

# PROVIDER PROFILING

## FAMILY BASED MENTAL HEALTH SERVICES

### FISCAL YEAR 2009 / 2010

#### OVERVIEW

Value Behavioral Health of Pennsylvania (VBH-PA) utilizes a provider profiling system to focus on the assessment of behavioral health care delivery and to examine patterns and trends in care. A comprehensive provider profiling system serves as a quality management tool to support administrative and clinical processes, particularly when opportunities for improvement are identified. Provider profiling can further be described as the process of identifying those providers who consistently meet established VBH-PA clinical and administrative standards based upon performance indicators and routine data analysis.

Family Based Mental Health Services (FBMHS) for children and adolescents are designed to integrate mental health treatment, family support services, and casework so that families may continue to care for their children at home. This service should reduce the need for psychiatric hospitalization and out-of-home placement by allowing parents/guardians to maintain their role as the primary caregivers for their children.

Profile information for Family Based Mental Health Services providers has been compiled for Fiscal Year 2009/2010. The following indicators are included in this profile:

#### **DIAGNOSTIC CATEGORIES:**

- ❖ Percentage of eight diagnostic categories by cost
- ❖ Average cost per member by diagnosis

#### **DEMOGRAPHIC INFORMATION:**

- ❖ Percentage of members by gender and age group
- ❖ Total and average cost per distinct member by gender and age group

#### **COSTS:**

- ❖ Total and average cost per distinct member by provider and outlier analysis
- ❖ Total units per provider

#### **SERVICE DELIVERY:**

- ❖ Total and average hours per week per distinct member by provider
- ❖ Total and average weeks per distinct member by provider
- ❖ Number/percentage of authorized units that were used by provider
- ❖ Units per day of the week
- ❖ Number/percentage of distinct members receiving over 32 weeks of service by provider
- ❖ Comparison of hours delivered for extension cases

#### **INPATIENT HOSPITALIZATION RATES:**

- ❖ Inpatient admission rate per provider
- ❖ Number of inpatient admissions per provider

#### **CONCURRENT CASE MANAGEMENT:**

- ❖ Number/percentage of distinct members receiving concurrent FBMHS and case management services
- ❖ Average number of case management units billed

#### **FOLLOW-UP LEVEL OF CARE:**

- ❖ 30- and 90-day follow-up rates per level of care and by provider

#### **COMPLAINTS, PEER REVIEWS AND GRIEVANCES:**

- ❖ Number of Member Level I Complaints
- ❖ Number of Peer Reviews
- ❖ Number of Grievances Level I and Level II

#### **CONSUMER/FAMILY SATISFACTION TEAM (C/FST) RESULTS**

### **METHODOLOGY**

- Data used are based on claims by service date for all Family Based Mental Health Services (FBMHS) providers from July 1, 2008 to June 30, 2010 for VBH-PA HealthChoices members. In order to obtain an accurate number of members with greater than 32 weeks of service, the claims reports for this profile were run based on all initial service dates starting from July 1, 2008, with the last service date occurring on or before June 30, 2010. All 14 of VBH-PA's counties are included.
- Distinct members with less than 28 days of service were excluded.
- Providers who served less than 20 distinct members were excluded from the analysis because comparisons between providers would not be valid. Twenty-three (23) providers are included in this profile. **The number of distinct members who received family based mental health services in FY 09/10 was 1,403.**
- The claims data set included only claims that were finalized. Claims data were chosen because they best reflect the services that were actually utilized. A lag of three months is necessary to insure that all claims have been finalized and paid.
- Outlier analyses identify providers as above or below the VBH-PA average. The outlier analysis is based on the calculation of the distance from the average by standard deviation of the normalized data. A provider is identified as an outlier above or below the mean if they are one or more standard deviations from the average.
- Some tables include comparison data from the previous FBMHS provider profile (fiscal year 2008/2009).
- For some of the indicators, data by member county were run for the providers with multiple sites; these site-specific data can be found in the provider report cards. Aggregate data for these providers (all sites together) are provided in the body of this FBMHS profile.

## DIAGNOSTIC CATEGORIES

Analysis of diagnosis (**Table 1**) shows that the top four diagnostic groups accounted for 85% of the total costs and 86% of the distinct members. The last column shows the percent change from FY 08/09 to FY09/10 in average costs for each of the diagnostic categories. Individual provider diagnostic categories and costs are included in the provider report cards.

<b>Diagnostic categories</b>	<b>Distinct Members</b>	<b>Paid Amount</b>	<b>% Diagnostic Cost</b>	<b>Avg Cost / DM</b>	<b>Avg Costs Percent Change FY08/09 – FY09/10</b>
Mood Disorders	493	\$6,433,293	34%	\$13,049	1.5%
Attention-Deficit /Hyperactivity Disorder	332	\$4,611,762	24%	\$13,891	-1.3%
Disruptive Behavior Disorder	268	\$3,654,493	19%	\$13,636	10.8%
Adjustment Disorders	107	\$1,561,862	8%	\$14,597	7.6%
Anxiety Disorders	105	\$1,413,817	7%	\$13,465	0.5%
Pervasive Development Disorder	58	\$877,848	5%	\$15,135	10.9%
Schizophrenia/Psychotic Disorder	4	\$48,869	<1%	\$12,217	-9.0%
Other*	45	\$600,093	3%	\$13,335	-13.9%
<b>VBH-PA Totals</b>	<b>1,403</b>	<b>\$19,202,036</b>		<b>\$13,686</b>	<b>2.7%</b>

*\*The "Other" category included other diagnoses in the following diagnosis categories: Disorders of Infancy, Childhood or Adolescence; Basic Function Disorders; Impulse Control Disorders; Organic Mental Disorders; and Sexual Disorders.*

## DEMOGRAPHIC INFORMATION

**Table 2** shows each family based provider's distinct members by gender and age groups. Males utilized 56% of the services and females utilized 44% of the services. The highest utilizing age group was the 13- to 17-year-old group (52%), followed by ages 6 to 12 (40%).

<b>Table 2: Gender and age group by provider</b>							
Provider	DMs	GENDER		AGE GROUP			
		Female	Male	0-5	6-12	13-17	18-21
Provider #7	179	44%	56%	3%	39%	53%	6%
Provider #5	149	37%	63%	7%	49%	42%	3%
Provider #9	145	50%	50%	8%	33%	57%	1%
Provider #21	88	50%	50%	3%	38%	57%	2%
Provider #15	79	48%	52%	3%	34%	61%	3%
Provider #14	74	39%	61%	1%	38%	55%	5%
Provider #23	67	39%	61%	3%	39%	51%	7%
Provider #3	58	55%	45%	9%	45%	47%	
Provider #12	55	49%	51%	4%	42%	49%	5%
Provider #4	53	51%	49%	8%	36%	51%	6%
Provider #6	52	46%	54%	2%	25%	67%	6%
Provider #19	47	40%	60%		38%	55%	6%
Provider #22	47	34%	66%	6%	40%	49%	4%
Provider #11	44	36%	64%	2%	43%	45%	9%
Provider #18	43	35%	65%		32%	67%	2%
Provider #16	42	57%	43%	2%	43%	50%	5%
Provider #17	35	40%	60%	9%	40%	43%	9%
Provider #10	31	32%	68%		55%	42%	3%
Provider #20	28	46%	54%		32%	64%	4%
Provider #1	25	48%	52%	8%	56%	36%	
Provider #13	24	29%	71%	8%	42%	46%	4%
Provider #2	23	39%	61%	4%	57%	39%	
Provider #8	21	38%	62%		43%	52%	5%
<b>VBH-PA Totals</b>	<b>1,403</b>	<b>44%</b>	<b>56%</b>	<b>4%</b>	<b>40%</b>	<b>52%</b>	<b>4%</b>
<i>FY 08/09 FBMHS Provider Profile</i>	<i>1,265</i>	<i>41%</i>	<i>59%</i>	<i>4%</i>	<i>42%</i>	<i>52%</i>	<i>3%</i>

Overall, among all 23 family based providers, females had a slightly higher average number of units and average cost per member than males in FY 09/10 (see **Table 3**). However, a higher percentage of costs went to male (56% of total paid amount) than female (44%) members.

**Table 3: Gender and age groups by units and costs**

	DMs	Total Units	Avg Units	Paid Amount	% Cost	Avg Cost / DM
<b>FEMALE</b>						
0 – 5 years	16	5,100	319	\$144,096	2%	\$9,006
6 – 12 years	205	103,484	505	\$2,938,792	35%	\$14,336
13 – 17 years	365	174,062	477	\$4,949,141	59%	\$13,559
18 – 21 years	28	14,103	504	\$393,816	5%	\$14,065
<b>TOTAL – FEMALE</b>	<b>614</b>	<b>296,749</b>	<b>483</b>	<b>\$8,425,845</b>	<b>44%</b>	<b>\$13,723</b>
<b>MALE</b>						
0 – 5 years	44	18,032	410	\$519,276	5%	\$11,802
6 – 12 years	353	181,082	513	\$5,109,304	47%	\$14,474
13 – 17 years	366	166,522	455	\$4,731,433	44%	\$12,927
18 – 21 years	29	14,786	510	\$416,178	4%	\$14,351
<b>TOTAL – MALE</b>	<b>792</b>	<b>380,422</b>	<b>480</b>	<b>\$10,776,191</b>	<b>56%</b>	<b>\$13,606</b>
<b>VBH-PA Totals</b>	<b>1,403</b>	<b>677,171</b>	<b>483</b>	<b>\$19,202,036</b>		<b>\$13,686</b>

## COSTS

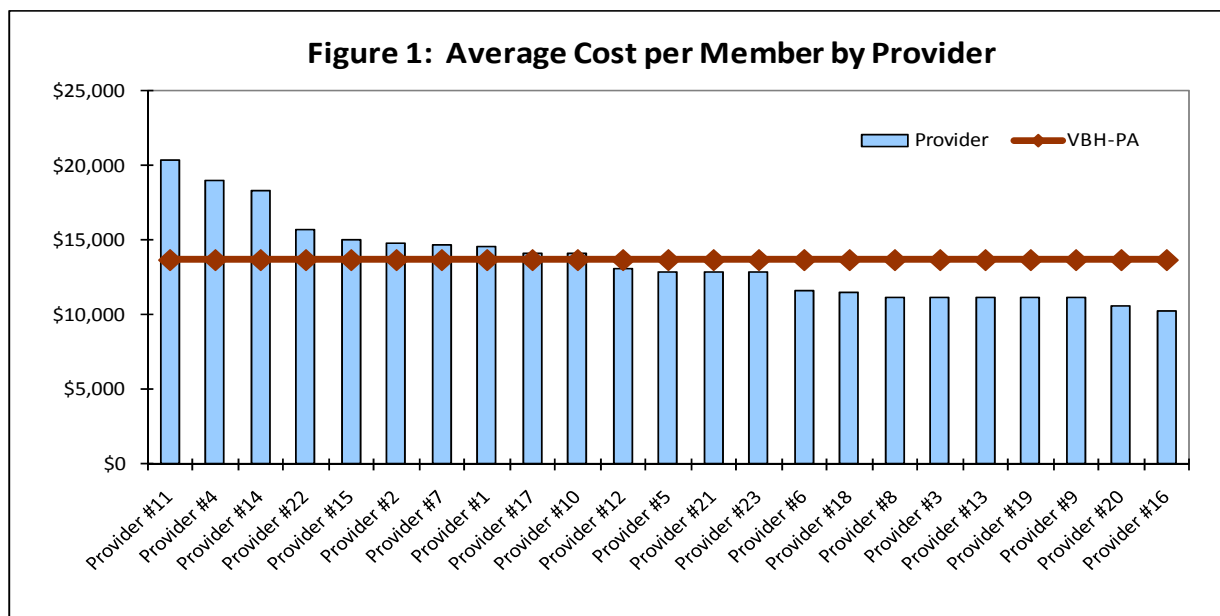
The overall VBH-PA average cost per member for the 23 family based providers included in this profile was **\$13,686**, a **2.7% increase from last fiscal year** (\$13,326). **Table 4** shows that increases from FY 08/09 to FY 09/10 were also found in the total number of distinct members (10.9% increase), total costs (13.9% increase), and total units (11.3% increase).

<b>Table 4: Percent increases in DMs, costs, and units, FY 08/09 to FY 09/10</b>			
	<b>FY 08/09</b>	<b>FY 09/10</b>	<b>Percent change</b>
Distinct members	1,265	<b>1,403</b>	<i>10.9%</i>
Total costs	\$16,857,889	<b>\$19,202,036</b>	<i>13.9%</i>
Average costs	\$13,326	<b>\$13,686</b>	<i>2.7%</i>
Total units	608,405	<b>677,171</b>	<i>11.3%</i>

**Table 5** shows the overall paid amount and how individual providers ranked on total costs in comparison to one another. Providers are also identified as outliers above or below the VBH-PA average cost per member of \$13,686.

<b>Table 5: Average cost per member by provider</b>						
<b>Provider</b>	<b>DMs</b>	<b>Total Units</b>	<b>Avg Units / DM</b>	<b>Paid Amount</b>	<b>Avg Cost / DM</b>	<b>Outlier (Average Cost)</b>
Provider #11	44	33,403	759	\$898,493	\$20,420	2.47
Provider #4	53	31,685	598	\$1,006,234	\$18,986	1.95
Provider #14	74	46,182	624	\$1,354,477	\$18,304	1.71
Provider #22	47	27,617	588	\$738,259	\$15,708	
Provider #15	79	44,251	560	\$1,191,679	\$15,085	
Provider #2	23	12,282	534	\$340,186	\$14,791	
Provider #7	179	93,851	524	\$2,619,555	\$14,634	
Provider #1	25	12,694	508	\$364,208	\$14,568	
Provider #17	35	18,447	527	\$495,512	\$14,157	
Provider #10	31	16,321	526	\$438,663	\$14,150	
<b>VBH-PA AVERAGES</b>			<b>483</b>		<b>\$13,686</b>	
Provider #12	55	26,167	476	\$721,708	\$13,122	
Provider #5	149	66,727	448	\$1,925,279	\$12,921	
Provider #21	88	40,361	459	\$1,135,736	\$12,906	
Provider #23	67	31,951	477	\$858,835	\$12,818	
Provider #6	52	22,336	430	\$601,508	\$11,567	
Provider #18	43	15,696	365	\$496,805	\$11,554	
Provider #8	21	7,422	353	\$234,355	\$11,160	
Provider #3	58	23,112	398	\$647,136	\$11,158	
Provider #13	24	9,555	398	\$267,733	\$11,156	
Provider #19	47	18,344	390	\$524,177	\$11,153	
Provider #9	145	54,082	373	\$1,613,458	\$11,127	
Provider #20	28	11,056	395	\$296,876	\$10,603	-1.08
Provider #16	42	13,629	325	\$431,164	\$10,266	-1.20
<b>VBH-PA Totals</b>	<b>1,403</b>	<b>677,171</b>	<b>483</b>	<b>\$19,202,036</b>	<b>\$13,686</b>	
<i>FY 08/09 FBMHS Provider Profile</i>	1,265	608,405	481	\$16,857,889	\$13,326	

**Figure 1** provides a visualization of each provider’s average cost per distinct member compared to the total VBH-PA average of **\$13,686** per distinct member.



## SERVICE DELIVERY

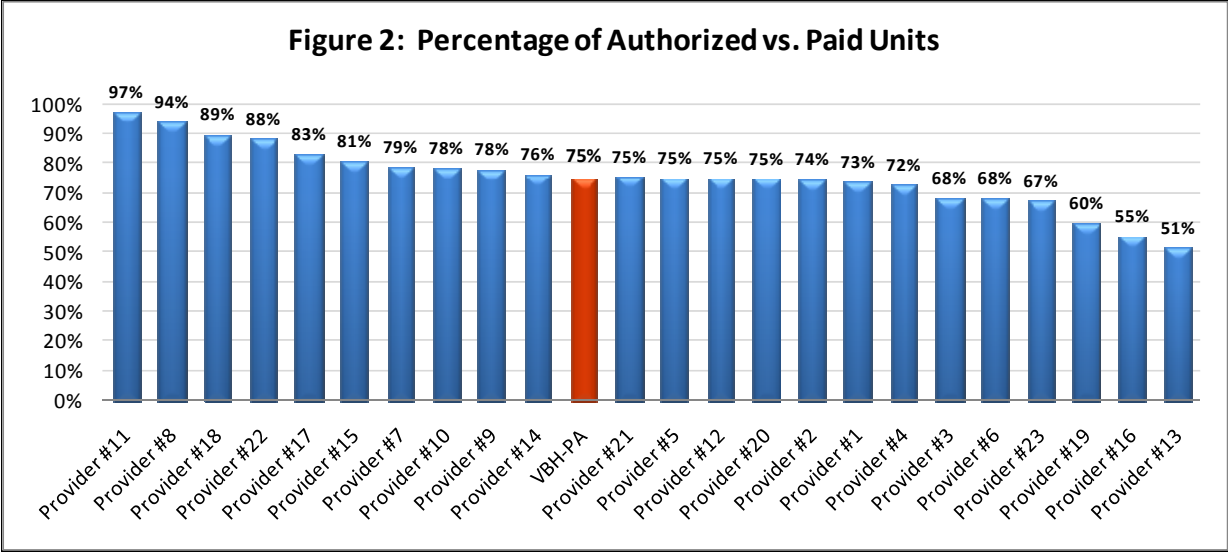
**Best Practice Standards for Family Based Mental Health Services** were developed in 2007 by the Family Based Mental Health Workgroup (consisting of staff from network family based providers) in conjunction with VBH-PA’s Clinical Department. The Standards stipulate that because services should be based on the needs of the family, the hours delivered and the types of interventions will vary accordingly. Family based is an intense, time-limited service; therefore, the intensity of services should be delivered at the level that meets the needs of the family at the time. When the family is in crisis, services should be utilized at a high rate, and then tapered as the clinical environment stabilizes.

**Table 6** shows the average number of hours per week per member for each provider (sorted by the average hours delivered per week). **The VBH-PA average was 4.6 hours per member per week**, equal to the average for FY 08/09. The average hours per week per provider ranged from a low of 3.1 to a high of 6.5 hours. The table also shows the average number of weeks that the members received services per provider.

<b>Table 6: Average hours and weeks per distinct member</b>					
<b>Provider</b>	<b>DM</b>	<b>Total Hours</b>	<b>Total Weeks</b>	<b>Avg Hours / Week</b>	<b>Avg Weeks / DM</b>
Provider #11	44	8,351	1,284	6.5	29.2
Provider #14	74	11,546	2,120	5.4	28.6
Provider #17	35	4,612	855	5.4	24.4
Provider #4	53	7,921	1,515	5.2	28.6
Provider #7	179	23,463	4,651	5.0	26.0
Provider #22	47	6,904	1,399	4.9	29.8
Provider #2	23	3,071	638	4.8	27.7
Provider #1	25	3,174	678	4.7	27.1
Provider #15	79	11,063	2,380	4.7	30.1
<b>VBH-PA AVERAGES</b>				<b>4.6</b>	<b>26.1</b>
Provider #12	55	6,542	1,426	4.6	25.9
Provider #21	88	10,090	2,206	4.6	25.1
Provider #6	52	5,584	1,221	4.6	23.5
Provider #5	149	16,682	3,649	4.6	24.5
Provider #19	47	4,586	1,028	4.5	21.9
Provider #10	31	4,080	940	4.3	30.3
Provider #23	67	7,988	1,846	4.3	27.6
Provider #3	58	5,778	1,338	4.3	23.1
Provider #13	24	2,389	559	4.3	23.3
Provider #20	28	2,764	702	3.9	25.1
Provider #9	145	13,521	3,527	3.8	24.3
Provider #18	43	3,924	1,037	3.8	24.1
Provider #8	21	1,856	507	3.7	24.1
Provider #16	42	3,407	1,100	3.1	26.2
<b>VBH-PA Totals</b>	<b>1,403</b>	<b>169,293</b>	<b>36,607</b>	<b>4.6</b>	<b>26.1</b>
<i>FY 08/09 FBMHS Provider Profile</i>	<i>1,265</i>	<i>152,101</i>	<i>32,913</i>	<i>4.6</i>	<i>26.0</i>

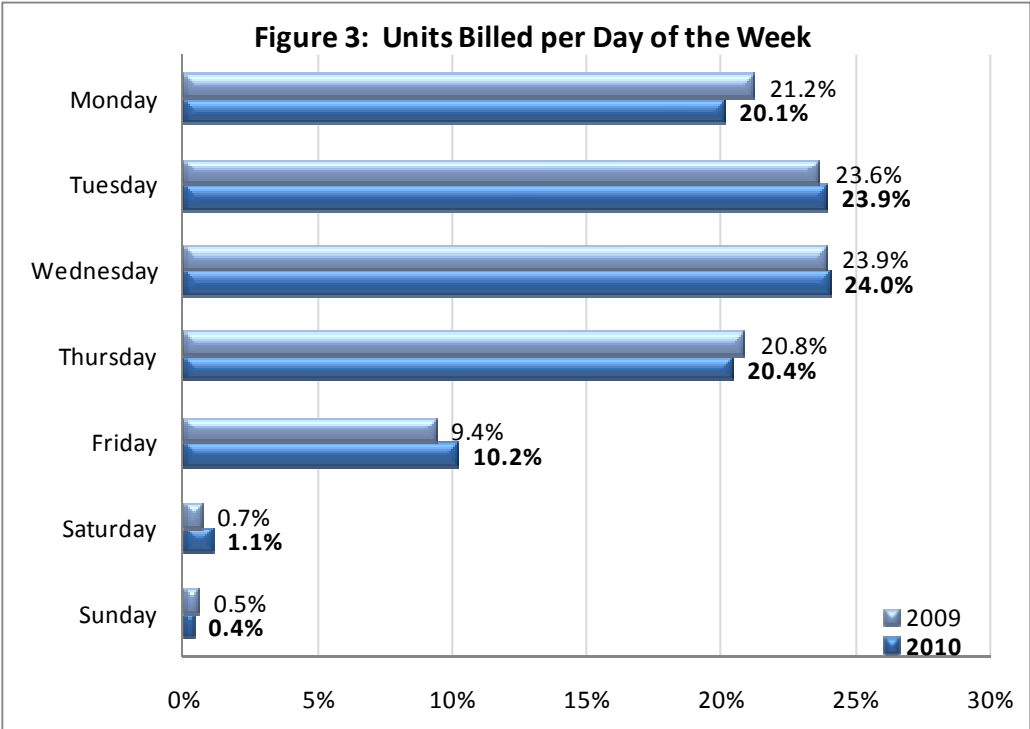
### **Authorized vs. Paid Units**

Additional analysis of units was done to determine the percentage of authorized units that were used and paid to the FBMHS providers. **Overall, for these 23 providers, 75% of the units authorized by VBH-PA were used.** Results by provider are shown in **Figure 2**.



**Units per Day of the Week**

In order to determine the extent to which family based services are being provided on the weekends, data have been analyzed by units billed for each day of the week for 2009 and 2010. Since family based services are to be available to families on a 24-hour, 7-days a week basis, it would be expected that a portion of the services delivered to families would occur on the weekends, when it may be more likely to have all members of the family home together at one time. **Figure 3 shows that the majority of family based services are being provided on the weekdays (Monday through Thursday), with very few units being billed on Friday, Saturday or Sunday—a consistent pattern in both 2009 and 2010.**

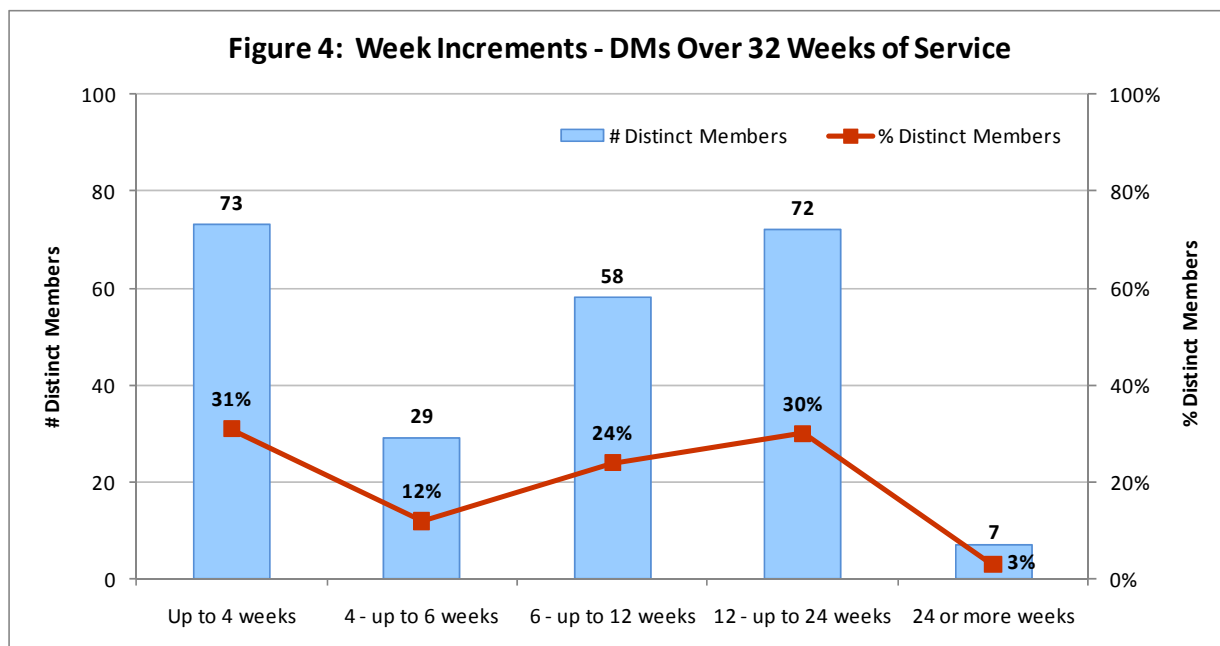


## Extension Cases

Although FBMHS is intended as an intensive, comprehensive, time-limited (up to 32 weeks) service, extensions beyond the 32-week plan of care may be granted on a case-by-case basis. In FY 09/10, all of the profiled providers had cases that went beyond the 32-week standard plan of care (see Table 7). **Seventeen percent (17%) of the total number of distinct members went beyond the 32-week standard; this represents a decrease from the percentage going beyond the 32-week standard in the previous (FY08/09) provider profile (31%).**

<b>Table 7: Distinct members with extensions (over 32 weeks) by provider</b>			
Provider	Total DMs	DMs over 32 Weeks	
		N	Percent
Provider #2	23	8	35%
Provider #20	28	8	29%
Provider #4	53	14	26%
Provider #15	79	20	25%
Provider #12	55	13	24%
Provider #10	31	7	23%
Provider #14	74	16	22%
Provider #7	179	36	20%
Provider #23	67	13	19%
Provider #11	44	8	18%
Provider #9	145	26	18%
<b>VBH-PA AVERAGE</b>			<b>17%</b>
Provider #21	88	14	16%
Provider #17	35	5	14%
Provider #8	21	3	14%
Provider #3	58	8	14%
Provider #18	43	5	12%
Provider #6	52	6	12%
Provider #19	47	5	11%
Provider #16	42	4	10%
Provider #5	149	13	9%
Provider #13	24	2	8%
Provider #1	25	2	8%
Provider #22	47	3	6%
<b>VBH-PA Totals</b>	<b>1,403</b>	<b>239</b>	<b>17%</b>
<i>FY 08/09 FBMHS Provider Profile</i>	<i>1,265</i>	<i>389</i>	<i>31%</i>

Although fewer distinct members required plans of care that went beyond the 32-week standard this fiscal year, those members with extensions needed longer lengths of service beyond the 32 weeks. **Figure 4** shows the distinct members receiving services over the 32-week standard (N = 239) broken down into week increments. In the previous provider profile (FY 08/09), the majority of extensions were only up to 4 weeks over the 32-week standard (63%); for this fiscal year, that percentage decreased to 31%. **The percentage requiring a 12 to 24 week extension increased from 12% in FY 08/09 to 30% in FY 09/10.**



Extensions were also analyzed using an 8-month time frame instead of 32 weeks. Using the case opening date, the percentage of distinct members whose discharge date was more than seven days over the eight-month mark/date was determined for VBH-PA overall and for each provider. **The percentage of cases open beyond the 8-month time frame for VBH-PA overall was 12% (N = 163).** Results for each provider are provided in the individual provider report cards.

***Extension Cases – Comparison of Service Delivery, First and Last Six Weeks of Service***

Further analysis of the FBMHS extension cases was done in order to compare the intensity of service delivery during the first six weeks of service with the last six weeks of service. Once a family based case is started, more hours of service should be delivered during the first six weeks in order to engage the consumer and family, to complete the necessary assessments, to discuss treatment expectations and goals for the family, and to create the treatment plan. As a family based case nears the end of service, the hours delivered to the consumer and family should taper off accordingly, as the family is expected to have made progress on treatment goals, to have become better equipped to address its needs independently of the family based team, and to be nearing discharge from the family based program.

The extension cases were chosen as a subset of the FBMHS cases for this focused analysis. Claims data on the number of units billed by service date for the first six weeks of service for the extension cases were compared with the number of units billed for the last six weeks of service. Hours of service delivery were determined by adding the total units for every member of each provider, then dividing these by four. Total hours from the first six weeks were then subtracted from the total hours during the last six weeks of service. **Table 8** shows that instead of providing fewer hours of service as the cases neared discharge, **most of these 23 FBMHS providers (N = 15, or 65%) provided more hours of service during the last six weeks compared to the first six weeks**, while eight providers (35%) had fewer total hours during the last six weeks of service.

<b>Table 8: Comparison of total hours delivered for extension cases during first and last six weeks of service</b>				
<b>Provider</b>	<b># DMs &gt; 32 Weeks Service</b>	<b>First 6 Weeks – Total Hours</b>	<b>Last 6 Weeks – Total Hours</b>	<b>Difference in Hours</b>
<b>Fewer Hours – Last Six Weeks</b>				
Provider #12	13	475.25	390.75	-84.50
Provider #2	8	264.50	220.25	-44.25
Provider #19	5	152.00	111.75	-40.25
Provider #21	14	358.25	327.00	-31.25
Provider #7	36	1,221.50	1,197.00	-24.50
Provider #20	8	196.50	179.25	-17.25
Provider #22	3	111.25	100.25	-11.00
Provider #13	2	45.75	37.75	-8.00
<b>More Hours – Last Six Weeks</b>				
Provider #16	4	74.00	74.25	0.25
Provider #23	13	375.50	380.25	4.75
Provider #4	14	433.75	446.25	12.50
Provider #1	2	67.50	85.75	18.25
Provider #8	3	48.00	68.00	20.00
Provider #18	5	112.00	136.00	24.00
Provider #17	5	155.75	182.75	27.00
Provider #3	8	183.00	216.50	33.50
Provider #14	16	499.50	533.25	33.75
Provider #15	20	606.75	644.00	37.25
Provider #5	13	332.25	375.25	43.00
Provider #10	7	179.50	226.25	46.75
Provider #9	26	583.00	648.00	65.00
Provider #6	6	155.25	225.50	70.25
Provider #11	8	351.00	432.00	81.00
<b>VBH-PA Totals</b>	<b>239</b>	<b>6,981.75</b>	<b>7,238.00</b>	<b>256.25</b>

## INPATIENT HOSPITALIZATION RATES

**Table 9** compares the providers with members who had an inpatient hospitalization while receiving family based mental health services. **The overall inpatient admission rate was 14%.** The last column, which indicates the number of actual inpatient hospitalizations per provider, shows that some distinct members had multiple inpatient admissions.

<b>Table 9: Inpatient hospitalization rates by provider</b>				
<b>Provider</b>	<b>Distinct Members</b>	<b>Distinct Members Admitted</b>	<b>Inpatient Admission Rate</b>	<b>Total Inpatient Admissions</b>
Provider #8	21	6	29%	9
Provider #1	25	7	28%	10
Provider #18	43	11	26%	16
Provider #10	31	7	23%	11
Provider #16	42	9	21%	11
Provider #12	55	10	18%	17
Provider #11	44	8	18%	11
Provider #3	58	10	17%	13
Provider #13	24	4	17%	8
Provider #6	52	8	15%	9
Provider #19	47	7	15%	8
<b>VBH-PA AVERAGE</b>			<b>14%</b>	
Provider #21	88	12	14%	18
Provider #23	67	9	13%	11
Provider #5	149	20	13%	22
Provider #2	23	3	13%	6
Provider #7	179	21	12%	28
Provider #17	35	4	11%	9
Provider #9	145	16	11%	20
Provider #14	74	8	11%	12
Provider #22	47	5	11%	12
Provider #15	79	8	10%	14
Provider #4	53	5	9%	5
Provider #20	28	1	4%	1
<b>VBH-PA Totals</b>	<b>1,403</b>	<b>202</b>	<b>14%</b>	<b>281</b>
<i>FY 08/09 FBMHS Provider Profile</i>	<i>1,265</i>	<i>148</i>	<i>12%</i>	<i>212</i>

## CONCURRENT FAMILY BASED AND CASE MANAGEMENT SERVICES

Analysis of concurrent case management services was done to determine to extent to which case management services continue to be billed for members who are currently receiving family based services. Casework is one of the components of FBMHS; thus, it is expected that billing for case management services would decline during FBMHS.

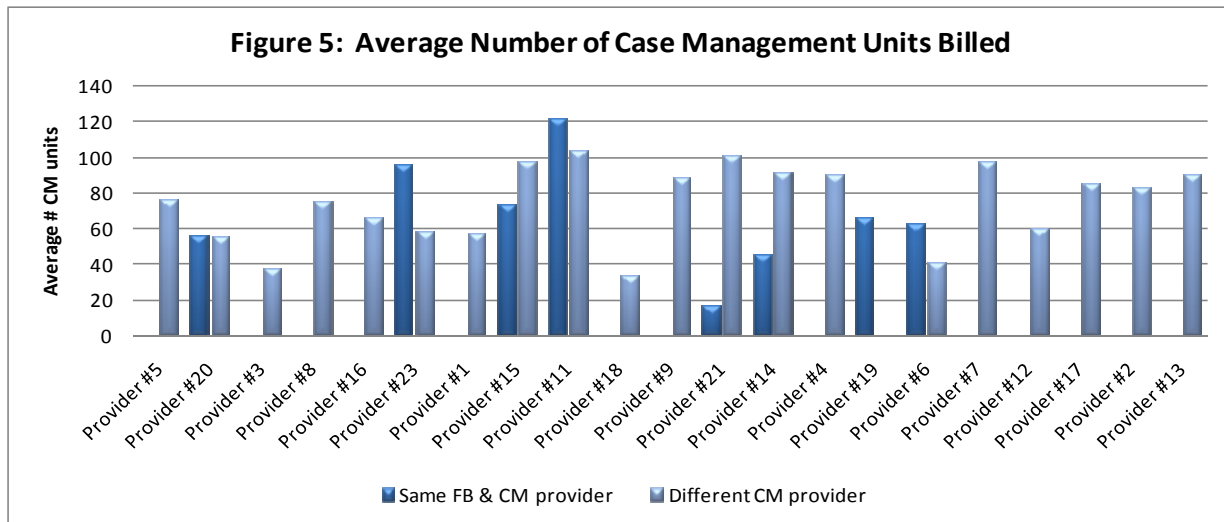
Data were run to determine which of the family based cases also had open cases with a case management services provider during the time of FBMHS involvement (using the beginning and ending dates of service for each of the family based cases and the first and last claim dates for case management services). The same time frame used for this provider profile

(July 1, 2008 to June 30, 2010) was used for this analysis. Cases for which the dates of service for family based fell within the claim service dates for case management (or vice versa) were considered to be receiving these services concurrently. Case management services included blended case management, intensive case management, and resource coordination.

Twenty-one (21) of the 23 FBMHS providers included in this profile had members who had received concurrent case management services while they were involved in family based services. Eight of the providers provided both family based and case management services, while for 13 of the family based providers, case management services were provided by a different provider. The number of family based cases that received concurrent case management services are shown in **Table 10**. A sample of these cases was examined using CareConnect to determine if and how often case management services were being billed during the family based dates of service. This sample of cases did have case management claims billed during FBMHS; however, the number of case management contacts per month and the number of units billed varied.

<b>Table 10: Distinct members receiving concurrent family based and case management services</b>					
	Total DMs	Different CM Provider		Same FBMHS & CM Provider	
		# DM	% DM	# DM	% DM
Provider #17	35	21	60%	0	
Provider #13	24	14	58%	0	
Provider #21	88	49	56%	2	2%
Provider #7	179	89	50%	0	
Provider #2	23	7	30%	0	
Provider #18	43	13	30%	0	
Provider #1	25	7	28%	0	
Provider #12	55	15	27%	0	
Provider #9	145	39	27%	0	
Provider #3	58	15	26%	0	
Provider #5	149	37	25%	0	
Provider #14	74	17	23%	12	16%
Provider #16	42	9	21%	0	
Provider #15	79	14	18%	30	38%
Provider #4	53	9	17%	0	
Provider #8	21	3	14%	0	
Provider #20	28	3	11%	15	54%
Provider #6	52	3	6%	12	23%
Provider #23	67	2	3%	30	45%
Provider #11	44	1	2%	34	77%
Provider #19	47	0		31	66%
Provider #10	31	0		0	
Provider #22	47	0		0	
<b>VBH-PA Totals</b>	<b>1,403</b>	<b>367</b>	<b>26%</b>	<b>166</b>	<b>12%</b>

**Figure 5** shows the average number of case management units billed for each provider's family based cases. For the cases in which family based and case management services were furnished by the same provider, the overall total average number of case management units was 81 units; the overall average number of CM units from different providers was 84.1 units.

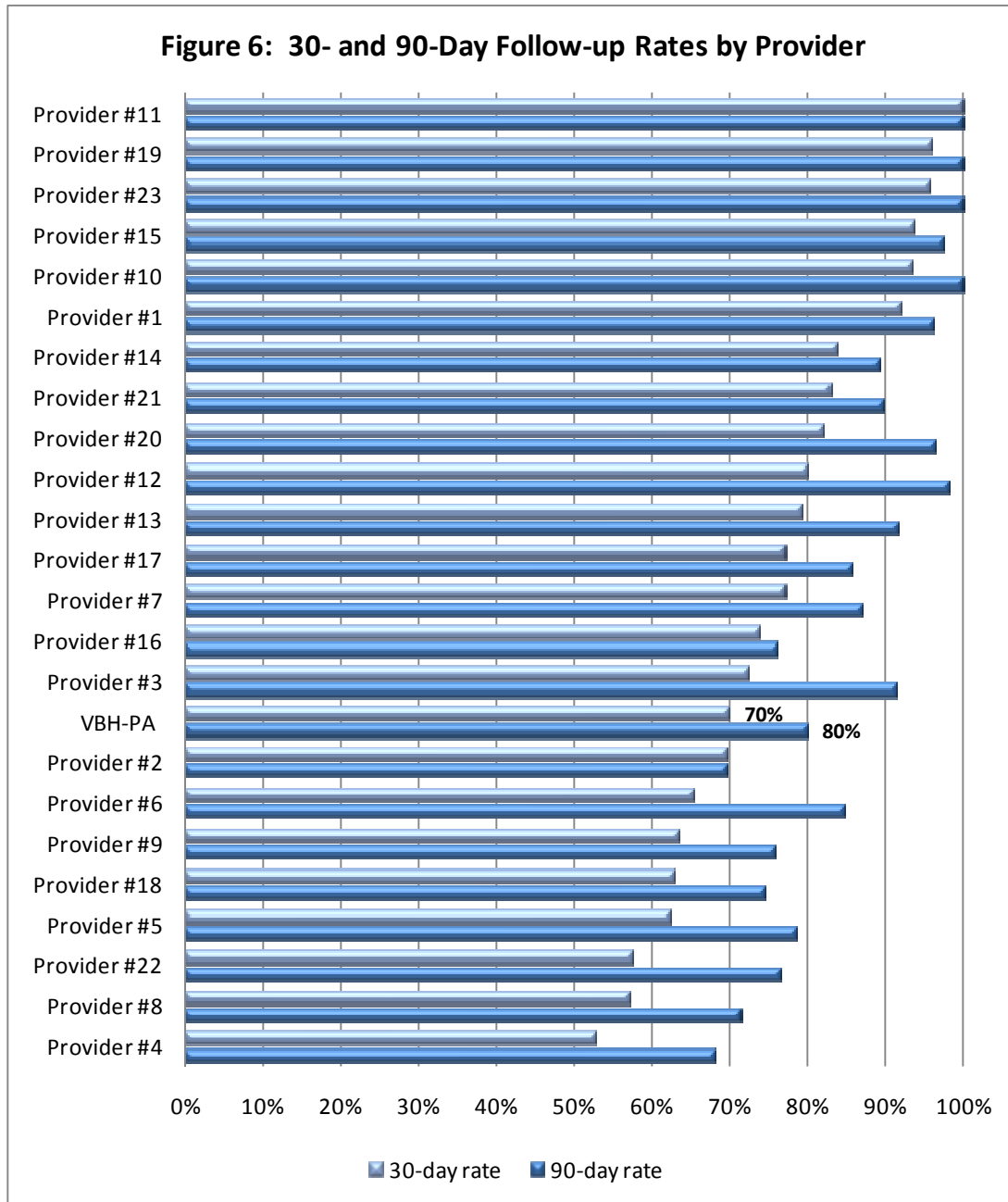


### FOLLOW-UP LEVELS OF CARE

Follow-up levels of care utilized after discharge in FY 09/10 were determined by obtaining all of the claims submitted within 30 and 90 days of the distinct member's discharge. The rate was calculated by dividing the number of distinct members with a claim for each level of care by the total number of FBMHS distinct members (1,403). **Table 11** shows that 30% of the distinct members accessed no follow-up and 4% went back into family based mental health services within 30 days. After 90 days, the percentage of distinct members with no follow-up services decreased to 20%.

Level of Care	30 days		90 days	
	Distinct Members	Follow-up Rate	Distinct Members	Follow-up Rate
<b>No Follow-up</b>	<b>417</b>	<b>30%</b>	<b>278</b>	<b>20%</b>
Targeted Case Management	310	22%	322	23%
Outpatient MH	263	19%	350	25%
BHRS	256	18%	282	20%
Psychiatric Partial Hospital	91	6%	92	7%
Family Based Mental Health Services	57	4%	75	5%
RTF (JCAHO)	44	3%	45	3%
Psychiatric Inpatient	14	1%	20	1%
Crisis Intervention	14	1%	19	1%
Outpatient D&A	13	1%	14	1%
Other	5	0%	5	0%
<b>TOTAL (with follow-up)</b>	<b>986</b>	<b>70%</b>	<b>1,125</b>	<b>80%</b>
<i>FY 08/09 FBMHS Provider Profile</i>	<i>864</i>	<i>68%</i>	<i>994</i>	<i>79%</i>

**Figure 6** shows the 30- and 90-day follow-up rates by provider. For four of the providers, all of their distinct members (100%) had accessed follow-up services within 90 days of discharge from the family based program.



## MEMBER COMPLAINTS

The number of complaints about family based providers was determined by querying the VBH-PA member complaint log for Level I complaints from July 1, 2009 to June 30, 2010. Of the 23 family based providers profiled in this report, there were **five (5) complaints about five (5) of the providers**. The complaints regarded the following: dissatisfaction with the treatment received; provider unavailable within required time standards; provider refused to treat member; and treatment was delayed.

## PEER REVIEWS AND GRIEVANCES LEVEL I & II

**Table 12** presents the peer review activity and any subsequent grievance from July 1, 2009 to June 30, 2010. The data were obtained from the peer review log database maintained by the Peer Advisor Office. **All but one of the 23 family based providers included in this profile had peer reviews during this fiscal year.** A total of 182 cases were pended for peer review, of which 80% were non-certified. There were 19 level I grievances, of which 68% were upheld. There were no level II grievances during this fiscal year.

Provider	DM	Peer Reviews				Grievances	
		# PR	% Sent to PR	# Non-cert	% Non-cert	# GL I	% Upheld
Provider #11	44	12	27%	9	75%	2	100%
Provider #3	58	15	26%	10	67%	1	100%
Provider #18	43	10	23%	9	90%	1	100%
Provider #2	23	5	22%	5	100%	1	0%
Provider #17	35	6	17%	5	83%	1	0%
Provider #7	179	30	17%	23	77%	8	75%
Provider #13	24	4	17%	4	100%		
Provider #6	52	8	15%	6	75%		
Provider #5	149	22	15%	20	91%		
Provider #16	42	6	14%	6	100%	1	100%
Provider #23	67	9	13%	7	78%	1	0%
<b>VBH-PA AVERAGES</b>			<b>13%</b>				
Provider #10	31	4	13%	2	50%		
Provider #9	145	16	11%	15	94%		
Provider #14	74	8	11%	5	63%		
Provider #19	47	5	11%	3	60%		
Provider #21	88	8	9%	6	75%	1	100%
Provider #12	55	4	7%	4	100%	1	100%
Provider #4	53	3	6%	3	100%	1	0%
Provider #8	21	1	5%	1	100%		
Provider #22	47	2	4%	0	N/A		
Provider #15	79	3	4%	3	100%		
Provider #20	28	1	4%	0	N/A		
Provider #1	25	0	N/A	N/A	N/A	N/A	N/A
<b>VBH-PA Totals</b>	<b>1,403</b>	<b>182</b>	<b>13%</b>	<b>146</b>	<b>80%</b>	<b>19</b>	<b>68%</b>
<i>FY 08/09 FBMHS Provider Profile</i>	<i>1,265</i>	<i>164</i>	<i>13%</i>	<i>126</i>	<i>77%</i>	<i>25</i>	<i>64%</i>

## CONSUMER/FAMILY SATISFACTION TEAM SURVEY RESULTS

**Overview:** The focus of the Consumer/Family Satisfaction Team (C/FST) program is to solicit input from consumers (both children and adults) and families of consumers utilizing mental health and substance abuse services. This is accomplished largely through face-to-face interviews by the C/FST. The purpose of the C/FST program is to determine whether consumers and families are satisfied with services in terms of access, delivery, outcomes, appropriateness of service, and being treated with dignity and respect. C/FST interviews also assist in early identification and resolution of potential problem areas. All service providers are required to cooperate with the C/FST and its activities and are expected to provide space for interviews, per their contract with VBH-PA.

**Methodology:** Each county has a survey tool that is compliant with the DPW Appendix L. All counties gather and report data in a formalized fashion to their county MH/MR office, VBH-PA and OMHSAS. All have processes for providing feedback to providers and requesting action plans from providers as needed.

**Results:** Five questions are included in this profile report as an aggregate of the results regarding the FBMHS providers included in this profile. The results in **Table 13** include survey data for the period 7/1/09 through 6/30/10. Beaver, Butler and Lawrence counties had no C/FST results for family based mental health services during this time period.

Table 13: C/FST survey results							
C/FST QUESTIONS	Number Surveyed		% Yes	% No	% Not Answered		
Is the provider staff respectful and friendly?	259		98%	2%	--		
Has this provider talked to you about how to get help if you have a mental health/substance abuse emergency?	259		98%	2%	<1%		
Are you and your family asked to participate in treatment planning/goals?	259		99%	<1%	1%		
Does your provider offer you hope of improvement/recovery?	259		93%	4%	3%		
	#	Much Better	Little Better	About the Same	Little Worse	Much Worse	Not Answered
What effect has the treatment you received had on the quality of your (or your child's) life?	259	30%	45%	19%	4%	0%	1%