

Department of Health and Human Services (DHHS)  
Office of Adult Mental Health Services (OAMHS)  
Unmet Needs July 2009

Attached Report: Unmet Needs by Community Service Network (CSN): Fiscal Year 09, Quarter 4 (April, May and June 2009)

Population Covered:

- Persons receiving Community Integration (CI), Intensive Case Management (ICM) and Assertive Community Treatment (ACT) services
- Class and non-class members

OAMHS Data Sources:

- EIS enrollment data
- EIS RDS (resource data summary) data

Unmet Needs Definition

Unmet needs are defined by 'Table 1. Response Times and Unmet Resource Needs' found on page 17 of the approved DHHS/OAMHS Adult Mental Health Services Plan of October 13, 2006.

- unmet needs noted in the tables were found to be 'unmet' at some point within the quarter and
- may have been met at the time of the report.

Data Issues

As of September 1, 2008, enrollment and RDS data is entered by providers into APS Healthcare's CareConnection at the time of the initial Prior Authorization (PA) request and at all continuing stay reviews. Continuing stay reviews are scheduled to occur every 90 days to correspond with the updating of the consumer's ISP. Data is then fed to EIS on a monthly basis.

The first feed of enrollment and RDS data from APS Healthcare occurred in early October. Subsequent feeds identified data collection issues which affected the integrity of the data. Staff spent a great deal of time "cleaning" the data and "fixes" to remedy the data issues were identified and implemented. Because the 'fixes' were not completed until the end of the 3<sup>rd</sup> quarter, the 4<sup>th</sup> quarter's reporting is still affected by prior data integrity issues.

OAMHS staff identified new data issues over this quarter and is working with APS Healthcare to find and apply solutions. These issues are not of the magnitude of those identified early on and are being addressed as part of a quality assurance process.

- Training issues have been identified. Monthly QA reports for providers were re-initiated in March of 2009 and
- OAMHS offers one-on-one training and other training as needed.
- Data issues are addressed through weekly communication between APS Healthcare and EIS/OAMHS staff.

OAMHS will continue to work with providers and APS Healthcare to assure that accurate data is entered and reported in a timely fashion.

### Unmet Resource Need Reports

In this quarter's unmet need report, there were inconsistencies found in the category of 'Clients without Legal Address'. The total 'distinct clients' in the report was greater than the total 'number of RDS'. Research revealed that a coding error on those clients without a legal address resulted in inconsistent data being pulled. The total 'number of RDS' for that category should have been 188 rather than 11. This would bring the total 'number of RDS' for the entire State to 5995. Because this error did not affect the unmet needs report in any other area, and because the unmet needs cube (used to run the unmet needs report) had been refreshed with new data, it was decided to use the unmet need report as written. This coding error will be fixed for the next quarter

Administrative aspects of the authorization process through APS Healthcare can affect when RDS data is entered into the APS Healthcare system. For example, when a provider needs to request more units of service, the requests are done out of sequence with the ISP. ISP data is then entered at the time of the next continuing stay review which may be 90 days in the future. MaineCare spend downs, 'courtesy reviews' and initial PA-only requests can also impact when the ISP/RDS data is entered.

Each time an unmet need report is drawn from EIS, the prior quarter's data is updated to reflect new/changed information that has been received, thereby improving the accuracy of the data for that quarter. The data in this report is not static as new data is being continually collected. The report reflects the unmet needs at a given point in time.

For these reasons, reporting one quarter behind (for example, report 2<sup>nd</sup> quarter data in the 3<sup>rd</sup> quarter report) would present a more accurate picture of the actual unmet needs. Starting with the report for the 1<sup>st</sup> quarter of FY'10, OAMHS will begin to report one quarter behind, reporting updated data for the 4<sup>th</sup> quarter of FY'09.

### Other Unmet Need Reporting

Riverview Psychiatric Center (RPC) and Dorothea Dix Psychiatric Center (DDPC)

- unmet needs noted below were found to be 'unmet' at some point within the quarter and may have been met at the time of the report
- RPC:
  - 1 unmet resource need: Assertive Community Treatment (ACT)
  - 1 unmet resource need: Community Residential Facility
  - 1 unmet resource need: Financial (MaineCare) for mental health treatment
  - 1 unmet resource need: Assisted Living Facility
  - 1 unmet resource need: Guardian
  - 1 unmet resource need: Supported apartment
  - 1 unmet resource need: BRAP approved apartment
  - 1 unmet resource need: Grant Funded ACTION services (ACT/PNMI)

- 1 unmet resource need: Residential Treatment Facility that can administer insulin
- DDPC:
  - 2 unmet resource needs: Community Residential Treatment Facility
  - 2 unmet resource needs: Boarding Home
  - 1 unmet resource need: Nursing Home (gero-psychiatric unit)
  - 1 unmet resource need: Residential Treatment (TBI)
  - 1 unmet resource need: Residential Treatment
  - 1 unmet resource need: Assisted Living Facility
  - 1 unmet resource need: Daily Living Support Service
  - 1 unmet resource need: Rental Subsidy

Paragraph 74 Reporting (class members not in services): The paragraph 74 reporting system identified 0 (zero) unmet needs for this quarter.

#### Contact for Service Notification Data/APS Healthcare

Contact for Service Notifications (CFSNs) are submitted to APS Healthcare by agencies when a request for community integration (CI) or assertive community treatment (ACT) is made if the agency cannot meet the request at the time. CDCs also complete Contact for Service Notifications when a consumer calls and requests CI and ACT as part of their referral process for the service. The Contact for Service Notification assures that the date of application is entered into APS Healthcare's CareConnections and that the 'clock is started' for purposes of calculating assignment times. Agencies are instructed to close contacts if the individual is removed from the agency's waiting list without receiving service due to withdrawal of request, inability to locate the client, the client not being eligible, etc. If opened to service, the Prior Authorization (PA) with APS Healthcare is to close out the Contact for Service Notification.

This quarter, a review of all Contact for Service Notifications opened in the 3<sup>rd</sup> quarter, as well as CFSNs that remained open from prior quarters, was completed. 'Open' is defined to mean that APS Healthcare has not yet issued a PA for the requested service. Consent Decree Coordinators (CDCs) were asked to follow-up with agencies and consumers, as appropriate, to ascertain the client's current waitlist status.

Of the 112 individuals with open contact for service notifications as of 3/31/09:

- 28 individuals were reported as receiving community integration (CI) prior to the CDC review, with 11 of these individuals reported as receiving CI within or prior to the 3<sup>rd</sup> quarter
- 1 individual had been receiving ACT services
- 36 individuals were reported as no longer on the agency's waitlist for a variety of reasons: did not keep initial appointments; were in service for a minimal amount of time (1 or 2 visits); were not eligible for service; moved; or the individual was referred for service(s) other than CI; etc.
- 1 individual was deceased
- 46 individuals of the initial 112 were waiting for service at the time of the review. Of these:
  - 37 individuals were reported as needing grant funding (1 was a class member)
  - 9 individuals had MaineCare.

The results of the review were shared with APS Healthcare.

APS Healthcare developed wait list reports for Community Integration (CI), Daily Living Supports (DLSS) and Assertive Community Treatment (ACT) that became available on their website ([www.qualitycareforme.com](http://www.qualitycareforme.com)) as of 7/17/09. These aggregate, public reports are available in current time (updated daily) and can be sorted by CSN, and within CSNs, by provider. The spreadsheets include, by agency, # waiting, average time waiting, longest time waiting and the # of individuals who need grant funding or have MaineCare. APS Healthcare will also have detailed versions of all reports available to agencies and OAMHS with client names and provider detail. APS Healthcare will be developing monthly and quarterly reports for OAMHS that will minimally be able to be sorted by service (CI, ACT, DLSS), wait time, CSN, payer source (MaineCare, non-MaineCare), and class member status. The online and monthly/quarterly aggregate reports will take the place of the current CFSN review process. OAMHS will be working with APS Healthcare to develop and refine these reports. It is expected that this process will supply more timely and accurate wait list data for these particular services as providers review and update their lists.

### 'Other' Resource Need Categories

'Other' resource needs continue to make up approximately a quarter (27% - 1178 resource needs out of 4400 statewide) of the total unmet resource needs statewide. When an 'other' category is used within the RDS (available within each major need category and as a stand alone category), a brief narrative specifying the need is required. The 'other' report for the 4<sup>th</sup> quarter (agency, need category, client name, need narratives, the length of time that the need had been identified) continues to show that most 'other needs' are: goals, client descriptions, needs (not resource needs) and resource needs that fit within an existing category. Few actual resource needs are identified: of the 1178 resource needs listed, approximately 40% appear to be actual unmet 'other' resource needs. Little improvement has been seen from last quarter's efforts.

- The 'other' report has been, and will continue to be, shared with each agency to assist them in 'cleaning' their 'other' category data.
- When this quarter's reports are forwarded to agencies, they will be asked to contact our data specialists for a discussion of their reports and training on resource needs
- The RDS training manual is being revised as a component of an updated ISP Manual. It will update the process for submission of data and clarify the difference between a need, a goal and a client description.
- Unmet 'other' needs without a narrative describing the need have been, and will continue to be, deleted from EIS.
- Reports will be run quarterly on an ongoing basis until OAMHS is comfortable that the category is providing accurate data as to resource needs.
- Data specialists will remain available to providers to assist in training and answering questions regarding RDS data.

### Unmet Needs for Community Integration

In the 3<sup>rd</sup> quarter, the statewide unmet need total for community integration reported was 285. As, by definition, RDS reporting is done only for persons already receiving CI or ACT and the number waiting as reported by the contact for service notification process is small, this number seemed inaccurate. OAMHS did a review of the 285 unmet needs for community integration services and

identified the individuals (by agency) with the reported unmet CI needs. Each agency's list was forwarded to them with the request that the agency, at the next ISP review and continued stay review with APS Healthcare, review the CI need in the RDS section of the continued stay review and update, change or mark the unmet need as 'no longer needed'. Instructions were given to check CI as a resource need only when the individual is on a waiting list (has been referred) for community integration services. As these reviews will be occurring at the time of the ISP review, it will take at least a quarter to gain a more accurate picture of the need.

The unmet resource need for community integration reported this quarter is 256. OAMHS will continue to communicate with agencies via the process outlined above, in order to better understand the need.

OAMHS will also use Contact for Service Notification data from APS Healthcare in order to gain a more accurate picture of the need for this service.

### Unmet Needs for Housing Resources

The statewide unmet need total for rent subsidy (Section 8, BRAP, Shelter Plus Care) reported this quarter is 0 (zero). The validity of this number is in question given that the BRAP waiting list is at 186. Anecdotal evidence continues to suggest that consumers are having increasing difficulty accessing housing in the current economic environment. OAMHS will work to better understand the accuracy of this piece of data.

It is also noteworthy that 257 (67%) of the unmet housing resource needs reported are in the category of 'other', making it difficult to quantify the specific needs.