

Compromised Controls and Pace of Change Hampered Implementation of Enhanced Mental Health Services

A presentation to the Joint Legislative
Program Evaluation Oversight Committee

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Evaluation Scope

- **Evaluation directed by Program Evaluation Division 2007-2008 Work Plan**
 - **Approved by Joint Legislative Program Evaluation Oversight Committee December 5, 2008**
- **Conduct a process evaluation of the implementation of the Enhanced Service Package**
 - **Compare implementation plans versus actual events**
- **Mental Health Phase II evaluation to focus on service outcomes**
 - **Report due by end of long session**



Overview



- **Mental Health Reform legislation passed in 2001 to transition from institutional to community based care**
- **New service array implemented in early 2006 aimed to broaden spectrum of care**
- **High utilization of individual community support services were unanticipated**
- **Lack of benchmarks, alerts and information management hindered oversight**
- **Recommendations focus on improving data analysis & strategic information management**



Background – Key Players

- Centers for Medicare and Medicaid Services (CMS)
- Department of Health & Human Services (DHHS)
- Division of Mental Health, Developmental Disabilities & Substance Abuse Services (DMHDDSAS)
- Division of Medical Assistance (DMA)
- Value Options – private, third party utilization review contractor
- Local Management Entities (LMEs)
- Providers

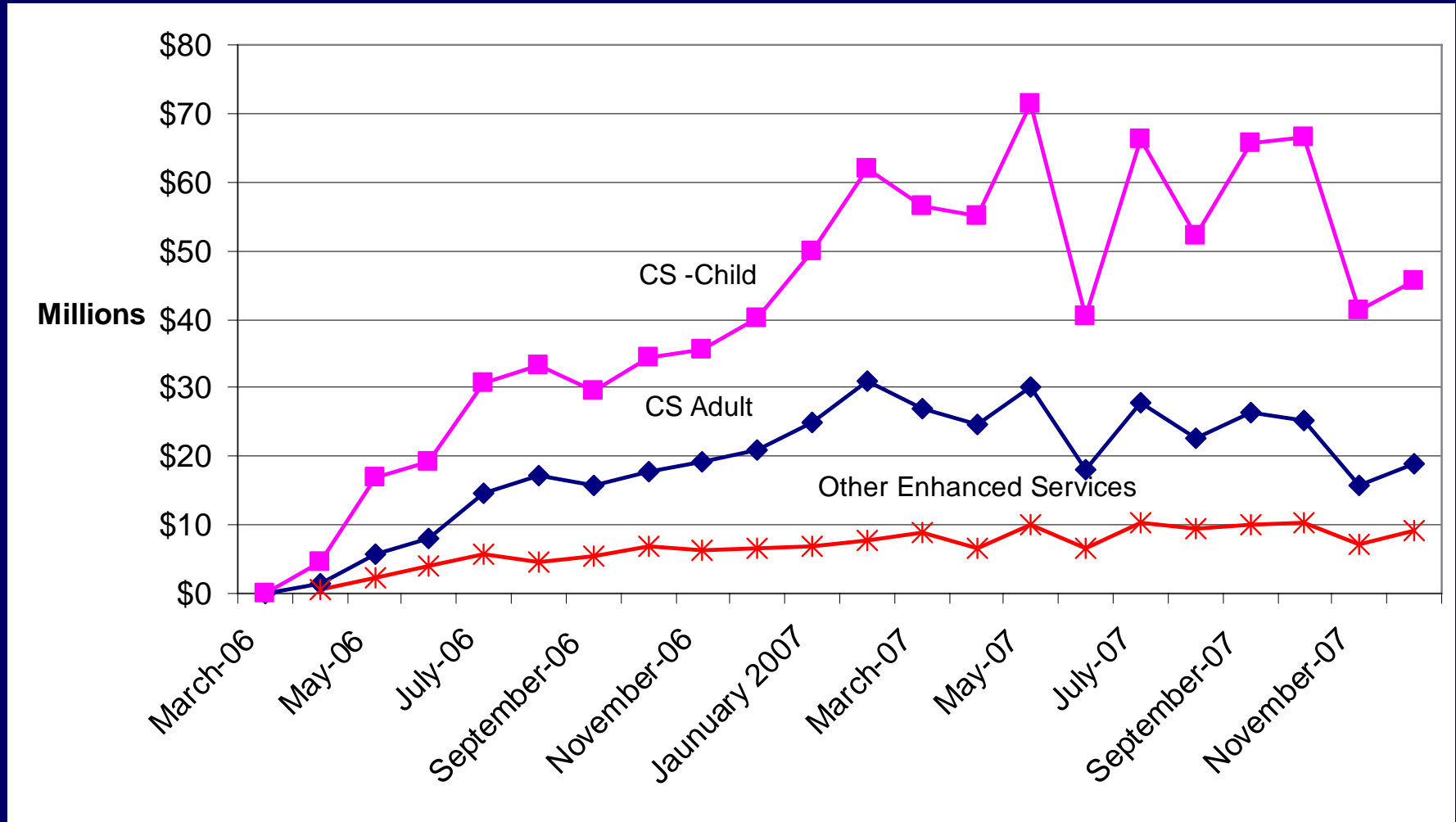


Background - Enhanced MHDDSA Services

- **Services supposed to be evidence based, clinically proven, science based, and outcome focused models of best practice (HANDOUT)**
- **Offer greater range & depth of care across disability groups**
- **Approved in December 2005 & implemented in March 2006**



Community Support Services Cost More Than Other Enhanced Services



Background – DHHS Actions

- **Audit 167 providers & review of 12,000 records**
- **Reviews found 36% of Community Support services not medically necessary**
- **DHHS actions:**
 - **Freeze on new providers**
 - **New service definition**
 - **Recoupment of payments**

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Finding: The pace and scope of implementation contributed to over-utilization

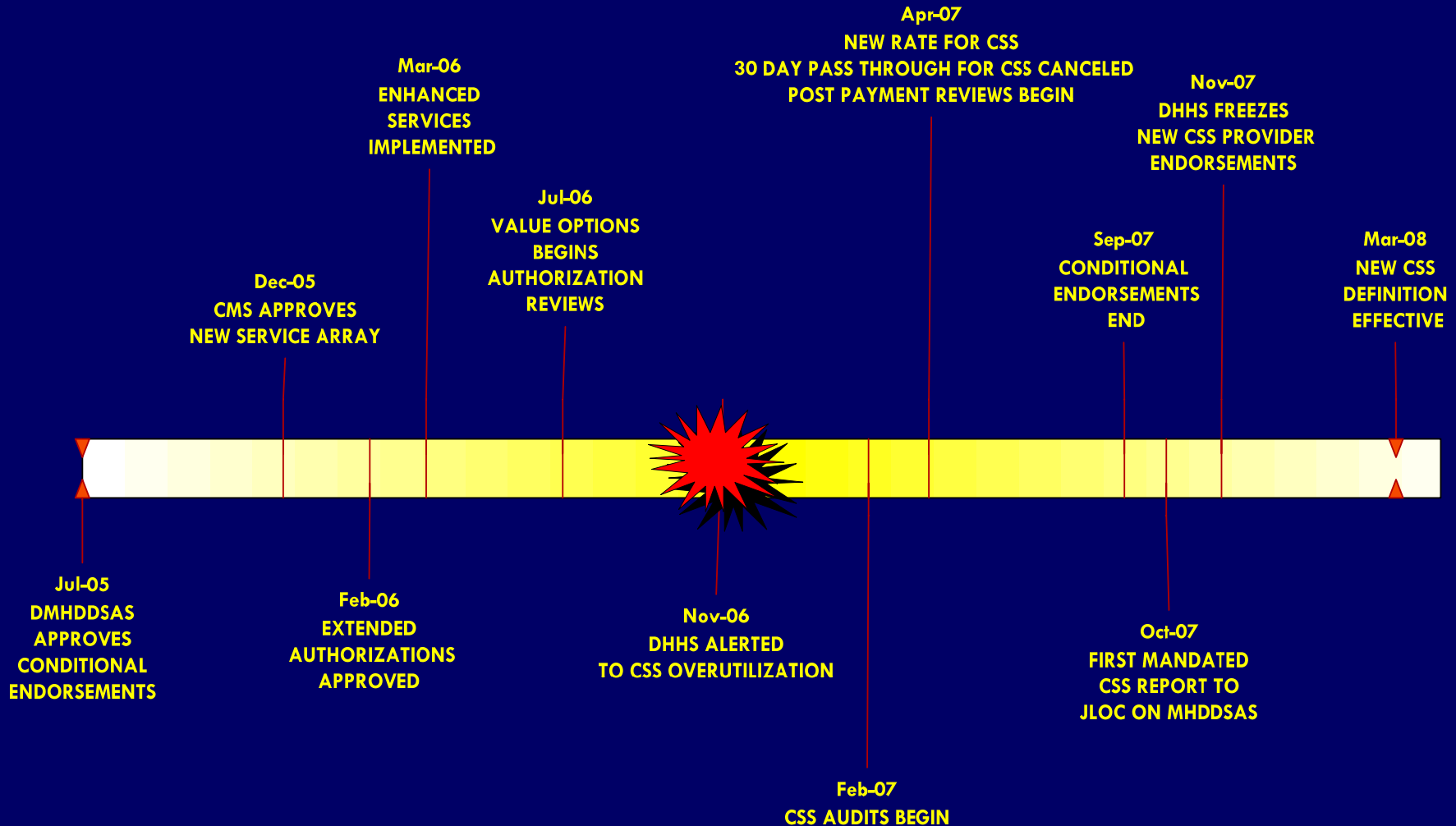


- **Delay in federal approval of new services unanticipated**
- **After federal approval, NC had only three months to implement new services**
- **Implementation marked by multiple policy revisions, new legislation and new responsibilities**

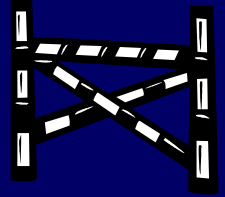
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Enhanced Services Implementation



Finding: Delay in determining who would provide authorization for services led to lack of front end controls



- **Value Options not fully operational until summer of 2006**
- **Authorization requirements initially relaxed, no ability to track utilization until after services provided, claims filed**
- **Lag in claims data = four to six weeks**



Finding: During implementation DHHS did not forecast costs, capacity or utilization

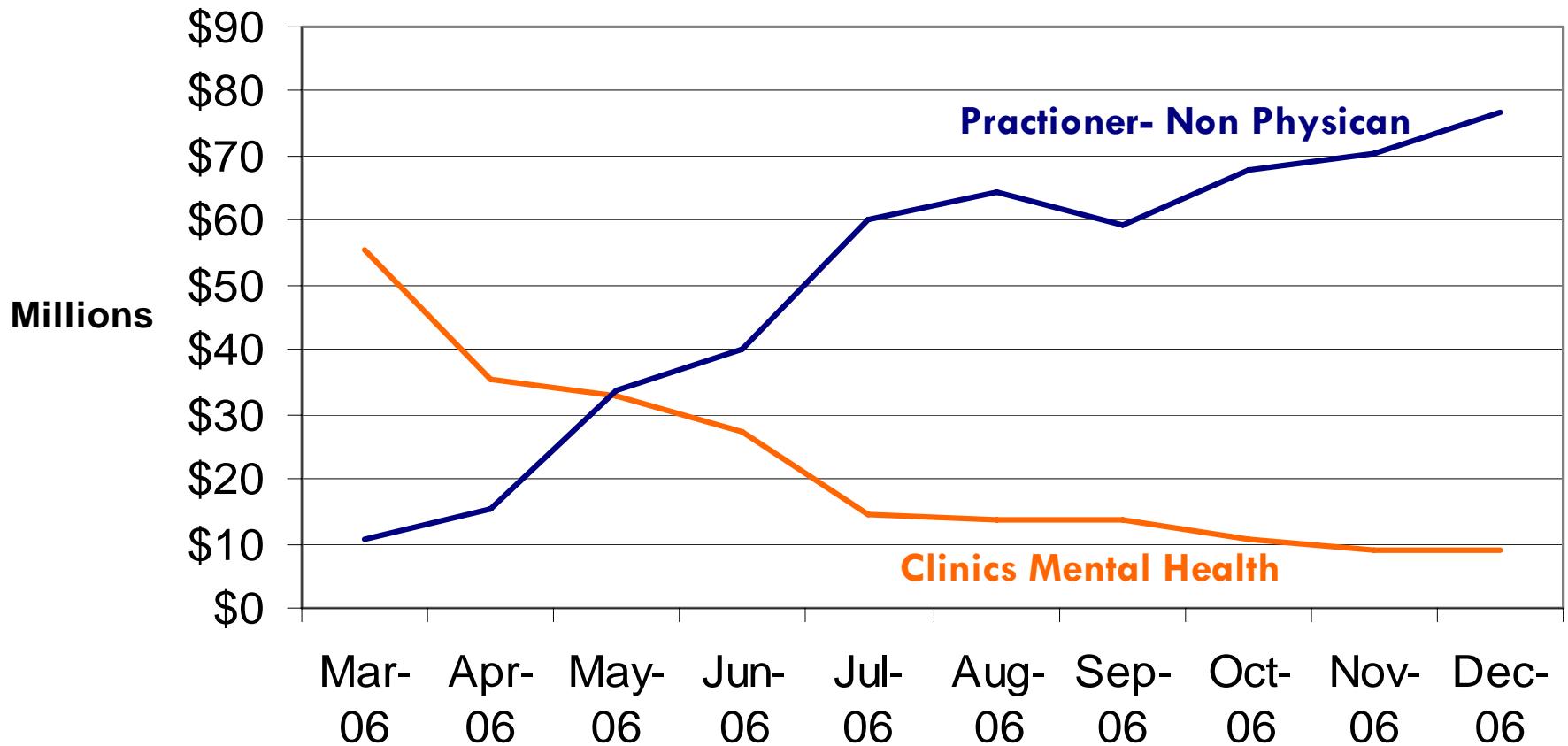


- **Department surprised by rate of increase in service utilization**
- **Department's lack of prior experience with public/private model of service delivery & reform made forecasting challenging**
- **Financial data used to develop new service package not intended as projection of demand**

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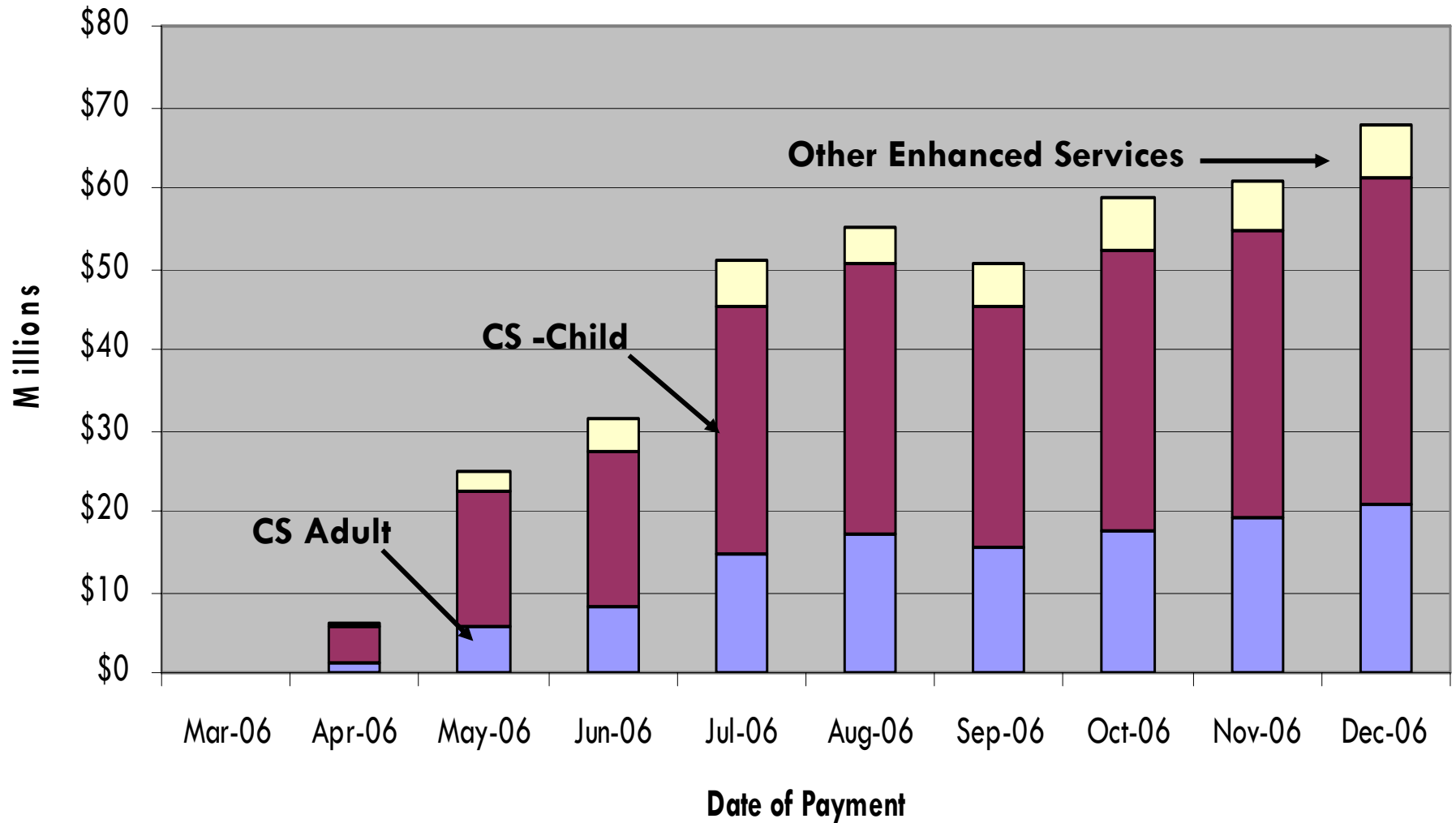
High Level Expenditure Tracking



Because high level budget lines behaved as expected, drill down to specific services was not done. Inset shows breakdown of expenditures by individual service.



Expenditures by Individual Service



Finding: Data transfer problems prevented authorization and claims reconciliation

- **Improper filing of authorization requests and duplicate requests hampered ability to conduct efficient reviews**
- **System communication problems impeded matching authorization requests with claims data**
- **LMEs should have had access to Medicaid claims data from March 2006**
 - **Access granted April 2007**



Finding: Program information not communicated clearly or effectively



- **Department collects a tremendous amount of data**
- **Lack of benchmarks, thresholds, alerts**
- **Data presented tends to be of a technical or descriptive nature that lacks synthesis and interpretation**

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NC Division of MHDDSA

Reports and Publications
(listed in alphabetical order)

Annual DMH/DD/SAS Reports

Annual DMH/DD/SAS Report SFY06:
[Transformation; Collaboration to Put Consumers First](#)

[Annual DMH/DD/SAS Report SFY05](#)
[Annual DMH/DD/SAS Report SFY05 -- Large Print Version](#)

Audit and Monitoring Reports

2007 Community Support Medicaid Audit Reports:

[Aggregate Compliance and Payback Data](#)
[Survey and Question Data By Provider](#)
[Summary Comments per Provider](#)

Block Grants:

Mental Health Services: [Block Grant Application FY08](#) | [Block Grant Implementation Report FY07](#) | [Block Grant Application FY07](#)
Substance Abuse Prevention and Treatment: [Application FY08](#)

Community Systems Progress Reports

FY07-08: 3rd Qtr Report [Memo](#) | [Report](#) | [Appendix](#)
FY07-08: 2nd Qtr Report [Memo](#) | [Report](#) | [Appendix](#)
FY07-08: 1st Qtr Report [Memo](#) | [Report](#) | [Appendix](#)
FY06-07: 1st Qtr Report [Memo](#) | [Report](#) | [Appendix](#)
FY06-07: 2nd Qtr Report [Memo](#) | [Report](#) | [Appendix](#)
FY06-07: 3rd Qtr Report [Memo](#) | [Report](#) | [Appendices](#)

Menu of reports & data collected about mental health care in NC

Community System Progress Report tracks system performance against set targets as of SFY 07-08 using select performance indicators

Internet 75%

<http://www.ncdhhs.gov/mhddsas/statpublications/reports/index.htm>



Recommendation 1: Reevaluate data & reporting processes while assuring linkage & accessibility to supporting data, reports

- Review how information is presented**
- Review number and format of reports**
- Balance executive & legislative leadership's ability to access high level summary information as well as more detailed reports**



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Performance Dashboard Application

Storyboard

- Statewide
- Northwest Region
- Northeast Region
- Central Region
- SunCoast Region
- Southeast Region
- Southern Region

Performance Measures

- Critical Few
- Legislative Measures [External Monitoring]
- Contract Measures
- Program Performance
- Geographic Performance
- Technical Information

It is an immutable law in business that words are words, explanations are explanations — but only performance is reality.

Mission

- Protect the Vulnerable
- Promote Strong and Economically Self-sufficient Families
- Advance Personal and Family Recovery and Resiliency.

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Done Internet 100%

- Performance indicators defined
- Can look at program performance by performance indicators, programs, geography, etc
- Dashboard provides point & click access based on user needs in variety of outputs

<http://dcfdashboard.dcf.state.fl.us/>



Recommendation 2: Require DHHS to redirect the mission of the Quality Management Team within the DMHDDSAS

- **Focus division wide internal analyses within single office**
- **Enable prioritization of information gathering and data analysis**
- **Ensure data consistency, strong analytical capacity, and consistent reporting**



The Way Ahead



- **Department should consider broader application of recommendations beyond the Division of MHDDSAS**
- **Develop dashboard reporting system**
 - **See Florida Department of Children and Families as an example**
- **Continue to develop knowledge management based decision making process**

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