

Provider Profiling

Community Residential
Rehabilitation – Host Home

10/1/09 to 9/30/10





Community Residential Rehabilitation – Host Home

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.

Community Residential Rehabilitation – Host Home (CRR-HH) services are a twenty-four hour, seven day a week service that provides individual residential treatment in a home-like environment.

All CRR-HH providers across the Network with Members in service were profiled during this period, resulting in twelve profiled providers. It is important to note that profiling was completed using data from across the Network, including both Capital and North Central Contracts.

Profiled Providers

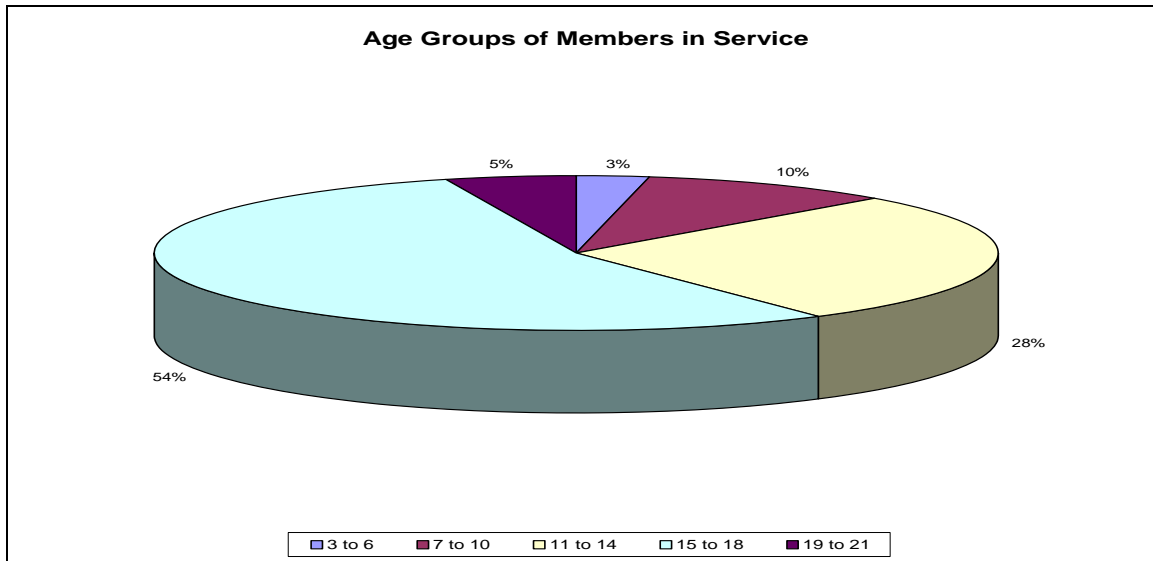
1. Children’s Aid Home Programs of Somerset County
2. Community Services Group, Inc.
3. Diversified Treatment Alternatives, Inc.
4. Family Care Services, Inc.
5. Keystone Service Systems, Inc.
6. KidsPeace National Centers, Inc.
7. Northwestern Human Services of Montgomery Co.
8. Northwestern Human Service of PA, Inc.
9. PA Mentor, Inc.
10. Pressley Ridge Schools
11. Second Haven Services for Youth
12. Silver Springs-Martin Luther School, Inc.

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

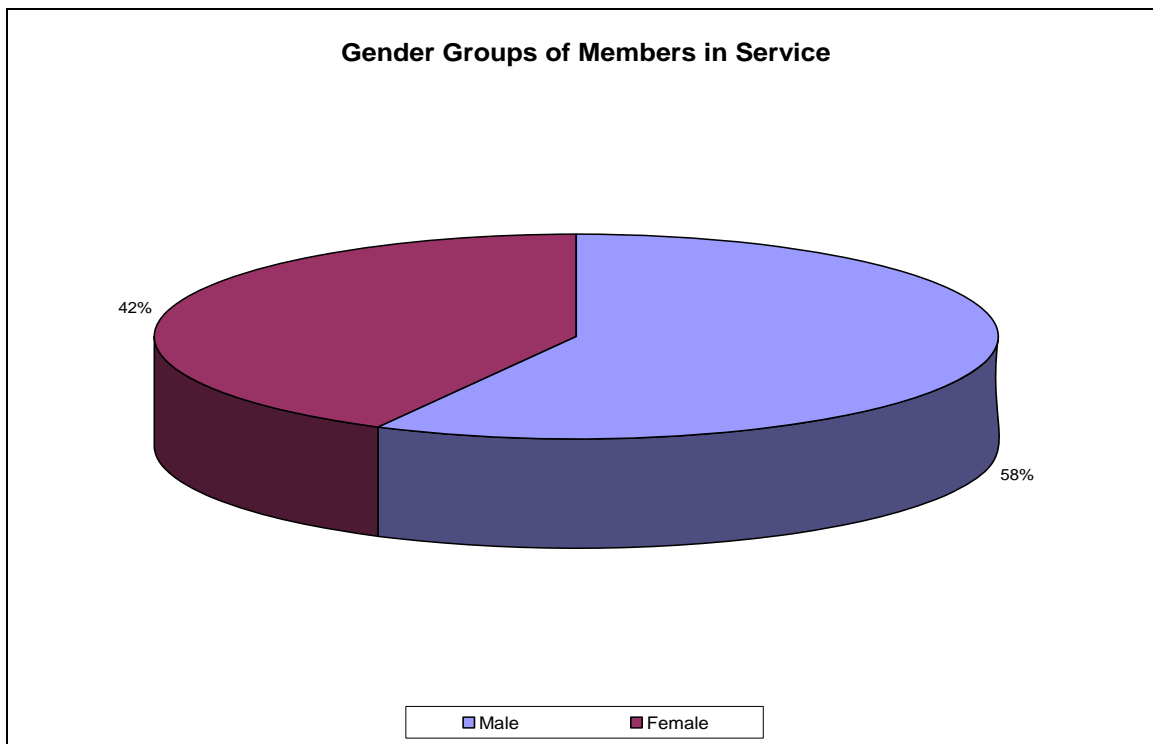
Demographics

Demographic information available for Members receiving CRR-HH includes age, gender, race and diagnostic data.

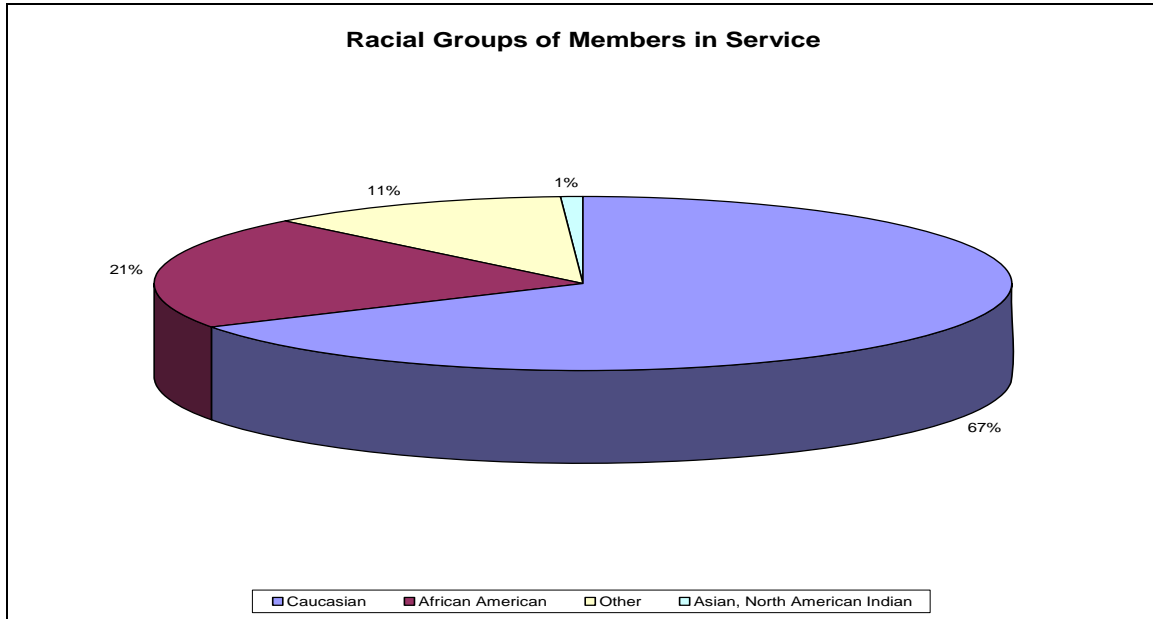
Overall, three percent of the Members receiving CRR-HH were between the ages of three and six, ten percent were between the ages of seven and ten, twenty-eight percent were between the ages of eleven and fourteen, fifty-four percent were between the ages of fifteen and eighteen, and five percent were between the ages of nineteen and twenty-one.



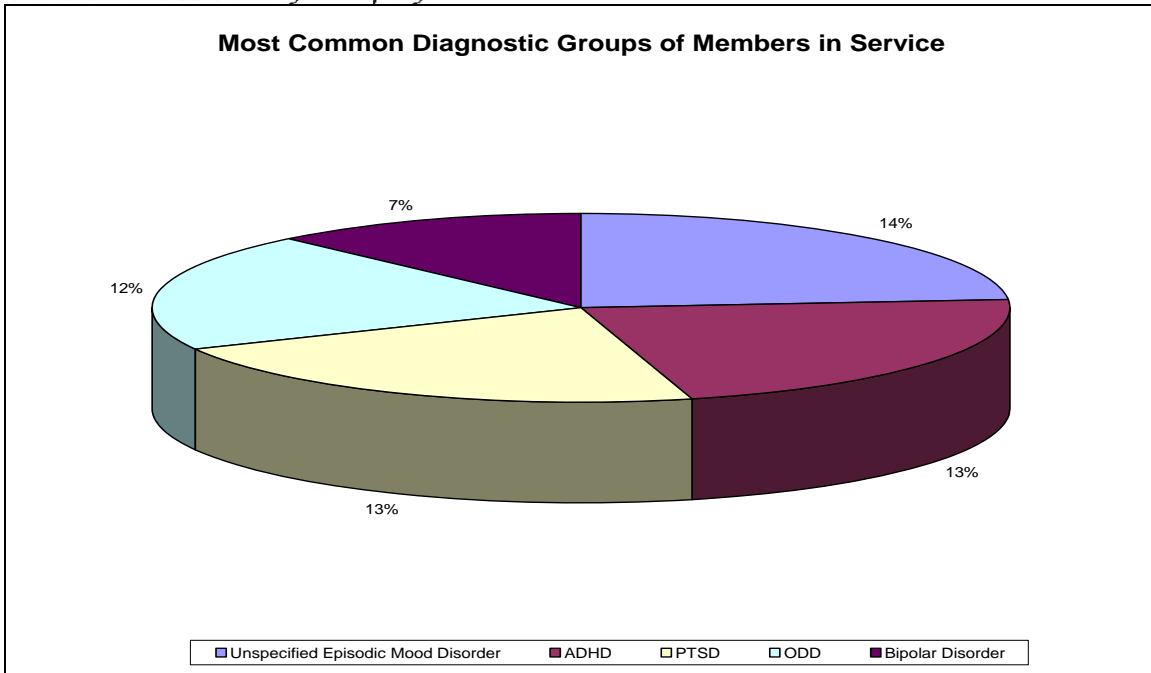
Fifty-eight percent of Members receiving this service were male and forty-two percent were female.



Sixty-seven percent of these Members were Caucasian, twenty-one percent were African American, eleven percent were categorized as Other, and one percent were Asian and North American Indian.



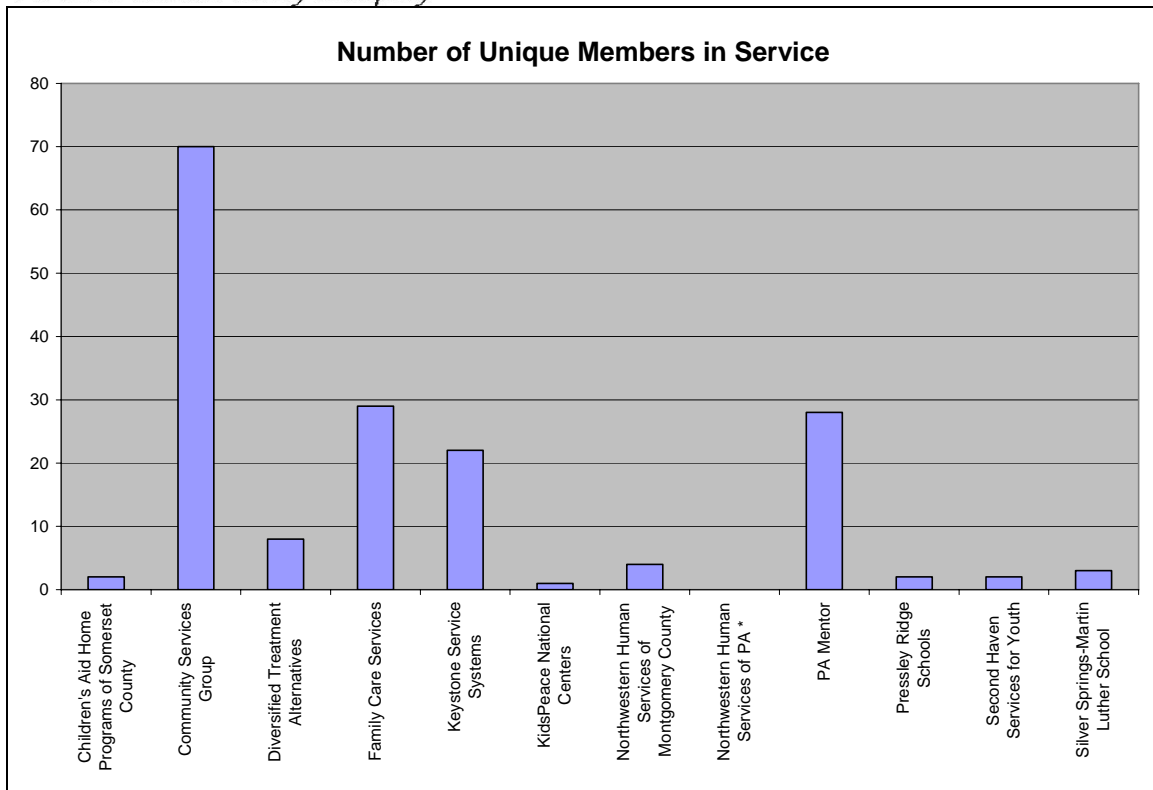
The most common diagnoses of Members receiving Community Residential Rehabilitation - Host Home services were Unspecified Episodic Mood Disorder – 296.90 at fourteen percent, Attention Deficit Hyperactivity Disorder – 314.01 at thirteen percent, Post Traumatic Stress Disorder – 309.81 at thirteen percent, Oppositional Defiant Disorder – 313.81 at twelve percent and Bipolar Disorder – 296.80 at seven percent.



Utilization

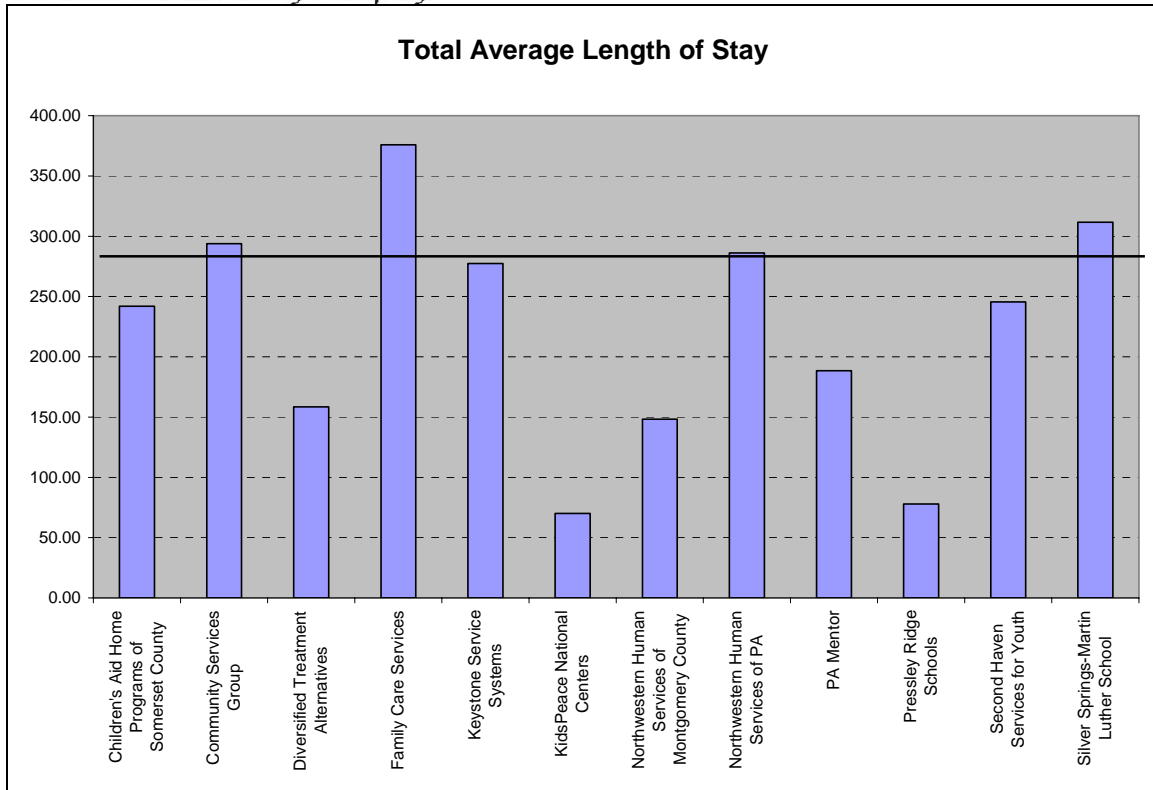
Utilization information available for Members receiving CRR-HH services includes the number of unique Members, the total average length of stay, the average length of stay for ASD and Non-ASD Members, units paid and the number of inpatient and/or Residential Treatment Facility admissions occurred during CRR-HH treatment.

The total number of unique Members served across the Network was 293. Of the twelve providers that were profiled, the total unique Members served ranged from one to 134, with Northwestern Human Services having the greatest number of unique Members.

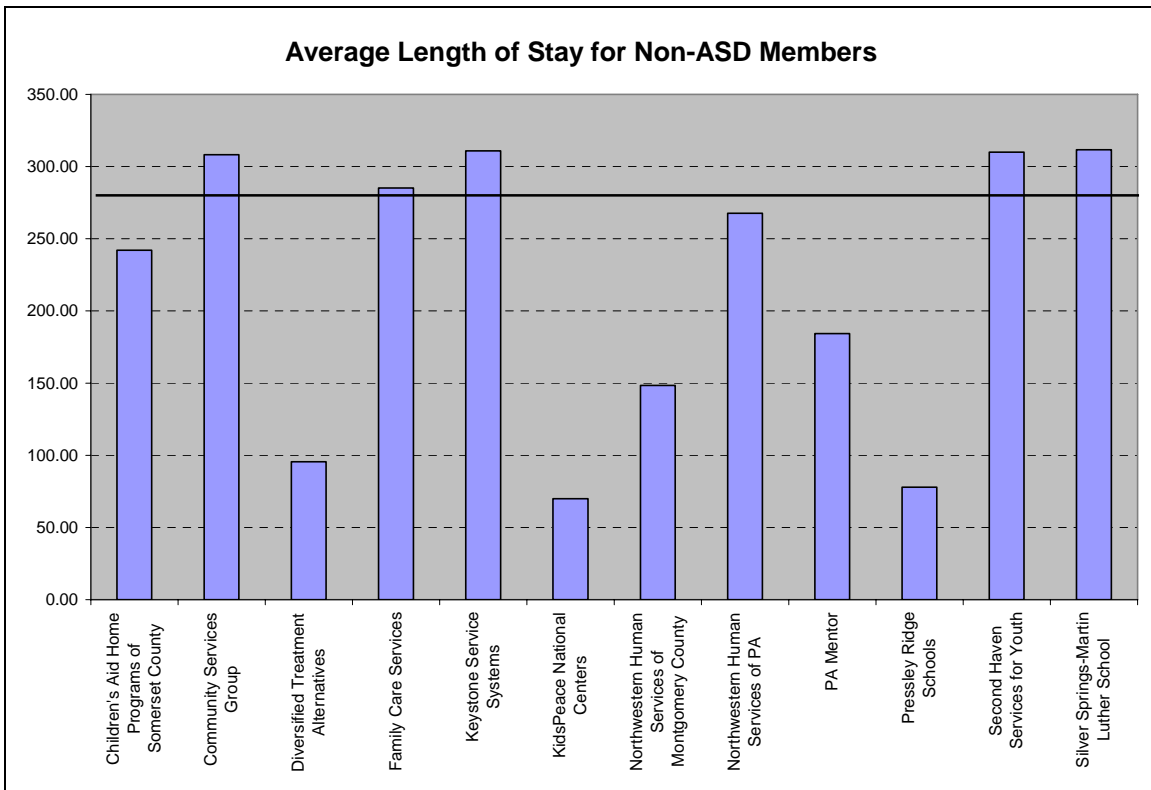
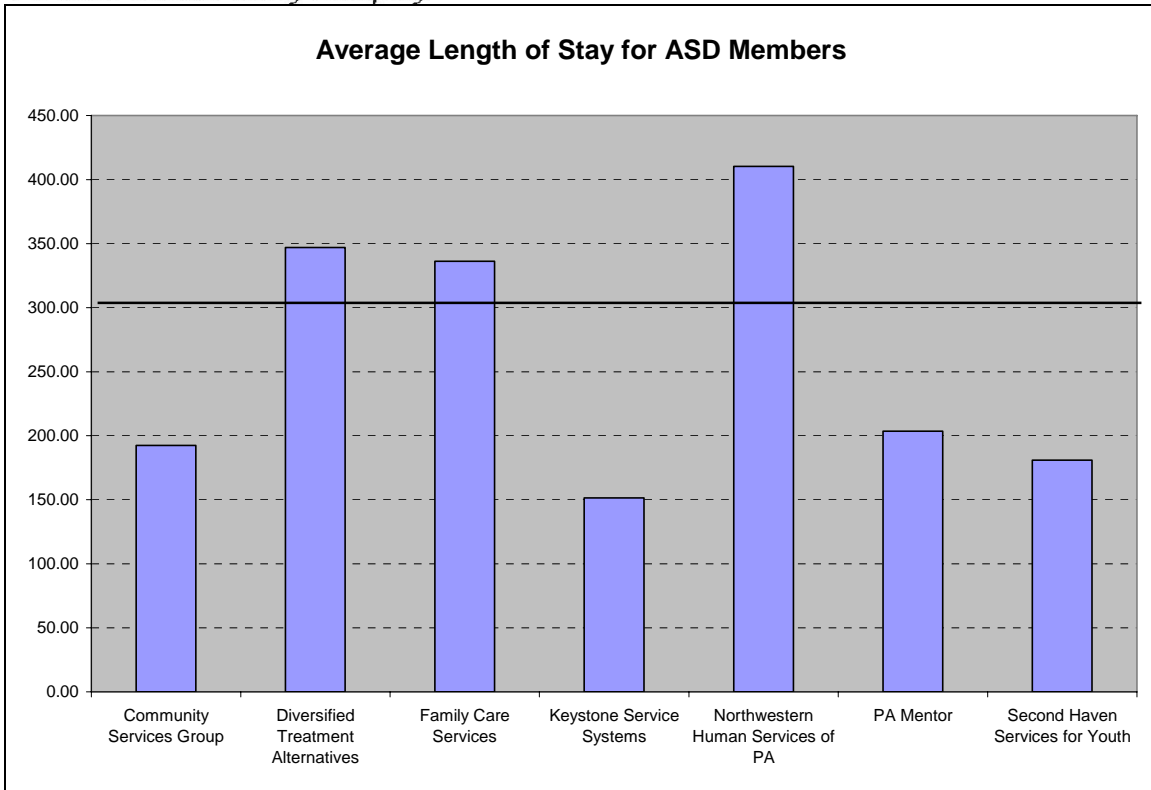


*Northwestern Human Services had 134 unique Members.

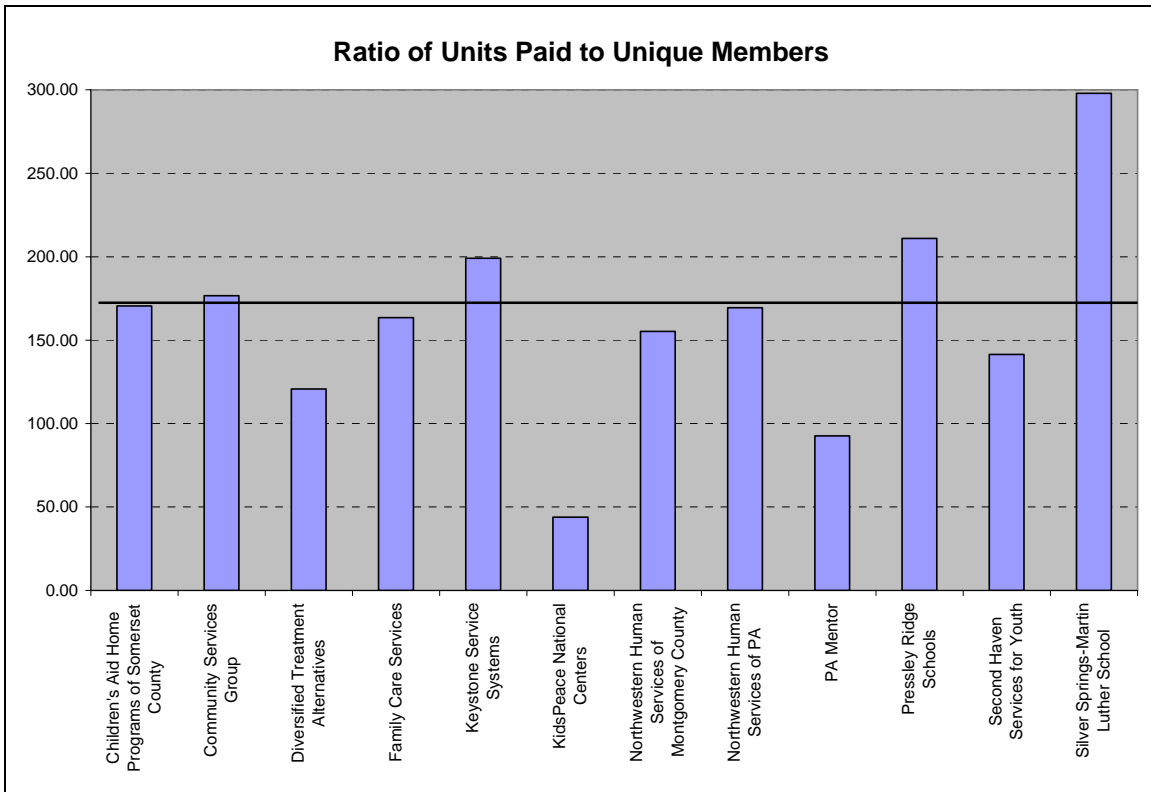
The total average length of stay across the Network for CRR-HH services was 282.69 days, indicated by the black line in the chart below, which is down slightly from 301.17 in 2008-2009. Providers ranged from 70.00 to 375.81 average days, with eight providers falling below the Network average.



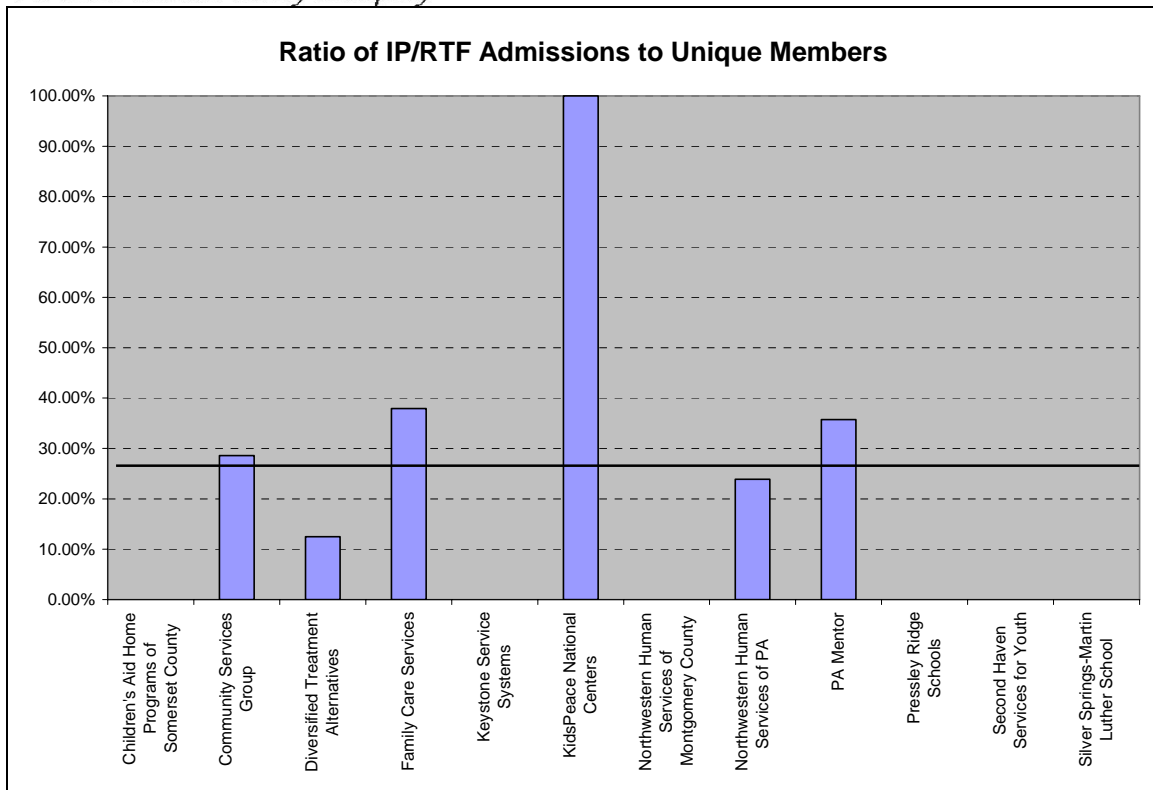
The average length of stay for ASD Members was 300.09 versus Non-ASD Members with an average length of stay of 279.97. Five of the twelve profiled providers did not provider services to any ASD Members. The average length of stay for ASD Members for the remaining seven providers ranged from 151.50 to 410.29. The range for Non-ASD Members was 78.00 to 311.67.



The Network total number of units, or days, paid per Member was 50,354, with a corresponding ratio of units paid to unique Members of 171.86.



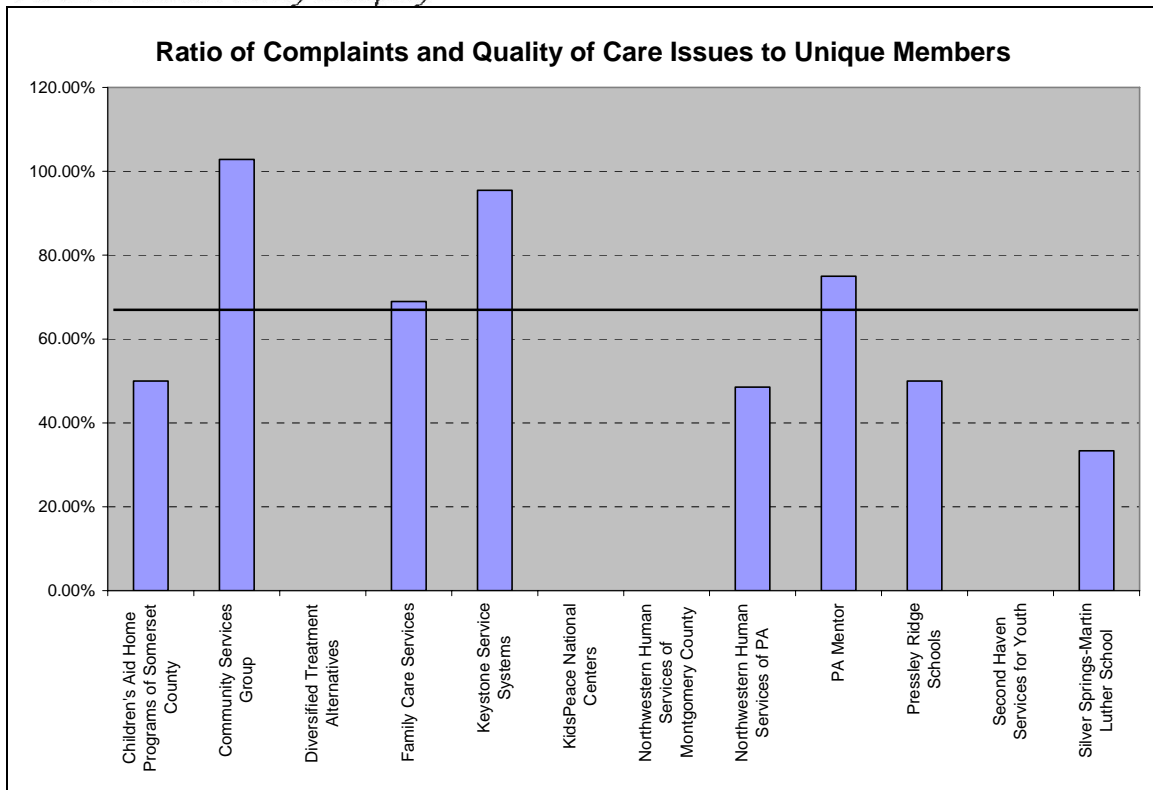
Across the Network there were seventy-five Inpatient or Residential Treatment Facility (RTF) admissions during CRR-HH treatment, which is a ratio of 25.60% admissions to unique Members in service, indicated by the solid black line in the chart below. These numbers are down slightly from 2008-2009, which saw eighty-two admissions with a ratio of 26.11% admissions to unique Members. The profiled providers ranged from zero admissions during treatment to thirty-two, and four providers were above the Network average.



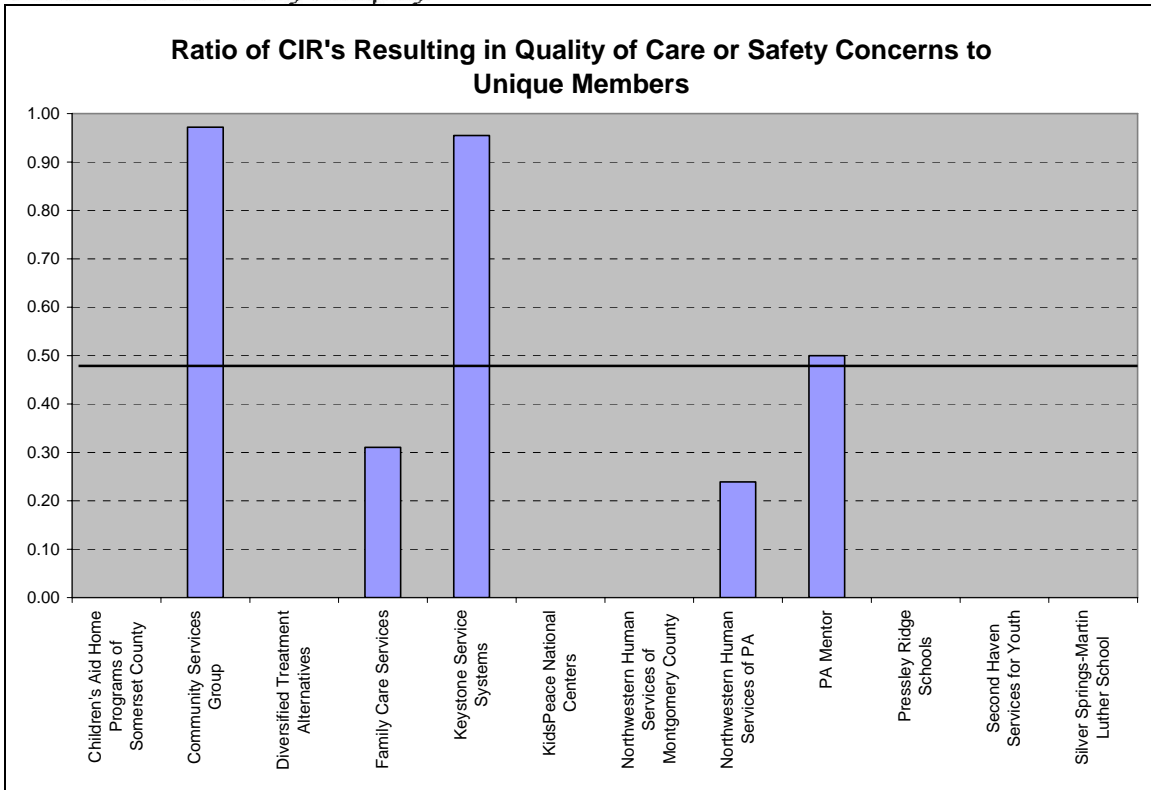
Quality

The quality indicators for CRR-HH were measured by the total number of complaints filed against each provider, the total number of critical incident reports submitted by the provider, the provider's Treatment Record Review score and the provider's Co-Occurring Competency score.

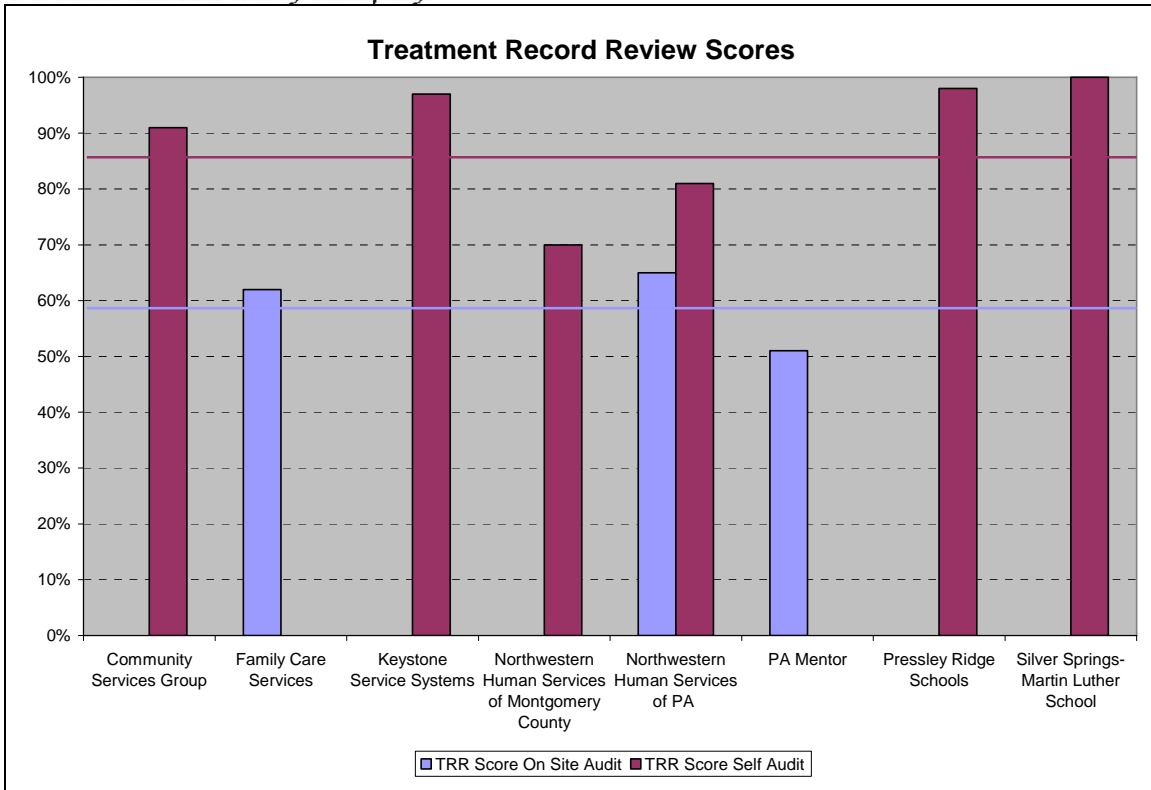
Across the Network, there were two complaints filed against CRR-HH providers. Additionally, there were 200 identified quality of care issues, resulting in a ratio of complaints and quality of care issues to unique Members of 68.94%. Four providers had a ratio greater than the Network average.



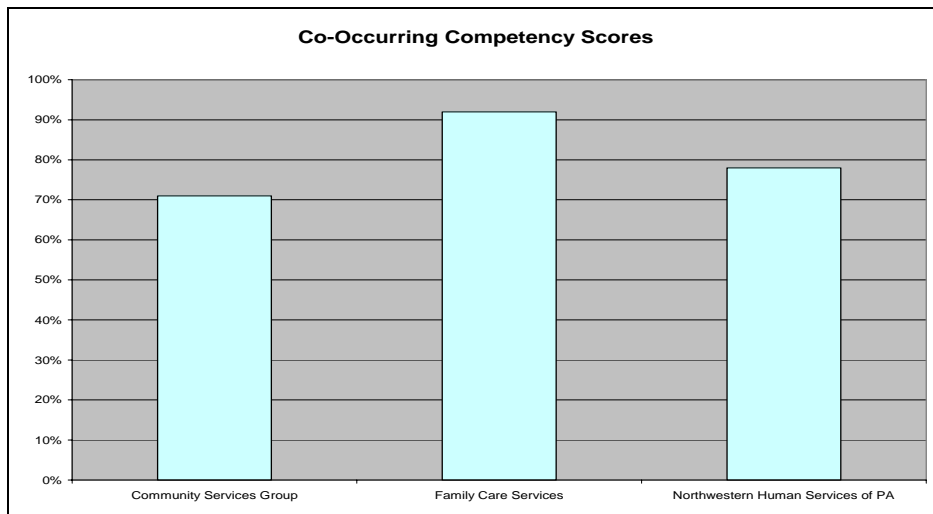
There were a total of 586 Critical Incident Reports (CIR's) filed across the Network, with 144 resulting in quality of care or safety concerns. The Network average ratio of CIR's resulting in quality of care or safety concerns to unique Members was 0.49, with nine providers scoring below the Network Average.



The average on site Treatment Record Review score across the Network was fifty-nine percent. Three of the profiled providers failed to achieve the benchmark score during 2009 and received an on site review during 2010. Their scores ranged from fifty-one to sixty-five percent. The average self audit Treatment Record Review score across the Network was eighty-six percent. Six of the profiled providers completed self audits and scored from seventy to 100%. The passing score for all providers was seventy-two percent. Four providers, Children's Aid Home Programs of Somerset County, Diversified Treatment Alternatives, KidsPeace National Centers and Second Haven Services for Youth were not audited during the profiled period.



Three of the twelve profiled providers received a score for Co-Occurring Competency. One provider, Pressley Ridge Schools, submitted an incomplete survey, so a score was not available. The eight remaining providers received a score of zero percent as no competency assessment has been completed.

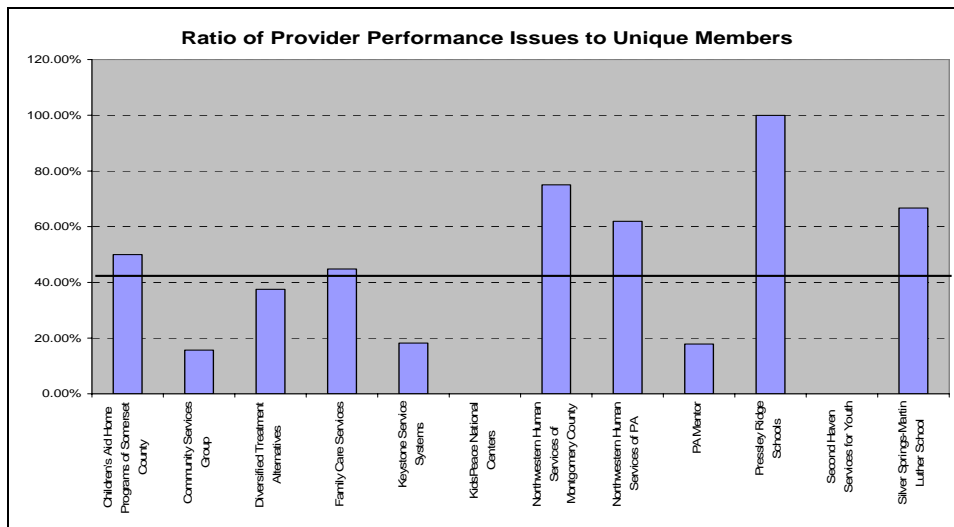


Compliance

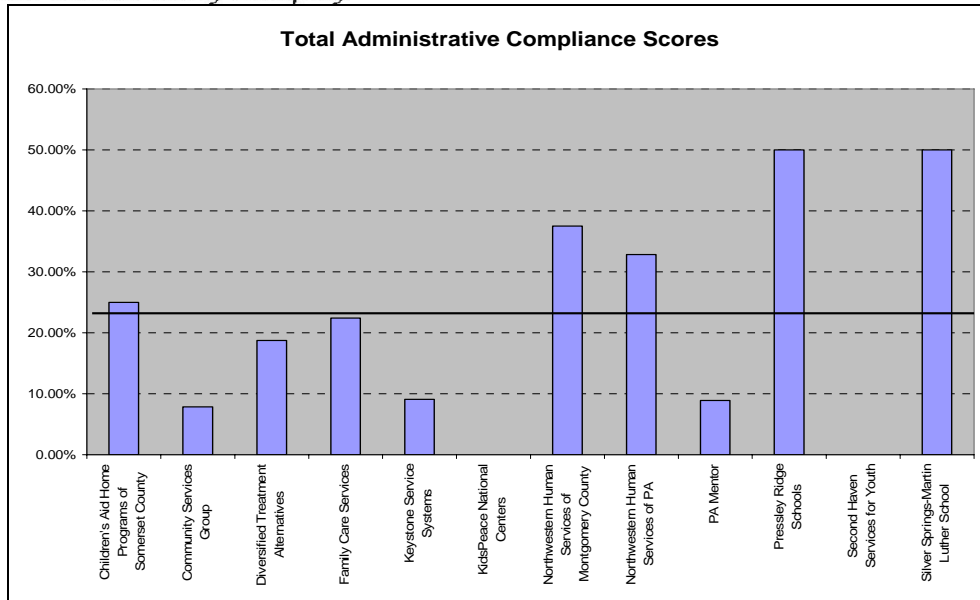
Compliance indicators were measured using the number of denied administrative appeals, the number of provider performance issues reported for each provider and the percentage of trainings attended by each provider.

There were six denied administrative appeals across the Network for the profiled period, which is a 2.05% ratio of denied appeals to Members served. Only two of the eleven providers, Northwestern Human Services and Silver Springs Martin Luther School, had denied administrative appeals, both of which had a ratio of denied appeals to Members served greater than the Network average of 3.73% and 33.33% respectively.

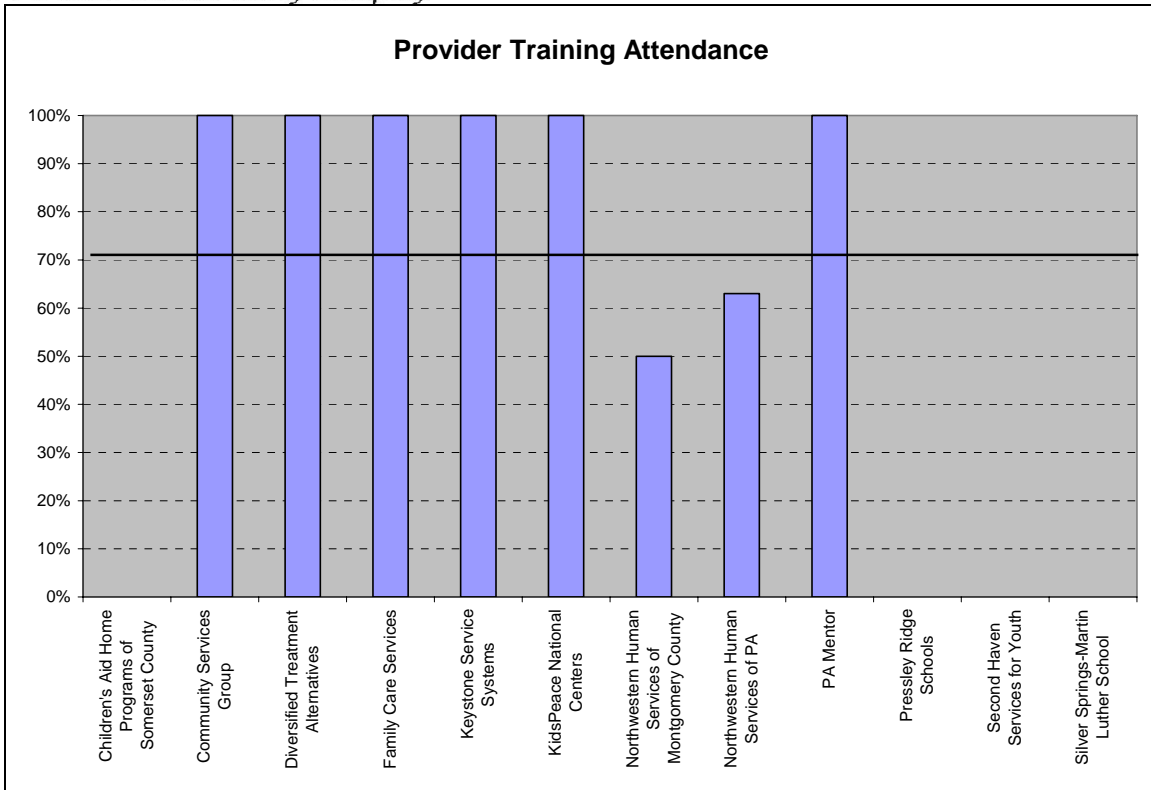
Although provider performance measures are taken using a variety of provider issues, profiling was completed using the issues with the highest volume of documented instances. These issues included provider failure to respond to CBHNP request and provider submission of treatment plan lacking necessary information. Across the Network there were 127 documented issues, resulting in a ratio of provider performance issues to Members served of 43.34%, as indicated by the solid black line in the chart below.



A total administrative compliance score was measured by averaging the ratio of denied administrative appeals to unique Members and the ratio of provider performance issues to unique Members. The Network average compliance score was 22.70%, which is indicated by the solid black line in the chart below. Seven providers fell below the Network average.



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 seventy-one percent, indicated by the solid black line in the chart below. Six of the twelve profiled providers had an attendance score greater than the Network average.



Satisfaction

Member satisfaction was measured by the percentage of Members satisfied with the outcomes of complaints that were filed. There were only two complaints filed during the profiled period, one each against Northwestern Human Services of PA and PA Mentor. The outcomes of both complaints resulted in 100% satisfaction, which accounts for a 100% satisfaction rating across the Network for Community Residential Rehabilitation – Host Home providers.

Provider Rank

Community Residential Rehabilitation – Host Home providers were given an overall rank score for performance based on scores of all profiled indicators except for Co-Occurring Competency Scores and Treatment Record Review Scores. The overall ranking is as follows.

2009-2010 by Rank Order	
Provider	Rank
KidsPeace National Centers	1
Second Haven Services for Youth	1
Diversified Treatment Alternatives	3
Northwestern Human Services of Montgomery County	4
Children's Aid Home Programs of Somerset County	5

PA Mentor	6
Keystone Service Systems	7
Pressley Ridge Schools	7
Family Care Services	9
Community Services Group	10
Northwestern Human Services of PA	11
Silver Springs-Martin Luther School	11

Network Recommendations

When summarizing the information contained above, several strategies for impacting CRR-HH performance can be identified.

- Implement more active discharge strategies to assist Members in transitioning to more natural settings
- Develop enhanced strategies for the transfer of skills and skill generalization
- Consolidate and renew efforts at identifying discharge resources earlier in treatment, and actively involve these supports in treatment
- Develop internal policies that address structured guidelines for when it is, and is not, appropriate to transition Members from Foster Care to CRR-HH, while remaining in the same home
- Consider clinician incentives for providing the service hours as authorized.
- Develop an agency policy that incorporates discharge discussions upon admission, as well as on an ongoing basis
- Adopt empirically based treatments that are diagnosis specific and have demonstrated efficacy
- Consider developing alternative mental health treatments that are targeted to symptom reduction, and are less intrusive and more effective than treatment in a CRR-HH
- 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 in order to provide more active mental health treatment to our Members
- Establish an active treatment culture and focus whereby recommendations are continually assessed and adjusted
- Encourage clinical leads to disseminate (to treatment teams and Members) empirically based treatment recommendations
- Critically assess the ongoing impact that continued stay in the current LOC may have (e.g., diminishing return; offer alternative treatments)
- Improve the level of trauma informed trainings and programs that are offered to CRR-HH staff
- Improve the level of expertise of CRR-HH parents