deficiencies must be submitted by the agency no later than the 30th day after the facility receives its written notification of the deficiencies.

APPENDIX A

- c. During the first ninety (90) days of the probationary period the agency shall be subject to and comply with a follow up survey. If, as a result of the follow-up survey the agency is deemed to have remedied the cited deficiencies, the probationary status will be removed. If, however, the follow up survey confirms the agency's continued deficiencies with respect to the terms of this Agreement, the Letter of Agreement shall terminate

- 7. The CTBHP or the Department of Social Services may also conduct periodic audits, which may result in the imposition of an audit adjustment.

- 8. In consideration of the agency's compliance with the terms of this Agreement, the CT BHP shall reimburse and the agency shall receive enhanced care clinic fees for all routine outpatient services provided at an identified primary and/or secondary site(s). The enhanced care clinic fees shall be set forth in the CTBHP policies, which may be amended from time to time. Enhanced or higher fees do not apply to FQHC's.

- 9. That the terms of this agreement and the agency's continued receipt of the enhanced care clinic fees shall remain in effect so long as the agency's Connecticut Medical Assistance Program Provider Enrollment Agreement is in effect and the agency remains in compliance with the terms of this Agreement.

- 10. Either party may terminate this Agreement by providing the non-terminating party with a written notice of the intent to terminate no less than thirty (30) days prior to the specified date of termination.

Acknowledged and Agreed to:
For the Agency:

Provider Entity Name (doing business as):

Name of Authorized Representative (typed) (Must be an Authorized Officer, Owner or Partner)

Signature: _____ Date: _____

For the Connecticut Behavioral Health Partnership (CTBHP):

Michael P. Starkowski _____ Date: _____
Commissioner
Department of Social Services

Brian E. Mattiello _____ Date: _____
Acting Commissioner
Department of Children and Families

APPENDIX A

Attachment 1

Enhanced Care Clinics must meet special requirements in order to maintain designation as an ECC. Key domains, sub-domains and effective dates of implementation are outlined below.

DOMAIN	SUB – DOMAIN	EFFECTIVE DATE(S)
1. Access	a. Emergency Screening and Crisis Assessment	Six (6) months from designation
	b. Urgent Evaluation	Six (6) months from designation
	c. Routine Evaluation	Six (6) months from designation
	d. Emergent, Urgent, and Routine Follow-Up Visits	Six (6) months from designation
	e. Extended Hours of Operation	Six (6) months from designation
2. Coordination of Care	a. Coordination with Primary Care Providers	TBD
3. Member Services and Support	E.g. Welcoming and engagement, peer support groups, consumer education and member evaluation and feedback	TBD
4. Quality of Care	a. Evidence-Based Practices	TBD
	b. Co-Occurring Treatment	TBD
	c. Clinical Specialization	TBD
5. Cultural Competence	a. To Be Determined	TBD

APPENDIX A

Attachment 2

Provide the following for EACH primary and secondary site with designated ECC status:

PRIMARY OR SECONDARY SITE	
CMAP Provider ID#	
ECC Agency Name	
Site Name	
Street Address	
Site Type	
Communities Served	
DPH SA Outpatient Treatment License	
DPH MH Outpatient Clinic for Adults License	
DCF OP Psych Clinic for Children License	
DPH General Hospital License	
Emergency Access Exempted	
Extended Business Hours Exempted	



**State of Connecticut
Department of Social Services
Medical Care Administration
25 Sigourney Street
Hartford, CT 06106-5033**

PB 2007-44

**Policy Transmittal 2007-08
June 2007**

Contact: Ondria Lucky
860-424-5195

A handwritten signature in black ink, appearing to read "Michael P. Starkowski".

Michael P. Starkowski
Commissioner

June 1, 2007
Effective Date

TO: Freestanding Mental Health Clinics and Managed Care Organizations

SUBJECT: Access Requirements and Fees for Freestanding Mental Health Enhanced Care Clinics under the Connecticut Behavioral Health Partnership

The purpose of this bulletin is to notify Enhanced Care Clinics of general requirements for continued designation as an Enhanced Care Clinic (ECC), of initial requirements regarding access to services and of ECC fees. ECCs must be able to demonstrate compliance with the requirements outlined in this transmittal no later than September 1, 2007.

ACCESS REQUIREMENTS

A. Centralized Point of Access, Screening and Triage Protocols

ECCs must establish and maintain a centralized point of access that covers all clinic sites. ECCs must accept all (100%) telephonic and walk-in referrals that present during business hours. All referrals must be screened by a trained intake worker or clinician and triaged to determine whether the referral is emergent, urgent or routine.

Self-referrals (member or parent) during business hours must be screened on the same day that the referral is received. Referrals from individuals other than the member or parent must be screened when the clinic first has contact by telephone or face-to-face with the member or parent.

The triage process must provide for diversion to a hospital-based emergency department for clients that require medical management (e.g. overdose) or whose level of physical agitation would present a danger to self or others in a clinical setting. See Attachment, Charts 1 and 2.

An ECC is not required to accept referrals that are 1) outside of its scope of practice or 2) outside of its catchment area. Scope of practice varies by licensure as follows:

1. The scope of practice of a clinic licensed by the CT Department of Public Health (DPH) as a Mental Health Outpatient Psychiatric Clinic for Adults must include all persons 18 years or older with a primary psychiatric disorder in the diagnostic range 291–316, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) of the American Psychiatric Association, but excluding primary substance-related disorders. If an adult psychiatric clinic is not also licensed to serve clients with substance-related disorders, it must maintain policies and procedures for referral, linkage and follow-up to a substance abuse service provider.
2. The scope of practice of a clinic licensed by DPH as a Facility for the Care or Treatment of Substance Abusive or Dependent Persons must include all persons with a primary substance-related disorder in the diagnostic range 291–316, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) of the American Psychiatric Association, but excluding primary psychiatric disorders. If a substance abuse clinic is not also licensed to serve clients with primary psychiatric disorders, it must maintain policies and procedures for referral, linkage and follow-up to a psychiatric service provider.
3. The scope of practice of a clinic licensed by the Connecticut Department of Children and Families as an Outpatient Psychiatric Clinic for Children must include all persons under 18 years of age with a primary psychiatric disorder in the diagnostic range 291–316, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) of the American Psychiatric Association. If a child psychiatric clinic is not also licensed by DPH to serve clients with substance-related disorders, it must maintain policies and procedures for referral, linkage and follow-up to a substance abuse service provider. A child psychiatric clinic that maintains a substance abuse clinic license solely for the purpose of providing substance abuse services to adolescents is not required to accept adult referrals.

An ECC must screen all referrals, whether telephonic or walk-in, according to the following levels of clinical need and triage clients to achieve the specified response times.

1. Emergency Screening and Evaluation

Definition of Emergency Psychiatric Condition: A psychiatric or substance abuse condition manifesting itself by acute symptoms of sufficient severity (including severe distress) such that a prudent lay person, who possesses an average knowledge of health and medicine, could reasonably expect that the absence of immediate psychiatric attention may result in placing the health of the individual in serious jeopardy due to harm to self, harm to others, or grave disability.

Under circumstances in which a clinic determines as a result of a telephonic screening that a client is of sufficient risk as to require a call to 911 or an evaluation in a hospital emergency department, the provider must document why the client could not be safely evaluated in an outpatient clinic setting.

If the above conditions do not exist and the client is able to get to the ECC, arrangements must be made to evaluate the client at the ECC. Clients that undergo telephonic screening and are determined by the ECC to be emergent should be directed to come to the ECC immediately. A clinician must evaluate a client who presents at the designated ECC with an emergent condition within two (2) hours of presenting to the ECC, whether or not the client has undergone a telephonic pre-screening (See Attachment, Chart 3). The face-to-face clinical evaluation must occur within the required timeframe for at least 95% of emergent referrals.

ECCs that operate DCF or DMHAS funded mobile crisis teams may use the infrastructure created by these contracts and may utilize these teams in the response to walk-in crisis clients. However, the use of crisis teams must not interfere with the ECC's ability to meet DCF and DMHAS standards for timely response to requests for mobile crisis intervention. Services provided by crisis team staff in the clinic must be billed using routine, office-based outpatient clinic codes and are subject to the same registration requirements as routine outpatient clinic services. Services provided by mobile crisis teams off-site are not subject to registration or to ECC timely access requirements and should be billed using codes S9484 and S9485.

CT BHP payments for clinic-based crisis services must be accepted as payment in full. ECCs may need to increase staffing over time to accommodate the walk-in volume while maintaining the response rate expected through the state contract.

2. Urgent Evaluation

Definition of Urgent Condition: A psychiatric or substance abuse condition of a less serious nature than those that constitute emergencies but for which treatment is required to prevent a serious deterioration in the individual's health and for which treatment cannot be delayed for more than two (2) days without imposing undue risk on the individual's well-being.

Clients that undergo telephonic or walk-in screening and are determined by the ECC to be urgent must be offered an appointment for an urgent face-to-face clinical evaluation with a clinician to take place within two (2) calendar days of the screening. Those clients who are screened at the end of the week (Thursday or Friday) may require a weekend appointment in order to meet the urgent access requirement. The offered appointment must be within the required timeframe for at least 95% of urgent referrals. The ECC must also make reasonable efforts to accommodate issues such as child care responsibilities or transportation limitations that might interfere with attending an urgent appointment. Attachment, Chart 4 illustrates client flow for urgent referrals.

Within the first two (2) years of operations, the CT BHP will establish a requirement that a specific percentage of ECC clients who are determined by the ECC to be urgent attend an appointment within 2 calendar days. DSS and DCF shall submit the proposed percentage to the CT BHP Oversight Council for review and comment prior to establishing the percentage as a performance requirement.

3. Routine Evaluation

Definition of Routine Condition: A psychiatric or substance abuse condition of a less serious nature than those that constitute urgent conditions and for which a delay in treatment is unlikely to result in a serious deterioration in the individual's health and for which treatment can be delayed for two (2) weeks without imposing undue risk on the individual's well-being.

Clients that undergo telephonic or walk-in screening and are determined by the ECC to be routine must be offered an appointment for a routine face-to-face clinical evaluation with a clinician to take place within 14 calendar days of the screening. The offer must be within the required timeframe for at least 95% of routine referrals. Attachment, Chart 5 illustrates client flow for routine referrals.

Within the first two (2) years of operations, the CT BHP will establish a requirement that a specific percentage of ECC clients who are determined by an ECC to be routine attend an appointment within 14 days. The Departments will submit the proposed percentage to the CT BHP Oversight Council for review and comment prior to establishing the percentage as a performance requirement.

4. Emergent, Urgent or Routine Follow-Up Visit

Following an initial face-to-face clinical evaluation those clients who are determined to be clinically appropriate to receive outpatient services must be offered a follow-up appointment within 14 calendar days of the initial evaluation. For clients that require a more intensive service than outpatient, the clinic must facilitate linkage to the more appropriate service. If timely linkage is not possible, the clinic must provide follow-up care to the client until such linkage is possible and such follow-up care shall be subject to the 14-day requirement. This 14-day requirement applies to follow-up for a medication evaluation when indicated as well as non-medical treatment services. Attachment, Chart 6 illustrates client flow for these follow-up appointments.

5. Transportation

ECCs must coordinate with the client's HUSKY Managed Care Organization (MCO) or transportation broker, as necessary, to arrange for transportation. HUSKY MCOs waive the 48 hours advance notice requirement for clients that require emergent or urgent care.

6. Compliance Surveys

ECC performance related to the access requirement will be assessed by means of periodic compliance surveys. Survey methods include, but may not be limited to CT BHP web-based outpatient registration, mystery shopper calls, and claims payment data. All ECCs must use the web-based registration system. On-site reviews and other methods for monitoring performance may be used at the Department's discretion.

7. No Shows – Missed Appointments

Clients who miss the scheduled initial appointment and call back should be treated as new referrals and thus are excluded from the timeliness calculations. Clients that miss the follow-up visit will be included in the timeliness calculations.

8. Documentation

ECC's must maintain documentation to support data submitted using the web-based outpatient registration system and documentation to support that care practices are consistent with policies and procedures related to enhanced care clinic requirements. ECCs must also maintain documentation of all referrals and the disposition of those referrals including but not limited to date of first contact, dates of the appointments offered for the initial face-to-face clinical evaluation and the first follow-up visit, date of first face-to-face evaluation, date of psychiatric evaluation, if provided, date treatment began, service end date, and reason for discontinuation.

B. Extended Hours of Operation

Each ECC primary site must be open for business for at least nine (9) extended hours per week beyond routine business hours of 8:00 AM to 5:00 PM. ECCs may meet this requirement with early morning, weeknight or weekend hours. For clinics that do not maintain routine weekend business hours, weekend hours must be offered on an as needed basis to accommodate clients with scheduling constraints. This includes clients who are triaged as urgent following an initial screening. If the two (2) calendar day requirement results in the need for a weekend appointment, than such an appointment should be scheduled. Secondary sites are exempt from the extended business hours requirement.

C. After Hours Coverage

ECCs must have an answering service or a clinician on call to respond to calls outside of normal business hours. If the call is received by the answering service and the caller is not in crisis, the answering service may apprise the caller of the ECC's timely access policy and direct the caller to call back during normal business hours. If the caller is in crisis, the answering service must provide the caller with telephonic access to a clinician on-call, whether the caller is an existing client or a new client.

Clients whose needs are assessed by the clinician on call to be routine must be apprised of the ECC's timely access policy and may be directed to call back during normal business hours. Clients whose needs are assessed to be urgent must be offered an urgent access appointment to take place within the following two (2) calendar days. The clinician on-call must have access to a schedule of urgent visit appointment slots available during the following two (2) calendar days. Clients whose needs are assessed to be emergent should be handled according to the ECC's usual after hours emergency protocol.

D. Expansion in Service Volume

An ECC's compliance with requirements pertaining to timely access may be suspended by the CT BHP during any year in which there is an increase in the designated ECC's service volume (based on unduplicated users) over the previous year's volume of more than 20%. An initial analysis of volume will compare unduplicated users in SFY 2008 to unduplicated users in SFY 2007. Subsequent fiscal years will be compared to the immediately preceding fiscal year.

FEE SCHEDULE

Fees for services performed by ECCs under the Connecticut Behavioral Health Partnership (CT BHP) are as noted in the tables below:

Code	MH Clinic- Enhanced Care Clinic (ECC)	CTBHP Fee
90801	Psychiatric Diagnostic Interview	\$ 102.19
90802	Interactive Psychiatric Diagnostic Interview	\$ 115.18
90804	Individual Psychotherapy- Office or other Outpatient (20-30 min)	\$ 51.14
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	\$ 65.12
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	\$ 77.83
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	\$ 94.44
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	\$ 92.97
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	\$ 111.61
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	\$ 63.27
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	\$ 62.23
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	\$ 102.61
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	\$ 81.85
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	\$ 91.70
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	\$ 116.08
90846	Family Psychotherapy (without the patient present)	\$ 77.61
90847	Family Psychotherapy (conjoint psychotherapy) (with the patient present)	\$ 75.48
90849	Multi-group family psychotherapy	\$ 35.86
90853	Group psychotherapy	\$ 34.64
90857	Interactive group psychotherapy	\$ 37.98
90862	Pharmacologic management	\$ 56.03
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	\$ 65.56

96101	Psychological testing, per hour	\$ 71.06
96110	Developmental testing and report, limited	\$ 11.95
96111	Developmental testing and report, extended	\$ 131.82
96118	Neuropsychological testing battery, per hour	\$ 115.79
H0015	Intensive Outpatient-Substance Dependence*	PSR
H0035	Mental health partial hospitalization, treatment, less than 24 hours (CMHC)*	PSR
H2012	Extended Day Treatment	PSR
H2013	Partial Hospitalization (non-CMHC)*	PSR
H2019	Therapeutic Behavioral Services, per 15 minutes (IICAPS, MST, MDFT, FFT, FST, HVS) (Clients under 21 only)	\$ 18.44
T1017	Targeted case management, each 15 minutes (part of home-based services only - IICAPS, MST, MDFT, FFT, FST, HVS) (Clients under 21 only)	\$ 18.44
J1630	Injection, Haloperidol, up to 5 mg	\$ 3.36
J1631	Injection, Haloperidol decanoate, per 50 mg	\$ 7.61
J2680	Injection, Fluphenazine decanoate, up to 25 mg	\$ 1.49
M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders	\$ 29.89
S9480	Intensive Outpatient-Mental Health *	PSR
S9484	Emergency mobile mental health service, follow-up (Clients under 21 only)	\$ 68.12
S9485	Emergency mobile mental health service, initial evaluation (Clients under 21 only)	\$ 120.52
T1016	Case Management - Coordination of health care services - each 15 min.	\$ 17.27

*Coverage restricted to providers approved by DSS to provide this service

Providers can obtain further information regarding CT BHP covered services, fees, and authorization by going to the CT Behavioral Health Website: www.ctbhp.com. From this web page go to “For Providers,” then to “Covered Services/Fees” or “Authorization Schedule.”

Retroactive Payment

Payment for any services that have been affected by this rate increase will be adjusted accordingly during the next EDS’ mass adjustment cycle. The mass adjustment cycle will only adjust claims in which the billed amount is greater than or equal to the applicable updated fee.

Billing Questions

For questions about billing or if further assistance is needed to access the fee schedules on the EDS web site, contact the EDS Provider Assistance Center, Monday through Friday from 8:30 a.m. to 5:00 p.m. at:

In state toll free.....800-842-8440 or
Out of state or in the local Farmington CT area.....860-409-4500

Posting Instructions: Provider bulletins can be downloaded from the web site at www.ctmedicalprogram.com.

Distribution: This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by Electronic Data Systems.

Responsible Unit: DSS, Medical Care Administration, Medical Policy Section, Ondria Lucky, Policy Consultant, at 860-424-5195.

Date Issued: June 2007

Attachment

Chart 1: Screening and Triage - Telephone

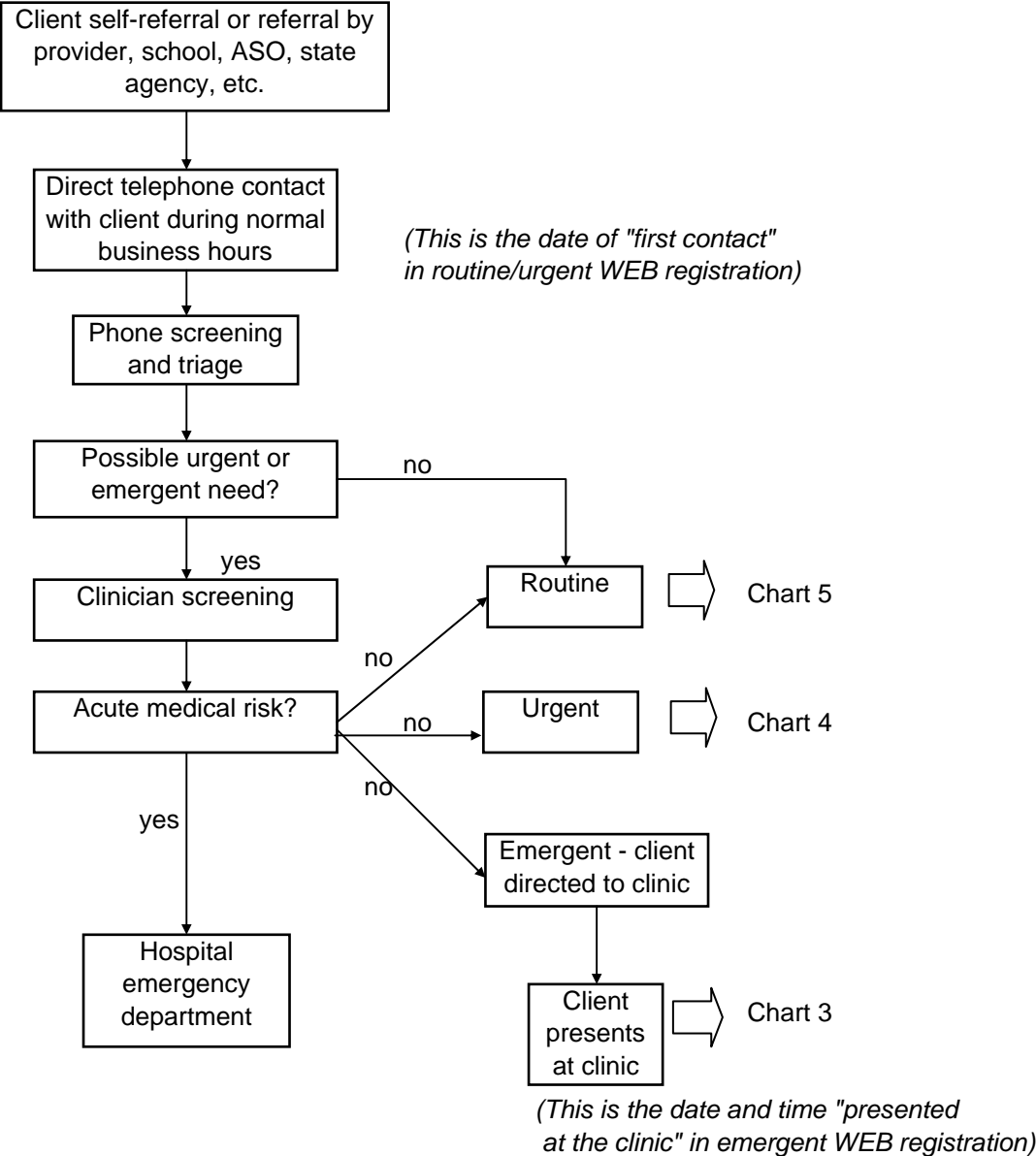


Chart 2: Screening and Triage - Walk-in

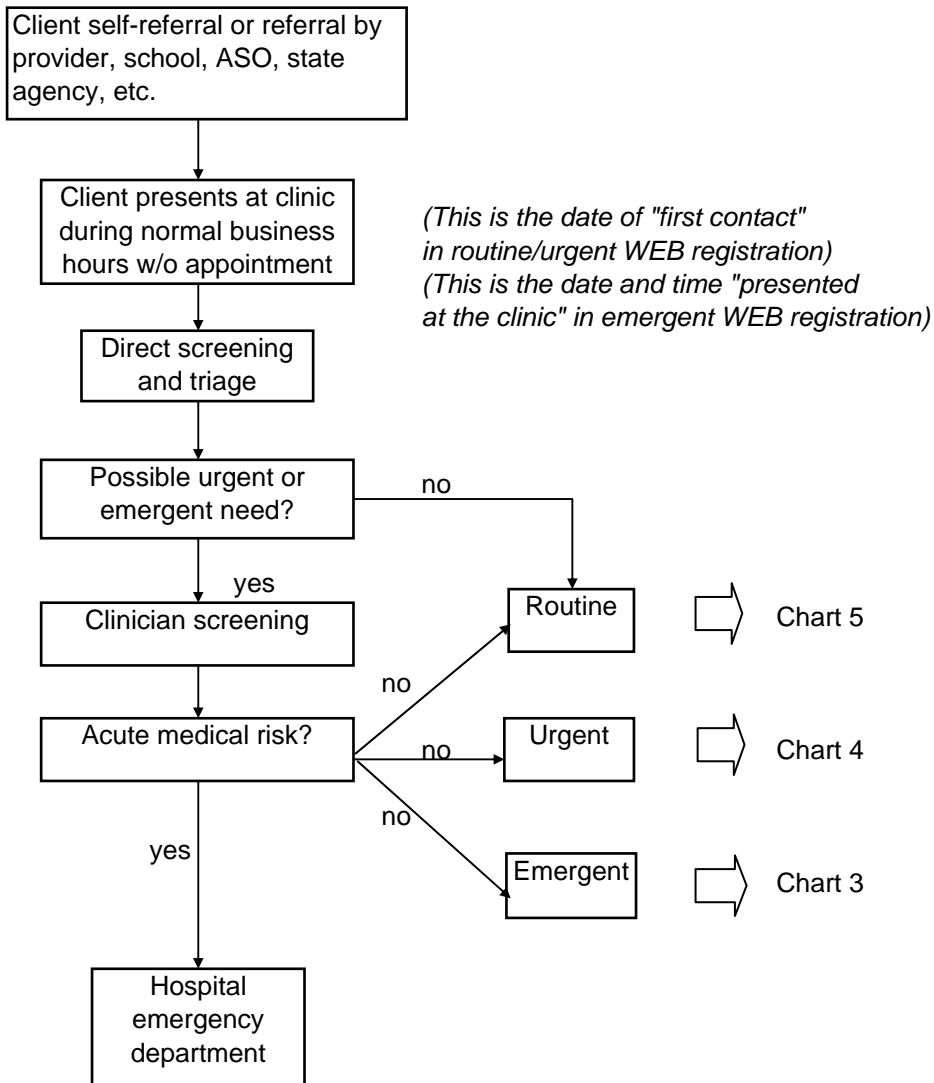
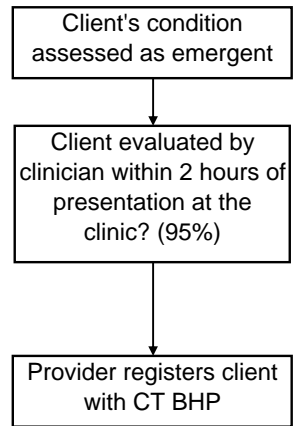
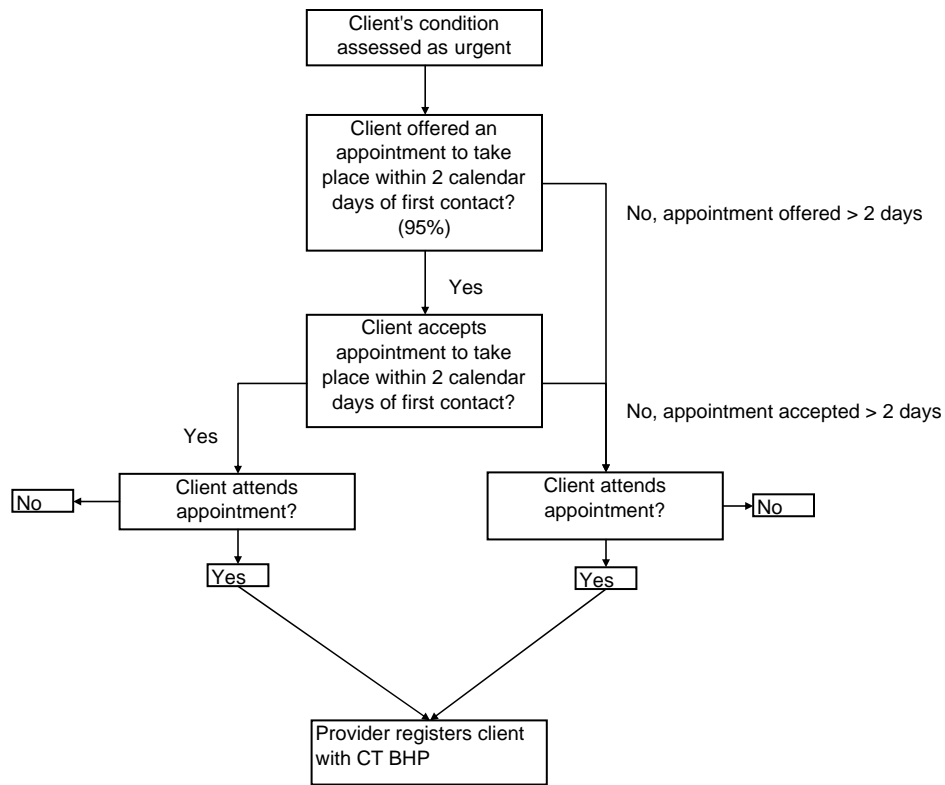


Chart 3: Emergent Condition Flow Diagram



Initial and final measure: Emergent clients seen within 2 hours/Emergent clients that presented at clinic = 95%

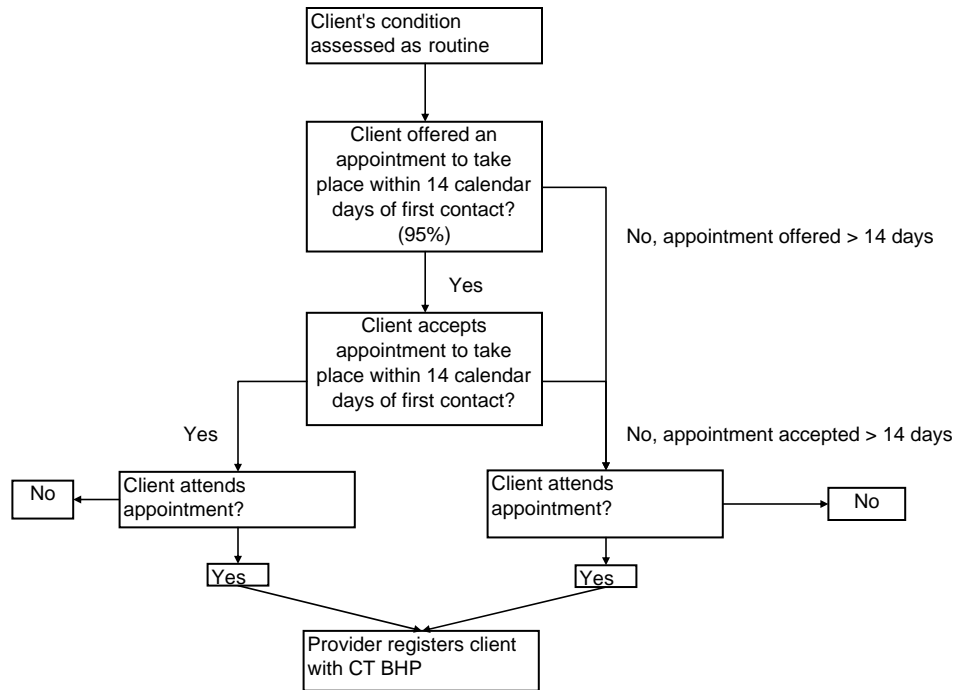
Chart 4: Urgent Condition Flow Diagram



Initial measure: clients offered appointment within 2 days of initial contact & screening/clients assessed as urgent = 95%

Final measure: client attends appointment within 2 days of initial contact & screening/urgent clients that attended appointment = TBD%

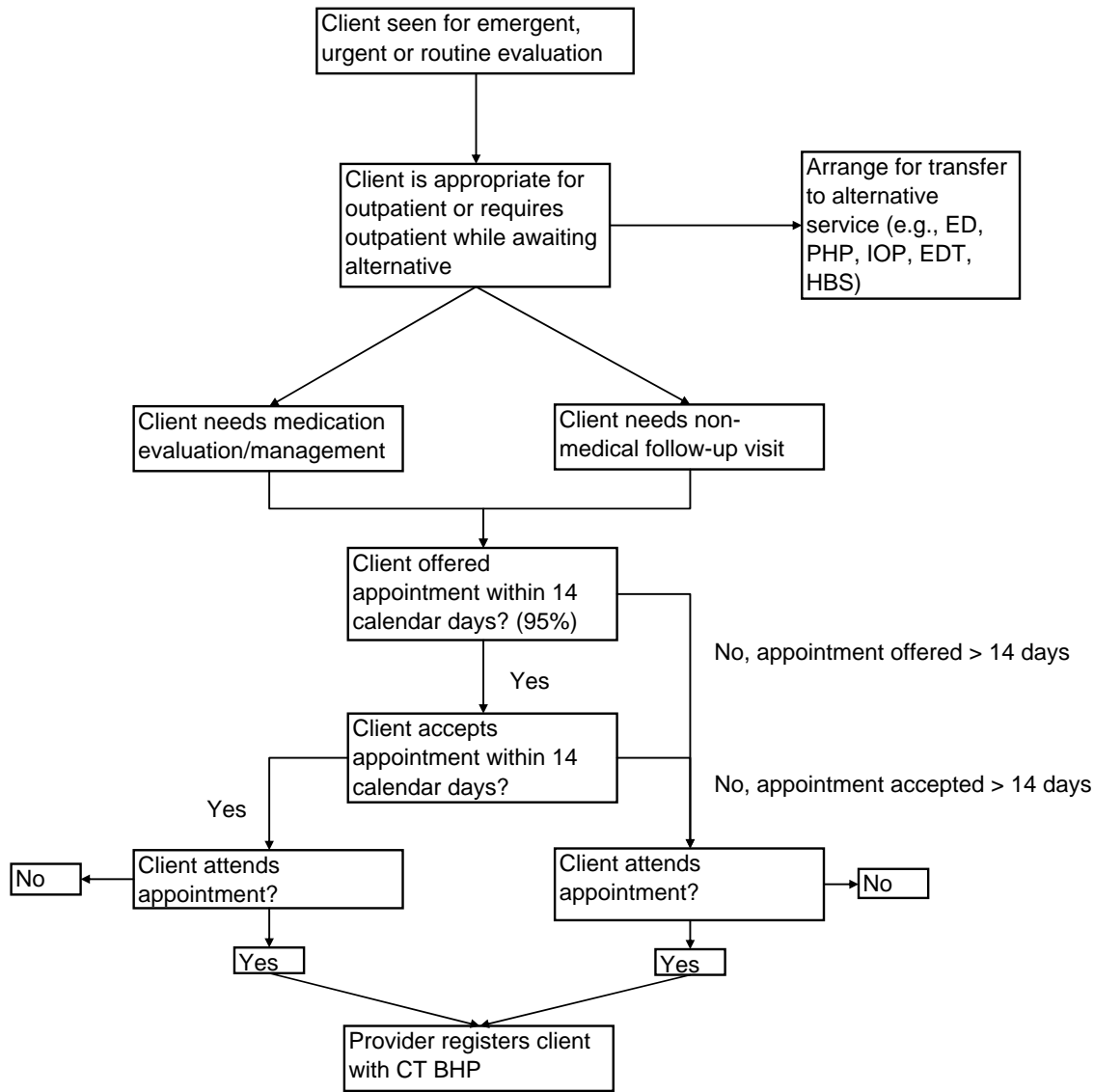
Chart 5: Routine Condition Flow Diagram



Initial measure: clients offered appointment within 14 days of initial contact & screening/clients assessed as routine = 95%

Final measure: client attends appointment within 14 days of initial contact & screening/routine clients that attended appointment = TBD%

Chart 6: Follow-up Appointment Flow Diagram



Initial measure: clients offered appointment within 14 days of initial evaluation/clients appropriate for OP f/u = 95%

Final measure: client attends appointment within 14 days of initial evaluation/clients that attend f/u visit = TBD%

Note: Performance measures calculated separately for clients referred for medication evaluation/management f/u and those referred for routine non-medical f/u visit



**State of Connecticut
Department of Social Services
Medical Care Administration
25 Sigourney Street
Hartford, CT 06106-5033**

**Policy Transmittal 2007-09
June 2007**

PB 2007-45

Contact: Ondria Lucky
860-424-5195

A handwritten signature in black ink, appearing to read "Michael P. Starkowski".

Michael P. Starkowski
Commissioner

June 1, 2007
Effective Date

TO: General Hospitals and Managed Care Organizations

**SUBJECT: Access Requirements and Fees for General Hospital Enhanced Care Clinics
under the Connecticut Behavioral Health Partnership**

The purpose of this bulletin is to notify Enhanced Care Clinics of general requirements for continued designation as an Enhanced Care Clinic (ECC), of initial requirements regarding access to services and of ECC fees. ECCs must be able to demonstrate compliance with the requirements outlined in this transmittal no later than September 1, 2007.

ACCESS REQUIREMENTS

A. Centralized Point of Access, Screening and Triage Protocols

ECCs must establish and maintain a centralized point of access that covers all clinic sites. ECCs must accept all (100%) telephonic and walk-in referrals that present during business hours. All referrals must be screened by a trained intake worker or clinician and triaged to determine whether the referral is emergent, urgent or routine.

Self-referrals (member or parent) during business hours must be screened on the same day that the referral is received. Referrals from individuals other than the member or parent must be screened when the clinic first has contact by telephone or face-to-face with the member or parent.

The triage process must provide for diversion to a hospital-based emergency department for clients that require medical management (e.g. overdose) or whose level of physical agitation would present a danger to self or others in a clinical setting. See Attachment, Charts 1-2.

An ECC is not required to accept referrals that are 1) outside of its scope of practice or 2) outside of its catchment area. The scope of practice for general hospital outpatient clinics that operate under DPH licensure of the hospital will depend on whether the clinic is staffed to provide adult or child services and psychiatric or substance abuse services.

An ECC must screen all referrals, whether telephonic or walk-in, according to the following levels of clinical need and triage clients to achieve the specified response times.

1. Emergency Screening and Evaluation

Definition of Emergency Psychiatric Condition: A psychiatric or substance abuse condition manifesting itself by acute symptoms of sufficient severity (including severe distress) such that a prudent lay person, who possesses an average knowledge of health and medicine, could reasonably expect that the absence of immediate psychiatric attention may result in placing the health of the individual in serious jeopardy due to harm to self, harm to others, or grave disability.

Under circumstances in which a clinic determines as a result of a telephonic screening that a client is of sufficient risk as to require a call to 911 or an evaluation in a hospital emergency department, the provider must document why the client could not be safely evaluated in an outpatient clinic setting.

If the above conditions do not exist and the client is able to get to a clinical setting, arrangements must be made to evaluate the client at the ECC. Clients that undergo telephonic screening and are determined by the ECC to be emergent should be directed to come to the ECC immediately. A clinician must evaluate a client who presents at the designated ECC with an emergent condition within two (2) hours of presenting to the ECC, whether or not the client has undergone a telephonic pre-screening (See Attachment, Chart 3). The face-to-face clinical evaluation must occur within the required timeframe for at least 95% of emergent cases that present at the ECC.

General hospital outpatient clinics must also provide same day access to a psychiatric medical professional (MD or APRN) for emergent care clients when a psychiatric medication evaluation is clinically indicated.

ECCs that operate DCF or DMHAS funded mobile crisis teams may use the infrastructure created by these contracts and may utilize these teams in the response to walk-in crisis clients. However, the use of crisis teams must not interfere with the ECC's ability to meet DCF and DMHAS standards for timely response to requests for mobile crisis intervention. Services provided by crisis team staff in the clinic must be billed using routine, office-based outpatient clinic codes and are subject to the same registration requirements as routine outpatient clinic services. Services provided by mobile crisis teams off-site are not subject to registration or to ECC timely access requirements.

CT BHP payments for clinic-based crisis services must be accepted as payment in full. ECCs may need to increase staffing over time to accommodate the walk-in volume while maintaining the response rate expected through the state contract.

2. Urgent Evaluation

Definition of Urgent Condition: A psychiatric or substance abuse condition of a less serious nature than those that constitute emergencies but for which treatment is required to prevent a serious deterioration in the individual's health and for which treatment cannot be delayed for more than two (2) days without imposing undue risk on the individual's well-being.

Clients that undergo telephonic or walk-in screening and are determined by the ECC to be urgent must be offered an appointment for an urgent face-to-face clinical evaluation with a clinician to take place within two (2) calendar days of the screening. The offered appointment must be within the required timeframe for at least 95% of urgent referrals. The ECC must also make reasonable efforts to accommodate issues such as child care responsibilities or transportation limitations that might interfere with attending an urgent appointment. Attachment, Chart 4 illustrates client flow for urgent referrals.

Within the first two (2) years of operations, the CT BHP will establish a requirement that a specific percentage of ECC clients who are determined by the ECC to be urgent attend an appointment within two (2) calendar days. DSS and DCF shall submit the proposed percentage to the CT BHP Oversight Council for review and comment prior to establishing the percentage as a performance requirement.

General hospital outpatient ECCs must also provide same day access to a psychiatric medical professional (MD or APRN) for urgent care clients when a psychiatric medication evaluation is clinically indicated.

3. Routine Evaluation

Definition of Routine Condition: A psychiatric or substance abuse condition of a less serious nature than those that constitute urgent conditions and for which a delay in treatment is unlikely to result in a serious deterioration in the individual's health and for which treatment can be delayed for two (2) weeks without imposing undue risk on the individual's well-being.

Clients that undergo telephonic or walk-in screening and are determined by the ECC to be routine must be offered an appointment for a routine face-to-face clinical evaluation with a clinician to take place within 14 calendar days of the screening. The offer must be within the required timeframe for at least 95% of routine referrals. Attachment, Chart 5 illustrates client flow for routine referrals.

Within the first two (2) years of operations, the CT BHP will establish a requirement that a specific percentage of ECC clients who are determined by an ECC to be routine attend an appointment within 14 days. The Departments will submit the proposed percentage to the CT BHP Oversight Council for review and comment prior to establishing the percentage as a performance requirement.

4. Emergent, Urgent or Routine Follow-Up Visit

Following an initial face-to-face clinical evaluation those clients who are determined to be clinically appropriate to receive outpatient services must be offered a follow-up appointment within 14 calendar days of the initial evaluation. For clients that require a more intensive service than outpatient, the clinic must facilitate linkage to the more appropriate service and such linkage must occur within the 14-day timeframe. If timely linkage is not possible, the clinic must provide follow-up care to the client until such linkage is possible and such outpatient follow-up care shall be subject to the 14-day requirement. This 14-day requirement applies to follow-up for a medication evaluation when indicated as well as non-medical treatment services. Attachment, Chart 6 illustrates client flow for these follow-up appointments.

Within the first two (2) years of operations, the CT BHP will establish a requirement that a specific percentage of ECC clients attend a follow-up appointment within 14 days. The Departments will submit the proposed percentage to the CT BHP Oversight Council for review and comment prior to establishing the percentage as a performance requirement.

5. Transportation

ECCs must coordinate with the client's HUSKY Managed Care Organization (MCO) or transportation broker, as necessary, to arrange for transportation. HUSKY MCOs waive the 48 hours advance notice requirement for clients that require emergent or urgent care. Clients should be advised to indicate that the visit is emergent or urgent at the time the client schedules the appointment with the transportation broker.

6. Compliance Surveys

ECC performance related to the access requirement will be assessed by means of periodic compliance surveys. Survey methods include, but may not be limited to CT BHP web-based outpatient registration, mystery shopper calls, and claims payment data. All ECCs must use the web-based registration system. On-site reviews and other methods for monitoring performance may be used at the Department's discretion.

7. No Shows – Missed Appointments

Clients who miss the scheduled initial appointment and call back should be treated as new referrals and thus are excluded from the timeliness calculations. Clients that miss the follow-up visit will be included in the timeliness calculations.

8. Documentation

ECCs must maintain documentation to support data submitted using the web-based outpatient registration system and documentation to support that care practices are consistent with policies and procedures related to enhanced care clinic requirements. ECCs must also maintain documentation of all referrals and the disposition of those referrals including but not limited to date of first contact, dates of the appointments offered for the initial face-to-face clinical evaluation and the first follow-up visit, date of first face-to-face evaluation, date of psychiatric evaluation, if provided, date treatment began, service end date, and reason for discontinuation.

B. Extended Hours of Operation

Each ECC primary site must be open for business for at least nine (9) extended hours per week beyond routine business hours of 8:00 AM to 5:00 PM. ECCs may meet this requirement with early morning, weeknight or weekend hours. For clinics that do not maintain routine weekend business hours, weekend hours must be offered on an as needed basis to accommodate clients with scheduling constraints and those who are triaged as urgent following an initial screening. If the two (2)-calendar day requirement results in the need for a weekend appointment, then such an appointment should be scheduled. Secondary sites are exempt from the extended business hours requirement.

C. After Hours Coverage

ECCs must have an answering service or a clinician on call to respond to calls outside of normal business hours. If the call is received by the answering service and the caller is not in crisis, the answering service shall apprise the caller of the ECC's timely access policy and shall instruct the caller to call back during normal business hours. If the caller is in crisis, the answering service must provide the caller with telephonic access to a clinician on-call, whether the caller is an existing client or a new client.

Clients whose needs are assessed by the clinician on call to be routine must be apprised of the ECC's timely access policy and shall be instructed to call back during normal business hours. The initial contact for such routine requests received after hours shall be the first contact that takes place with the member or parent during normal business hours.

Clients whose needs are assessed to be urgent must be offered an urgent access appointment to take place within the following two (2) calendar days. The clinician on-call must have access to a schedule of urgent visit appointment slots available during the following two (2) calendar days. Clients whose needs are assessed to be emergent should be handled according to the ECC's usual after hours emergency protocol.

D. Expansion in Service Volume

Timely access requirements may be suspended by the CT BHP for a particular ECC during any year in which there is an increase in the ECC’s service volume (based on unduplicated users) over the previous year’s volume of more than 20%. An initial analysis of volume will compare unduplicated users in SFY 2008 to unduplicated users in SFY 2007. Subsequent fiscal years will be compared to the immediately preceding fiscal year.

FEE SCHEDULE

Fees for services performed by ECCs under the Connecticut Behavioral Health Partnership (CT BHP) are as noted in the tables below:

Code	General Hospital Outpatient - Enhanced Care Clinic (ECC)	CTBHP Fee
762	Observation room	PSR
900	Psychiatric Services General (Evaluation)	\$ 116.60
901	Electroconvulsive Therapy	\$ 79.68
905	Intensive Outpatient Services – Psychiatric	PSR
906	Intensive Outpatient Services – Chemical Dependency	PSR
907	Community Behavioral Health Program (Day Treatment)	PSR
913	Partial Hospital	PSR
914	Individual Therapy	\$ 82.03
915	Group Therapy	\$ 34.43
916	Family Therapy	\$ 82.97
918	Psychiatric Service – Testing	\$ 63.96
919	Other - Med Admin	\$ 52.76

Providers can obtain further information regarding CT BHP covered services, fees, and authorization by going to the CT Behavioral Health Website: www.ctbhp.com. From this web page go to “For Providers,” then to “Covered Services/Fees” or “Authorization Schedule.”

Retroactive Payment

Payment for any services that have been affected by this rate increase will be adjusted accordingly during the next EDS mass adjustment cycle. The mass adjustment cycle will only adjust claims in which the billed amount is greater than or equal to the applicable updated fee.

Billing Questions

For questions about billing or if further assistance is needed to access the fee schedules on the EDS web site, contact the EDS Provider Assistance Center, Monday through Friday from 8:30 a.m. to 5:00 p.m. at:

In state toll free.....800-842-8440 or
Out of state or in the local Farmington, CT area.....860-409-4500

Posting Instructions: Provider bulletins can be downloaded from the web site at www.ctmedicalprogram.com

Distribution: This policy transmittal is being distributed to holders of the Connecticut Medical Assistance Program Provider Manual by Electronic Data Systems.

Responsible Unit: DSS, Medical Care Administration, Medical Policy Section, Ondria Lucky, Policy Consultant, at 860-424-5195.

Date Issued: June 2007

Attachment

Chart 1: Screening and Triage - Telephone

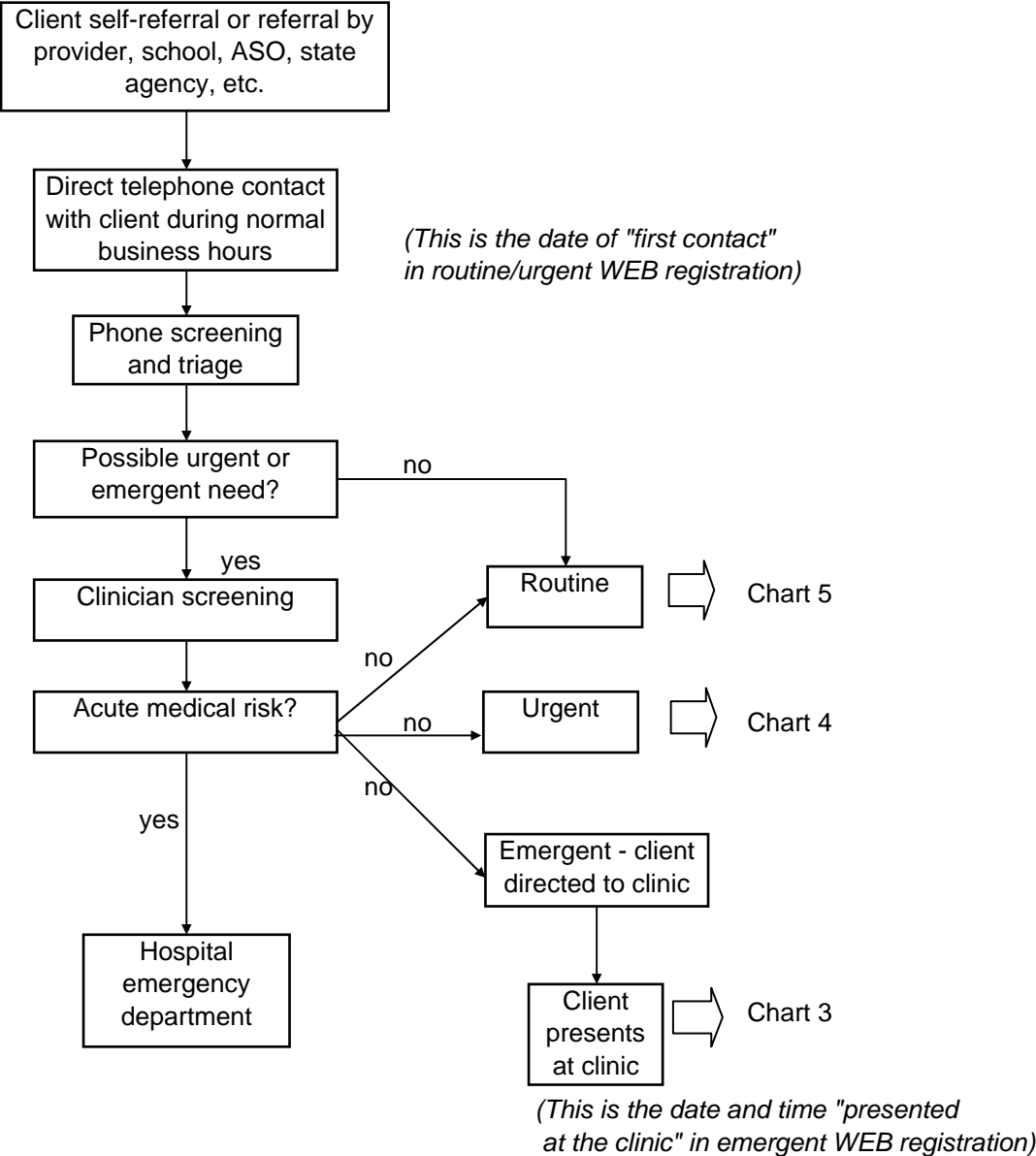


Chart 2: Screening and Triage - Walk-in

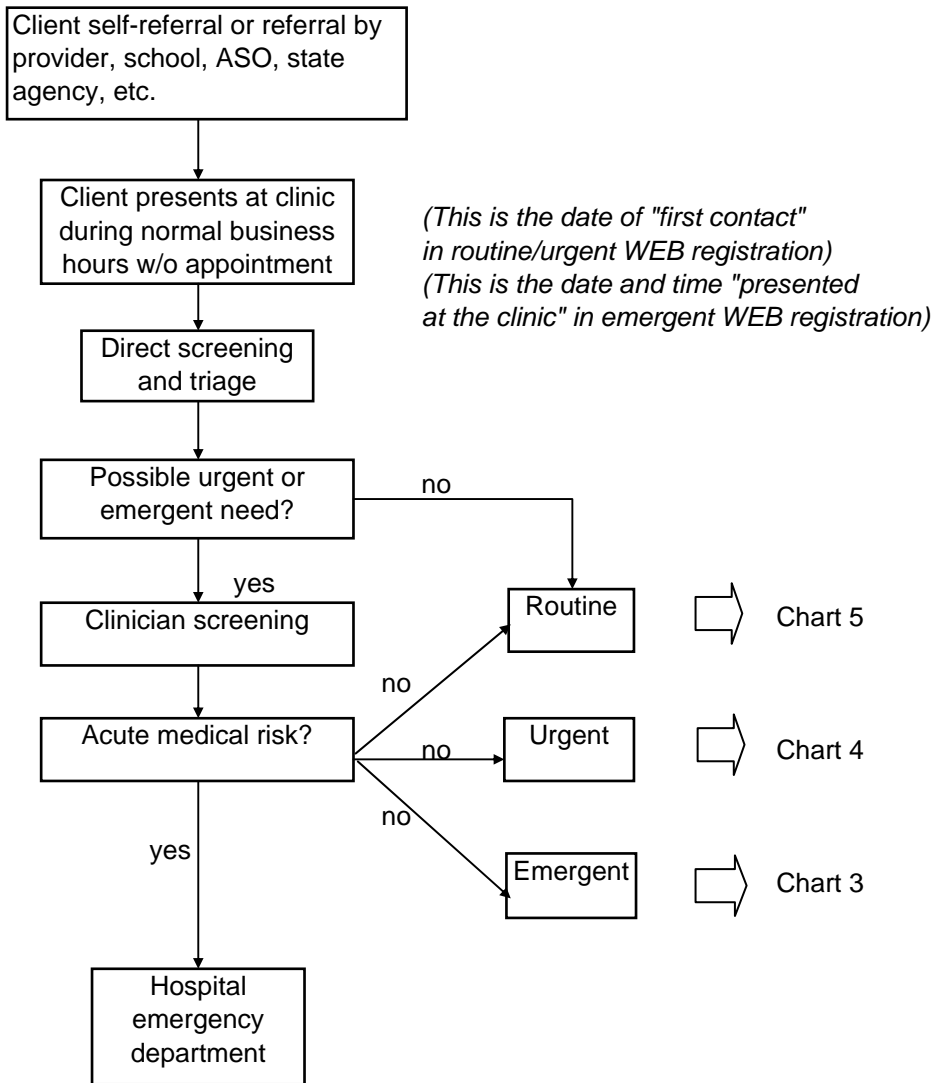
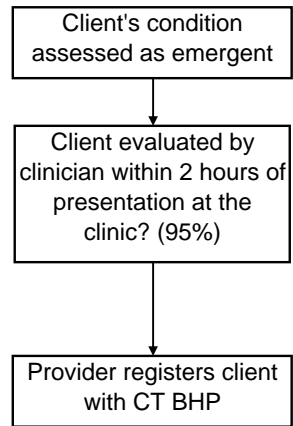
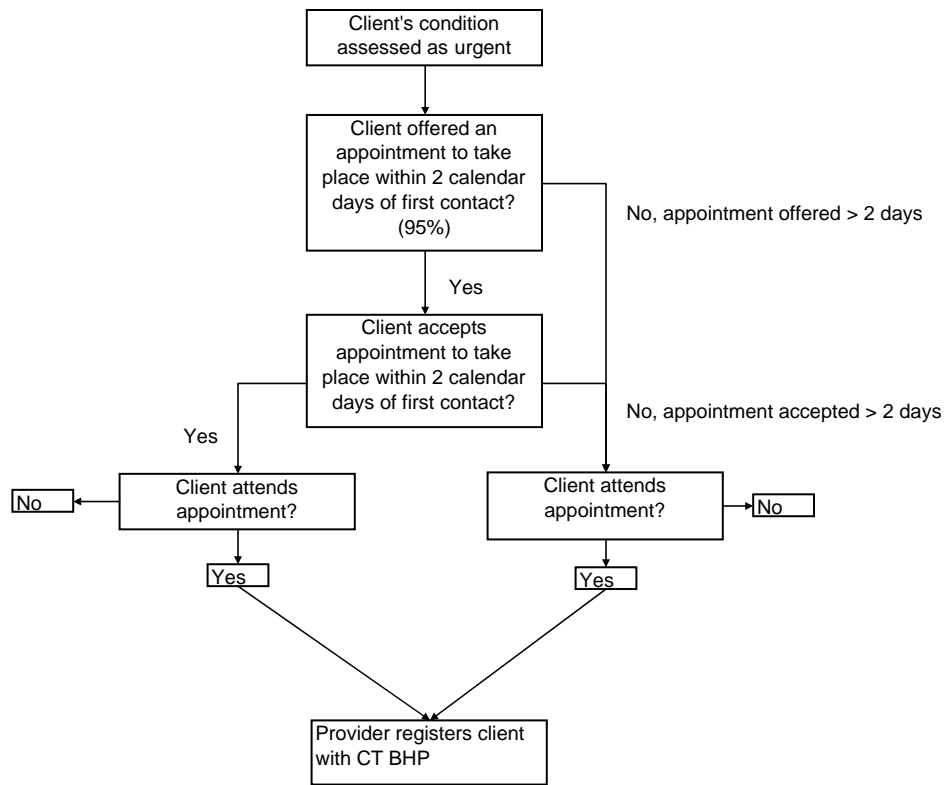


Chart 3: Emergent Condition Flow Diagram



Initial and final measure: Emergent clients seen within 2 hours/Emergent clients that presented at clinic = 95%

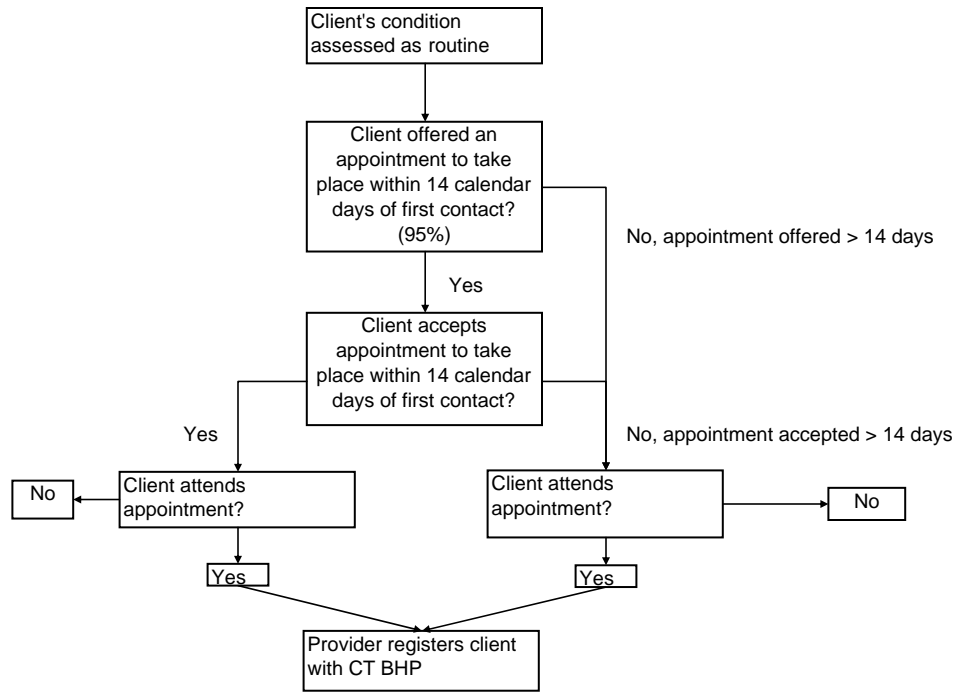
Chart 4: Urgent Condition Flow Diagram



Initial measure: clients offered appointment within 2 days of initial contact & screening/clients assessed as urgent = 95%

Final measure: client attends appointment within 2 days of initial contact & screening/urgent clients that attended appointment = TBD%

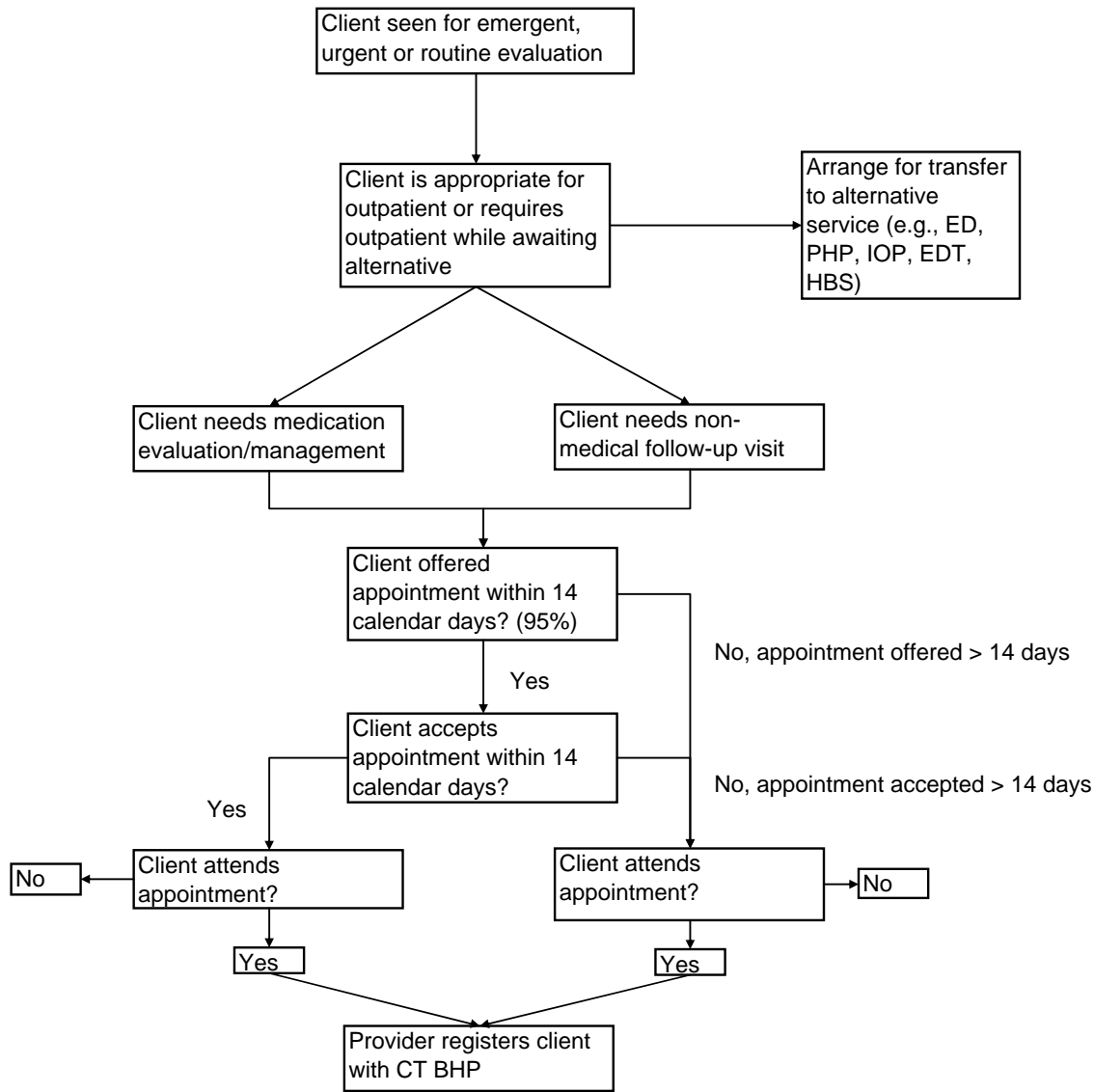
Chart 5: Routine Condition Flow Diagram



Initial measure: clients offered appointment within 14 days of initial contact & screening/clients assessed as routine = 95%

Final measure: client attends appointment within 14 days of initial contact & screening/routine clients that attended appointment = TBD%

Chart 6: Follow-up Appointment Flow Diagram



Initial measure: clients offered appointment within 14 days of initial evaluation/clients appropriate for OP f/u = 95%

Final measure: client attends appointment within 14 days of initial evaluation/clients that attend f/u visit = TBD%

Note: Performance measures calculated separately for clients referred for medication evaluation/management f/u and those referred for routine non-medical f/u visit

Connecticut Behavioral Health Partnership
 Connecticut Department of Children and Families
 Connecticut Department of Social Services

APPLICATION
ENHANCED CARE CLINICS

(A Subclass of Outpatient Mental Health and Substance Abuse Clinics for Adults and Children)

I. ORGANIZATION

1. Date of Application: _____

2. Population Served: ___ ADULTS ___ CHILDREN/ADOLESCENTS

3.

Name of Applicant Agency (Legal Name)	
Corporate Mailing Address	
City, State, Zip Code	
Office Address (if different from mailing address)	
City, State, Zip Code	
FEIN	
Executive Director	
E-Mail Address	
Telephone Number	
Fax Number	

4. Program Description : Please provide a brief program description that includes: (a) Statement of Purpose; (b) Overall Approach to Services/Treatment; and (c) Types of Services. Please limit response to 3 paragraphs.

5. Program Site Information: Please use the following tables to identify the primary and associated secondary sites for which you are applying for qualification as an enhanced care clinic. Please attach copies of clinic brochures and related materials that document the business hours of operation. **If your clinic operates more than one primary site, please complete a separate application for each primary site.**

Primary Site:

CMAP Provider ID#:	
ECC Agency Name:	
Site Name:	
Street Address:	
Site Type:	
Communities Served:	
Population served: Circle all that apply:	MH Child SA Child MH Adult SA All Ages
DPH SA Outpatient Treatment License: Circle yes or no:	Yes No
DPH MH Outpatient Clinic for Adults License: yes or no:	Yes No
DCF OP Psych Clinic for Children License: yes or no:	Yes No
DPH General Hospital License: Circle yes or no:	Yes No
Staff of 4 or less: Circle yes or no :	Yes No
Clients per Month of 125 or less: Circle yes or no:	Yes No
Clerical or Administration Staff at site: Circle yes or no:	Yes No
Catchment Area Consistent with Primary Site: yes or no:	Yes No
Operate Less than 6 hours/day for 4 or fewer days: yes or no:	Yes No

***A primary site is a service location that is administratively distinct. It must share centralized telephone access, screening, scheduling and medical oversight with the agency’s secondary sites. A secondary site may include school-based offices, offices in a primary care or medical clinic as well as satellite offices.**

Secondary Site #1

CMAP Provider ID#:				
ECC Agency Name:				
Site Name:				
Street Address:				
Site Type:				
Communities Served:				
Population served: Circle all that apply:	MH Child	SA Child	MH Adult	SA all ages
DPH SA Outpatient Treatment License: Circle yes or no:	Yes		No	
DPH MH Outpatient Clinic for Adults License Circle yes or no:	Yes		No	
DCF OP Psych Clinic for Children License Circle yes or no:	Yes		No	
DPH General Hospital License Circle yes or no:	Yes		No	
Staff of 4 or less Circle yes or no:	Yes		No	
Clients per Month of 125 or less Circle yes or no:	Yes		No	
Clerical or Administration Staff at site Circle yes or no:	Yes		No	
Catchment Area Consistent with Primary Site Circle yes or no:	Yes		No	
Operate Less than 6 hours/day for 4 or fewer days Circle yes or no:	Yes		No	

6. Clients Served (Adults): Please provide data that includes **CT BHP Husky A and B clients only** for State Fiscal Years (SFY) 2007 and 2008, year to date and indicate the monthly average for each category. Of the total adult clients served by the clinic, specify the percentage that represents CT BHP Husky A and B clients, by category. **If your clinic provides services for both adults and children/adolescents, please present adult data on this chart and child data on the chart on the following page. Use this chart if your clinic sees only adults.**

PROGRAM SITES	# OF INTAKES			# OF ADMISSIONS			# OF DISCHARGES			# OF CASES (Unduplicated)		
	SFY '07 (% Total)	SFY '08 YTD (% Total)	MO AVG	SFY '07 (% Total)	SFY '08 YTD (% Total)	MO AVG	SFY '07 (% total)	SFY '08 YTD (% total)	MO AVG	SFY '07 (% total)	SFY '08 YTD (% total)	MO AVG
Primary Site #1												
Secondary Site #1												
Secondary Site #2												
Secondary Site #3												
Secondary Site #4												
Secondary Site #5												
Secondary Site #6												
TOTALS												

7. Clients Served (Children): Please provide data that includes **CT BHP Husky A and B clients only** for State Fiscal Years (SFY) 2007 and 2008, year to date and indicate the monthly average for each category. Of the total child clients served by the clinic, specify the percentage that represents CT BHP Husky A and B clients, by category. **If your clinic provides services to only children, use this chart.**

PROGRAM SITES	# OF INTAKES			# OF ADMISSIONS			# OF DISCHARGES			# OF CASES (Unduplicated)		
	SFY '07 (% Total)	SFY '08 YTD (% Total)	MO AVG	SFY '07 (% Total)	SFY '08 YTD (% Total)	MO AVG	SFY '07 (% total)	SFY '07 YTD (% total)	MO AVG	SFY '07 (% total)	SFY '08 YTD (% total)	MO AVG
Primary Site # 1												
Secondary Site # 1												
Secondary Site # 2												
Secondary Site # 3												
Secondary Site # 4												
Secondary Site # 5												
Secondary Site # 6												
TOTALS												

II. POINT OF ACCESS, SCREENING AND TRIAGE: (Please limit your responses to this entire Section II to no more than 14 pages.

If you have differing processes for children/adolescents and adults, please address these in your responses to this Section).

1. POINT OF ACCESS Is there a single, centralized point of access for handling all referrals? ___ Yes ___ No.

- a. Current Practices. Explain how consumers access services at the primary and secondary sites.
- b. Proposed Changes, If Any:
- c. Action Steps, If Applicable: Identify the tasks and timelines for implementing the proposed changes.

2. SCREENING PRACTICES

- a. Current Practices: Briefly describe how the clinic initially assesses all referrals, i.e. telephonic, fax, and walk-in. Identify staff assignments, criteria used to assess needs, and any standardized screening tools that are routinely used.
- b. Proposed Changes, If Any:
- c. Action Steps, If Applicable: Identify the tasks and timelines for implementing the proposed changes.

3. TRIAGE PROTOCOLS

- a. Current Practices: Please explain the clinic's clinical triage protocols. Specifically, how does the clinic determine the required response time (emergent, urgent, routine) and what are the response time differentials and protocols? **Please attach a flow chart that illustrates the steps and processes.**
- b. Proposed Changes, If Any:
- c. Action Steps, If Applicable: Identify the tasks and timelines for implementing the proposed changes.

4. FOLLOW-UP VISIT

- a. Current Practices: Please explain your process for offering follow-up appointments (medical and non-medical) following initial evaluation for those clients who are determined to be clinically appropriate to receive ongoing outpatient services. Also describe how you facilitate linkage for those clients who require more intensive levels of care and how transportation is coordinated with HUSKY Health Plans.

b. Proposed Changes, If Any:

c. Action Steps, If Applicable: Identify tasks and timelines for implementing the proposed changes.

5. **EMERGENCY MOBILE SERVICES (EMS)**

Does the clinic operate an Emergency Mobile Services program? ___ Yes ___ No

a. Current Practices: If yes, does the clinic use EMS to meet any of its emergency services needs? ___ Yes ___ No If yes, please explain.

b. Proposed Changes, If Any:

c. Action Steps, If Applicable:

6. **SAME DAY ACCESS TO PSYCHIATRIC MEDICAL PROFESSIONAL (FOR GENERAL HOSPITALS)**

a. Current Practices: Describe your current capacity for handling psychiatric evaluations in emergent and urgent situations.

b. Proposed Changes, If Any: Describe how your clinic will provide same day access to psychiatric medical professionals.

c. Action Steps, If Applicable:

7. **AFTER-HOURS PROCEDURES**

a. Current Practices: Describe the current process for handling after-hours crisis calls, including the role of any answering service, on-call clinicians, and/or EMS.

b. Proposed Changes, If Any:

c. Action Steps, If Applicable:

8. **COORDINATION OF REFERRALS – HOSPITAL EMERGENCY DEPARTMENTS**

a. Current Practices: Describe any formal or informal agreements with area hospitals regarding immediate referrals for emergency care, and any agreements regarding receiving referrals from emergency rooms? Please specify if agreements apply to all clinic sites.

b. Proposed Changes, If Any:

c. Action Steps, If Applicable:

9. **COORDINATION OF TRANSPORTATION SERVICES**

a. Current Practices: Does the clinic coordinate with the client's HUSKY managed care company or transportation broker to arrange for transportation for initial evaluation and follow-up treatment services? ___ Yes ___ No. If yes, please explain the procedures.

b. Proposed Changes, If Any:

c. Action Steps, If Applicable:

10. **COORDINATION WITH PRIMARY CARE PROVIDERS**

a. Current Practices: Does the clinic currently have formal or informal agreements with area primary care providers?

b. Proposed Changes, If Any:

c. Action Steps, If Applicable:

11. **SUBSTANCE ABUSE SERVICES**

a. Current Practices: If different than the answers provided for questions 1 through 3, please describe the screening, assessment and triage protocols for this population.

b. Proposed Changes, If Any: If the clinic does **not** provide substance abuse services, what is the plan for referral, linkage and follow-up to substance abuse providers? If the clinic does not provide psychiatric/mental health services, what is the plan for referral, linkage and follow-up to mental health providers? What are the time frames?

c. Action Steps, If Applicable:

12. **DISPOSITION OF REFERRALS**

- a. Current Practices: Describe the disposition for referrals that do not meet eligibility criteria for services. Identify the time frames.
- b. Proposed Changes, If Any:
- c. Action Steps, If Applicable:

13. **DOCUMENTATION REQUIREMENTS**

- a. Current Practices: What are the documentation requirements for screening, initial assessment and triage?
- b. Proposed Changes, If Any:
- c. Action Steps, If Applicable:

14. **QUALITY ASSURANCE PLAN**

- a. Current Practices: Please explain the clinic's quality assurance plan for ongoing monitoring and evaluation of the screening, assessment, and triage protocols
- b. Proposed Changes, If Any:
- c. Action Steps, If Applicable:

15. **EVIDENCE –BASED PRACTICE MODELS**

- a. Current Practices: Please describe any evidenced-based models that the clinic currently utilizes for outpatient care.
- b. Proposed Changes:

16. **WAIT LISTS**

- a. How many clients have made a referral (or been referred) **and** are currently waiting for an initial assessment appointment
 - i. _____ Adults _____ Children

b. How many clients have had an initial assessment appointment and are currently waiting for a treatment appointment or service start date

i. ____ Adults ____ Children

c. What are the **average** number of days that elapse between the following events:

i. Referral Date to Initial Assessment Date Number of Days ____ For: ____ Adults ____ Children

ii. Initial Assessment Date to Treatment Start Date Number of Days ____ For: ____ Adults ____ Children

iii. Initial Assessment Date to Psychiatric Evaluation Number of Days ____ For: ____ Adults ____ Children

FEASIBILITY PLAN FOR CLINICS THAT HAVE WAIT LISTS

a. Proposed Plan: Describe the clinic’s plan for resolving the wait list.

b. Action Steps: Identify the tasks and timelines for implementing the plan.

III. PERSONNEL (Please limit your responses to this entire Section III to no more than 7 pages.)

1. STAFFING LEVELS

a. Current Staff: Please list **all** staff that provides direct and indirect tasks relating to initial screening and assessment functions. Please include administrative support staff, medical staff, clinical staff, supervisory staff and administrative staff. For each staff person, identify the program site, job title, job functions, degree and major, license(s) held, hours per week, and % of time dedicated to these services. **If your agency serves adults and children, please provide staffing information on two separate charts labeled Adult Staff and Child Staff.**

STAFF NAME	SITE LOCATION	JOB TITLE	JOB FUNCTIONS	DEGREE & MAJOR	LICENSE(S) HELD	HOURS PER WEEK	% TIME DEDICATED TO FUNCTIONS

b. Proposed Changes, If Any:

c. Action Steps, If Applicable:

2. **TRAINING REQUIREMENTS**

a. Current Practices: What are the training requirements for staff, and how are these met? Please describe requirements by job functions.

b. Proposed Changes, If Any:

c. Action Steps, If Applicable:

3. **SUPERVISION REQUIREMENTS**

a. Current Practices: What are the supervision requirements for staff, and how are these requirements met? Please describe requirements by job functions.

b. Proposed Changes, If Applicable:

c. Action Steps:

IV. **EXTENDED HOURS OF OPERATION**

a. Current Practices: Identify the extended hours of operation beyond the routine business hours of 8 am to 5 pm for each primary site.

b. Proposed Changes, If Any:

c. Action Steps, If Applicable:

V. FEASIBILITY PLAN TO EXPAND SERVICE CAPACITY

a. Proposed Plan: Describe the clinic's feasibility plan to accommodate an annual increase in service volume of up to 20% for CT BHP Husky A and B clients. Please specify whether or not the existing staff and physical plant are adequate to meet the expansion, and if not, identify the plan for meeting the space and staffing requirements.

b. Action Steps: Identify the tasks and timelines to achieve the goal. Include space requirements, i.e. lease plans/dates, as necessary.

VI. CERTIFICATIONS

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Printed Name: _____

Printed Name: _____

Signature: _____
Executive Director

Signature: _____
Chairman of the Board

Date: _____

Date: _____

Sworn and subscribed before me on this _____ day of _____ 2006.

Commissioner of the Superior Court
Notary Public