

Provider Profiling

Behavioral Health
Rehabilitation Services

10/1/09 to 9/30/10





Behavioral Health Rehabilitation Services

CBHNP utilizes a provider profiling process that is an important provider-level quality improvement activity, as well as an opportunity to internally track and trend data over a set period of time to identify possible areas of improvement. It is also a tool to make meaningful comparisons based on a varied data set including claims data, authorization data, quality reports and demographic information. Provider profiling results have been compiled using data from October 1, 2009 to September 30, 2010.

Behavioral Health Rehabilitation Services (BHRS) provides mental health services to children under the age of twenty-one, who are living with families or in family-like settings. BHRS provider profiling compiled data to specifically examine mobile therapy (MT), therapeutic staff support (TSS) and behavioral specialist consultant (BSC) services.

MT services are defined as intensive therapeutic services provided to a child and family in settings other than a provider agency or office.

TSS services, by definition, provide one-on-one interventions to a child or adolescent at home, school, day care, YMCA, emergency room, other community-based program, or community setting, when the behavior without this intervention would require a more restrictive treatment or educational setting.

BSC services identify behavioral goals and intervention techniques, and recommend non-aversive behavioral change methods. Services are provided directly to the child and/or family in the home, school, day care, emergency room, or other community program or setting.

Overall, seventeen BHRS providers were profiled based on high volume criteria. The high volume criterion included those programs that served greater than 160 unique Members for the period. It is important to note that the data is representative of the entire Network, combining both Capital and North Central data for each identified provider.

BHRS Profiled Providers

1. Adams Hanover Counseling Services
2. Alternative Community Resource Program
3. Blair Family Solutions, LLC
4. Chester County Intermediate Unit #24
5. Children's Behavioral Health, Inc.
6. Community Services Group, Inc.
7. Edgewater Psychiatric Center – NHS, Inc.
8. Keystone Services Systems, Inc.
9. Laurel Life Services
10. New Story

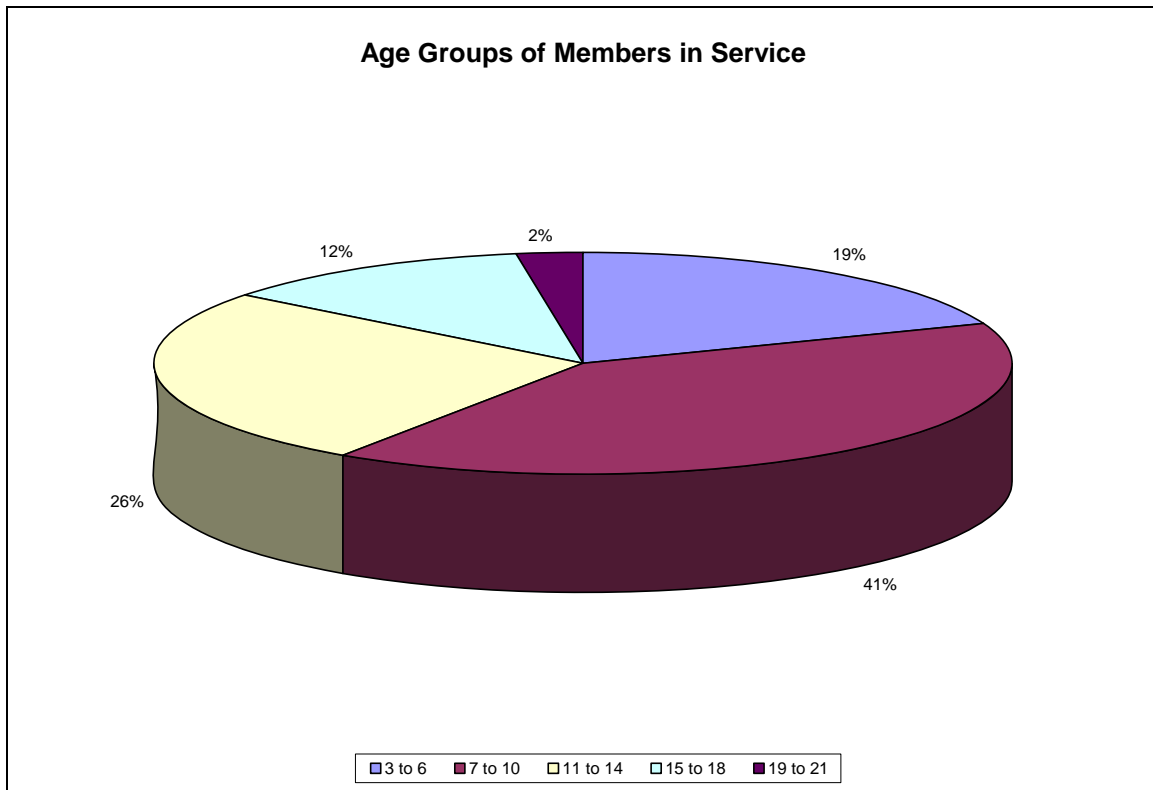
11. Northwestern Human Services of PA, Inc.
12. Pennsylvania Counseling Services, Inc.
13. Philhaven
14. T.W. Ponessa & Associates, Inc.
15. TEAMCare Behavioral Health, LLC.
16. Universal Community Behavioral Health
17. Youth Advocate Programs, Inc.

Profiled indicators include demographics, utilization, service delivery, quality, compliance and satisfaction.

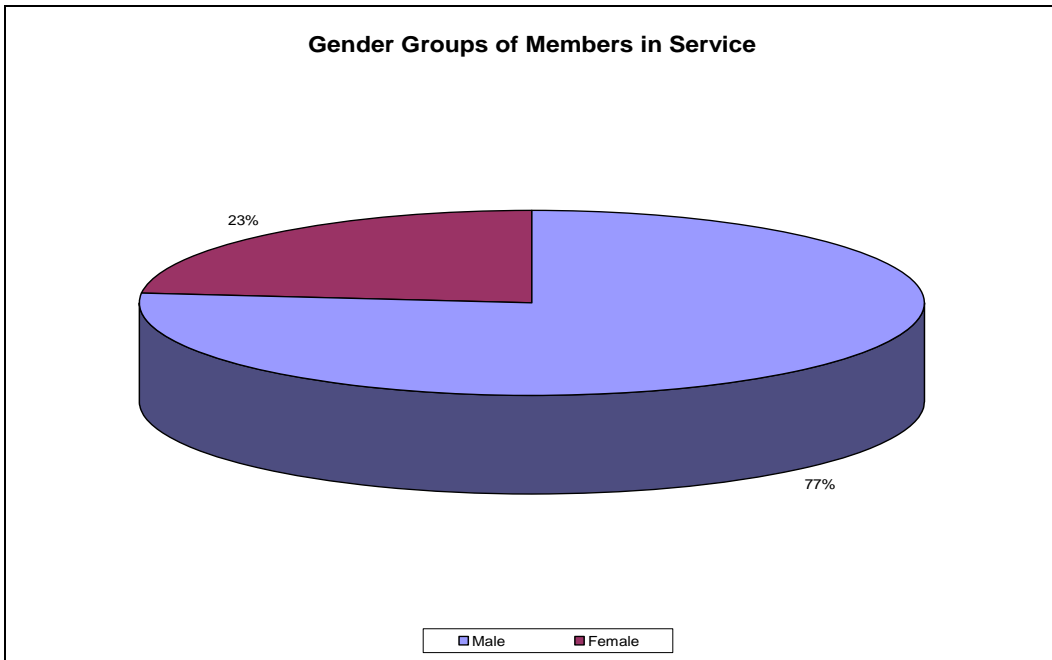
Demographics

Demographic information available for Members receiving BHRS services includes age, gender, race and diagnostic data.

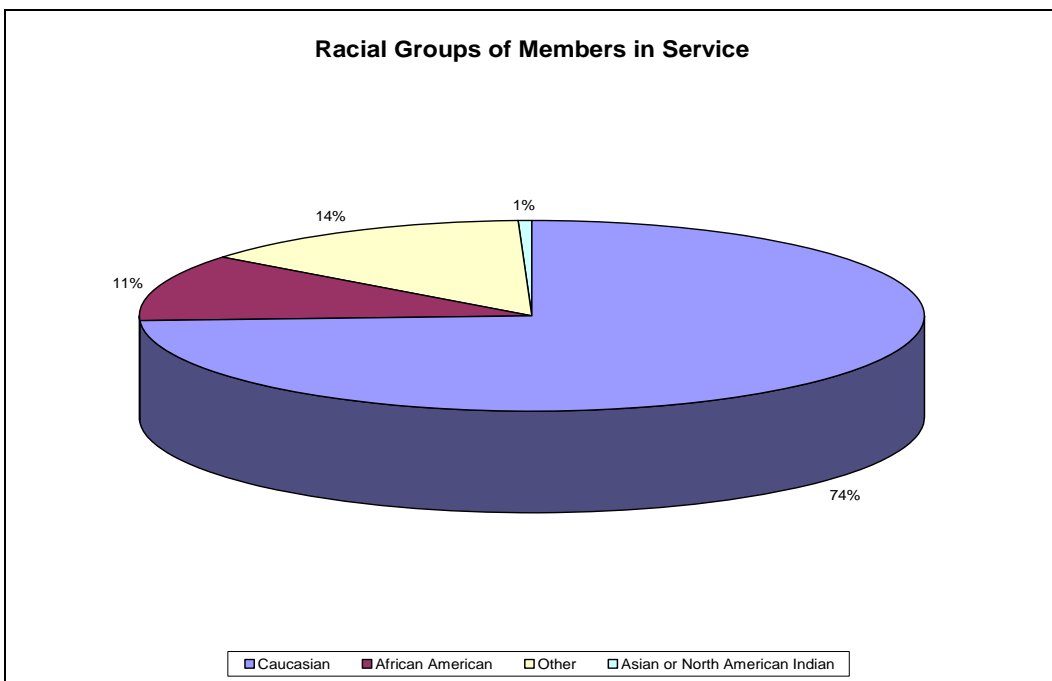
Overall, nineteen percent of Members receiving services were between the ages of three and six, forty-one percent were between the ages of seven and ten, twenty-six percent were between the ages of eleven and fourteen, twelve percent were between the ages of fifteen and eighteen, and two percent were between the ages of nineteen and twenty-one.



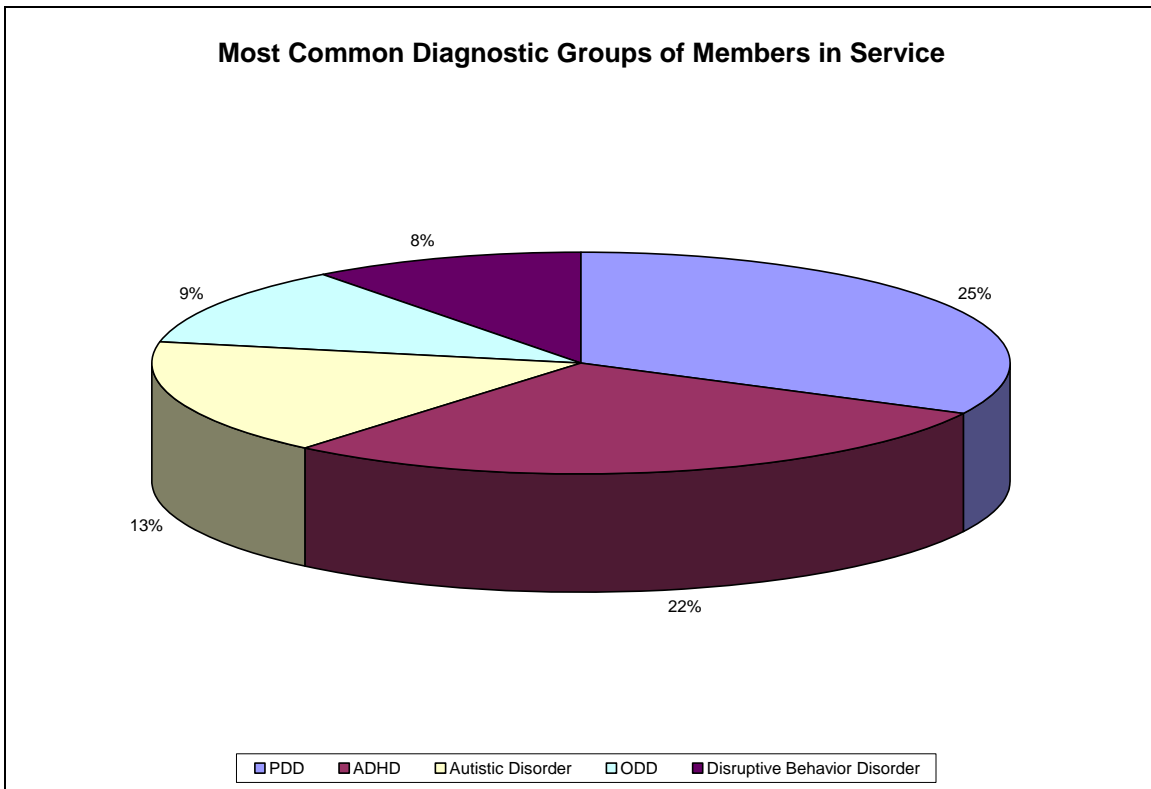
Seventy-seven percent of Members receiving this service were male and twenty-three percent were female.



Seventy-four percent of these Members were Caucasian, eleven percent were categorized as Other, fourteen percent were African American and one percent were Asian and North American Indian.



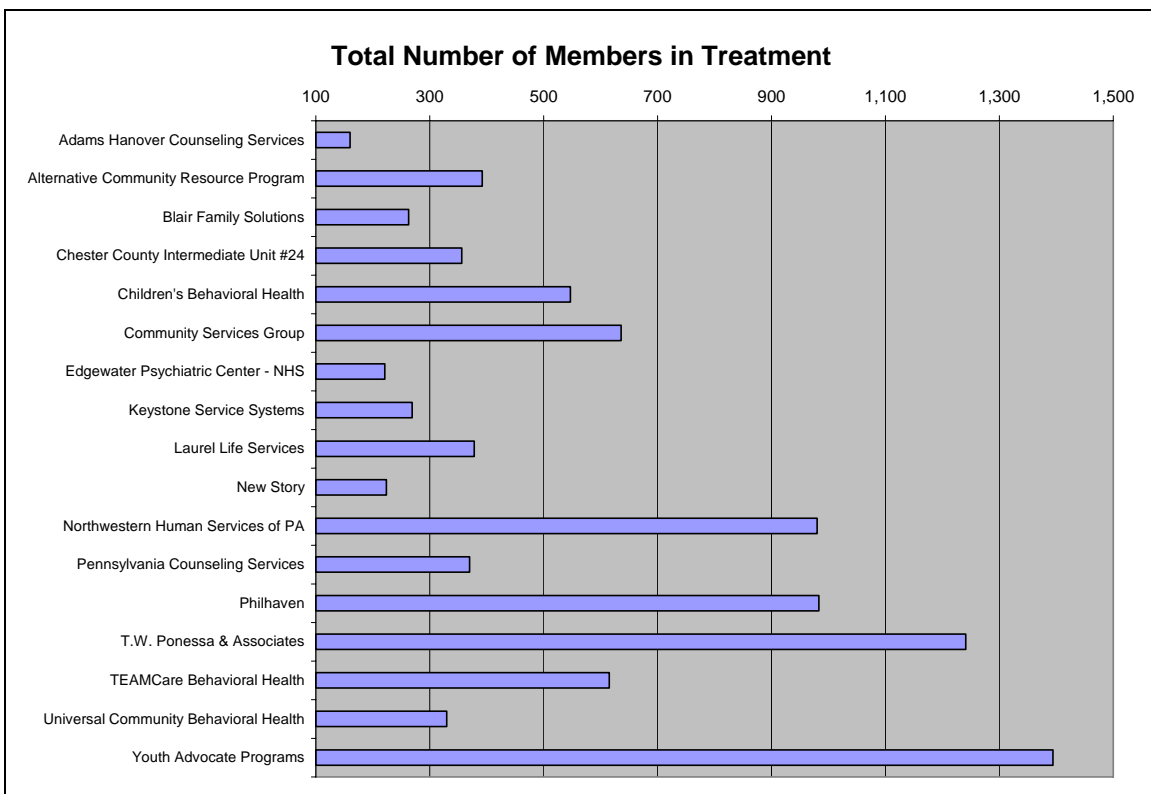
The most common diagnoses of Members receiving Behavioral Health Rehabilitation Services were Pervasive Developmental Disorder – 299.80 at twenty-five percent, Attention Deficit Hyperactivity Disorder – 314.01 at twenty-two percent, Autistic Disorder – 299.00 at thirteen percent, Oppositional Defiant Disorder – 313.81 at nine percent and Disruptive Behavior Disorder – 312.9 at eight percent.



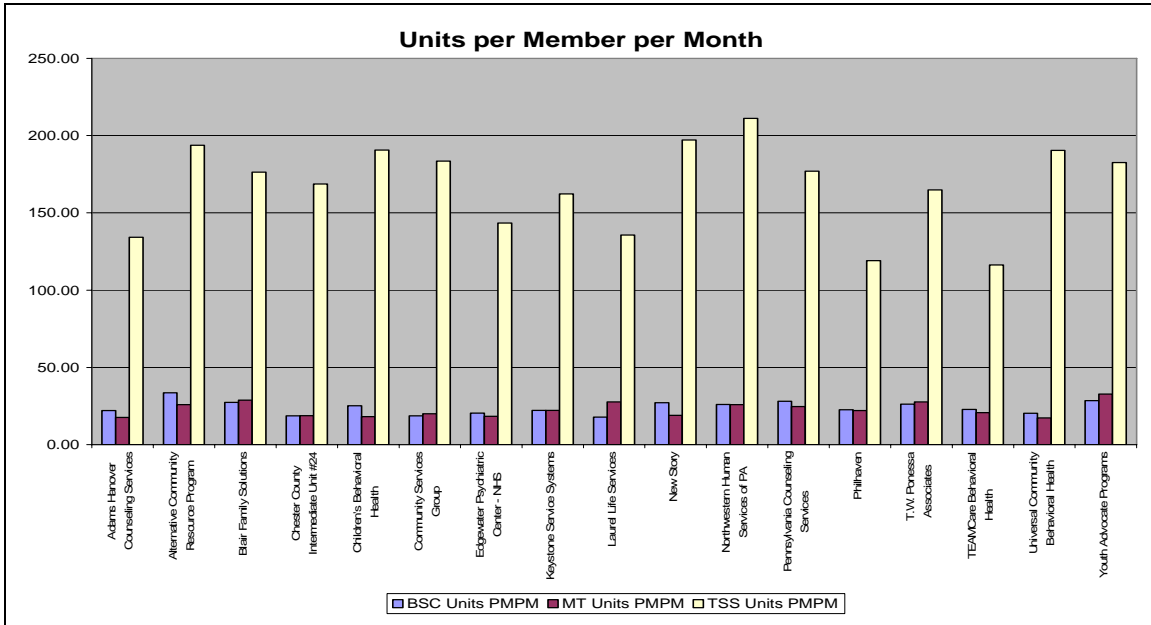
Utilization

Utilization information available for Members receiving BHRS services includes the number of Members treated, units per Member per month specifically by service, and the percentage of Members served with a diagnosis of Pervasive Developmental Disorder (PDD) specifically by service.

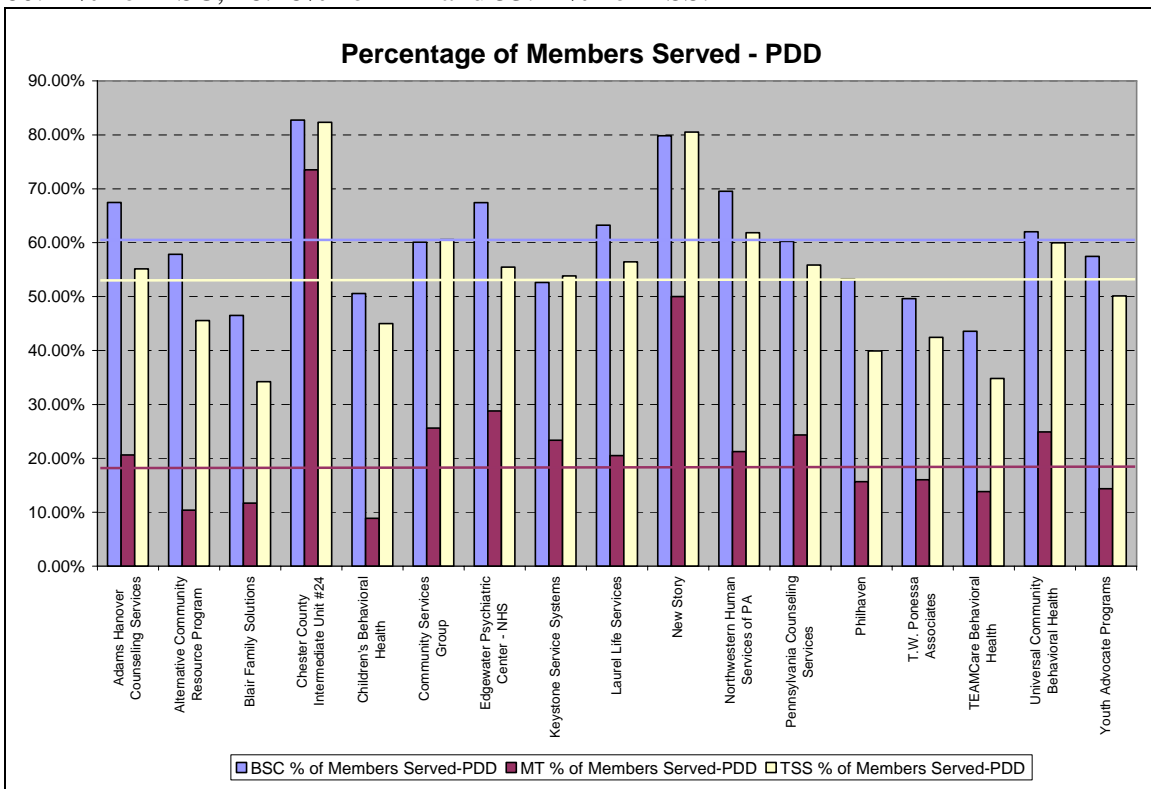
Overall, there were 10,535 Members treated across the Network for the period, which increased from the 2008-2009 total of 9,838. The number of Members treated by the profiled providers ranged from 160 to 1,394.



The average units per Member per month across the Network were 24.76 for BSC, 24.71 for MT and 172.63 for TSS.



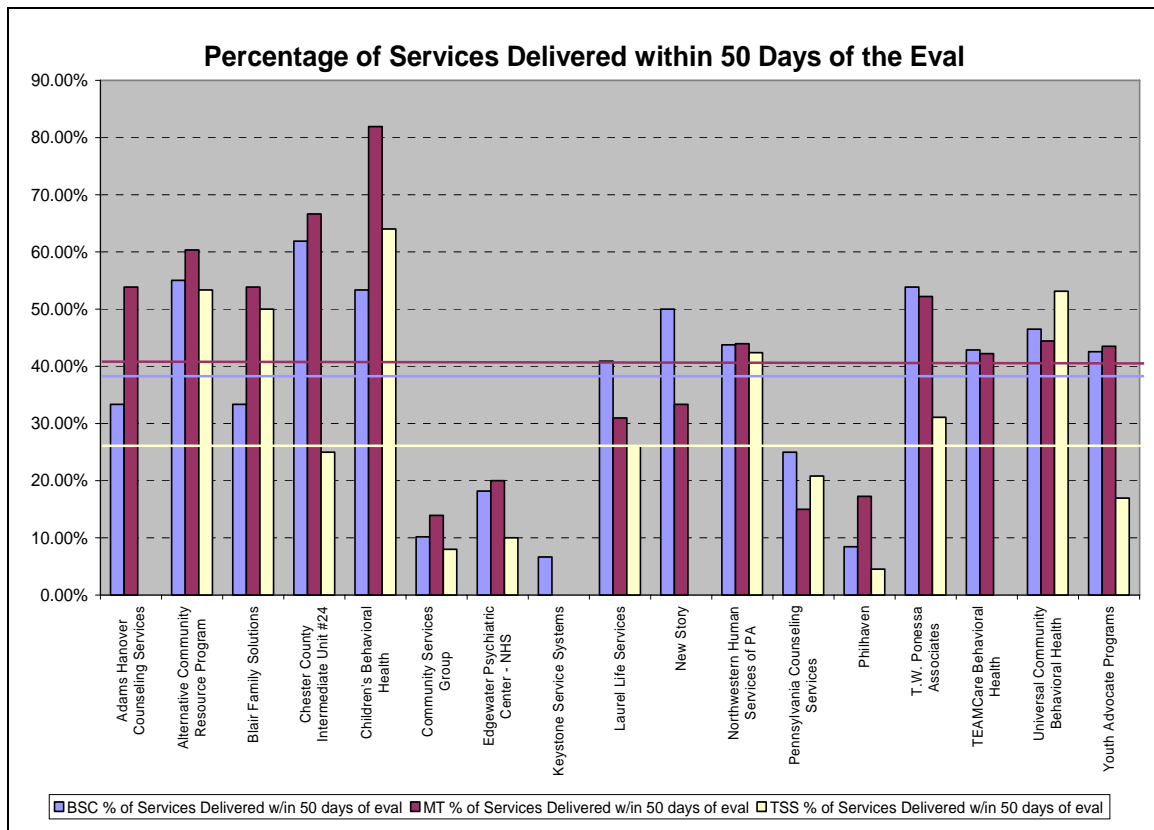
The Network average percentage of Members served with a diagnosis of PDD was 60.41% for BSC, 18.18% for MT and 53.12% for TSS.



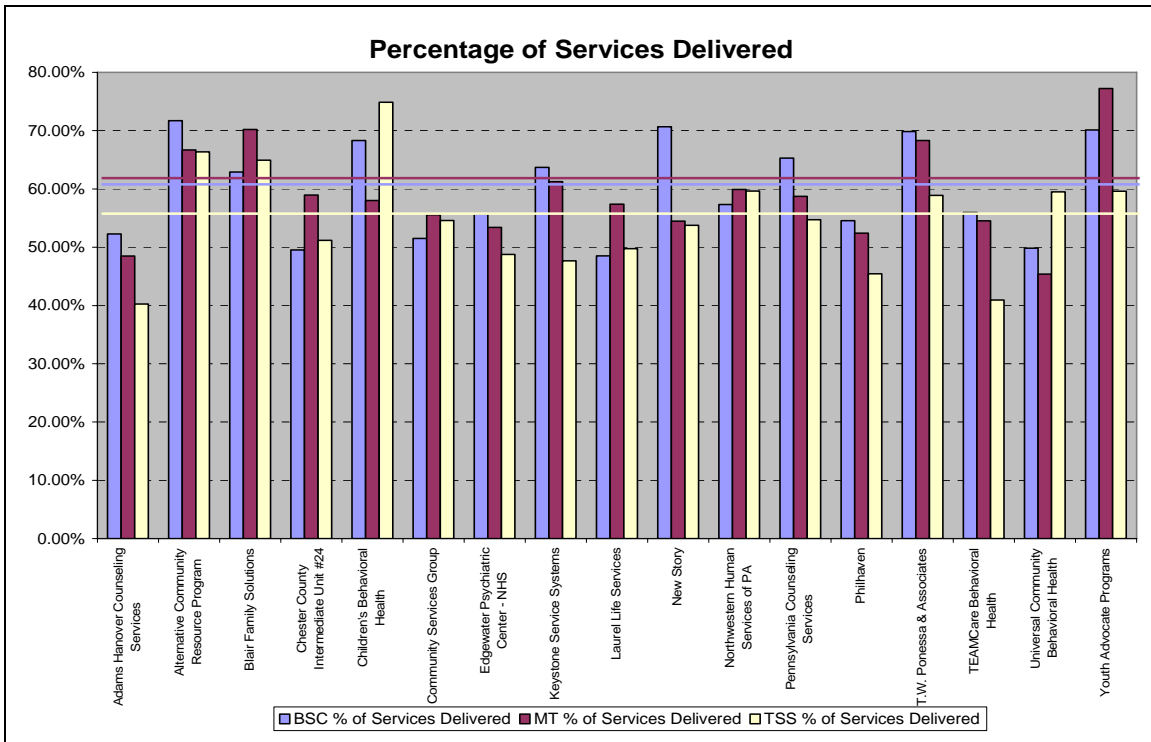
Service Delivery

Service delivery information includes the percentage of services delivered, the percentage of services delivered within fifty days of the evaluation, the average number of consecutively authorized days per Member and the total number of inpatient or Residential Treatment Facility admissions during treatment.

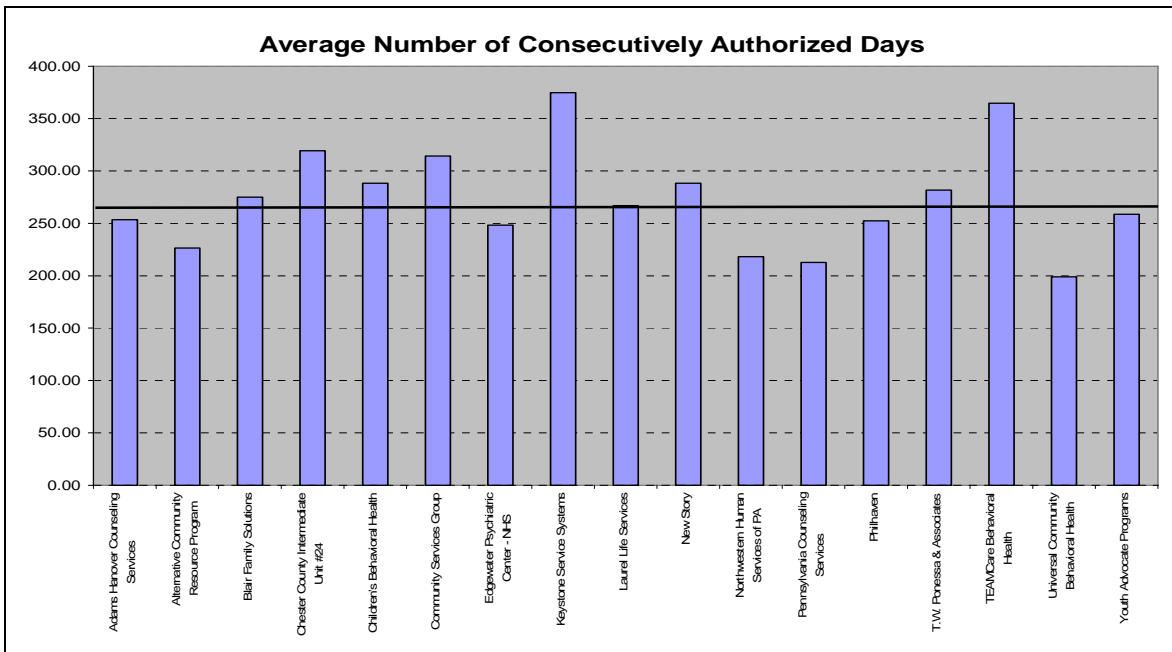
The average percentage of services delivered within fifty days of the evaluation across the Network was 39.79% for BSC, 40.95% for MT and 26.22% for TSS. In 2008-2009, the average percentage of services delivered with fifty days of the evaluation for BSC, MT and TSS was 40.29%, 35.75% and 39.6% respectively. It is important to note that under Act 62, primary insurers are required to offer services which may contribute to delays in Medicaid payment, thereby negatively impacting the above noted averages. CBHNP is currently exploring reporting changes to identify Members with primary insurance who may be receiving services through that insurer in order to indicate the impact to CBHNP claims data.



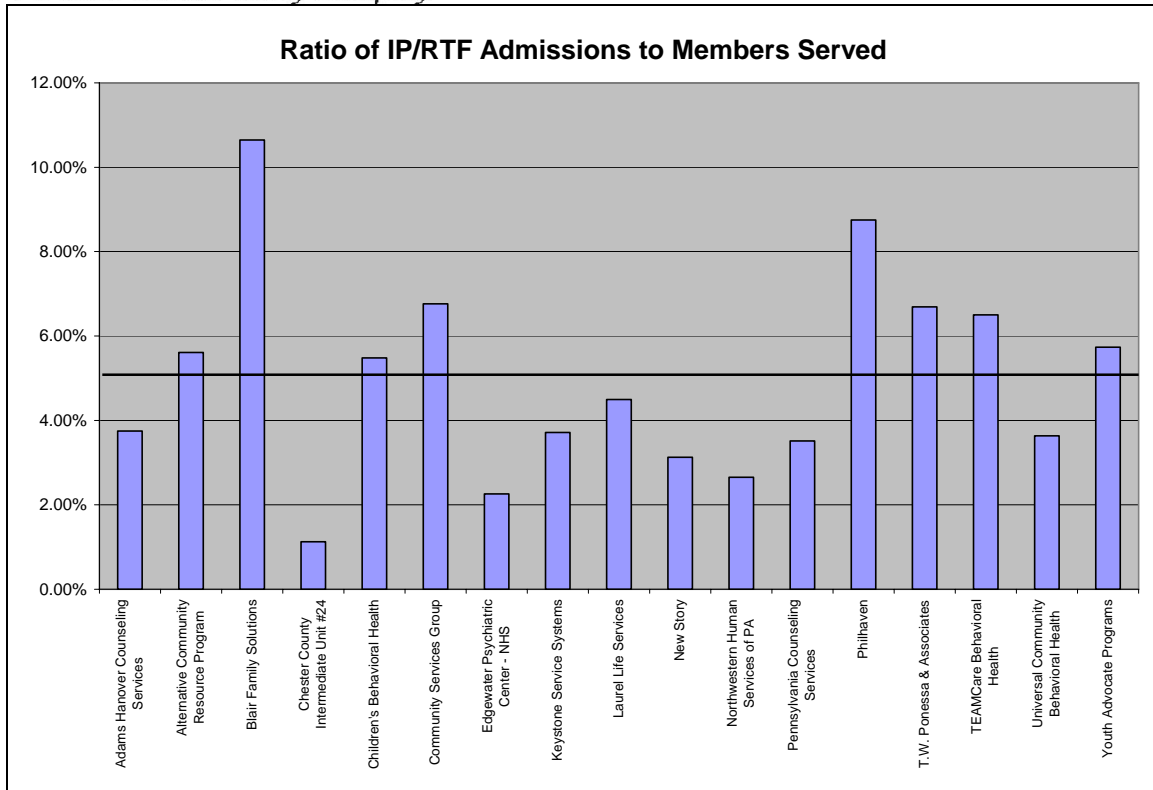
The average percentage of services delivered across the Network was 61.44% for BSC, 61.99% for MT and 56.22% for TSS. The average percentage of services delivered across the Network in 2008-2009 was 60.69% for BSC, 59.53% for MT and 53.83% for TSS.



The average number of consecutively authorized days per Member across the Network for BSC, MT and TSS combined was 266.61, down from 296.67 in 2008-2009, with providers ranging from 199.01 to 374.85 days. The combined average is indicated by the solid black line in the chart below.



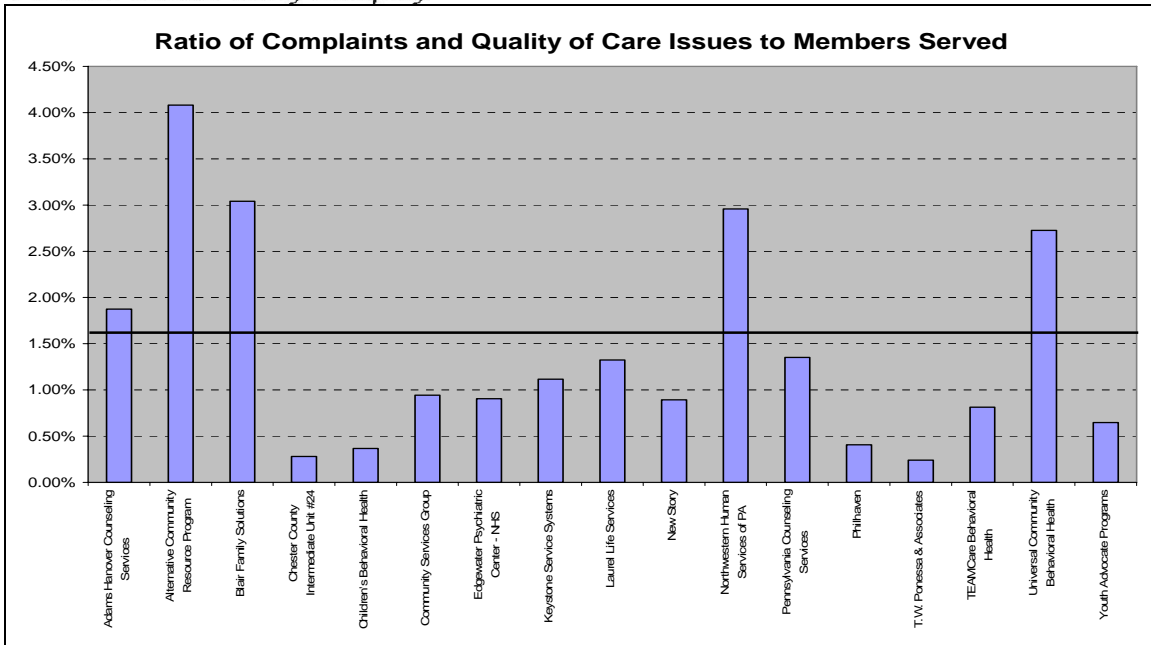
The number of inpatient or Residential Treatment Facility admissions during BHRS treatment was 555 across the Network, which represented a 5.27% ratio of admissions to Members served. This average is indicated by the solid black line in the chart below. The profiled providers ranged from four to eighty-six admissions, with ratios of admissions to Members served of 1.12% to 10.65%.



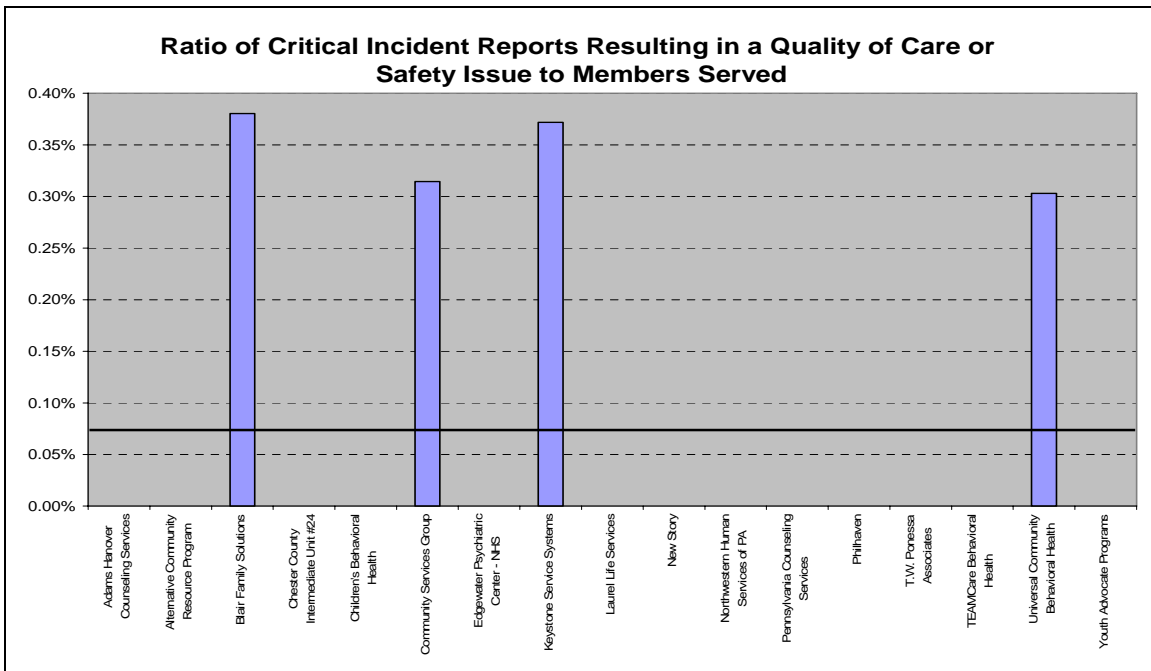
Quality

Quality indicators for BHRS were measured by the total number of complaints and quality of care issues, the total number of critical incident reports submitted by the provider, the provider's Autism Competency score, the provider's Co-Occurring Competency Score and the provider's Treatment Record Review score.

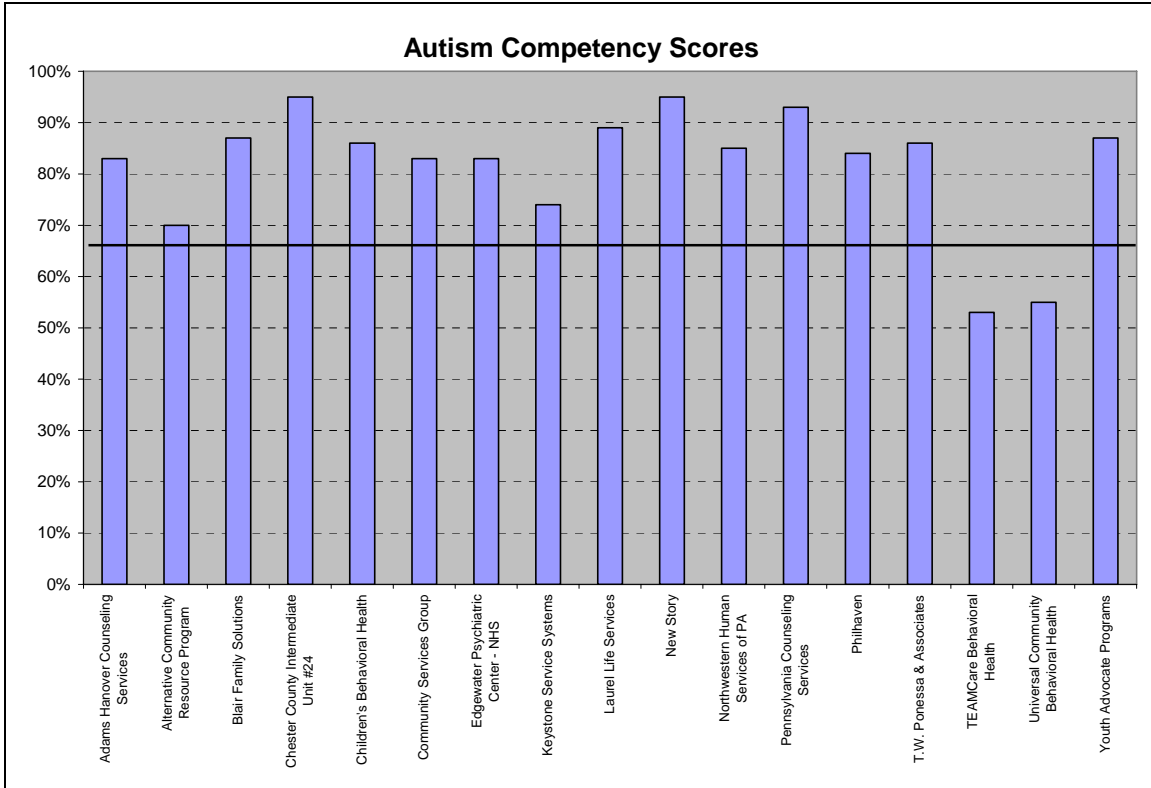
Across the Network there were a total of 166 complaints and quality of care issues, resulting in a 1.58% ratio of complaints and quality of care issues to Members served, as indicated by the solid black line in the chart below.



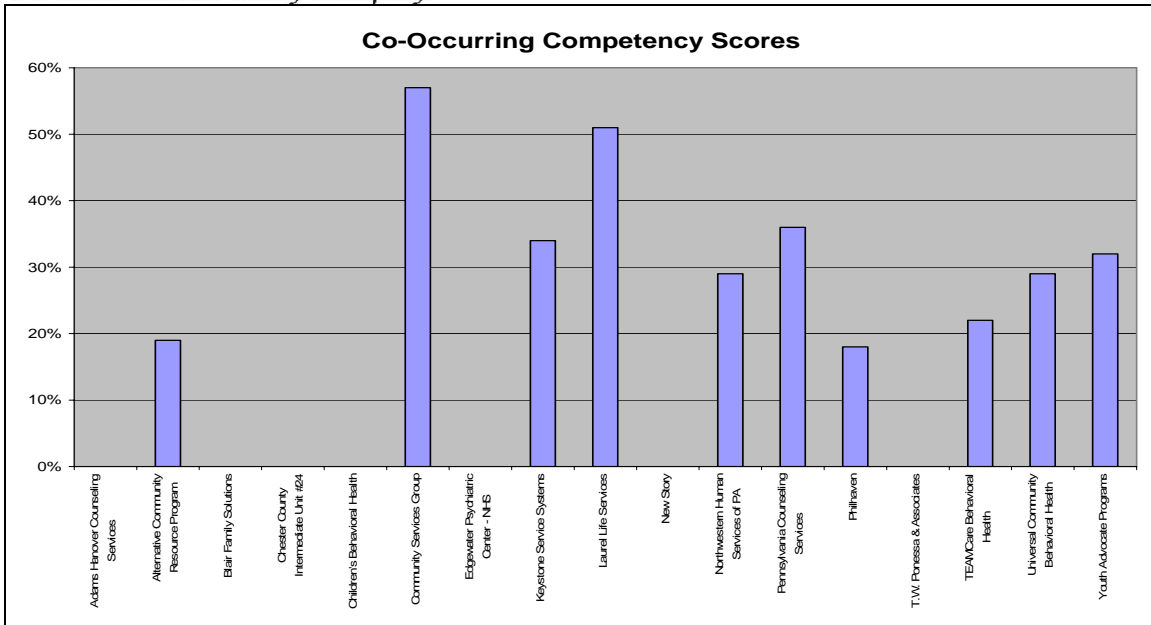
There were a total of 1,436 critical incident reports submitted across the Network, up from the 1,165 submitted in 2008-2009. Increased reporting may be due to CBHNP's increased focus on provider educations and discussion at BHRs quarterly meetings. Seven of the reported incidents resulted in quality of care or safety issues, with a corresponding ratio of 0.07% of critical incident reports resulting in a quality of care or safety issue to Members served.



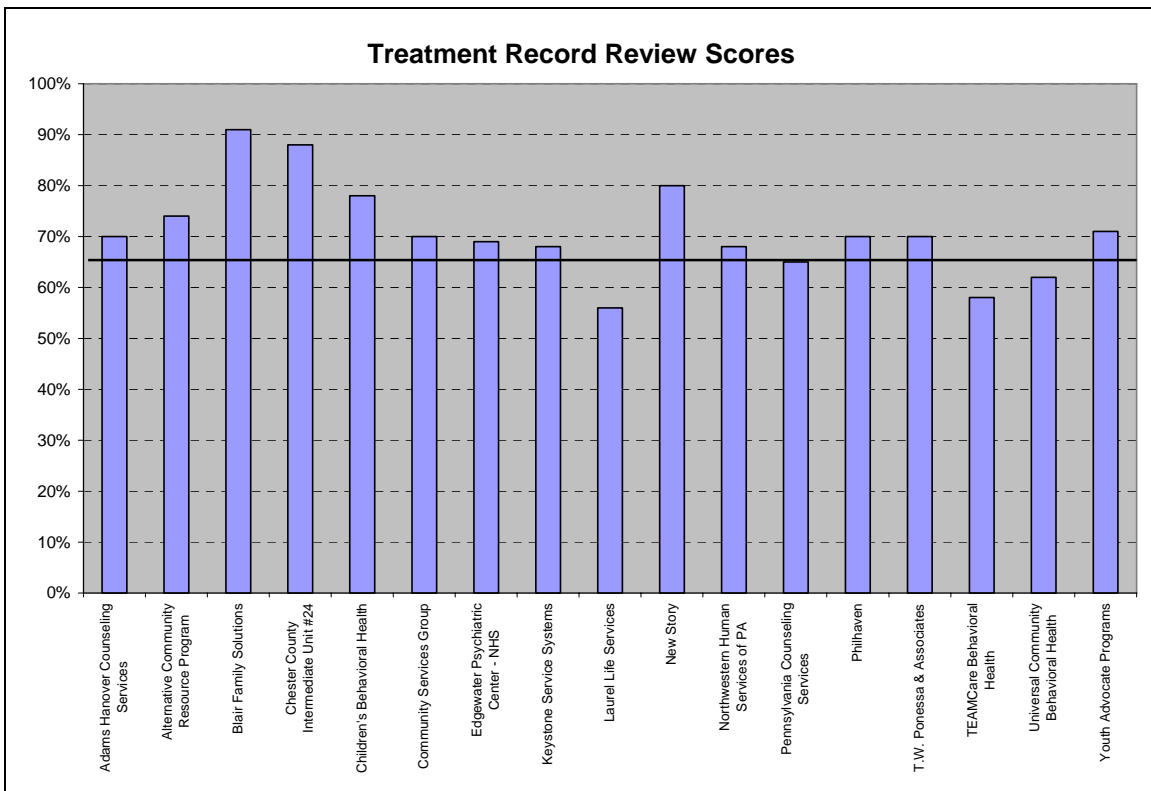
The average Autism Competency score across the Network was sixty-nine percent as indicated by the solid black line in the chart below. This score is down from 2008-2009's score of seventy-eight percent. Fifteen of the seventeen providers exceeded this average score.



Providers received Co-Occurring Competency scores ranging from zero percent to fifty-seven percent.



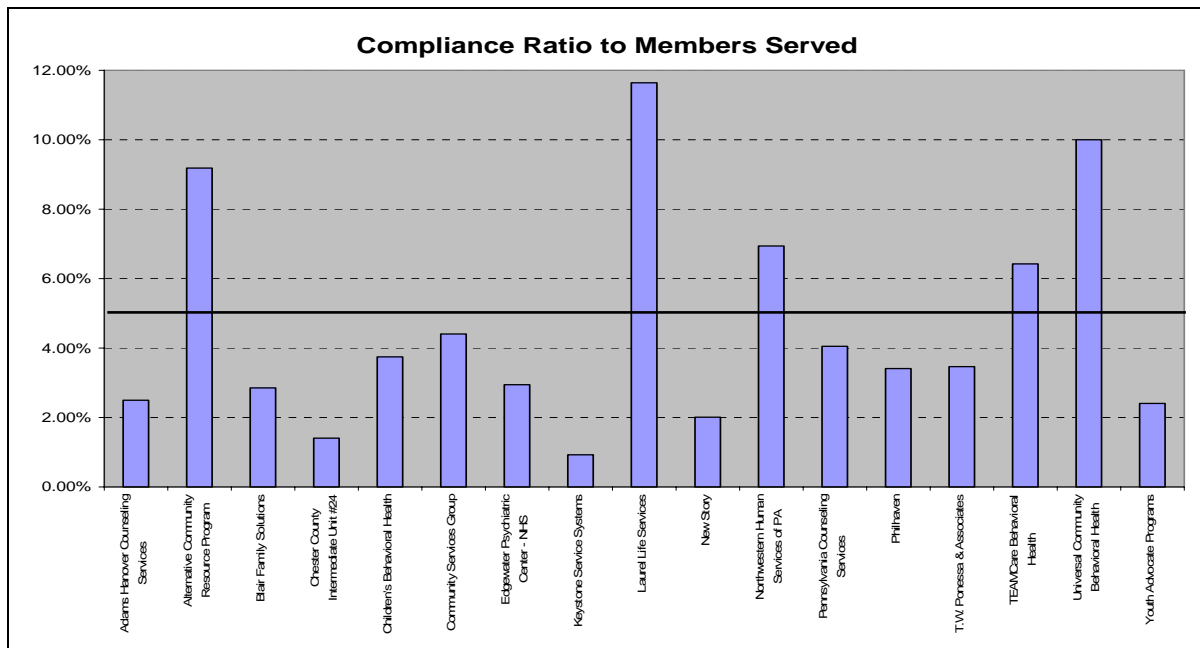
The average treatment record review score for the Network was sixty-six percent, which is identified by the solid black line in the chart below. The Network average is down from the score of seventy-one percent from 2008-2009. Although scores have decreased this is likely due to the significant revisions to the audit tool that occurred for review year 2010. Thirteen providers scored above the average.



Compliance

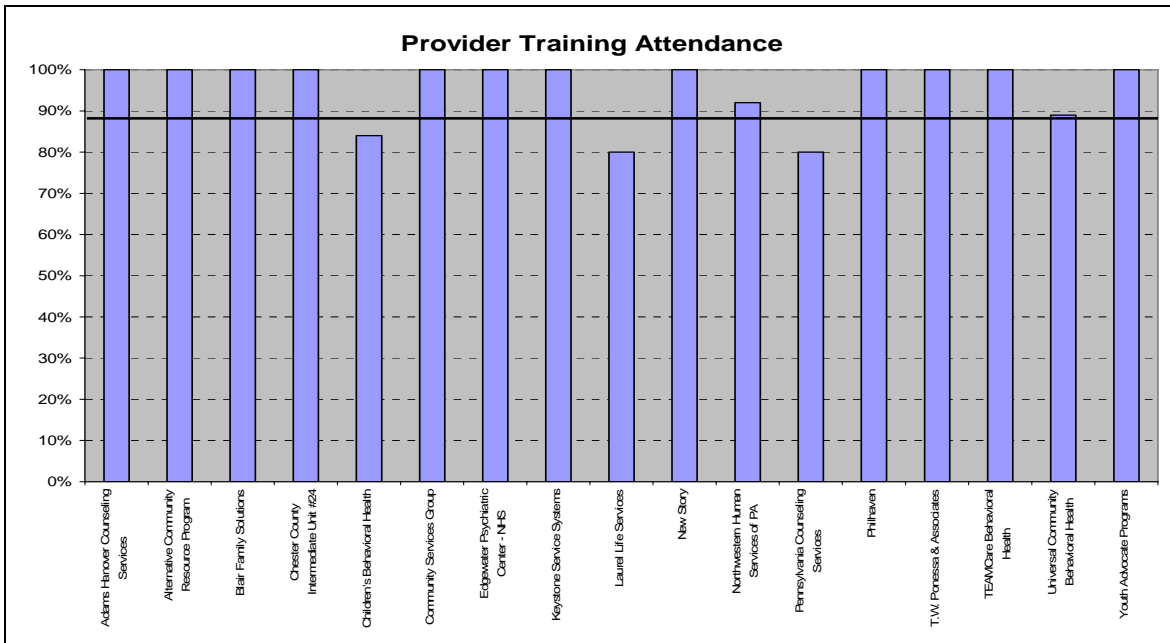
Compliance indicators were measured using the number of denied administrative appeals, the number of provider performance issues reported for each provider and the percentage of trainings attended by each provider.

There were sixty-five denied administrative appeals across the Network for BHRS services, resulting in a 0.62% ratio of denied administrative appeals to Members served, which is down from the ratio of 2.40% from 2008-2009. In addition, although provider performance measures are taken using a variety of provider issues, profiling was completed using the issues with the highest volume of documented instances. The identified issue for BHRS treatment was provider failure to respond to CBHNP requests. This could include failing to submit treatment plan revisions that are requested by the CCM, or lack of follow up regarding additional information requests by the CCM. Across the Network there were 1,048 documented instances, resulting in a 9.95% ratio of provider performance issues to Members served. The ratios of denied administrative appeals and provider performance issues to Members served were combined to produce an overall compliance ratio, which was 5.28% for the Network, as indicated by the solid black line in the chart below. This ratio is down significantly from 27.10% from 2008-2009.



Providers have the opportunity to attend provider trainings done by CBHNP throughout the year. Although these meetings are not mandatory, they include valuable information for providers, and they are encouraged to attend. The Network average of provider training attendance was eighty-seven percent, indicated by the solid black line in the chart

below. Three of the seventeen profiled providers had an attendance score below the Network average.



Consumer Satisfaction

Member satisfaction was measured by the percentage of Members satisfied with the outcomes of complaints that were filed. Overall satisfaction with BHRS complaints across the Network was 100%.

Provider Rank

BHRS providers were given an overall rank score for performance based on scores of all profiled indicators, excluding Co-Occurring Competency scores and complaint satisfaction scores. The overall ranking is as follows.

2009-10 By Rank Order

Provider	Rank
Chester County Intermediate Unit #24	1
Youth Advocate Programs	2
T.W. Ponessa & Associates	3
Northwestern Human Services of PA	4
Children's Behavioral Health	5
New Story	6
Alternative Community Resource Program	7
Pennsylvania Counseling Services	8
Edgewater Psychiatric Center - NHS	9
Philhaven	10

Community Services Group	11
Universal Community Behavioral Health	12
Blair Family Solutions	13
Adams Hanover Counseling Services	14
Laurel Life Services	15
TEAMCare Behavioral Health	16
Keystone Service Systems	17

Network Recommendations

When summarizing the information contained above, providers should consider the following areas of development.

- Actively work toward discharging Members from service throughout the course of treatment and specifically implement transitional planning for Members who are in service at the same level of care for sixteen consecutive months. The purpose of this planning is to discuss treatment progress, discharge planning, generalization of skills that have been developed, as well as identifying and developing natural supports.
- Consider delaying the use of TSS, utilizing a lead clinician upon initiation of services. This will allow a skilled clinician an opportunity to observe identified behaviors, as well as implement mental health interventions that may positively reduce the need for more intensive treatment.
- Consider clinician incentives for providing the service hours as authorized.
- Develop an agency policy that incorporates discharge discussions upon admission, as well as on a monthly basis. Many times, although Members may be progressing in treatment goals, prescription recommendations remain stagnant. This could suggest a lack of active treatment.
- Adopt evidence based treatments.
- Consider developing alternative mental health treatments that are targeted to symptom reduction, and are less intrusive than BHRS treatment.
- Adopt empirically based treatment packages (e.g., ABA) for those Members affected by autism, as well as other diagnoses.
- Provide enhanced training to clinical staff, including TSS, in order to provide more active mental health treatment to our Members.
- Distribute CBHNP resource guide to all internal staff in order to fully develop natural and community supports.
- Develop a consortium of providers in order to share information and collectively address provider difficulties.
- Identify barriers to the effective initiation of services within 50 days and implement strategies for improvement.