



Community Integration Services Summary Report

2008

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2008 was the first full year that the Maine Behavioral Health ASO operated by APS Healthcare conducted prior authorization and utilization review for Community Integration Services (CI).

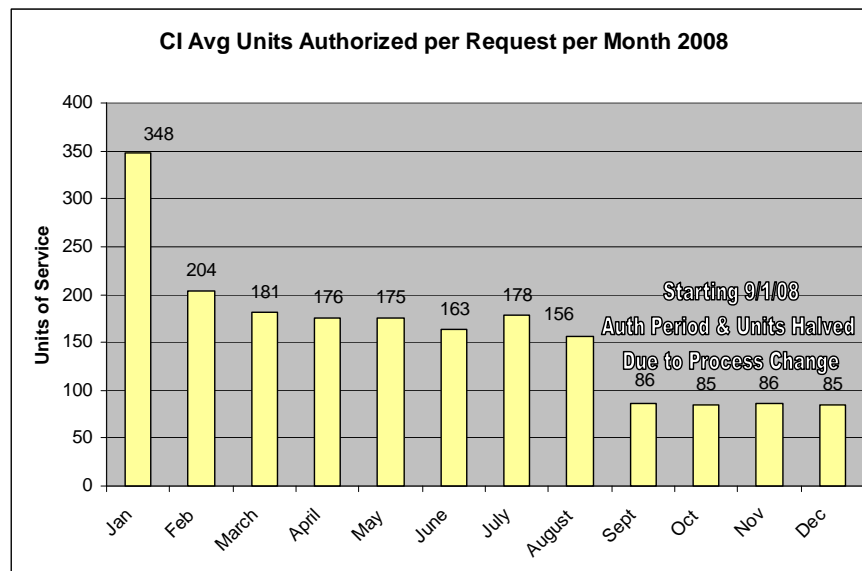
The Maine Behavioral Health ASO was effective in:

- Reporting a decrease in average authorized units per month for CI Services.
- Identifying distinct patterns of service utilization among the different CI providers.
- Documenting key diagnostic characteristics of the MaineCare members and Grant Funded consumers served in CI programs.

Community Integration Services (CI) is a MaineCare and Grant Funded service that provides case management and rehabilitative services to adults with severe and persistent mental illness. This report provides a summary of information about CI Services based on utilization review and authorization data from 2008. Authorization and clinical data for Grant Funded CI Services was only included for the last 4 months of 2008 (September-December)

- **CI service unit authorization decreased through the course of 2008.** A unit of CI service equals 15 minutes.
 - ✓ Within eight months, the average number of units authorized per provider request, per month, dropped from a high of 348 units in January to 156 units in August 2008. 9/1/08 the authorization period changed from 6 to 3 months, reducing the average units authorized to 85- a change not related to the Utilization Management (UM) system. See Graph 1.
 - ✓ This represents a decrease of authorized units per request of 55% through 8/31/08
 - ✓ This decrease of authorized units of service took place at the same time that the initial denial rate was 0.5% (128 initial denials out of 27,838 requests).
 - ✓ Please note: This data is derived from authorization data, not claims data. Only claims data can provide a measure of actual utilization.

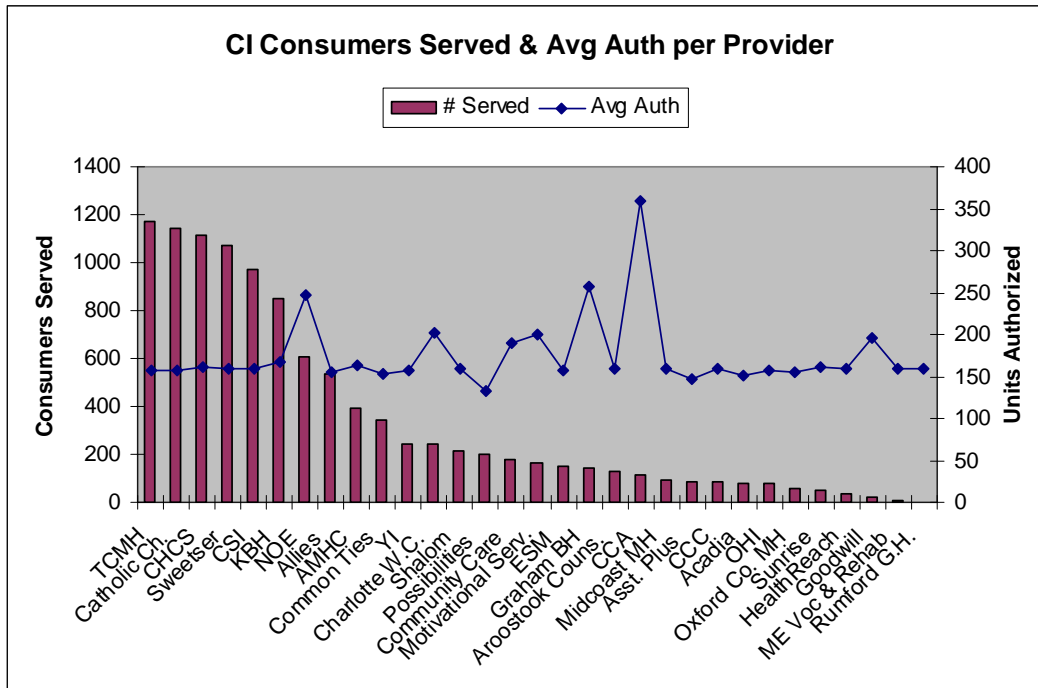
Graph 1





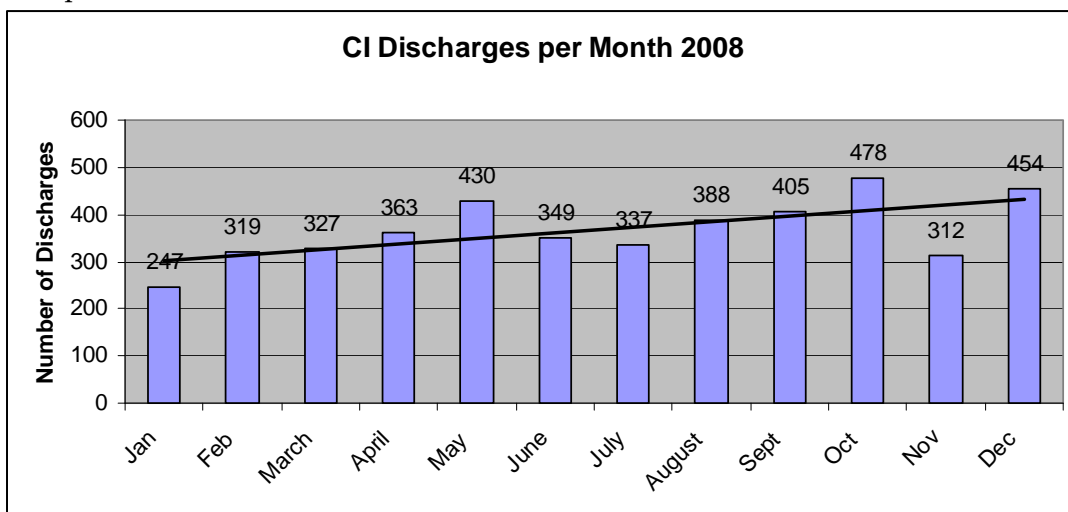
- **Average units authorized per request, per provider in 2008 varies among the various CI providers.**
 - ✓ Variation in authorized units does not seem to be associated with the number of consumers served. See Graph 2.
 - ✓ The average authorized units per request for all providers are 172 units.

Graph 2



- **Monthly discharges from CI services show a steady increase over the last year.**

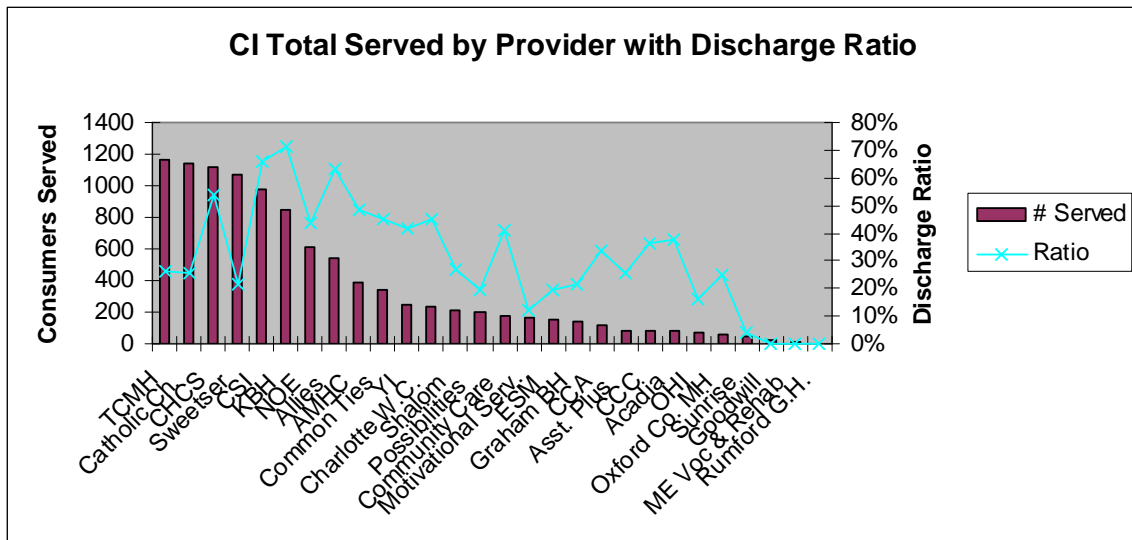
Graph 3





- **The number of consumers discharged from CI provider agencies varies from provider to provider.** (Graph 4)
 - ✓ The rate of discharges compared to consumers served at individual agencies varies between agencies.
 - ✓ A higher ratio of “Discharged to Served” indicates that a provider is discharging a higher percentage of the number of people served in their program than a provider with a lower ratio.

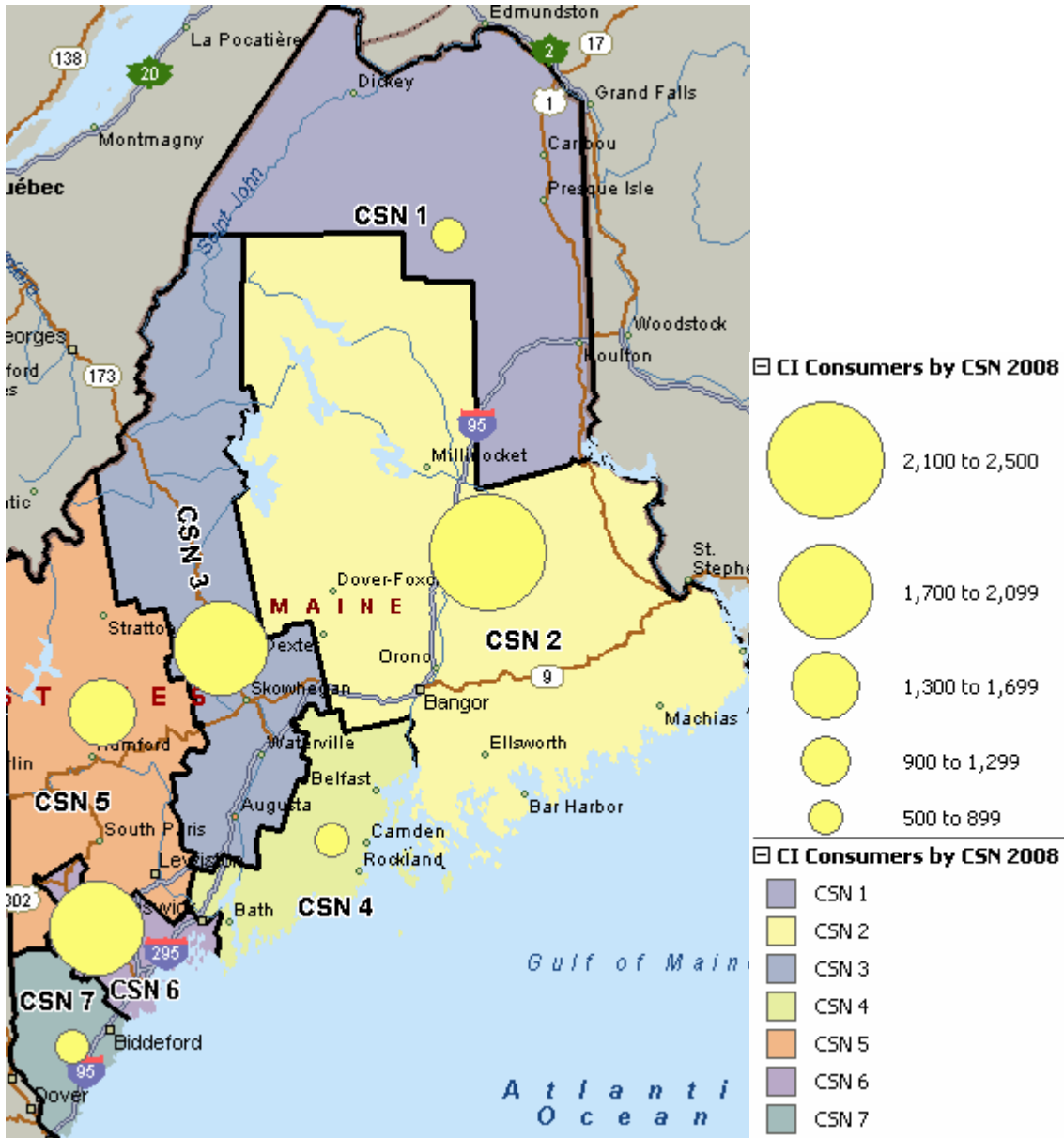
Graph 4



- **9,881 unduplicated consumers were authorized to receive CI services in 2008**
 - ✓ 61% (5,990 of 9,881) of these consumers were female and 39% (3,891 of 9,881) were male.
 - ✓ Average age of authorized consumers was 43; minimum age was 18, maximum was 97.
 - ✓ 86% (8,485 of 9,881) of the consumers served were not class members, and 14% (1,396 of 9,881) were class members.



- The following map and table show the number of unduplicated consumers authorized for CI services in each Community Service Network (CSN) in 2008.



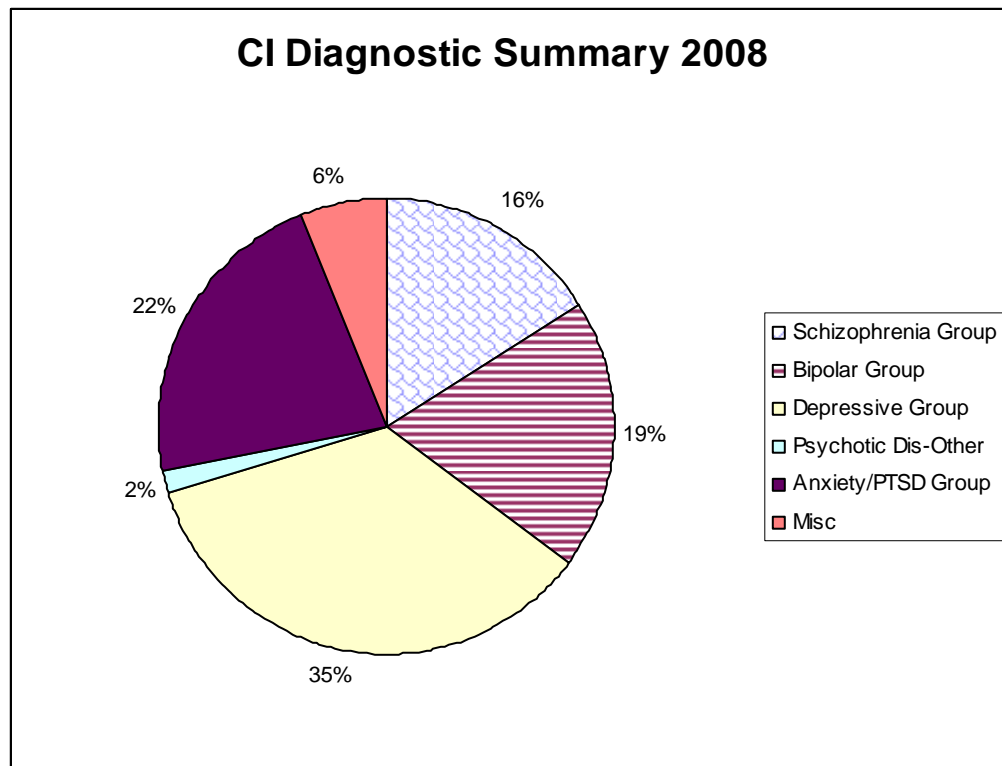
CI Unduplicated Consumers Served per CSN 2008

CSN 1-Aroostook	686
CSN 2-Penquis/Downeast	2333
CSN 3-KenSom	1740
CSN 4-MidCoast	736
CSN 5-Western ME	1581
CSN 6-Cumberland	1859
CSN 7-York	891

➤ **Clinical characteristics of consumers authorized for CI Services in 2008.**

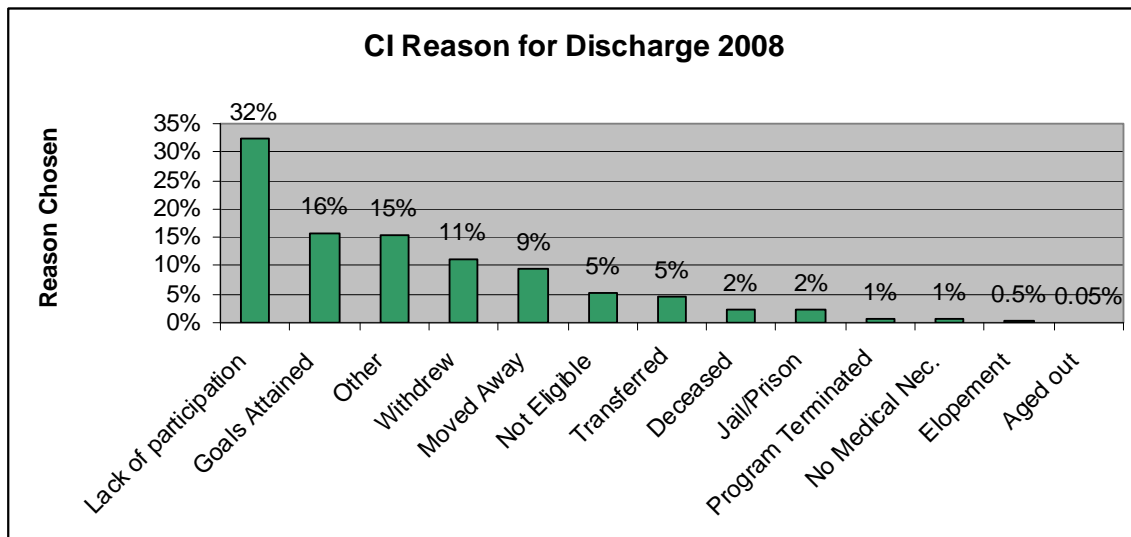
- ✓ Average LOCUS Score for consumers authorized in CI Services is 18. This score corresponds to a “High Intensity Community Based Services” level of care.
- ✓ The average Global Assessment of Functioning (GAF) Score for consumers served in CI services in 2008 is 44. This score corresponds to the following GAF level (from the DSM-IV-TR): “Serious symptoms OR any serious impairment in social, occupational, or school functioning.”
- ✓ Graph 5 displays primary groups of mental health diagnoses of people served in CI Services. 92% of the consumers authorized for CI services had a diagnosis in one of these four diagnostic groups: Schizophrenia; Bipolar; Depressive; Anxiety/PTSD.

Graph 5



- **“Reason for Discharge” is reported by providers when the consumer is discharged from CI Services. Graph 6 displays the distribution of “Reasons for Discharge” for 4,194 consumers that were discharged in 2008.**
 - ✓ “Goals Attained” by the Consumer was the reason for 16% of discharges (660 of 4,194).
 - ✓ “Lack of Consumer Participation” was the reason given for 32% of discharges (1,357 of 4,194).
 - ✓ Consumer “Withdrew” was the discharge reason for 11% of discharges (466 of 4,194 discharges).
 - ✓ “Other” was noted as the discharge reason for 15% of discharges (648 of 4,194).
 - ✓ “Program Terminated” means that the program chose to end services for a consumer or that the program ended services. Note: The “Program Terminated” reason includes the closures of both the Midcoast Mental Health and Healthreach CI programs in 2008.

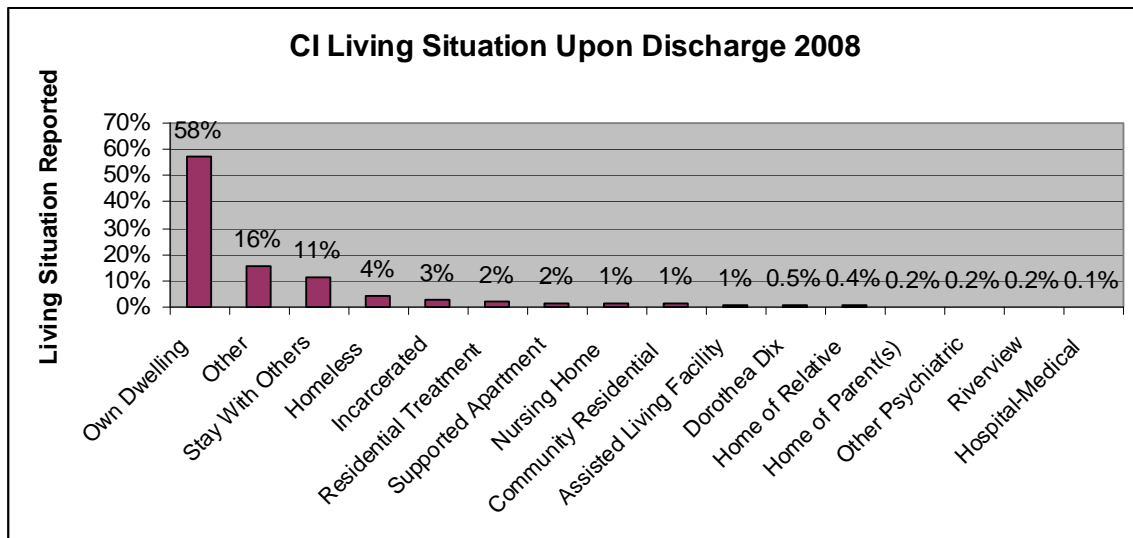
Graph 6





- **“Living Situation Upon Discharge” is reported by providers when the consumer is discharged from CI Services.**
 - ✓ Graph 7 displays the distribution of “Living Situation Upon Discharge” for 1,235 consumers that were discharged in 2008.
 - ✓ 58% (711 of 1,235) of consumers were living in their own home or apartment at the time that they were discharged from CI services.
 - ✓ The remaining 42% (524 of 1,235) were living in a variety of situations.

Graph 7



Conclusions

The Maine Behavioral Health ASO operated by APS Healthcare was effective in conducting prior authorization and utilization review of Community Integration (CI) Services. The benefits of the ASO are both in managing service utilization and providing detailed clinical, demographic and outcome data about CI Services. The service data forms the basis for quality improvement initiatives by DHHS, APS Healthcare and CI providers.

➤ **Utilization Management- “Right Service, Right Amount of Service, Right Length of Time”**

Average service authorizations per provider request, per month decreased 55% from January 2008 to August 2008. This decrease in authorized services occurred in same time period that the initial denial rate for CI services was only 0.5% (128 initial denials out of 27,838 requests). APS Healthcare uses a Utilization Management approach that relies on intensive, collaborative work conducted by APS Healthcare care managers with CI providers. Please note: This data is derived from authorization data, not claims data. Only claims data can provide a measure of actual utilization.

➤ **Who Are the Consumers of CI Services?**

Data derived from the APS Healthcare utilization management system allows an understanding of the consumers who receive CI Services. 61% of consumers are female and 39% are male. CI consumers have an average age of 43 and 86% are not class members. 24% of CI consumers live in CSN 2 (Penquis/Downeast areas) followed by 19% in CSN 6 (Cumberland County). Consumers are clinically appropriate for CI services and have severe and persistent mental illness.

➤ **Understanding Consumer Outcomes at Time of Discharge**

A goal of behavioral health services is that consumers discharge from services having achieved their goals. As 16% of discharges in 2008 indicated that the consumer had attained their goals, this may be an area for improvement. Another goal of service is that consumers at the time of discharge from the service will be living in their own home (as opposed to an institutional setting, shelter etc.). 58% of consumers at the time of discharge from the service were living in their own home.