DMHA Provider Meeting

May 30, 2013

Agenda

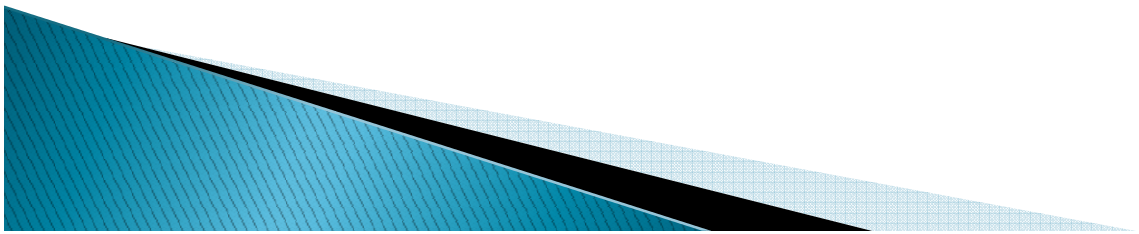
- DMHA update – Kevin Moore
- Contracts – Donna Rutherford
- Critical Incident Reporting – Sirrilla Blackmon
- Gambling Services – Larry Long
- Performance Measures – Sue Lummus
- Gatekeeper Performance Measures – Rhonda Bergen
- DARMHA update – Wendy Harrold

SFY 2014 Contract Changes

Donna Rutherford
DMHA Controller

SFY 2014 Contract Change

- What?
  - SFY 2014 contract amounts will include the gross allocation for SMI, SED, and CA.
  - State fund payments will be net of MRO match.
- Why?
  - To reduce/eliminate the need for amendments throughout the fiscal year.
- Mental Health Block Grant Funds
  - Not only will Mental Health Block Grant monies fund performance, but the monies will also fund Standard Treatment for the first quarter of SFY 2014.



Critical Incident Reporting

Sirrilla D. Blackmon LCSW, LCAC
Deputy Director of the Office of Provider and Community Relations, Certification & Licensure /Community Liaisons

Changes in the SFY14 Contract

- A "critical incident" that must be reported for purposes of this contract is:

1. Any consumer death,
2. Death of a staff member or visitor occurring on the property of the Contractor, its subcontractor(s), or in any residential setting or community based program operated or administered by the Contractor or its subcontractor(s).

Changes in the SFY14 Contract

3. Serious bodily injury of a consumer, staff member, or visitor occurring on the property of the Contractor, its subcontractor(s), or in any residential setting or community based program operated or administered by the contractor or its subcontractor(s),

Changes in the SFY14 Contract

4. Other consumer or staff concerns occurring on the property of the Contractor, its subcontractor(s), or in the community.

DMHA Quality Assurance Management Program

As a part of the Quality Assurance Program all CMHC providers and subcontractors will continue to report incidences and submit the Critical Incident Report form for the appropriate setting and program.

DMHA Quality Assurance Management Program

- DMHA has been collecting data from the Critical Incident Reports since January 1, 2013.

- DMHA will prepare a report for providers that will outline reporting trends for the state.

Most Critical Incident Reported by Setting/Program Type

- Residential Incidents –Emergency Room Visits
- Outpatient/Community Incidents- Reported Deaths
- ACT Incidents- Reported deaths

Contact Information

DMHA contact for more information:

- Rhonda Bergen Assistant Deputy Director for Community Liaisons
  Rhonda.Bergen@fssa.in.gov
  317-232-7810

Problem Gambling 2014

Larry Long
Program Director Gambling Treatment

Problem Gambling Services

Updates for SFY 14

- Becoming a problem gambling services provider

- Changes for SFY 14
  - Addition of outreach funding
  - Screening requirements
  - Fee for service change
  - Contract monitoring process
  - Financial management documentation

Becoming a Problem Gambling Service Provider

Provider must:

- Be a DMHA Certified Community Mental Health Center, Addiction Provider, or contracted behavioral health network in good standing with DMHA.
- Identify and utilize a minimum of one staff member who meets the minimum clinical gambling provider qualification criteria. The designated gambling staff must complete training within 90 days of contract execution if not already trained.
- Follow the designated scope of work for DMHA gambling providers.

Becoming a Problem Gambling Service Provider

Previous

- Completed problem gambling portion of general DMHA certification application.
- Only DMHA endorsed problem gambling providers were eligible.

New for SFY 14

- Complete application/request to become a problem gambling provider, ensuring provider is qualified to treat problem gambling.
- All DMHA Certified CMHC's, Addiction Providers, and contracted behavioral health networks in good standing, meeting the requirements to provide services, are eligible to contract for problem gambling funding.

Other Changes

Previous

- Reimbursement was provided for problem gambling treatment services.
- Providers were required to screen clients for problem gambling, but frequency and screening tool were not specified.

New for SFY 14

- Contracts include funding for problem gambling outreach activities in addition to treatment services.
- Providers are required to screen all clients for problem gambling with the South Oaks Gambling Screen (SOGS), or one of the other screening tools available on the Indiana Problem Gambling Awareness Program website: (http://www.ipgap.indiana.edu/treatment/tools-a-materials). Screening shall be done at the following times:
  - Intake
  - Re-assessment every 180 days
  - Client exhibits signs of problem gambling

Other Changes

Previous

- Fee for service for individual counseling is $50 per 60 minutes, with 60 minutes as the smallest billable unit.
- Contracts are amended to decrease or increase funds available for PG services based on utilization.
- Providers must offer financial counseling and document if client refuses to receive financial counseling.

New for SFY 14

- Fee for service for individual counseling will be $25 per 30 minutes, with 30 minutes as the smallest billable unit.

  This will not affect total fees claimable for services.

- DMHA will conduct quarterly reviews of agency contract expenditures and may reduce/ increase contracts based on utilization of funds.
- Providers must give clients a financial management information sheet. If a client chooses not to receive financial counseling, the clinical record must include a signed acknowledgment from the client that the service is being refused.

Contact Information

DMHA contact for more information:

Larry Long, Program Director – Gambling Treatment, Co-Occurring Disorders & Forensic Projects

john.long@fssa.in.gov

317-232-7891

Contact for training and other resources:

Mary Lay, Project Manager – Indiana Problem Gambling Awareness Program

maholtsc@indiana.edu

812-855-1237

Training and materials available at: http://www.ipgap.indiana.edu/treatment/tools-a-materials

Performance Measures 2014

Sue Lummus

Deputy Director for Information Technology and Performance Measurement

2014 Changes

SFY 2014	Change from SFY 2013
Improvement in Needs or Strengths Youth 0 – 5	No change in measure but will be included in dollars
Improved School Performance – Youth	Calculation based on School Module
Improved Juvenile Justice Involvement – Youth	Calculation based on Juvenile Justice Module
Reduced Substance Use Issues – Youth	Calculation based on Substance Use Module

2014 Changes

SFY 2014	Change from SFY 2013
Community Integration SMI	New Measure
Community Integration – CA	New Measure
Risk Behaviors – Youth measure	Removed
Strengths – Youth measure	Removed

Other Changes

- HAP terminology has been retired. Replaced with DSC – DMHA Supported Consumer. Intent remains the same
- Reliable Change Indices – Updated the data source for calculations and revised as needed
- Added section in Introduction regarding discharge (transitional) reassessments
- Added section in Introduction regarding payments

Populations for Measures

- All populations except those indentified as Medication Only will be included in all measures
- Results in increased targets for providers of SMO and GAM services
- DMHA continues to discuss issues with Medication Only

Targets for 2014

- Number Served targets based on July 2012 through March 2013 actuals.
  - If 95% of actual higher than SFY 2013 target – target raised
  - If 95% of actual lower than SFY 2013 target – target same as SFY 2013
    - IT IS IMPORTANT FOR PROVIDERS TO CONTACT DMHA IF THE TARGET NEEDS TO BE ADJUSTED.
- Outcomes carried over have same targets

Targets and Weights for 2014

- New outcome measures:
  - Targets set at a level that approximately 75% of all providers will meet or exceed
- Weights for totally new measures are set at 1 for the first year with intent to increase in second and third year (if so indicated)
- Weights for the three youth measures based on CANS extension modules continue to be 2

Thanks to ANSA Workgroup

- DMHA appreciates the detailed efforts of the ANSA Workgroup. As a result of their recommendations:
  - ANSA has been revised
  - New measure of recovery
  - Working on measuring improvement in actionable items for adults with LONs of 0-2

ANSA Analysis

- Two significant findings about ANSA results:
  - About 48% of the time the second assessment identifies more needs
  - Reliable improvement in at least one domain for 42 – 44% of adults occurs over 13 to 19 months
  - Over six months about 5% improve
- Findings are not unexpected but study does need to be replicated with more current data

Workgroup Recommendations (based on previous slide data)

- Reset the Time 1 assessment to be either the first or second assessment, whichever has the higher LON
- Increase the length of time between Time 1 and Time 2 closer to 12 months

Data Analysis for Recommendations

Episodes		Reassessments
91,465		2 or more ANSA (for Time 1 and Time 2)
25,951	28%	3 or more ANSA (needed to set baseline and have one additional assessment for measurement)
11,429	12%	More than one assessment in prior year (needed to measure outcome at 13 months)

Conclusion: Insufficient data to implement recommendations at this time.

ANSA Workgroup

Betty Walton, Facilitator
Bill Davis, Howard
Jessica Crafton, Porter-Starke
Chris Hamm, Cummins
Janet Stork, Northeastern
Keri Virgo, Park Center
Larry Henry, Salvation Army
Lunette Lewis, Edgewater
Sarah Boyer, Hamilton
Jennifer Schultz, CMHC, Inc
Sky Allen, Regional
Mike McKasson, Adult & Child
Ruth Case, ASPIN
Shannon Dillion, Samaritan
Thomas Stockstill, Swanson
Jody Horstman, Aspire
Jim Skeel, Aspire
MaryAnn West, DCS
Sarah Sparks, DCS
SeonHye Park, Hea-Won Kim, Diane Lill, IUSSW
DMHA Staff – Denny, Charlie, Wendy, Angie, Roni

Gatekeeper Measures 2014

Rhonda Bergen
Assistant Deputy Director for Community Liaisons

YTD Results After 3 Quarters

YTD Ave Code Compliance

YTD Ave
95%

YTD Percent of Gatekeepers Meeting 90% Target 84%

YTD Percent of Gatekeepers Achieving 100%
44%

YTD Ave Timely Discharge

YTD Ave
90%

YTD Percent of Gatekeepers Meeting 80% Target 84%

YTD Percent of Gatekeepers Achieving 100%
64%

2014 Changes

SFY 2014	Change from SFY 2013
Administrative Code Gatekeeping Compliance	Expanded the performance contracting section of definition to include a reduced payment point for 75 – 89% compliance Also includes an alternative to make up 50% of lost funds for those achieving an annual average compliance rate of 75%

2014 Changes

SFY 2014	Change from SFY 2013
Timely Discharge from SOF	Will allow 1 individual over 90 days to count towards target if CMHC has 4 or less individuals on discharge list To count CMHC must continue to submit monthly discharge plans demonstrating sufficient efforts to address barriers Any remaining funds will be evenly distributed to those achieving 100%

2014 Changes

SFY 2014	Change from SFY 2013
Monitoring Allocated Bed Utilization	No new funds available for this measure Bed buy back will remain the same Will continue to monitor Target – annual use 75% or less of allocated beds

DARMHA Data Changes for SFY 2014

Wendy Harrold, M.S. Health Informatics
Assistant Deputy Director, IT and Reporting Services

An Aside: HIE Connectivity

- Data and Technology Subcommittee of the Primary Care and Behavioral Health Integration Stakeholder Group

- Goal # 2: Review and recommend appropriate data sharing strategies.

An Aside: HIE Connectivity

- In a Integration Survey given to CMHCs in the fall, being connected with a health information exchange (HIE) was identified as very important to improve integration of primary and behavioral healthcare by 83% of the CMHCs.

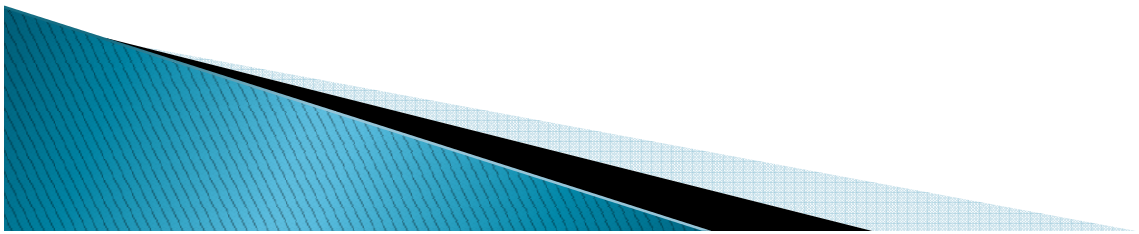
An Aside: HIE Connectivity

- Next steps, create a HIE proposal that outlines defined use cases describing HIE data needs, determine CMHC EHR capability and establish number of users.
- Need to know contact person(s) at each CMHC that would be able to provide information and feedback. I will send out an email to CEOs tomorrow, May 31st. Please send me the staff's contact information.

DARMHA

- DARMHA stands for Data Assessment Registry Mental Health and Addiction.

- Providers can submit information three ways
  - Via the website, https://dmha.fssa.in.gov/darmha/
  - Via import
  - Via Web Services



New Name for HAP Eligible

Instead of the acronym **HAP**, we will now use **DMHA Supported Consumer (DSC).**

Data Requirement

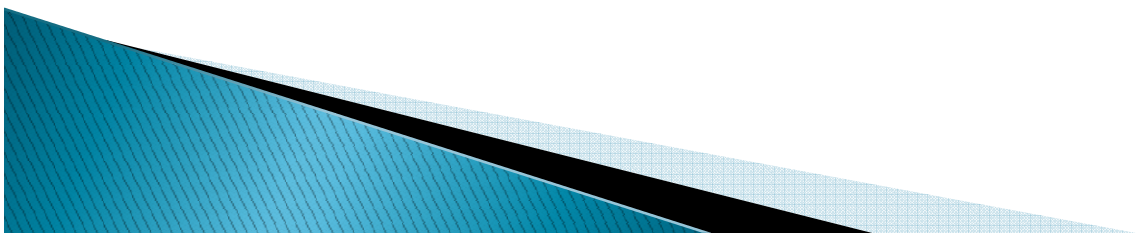
- All DMHA Supported Consumers served should be included in DARMHA.
- In DARMHA, these individuals should have the following records:

Consumer	Episode
NOMS (National Outcomes Measures)	EBP (Evidence Based Practices)
Diagnosis/Agreement Type	Encounters (services)
CANS/ANSA Assessment	

How Often Is Data Needed?

- Episode data - update every 180 days
- Assessments - new one every 180 days
- NOMS record - new one every 180 days
- EBP record - new one every 180 days
- Diagnosis Agreement Type record - at least one record needed

Note: Reassessment performance measures are calculated using 210 days.

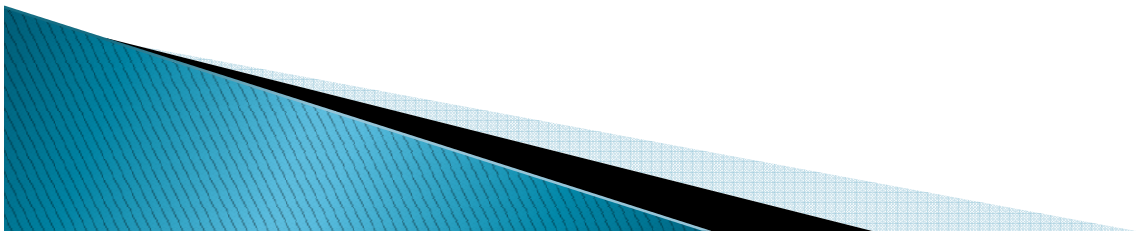


Why does DMHA need all this data?

- Grant reporting
  - SAPT (Substance Abuse Prevention and Treatment)
  - Mental Health Block Grant
  - DASIS (Drug and Alcohol Services Information System)
- Performance Measures
- Consumer Outcomes

Manuals and Assessment Materials

- Manuals and assessment material can be found on the DARMHA website under Documents.
- The SFY 2014 Manuals currently available are the following:
  - *SFY 2014 Required Data from DMHA Contracted Providers*
  - *SFY 2014 DARMHA Import Specifications Manual*
  - *SFY 2014 DARMHA Web Services Specifications Manual*
  - *SFY 2014 Performance Measure Definitions*



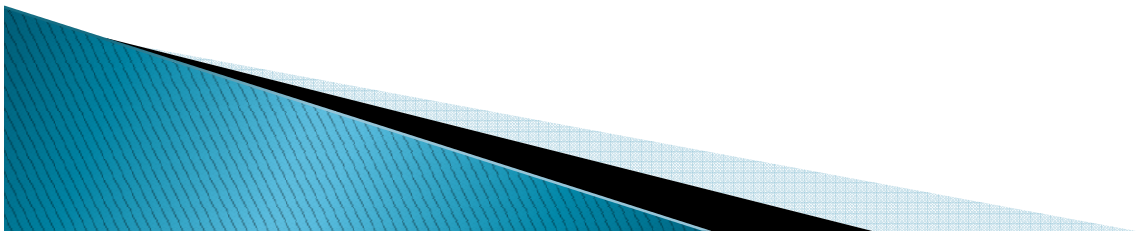
What are the data requirement changes in SFY 2013?

- There will be one new question. Five questions will change in their options.
- CANS/ANSA Assessments - New items (questions) and labels for items and item options. (Refer to CANS or ANSA Manuals or Tools Export.)
- All data submitted after June 30th will need to comply with the SFY 2014 data requirements even if it is SFY 2013 data.

Consumer Names

- The only new question - Adding Suffix Field for Last Name

- We are trying to match consumers from different applications so we are focusing on increasing data quality.

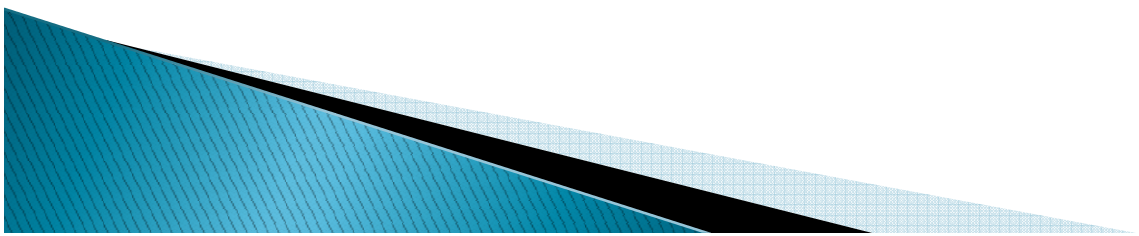


Data Quality in DARMHA

Emphasis this year will be on accurate data.

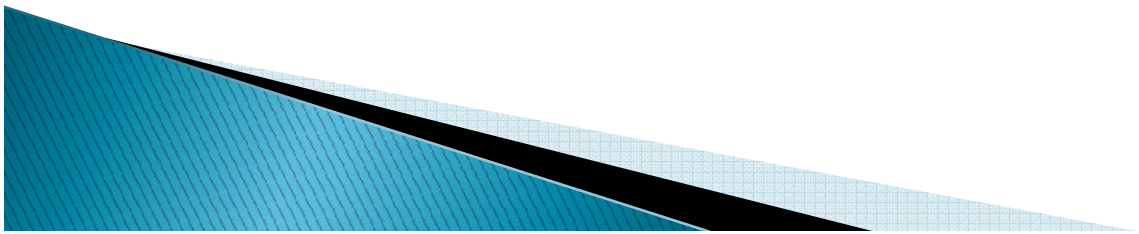
- Missing Names in DARMHA
  - Missing Names Report (This report highlights missing names we need for our Consumer Master table.)
- Addressing Duplicates
  - SSN & Date of Birth Match Report
  - SSN with different Date of Birth Match Report

Thank you to all that have already addressed the issues in these reports!



Improving Diagnosis/Agreement Data

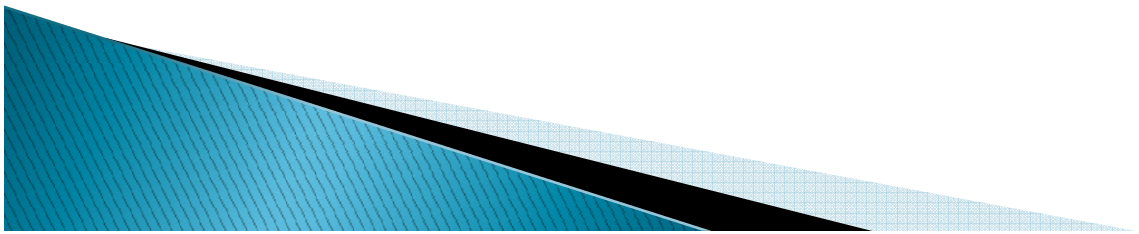
- Diagnosis and Agreement Type Records will be combined.
- This strategy will increase congruency between diagnosis and agreement type (example: CA agreement type with a primary diagnosis of a substance-related disorder).



Diagnosis Data

- Deferred Diagnosis or No Diagnosis Codes will not be allowed as the Primary Diagnosis.

- DSM 5 – ICD 9 or DSM IV TR will be used until July 1, 2014. The current plan is that DSM 5 will be the only accepted diagnosis code set beginning in SFY 2015.



CANS Assessment Question – Old

LIFE DOMAIN FUNCTIONING

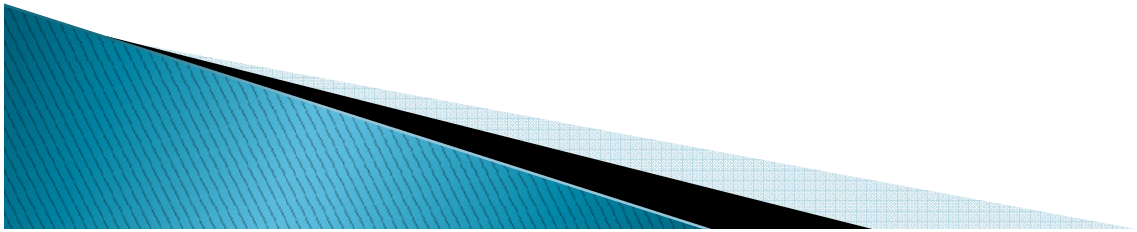
FAMILY *Please rate the highest level from the past 30 days*

0 - Child is doing well in relationships with family members.

1 - Child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have some problems in their relationships with child.

2 - Child is having moderate problems with parents, siblings and/or other family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.

3 - Child is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing, etc.



CANS Assessment Question – New

LIFE DOMAIN FUNCTIONING

FAMILY FUNCTIONING *"Family" ideally should be defined by the child; however, in the absence of this knowledge, consider biological and adoptive relatives and their significant others with whom the child has contact, as the definition of family. Foster families should only be considered if they have made a significant commitment to the child. For youth involved with child welfare, family refers to the person(s) fulfilling the permanency plan.*

0 - Child is doing well in relationships with family members.

1 - Child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have some problems in their relationships with child.

2 - Child is having moderate problems with parents, siblings and/or other family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.

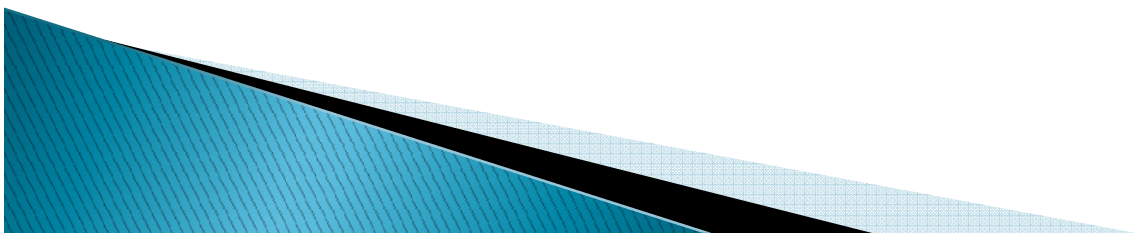
3 - Child is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing, etc.

ANSA Changes – other than wording

- ANSA
  - New Parental/Caregiver Role question and module with five questions
  - Trauma, Substance Abuse Disorder & Crime Modules triggered at a “1” instead of a “2.”
  - Split Danger to Self and Other into Suicide Risk and Danger to Others
  - Three New Dangerousness Module questions

CANS Changes – other than wording

- CANS
  - New Abuse and Neglect question in Caregiver Strengths & Needs Domain
  - New Trauma Module Questions
    - Neglect Question
    - Traumatic Grief Question
    - Avoidance Question



DARMHA QA – Testing Environment

- The new DARMHA QA will be ready for testing SFY 2014 data requirements June 1, 2013. https://dmhaqa.fssa.in.gov/DARMHAQA

- We have been told by our state HIPAA staff that **no real data can be in DARMHA QA**. Data has to be test data. We will be checking to see if providers are putting in real data – if they are the data will be wiped out.