

MMBPIS

Michigan Mission Based Performance Indicator System

Mid-State Health Network

Persons Approved for Substance Use Disorder Services

March 2020

Training Objectives

Indicator 2e (new)

- ▶ Understand rationale for use
- ▶ Identify population inclusions & exclusions
- ▶ Identify Numerator & Denominator for calculation of compliance/performance
- ▶ Define terminology used for indicator
- ▶ Understand required documentation in REMI

Indicator 4b

- ▶ Review indicator
- ▶ Understand documentation requirements

Action Required

Understand the MSHN Policy

- ▶ MSHN Action
- ▶ Provider Action

(NEW) ACCESS-TIMELINESS/FIRST REQUEST SUBSTANCE USE DISORDER

Rationale for Use

- ▶ Quick, convenient entry into the public behavioral health system is a critical aspect of accessibility of services.
- ▶ Delays may lead to exacerbation of symptoms and distress and poorer role functioning and disengagement of the person from the treatment system.
- ▶ The amount of time between a request for service and the delivery of needed treatments and supports is one measure of access to care.
- ▶ This separate indicator for individuals with substance use disorders is important as specialty behavioral health manages the entire substance use disorder benefit.
- ▶ In comparison, individuals who request mental health services may, through assessment, be determined not eligible for specialty behavioral health services.
- ▶ This indicator reflects the emphasis of transitioning individuals who are approved for SUD services directly to ongoing face-to-face services.

Indicator #2e (NEW)

The percentage of new persons during the quarter receiving a face-to-face service for treatment or supports within 14 calendar days of a non-emergency request for service for persons with Substance Use Disorders.

- ▶ No Standard for 1st year of implementation -will use information to determine baseline.
- ▶ Note for 2020: This indicator will be calculated by BHDDA based on information reported by the PIHP to BH TEDS in combination with quarterly information reported by the PIHPs outside of the BH TEDS reporting system. An overview of BHDDA's process for calculation is available at: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765-512182--,00.html

Inclusions

Cases selected for inclusion in the metric are those new persons, both Medicaid and non-Medicaid, who made a non-emergency request and were authorized for an SUD service during the quarter (Denominator)

“New” is defined as

- ▶ either never seen by the PIHP for SUD services, or
- ▶ the person is not receiving services from **this** SUD provider.

Substance Use Disorder Providers

- ▶ Entity licensed by distinct street address (facility location) to operate a substance abuse treatment and/or rehabilitation program in accordance with the provisions of Act 368 of the Public Acts of 1978, as amended, and the Administrative Rules (R 325.14101-R 325.14928) of the Michigan Department of Licensing and Regulatory Affairs.

Consumers who come in with a crisis and are stabilized are counted as "new" for indicator #2e when they subsequently make a non-emergency request for SUD services.

The indicator will be tracked from the point of the non-emergent request forward.

Exclusions

Emergent and urgent requests for SUD services are excluded from this indicator. These are defined as requests for services for:

- ▶ a. pregnant women who are injecting drug users or using other substances;
- ▶ b. other urgent situations in which the PIHP deems that the person requesting SUD services requires treatment or supports within 24 to 48 hours.
- ▶ **Note for 2020:** Requests for services needed within 24 to 48 hours will be included in this indicator. Only requests from pregnant women will be excluded. All other requests will be included.
- ▶ **Note for 2021:** When information is available in BH TEDS, the PIHPs will exclude requests for services needed with 24 to 48 hours.

Exclusions

New language in REMI Level of Care Determination to identify emergent/urgent requests:

Please indicate if any of the following conditions exist for this person (multiple fields may be selected if applicable). If any of the conditions exist, the person must be offered a face-to-face appointment within 24 hours or a referral with warm handoff to a provider who can offer a face-to-face appointment within 24 hours.

- Suicidal/Homicidal
- Other Mental Health Crisis
- Referral from Hospital Emergency Room
- Recent Overdose (Last 30 days)
- None of the Above

Numerator

Numerator The number of persons that has received a face to face service for treatment or supports within 14 calendar days of the **approved request** for service.

Definitions:

Approved Request is defined as someone who has requested a service and has been approved for SUD Treatment or Supports.

Initial face-to-face service for treatment or supports -

- ▶ This is the date of the first face-to-face treatment contact and corresponds to the Service Start Date reported in BH-TEDS.
- ▶ Person will receive an encounter on this date as well.
- ▶ For this SUD indicator an assessment can be counted as the first service.
- ▶ A screening is considered an administrative function and cannot be counted as a service.

Denominator

Denominator The number of new persons with an **approved request** for service.

a. The count of **expired requests**. (MSHN Reports)

Expired Requests are defined as the approved requests that do not result in a BH TEDS admission during the reporting quarter.

The expired request will be counted in the quarter in which it expired.

b. The count of BH TEDS SUD Admission records for the quarter. (BHDDA calculates)

Approved Request is evidenced by the presence of a date of request and a Level of Care (LOC) Determination indicating: eligible-assessment scheduled with this provider; eligible-referred to another provider; eligible-refused or an admission record has been submitted after the initial request.

- ▶ The date of request on the BH TEDS admission should always match the date of request on the LOC Determination

Requests for Service

- The **Request for Service** is documented as the **Date of Request** on the **Level of Care Determination**.
- For the request to be included in this indicator, the individual must consent to treatment.
- The **Level of Care Determination** must be completed at the time the person makes the **Request for Service**, NOT at the time of the first appointment
 - It is the clinical screening document that determines the type of request (urgent/emergent), priority population, eligibility for services, etc.
- If the **Level of Care Determination** is completed on the same day the person is admitted to treatment (or after admission) PI #2e will be reported incorrectly. It will appear as if the person made a new request for service that expired since the admission date happened before the LOC Determination

Correct

LOC Determination:

DATE
02/12/2020

DATE OF REQUEST
02/12/2020

BRIEF SCREENING INFORMATION

CONTACT DATE / TIME
02/12/2020 10:11AM

PRESENTING PROBLEM

Looking for substance counseling to get license back. Drinks currently and stated she tried to overdose on pills in April 2019.

Admission Record:

Service / Treatment Information

ATTENTION:

- Prior to completing this form verify that provider / site and referral information is correct.
- Double check that entered Admission Date and Type of Treatment are correct before signing this form.

Date of First Request / Contact
02/12/2020

Provider / Licensed Site
Cristo Rey Community Center (License #: 0330041)

Admission Date
02/17/2020

Admission Time
9:15AM

Date of Next Appointment
02/24/2020

Type Of Treatment Service Setting
Ambulatory - Outpatient

Time to Treatment ⓘ
5 Days

Prior Treatment Episodes ⓘ
3 previous episodes

Incorrect

LOC Determination:

DATE
02/10/2020

DATE OF REQUEST
02/04/2020

BRIEF SCREENING INFORMATION

CONTACT DATE / TIME
02/10/2020 10:07AM

PRESENTING PROBLEM

"I've been on Suboxone (6-7 years) and I think in a lot of ways it's helped save my life and turn me around. I'd like to continue treatment so I don't go back to using."

Admission Record:

SERVICE / TREATMENT INFORMATION

ATTENTION:

- Prior to completing this form verify that provider / site and referral information is correct.
- Double check that entered Admission Date and Type of Treatment are correct before signing this form.

DATE OF FIRST REQUEST / CONTACT
02/04/2020

PROVIDER / LICENSED SITE

[REDACTED]

ADMISSION DATE
02/10/2020

ADMISSION TIME
10:00AM

DATE OF NEXT APPOINTMENT

TYPE OF TREATMENT SERVICE SETTING
Ambulatory - Outpatient

TIME TO TREATMENT
6 Days

PRIOR TREATMENT EPISODES
2 previous episodes

Types of Requests

- ▶ Residential placement- The **Date of Request** for residential placement to another provider is the date of discharge from the residential placement.
- ▶ Phone call request- The initial phone call to request services is the **Date of Request**.
- ▶ Outpatient Therapy- If receiving Outpatient (OPT) and the OPT Provider coordinates a residential treatment placement. **The Date of Request** is the date the OPT Provider called for residential placement.

Example: Residential Placement Request

Person is receiving treatment at a residential facility and receives referral from Provider B to Provider C. The request date is the date that the person is discharged from Provider B.

Example:

- 4/7/2020 The person starts residential treatment at Provider B
- 4/20/2020 Provider B contacts Provider C to ask to get the person into non-intensive outpatient services.
- 4/20/2020 the person agrees to receive services from Provider C.
- 4/25/2020 Person is discharged from Provider B residential facility.
- 4/26/2020 the person starts services at Provider C.
- The request date at Provider C is 4/25/2020 - the discharge date.

Example: Phone Call Request

The request date is the date the person makes their first request in which they include their name and contact information. The 14-day count starts at this first request, even if multiple attempts are needed to contact the person and approve for services.

Example:

On 1/1/2021 the person calls for the first time and leaves a message, with name and call-back information, requesting services.

On 1/1/2021 the agency calls the person back, is unable to reach the person but leaves a message.

On 1/15/2021 the person calls back to request services and is approved for SUD services. **The request date is 1/1/2021.**

Example: Outpatient Therapy Request

Person receives referral from Provider A to Provider B. The request date is the date that the person requests services from Provider B.

- ▶ 2/15/2020 The person starts outpatient services at Provider A
- ▶ 2/21/2020 Provider A contacts Provider B to make a request for services on the person's behalf.
- ▶ 2/23/2020 The person agrees to receive treatment from Provider B.
- ▶ 2/24/2020 The person makes a request for services at Provider B and is approved for services.
- ▶ 2/29/2020 The person starts services at Provider B.
- ▶ The request date at Provider B is 2/21/2020.

The Count of BH TEDS SUD Admission Records for the Quarter

- ▶ The admission date on the SUD episode of care.
- ▶ There should be a corresponding encounter.

Calculating Expired Requests

- ▶ MSHN will identify all Level of Care Determinations that occurred during the quarter which were not followed by a BH TEDS Admission Record
- ▶ Providers will be asked to correct all records where the LOC Determination was conducted after the date of admission (ie: as part of the assessment/intake process)

Calculations

- ▶ Using the *Time to Treatment* reported by the PIHP in BH TEDS, BHDDA will calculate the percentage of persons who made a request for SUD services who received their first service within 14 days of the initial request date.
- ▶ BHDDA will count forward from the date of the first request to the first service for SUD treatment or support, even if it spans across quarters. (Example: if the initial request is made on 3-20-2019 and the person does not receive their first SUD service or support by the end of the day 4-3-2019 (14 days) then for 2nd quarter 2019 the person is counted in column #1 and not counted in column #2).

Required Documentation

Required documentation (previously called exceptions)

The PIHP must maintain documentation available for state review on the date of the first request as well as the date of the initial face-to-face service for treatment or supports even if this spans two quarters or multiple quarters.

- ▶ Consumer refused an appointment offered that would have occurred within the timeframe (Appointments offered must be documented and available upon request. Do not include in this column.)
- ▶ Consumer no showed for an appointment
- ▶ Consumer rescheduled the appointment.
- ▶ Consumer chose provider outside of network
- ▶ Consumer chose not to pursue services
- ▶ Staff unable to reach consumer
- ▶ Staff Cancel/reschedule
- ▶ No appointment available within 14 days with any staff

Indicator 4b-No changes

The percentage of discharges from a detox unit during the quarter that were seen for follow-up care within 7 days. Standard = 95%

- ▶ Numerator: The number of Discharges that are seen for a follow up by a patient within 7 days of discharge from the Detox Unit.
- ▶ Denominator: The number of Discharges from a Substance Abuse Detox Unit.

Exceptions:

- Consumer who request an appointment outside of seven calendar days
- Refuses an appointment offered that would have occurred within seven calendar days
- Reschedules an appointment or does not show for an appointment.
- Consumer who chooses not to use PIHP services.


Not exceptions:


- Staff Cancel an appointment
- Staff has no available appointments
- Those put on awaiting list

Indicator 4b: Reasons for Delay

- ▶ Refused a follow up appointment within the 7-day period
- ▶ Requested a follow up appointment outside of the 7-day period
- ▶ A consumer who chose to not use a MSHN in Network SUD Provider
- ▶ Client chose to leave treatment (dropped out)
- ▶ Rescheduled the appointment within the 7-day period
- ▶ No showed for an appointment within the 7-day period

For DETOX Discharges
Document the Treatment Referral Plan to follow Detox Discharge in the Discharge notes box. Include the name of the follow-up treatment provider client is being referred to after Detox and the date planned for follow-up Treatment Admission. If consumer will not make the 7-day timeliness standard (from Detox to Treatment), select the appropriate choice from Discharge Exception / Reason for Delay and then list appointment dates offered, refused, accepted in the Notes section.

Date of Discharge from Detox Unit*
 
[Use Current Date](#)

Date of Appointment
 

Appointment Scheduled with: [lookup](#) [clear](#)

-OR- Specify Provider Outside of MSHN Network:

Detox Discharge Exception / Reason for Delay
Reason for Delay when Follow-up Treatment Admission is scheduled more than 7 Days past Detox Discharge Date
* Select Detox Discharge Exception / Reason for Delay

Notes*

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Thank You!

Questions???

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