

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

Attached Report: Unmet Needs by Community Service Network (CSN): Fiscal Year 09, Quarter 2 (October, November, and December 2008)

- The report was modified this quarter to report on distinct clients who have unmet needs, by need category and subcategory

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 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.

APS Healthcare and Enrollment/RDS Data

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. Providers no longer submit enrollment/RDS data through E-NetME. This assures that data is gathered on all persons receiving CI, ACT or ICM services.

The first feed of enrollment and RDS data from APS Healthcare, and subsequent feeds, identified problems with data collection/processing issues that continue to affect the integrity of the unmet needs data. These issues resulted in a significant number of records being 'rejected' by EIS and not being able to be loaded into the system. Staff has spent a great deal of time 'cleaning' the data and the 'fixes' to remedy the data problems have been identified and are being implemented. For these reasons, it will be difficult to formulate reliable conclusions from the unmet need data.

Data integrity issues being addressed:

- Fields that were required in EIS were not included as planned in APS Healthcare's CareConnection. Because of the missing values, including ISP dates, default values were utilized in order to load the records. The required fields should be in production by January 30, 2009. RDS with default values could not be utilized in this quarter's

calculations, resulting in significantly fewer RDS for reporting purposes. Once this issue is corrected, it could take up to 2 quarters for the data to be more accurate.

- The list of values between the two systems representing ‘resource needs identified’ and ‘resource needs that were met’ were not accurately communicated between the two systems resulting in missing fields and ‘scrambled’ data. This problem has been corrected.
- Training issues have been identified. QA reports for providers will be re-initiated and OAMHS will offer more one-on-one training.
- The unmet needs cube, built in COGNOS, was using incorrect logic when calculating unmet needs in the past 2 quarters. The logic has been corrected.

Because the ‘fixes’ were not completed this quarter, this issue will affect the 3rd quarter’s reporting as well. However, each time an unmet need report is drawn from EIS the prior quarters’ data is updated to reflect new/changed information that has been received. 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.

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

Other Unmet Need Reporting

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

- RPC:
 - 1 unmet need: funding for out of state treatment
 - 1 unmet need: assisted living facility
 - 1 unmet need: nursing home
 - 1 unmet need: community residential facility
- DDPC:
 - 6 unmet needs: residential treatment facility
 - 1 unmet need: TBI residential treatment
 - 1 unmet need: Nursing home (gero-psychiatric unit)

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

Contact for Service Notification Data/APS Healthcare

Contact for Service Notifications are submitted to APS Healthcare by agencies when a request for CI or ACT is made, if the agency can not 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 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 1st quarter 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 43 individuals with open contacts for notification as of 10/30/08:

- 25 individuals were already receiving the service prior to the CDC review, though the APS spreadsheet did not indicate a PA or continuing stay review
- 15 individuals did not keep initial appointments; were in service for a minimal amount of time (1 or 2 visits); were not eligible for service; or the individual was referred for service(s) other than CI.

Of the 3 individuals left waiting:

- 2 individuals are awaiting intake/or service and choose to wait for service at a particular agency
- 1 individual had completed intake but did not have a payer source; agency was directed to contact APS Healthcare to request grant funding; this individual was a class member.

From the review we learned that agencies did not have a clear understanding about how to close out Contact for Service Notifications when the individual did not initiate or was not accepted into service. Agencies were asked to go back into APS Healthcare CareConnections and close out their Contact for Service Notifications as appropriate. We also learned that the APS Healthcare's system hadn't been closing all contacts when service was authorized. The results of the review were shared with APS Healthcare.

A 1/23/09 memo clarifying the requirements for use of the Contact for Service Notification Review in APS CareConnection and instructions to submit a Contact for Service Notification for persons without current MaineCare eligibility was posted by APS Healthcare at the following link: http://www.qualitycareforme.com/MaineProvider_Update012309.htm. OAMHS sent a memo on 1/26/06 to Providers of Mental Health Services containing similar information. It was sent to all CSN members and a copy can be accessed at the following link: <http://www.maine.gov/dhhs/mh/csn/correspondence/2009/january/APS-Contact-Service-Notification-Form.doc>

APS Healthcare will be submitting Contact for Service Notifications reports to OAMHS on a quarterly basis and OAMHS will review and follow-up as appropriate.

'Other' Resource Need Categories

'Other' resource needs continue to make up approximately 25% 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 report that lists the 'other' narratives for each need category, as well as the length of time that the need had been identified continues to show that most 'other needs' were found to be: goals (I want to find better ways to express my feelings when I become stressed; I want to get my older son back in the home), client descriptions (___ isolates, has no natural supports and has

extreme environmental stressors; food insecure and low income), resource needs that fit within an existing category (housing subsidy; medication management), and many narratives left blank -- few actual resource needs were identified.

- A report, in development, will list unmet needs by agency, need category, client name, narrative and number of days unmet. This will be shared with each agency to assist them in their 'cleaning' their 'other' category data.
- The RDS training manual is being revised as a component of an update 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 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

The statewide unmet need total for community integration, as reported this quarter, is 335. As, by definition, RDS reporting is done only for persons already receiving CI or ACT, this seems inaccurate. A data entry problem with APS Healthcare's CareConnection may explain this number. Over the next quarter, we will be doing a review of these 335 unmet needs to further understand how the system calculated this number. OAMHS will also need to use Contact for Service Notification data from APS Healthcare in order to gain a more accurate picture of the need for this service.