ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF BEHAVIORAL HEALTH SERVICES

Performance Framework Data Dictionary

Access To Services

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ACCESS TO CARE

ROUTINE APPOINTMENT FOR ONGOING SERVICES WITHIN 23 DAYS OF INITIAL ASSESSMENT (ASSESSMENT TO FIRST SERVICE)

DESCRIPTION

This performance measure determines the percent of AHCCCS members referred for or requesting behavioral health services for whom the first service was provided within 23 days of the initial assessment.

ABBREVIATIONS

ADHS/DBHS – Arizona Department of Health Services/Division of Behavioral Health Services
AHCCCS – Arizona Health Care Cost Containment System
BHR – Behavioral Health Recipient
C/A – Child and Adolescent
CIS – ADHS Client Information System
DD – Developmentally Disabled
EOC – Episode of Care
GSA – Geographic Service Area
MPS – Minimum Performance Standard
RBHA – Regional Behavioral Health Authority
SMI – Seriously Mentally III

MINIMUM PERFORMANCE STANDARD

Minimum:	90%
Goal:	95%

The MPS must be met for each review period by each GSA, for both the Child/Adolescent and Adult populations.

METHODOLOGY

Population
Performance is separately reported for all Title XIX and Title XXI C/A (up to age 21) and Adults (age 21 and older). Data is also reported by GSA. BHRs included in the measure had a new EOC date during the review period.

ADHS/DBHS stratifies performance for the C/A population by the following age bands for potential ad hoc reporting:

- 0 - 5.999
- 6 - 11.999
- 12 - 17.999
- 18 - 20.999

DD-enrolled BHRs are flagged for separate reporting.

Reporting Frequency
This measure is calculated and reported for each review period, with two restatements. See Timeline below.

Data Source
ADHS/DBHS collects denominator and numerator data from CIS.

Sampling
Not applicable.

OPERATIONAL DEFINITIONS

1. Assessment
   - The ongoing collection and analysis of a person's medical, psychological, psychiatric, and social condition in order to initially determine if a behavioral health disorder exists and if there is a need for behavioral health services and on an ongoing basis ensure that the person's service plan is designed to meet the person's (and family's) current needs and long-term goals. The assessment date is obtained from encounter data. The following codes are used to identify an assessment:
     a. CPT Codes: 90801, 90802, 90885, 96100, 96101, 96102, 96103, 96110, 96111, 96115, 96116, 96117, 96118, 96119, 96120,99201, 99202, 99203, 99204, 99205 99241, 99242, 99243, 99244, 99245, 99271, 99272, 99273, 99274, 99275, ,
     b. HCPCS Codes: H0002, H0031
2. Encounter
   A record of a service rendered by a registered AHCCCS provider to an AHCCCS enrolled BHR.
3. First Service
   - A first service is the earliest service provided to the BHR on or after the date of the initial assessment and is obtained from encounter data. There are limitations on the type of billable service rendered within 23 days after assessment that qualify as a first service **if it occurs on the same day as the assessment**. The following comprehensive behavioral health service categories are **excluded** as a first service if it occurs on the same day as the assessment.
     - A. 2. Assessment, Evaluation and Screening Services
     - B. 3. Behavioral Health Prevention/Promotion Education and Medication Training and Support Services (Health Promotion)
     - B. 4. Psychoeducational Services and Ongoing Support to Maintain Employment
     - C. 2. Laboratory, Radiology and Medical Imaging

- C. 4. Electro-Convulsive Therapy
- D. 1. Case Management
- G. 3. Mental Health Services NOS (Room and Board)
- I. Prevention Services

BHRs may receive any covered service on the same day as the initial assessment, but only included services will be considered in calculation of the performance measure. An assessment provided a minimum of one (1) day after the initial assessment would qualify as a first service.

For procedure codes that are included/excluded from qualifying as a first service **after** the day of the initial assessment, consult the AHCCCS document *Attachment A - Routine Appointments for Ongoing Services Within 23 Days of Assessment (Service Procedure Codes Included or Excluded as Service Day 2 through 23 After Assessment),* which can be found through the link "Access to Care Codes" at this website: http://www.azahcccs.gov/reporting/quality/performancemeasures.aspx

Calculation

1. The percentage of BHRs with a new EOC date during the review period and a corresponding initial assessment within 45 days of the EOC date is calculated as follows:

   Numerator: Number of BHRs with a new EOC date (excluding Crisis EOC) during the review period and an encounter for a corresponding initial assessment within 45 days of the EOC date.
   Denominator: Number of BHRs with a new EOC date (excluding Crisis EOC) during the review period.

2. ADHS/DBHS calculates the number of days between the assessment date and the first service for each AHCCCS member. The percentage of compliance in providing a first service within 23 days after initial assessment is calculated as follows:

   Numerator: Number of BHRs with a new EOC date (excluding Crisis EOC) during the review period and a corresponding initial assessment encounter within 45 days of the EOC date and with a first service encounter within 23 days after the assessment.
   Denominator: Number of BHRs with a new EOC date (excluding Crisis EOC) during the review period and an encounter for a corresponding initial assessment within 45 days of the EOC date.

Timeline

Use this schedule of review periods for the July 1, 2012 through September 30, 2013 contract.

Period P1: July 1, 2012 – September 30, 2012
Period P2: October 1, 2012 – December 31, 2012
Period P3: January 1, 2013 – March 31, 2013
Period P4: April 1, 2013 – June 30, 2013

Period P5: July 1, 2013 – September 30, 2013

Date to Pull Data	Period A (Initial Pull for this Period, allows 75 day lag)	Period B (First Restatement for this Period, allows 165 day lag)	Period C (Second Restatement for this Period, allows 240 day lag)
Dec 15, 2012	P1 (ends Sep 30, 2012)	Q4 of FY2012	Q3 of FY2012
Mar 15, 2013	P2 (ends Dec 31, 2012)	P1 (ends Sep 30, 2012)	Q4 of FY2012
Jun 15, 2013	P3 (ends Mar 31, 2013)	P2 (ends Dec 31, 2012)	P1 (ends Sep 30, 2012)
Sep 15, 2013	P4 (ends Jun 30, 2013)	P3 (ends Mar 31, 2013)	P2 (ends Dec 31, 2012)
Dec 15, 2013	P5 (ends Sep 30, 2013)	P4 (ends Jun 30, 2013)	P3 (ends Mar 31, 2013)
Mar 15, 2014	Q1 of FY2014	P5 (ends Sep 30, 2013)	P4 (ends Jun 30, 2013)
Jun 15, 2014	Q2 of FY2014	Q1 of FY2014	P5 (ends Sep 30, 2013)

Access to Care records for multiple review periods are retrieved for processing on the dates in the column titled “Date to Pull Data” above. It is the initial retrieval for Period A, and the first and second restatements for Periods B and C, respectively. The restatements allow for a lag in additional submissions.

QUALITY CONTROL

RBHAs perform data validation studies of their contractors each review period to verify that the services received by BHRs are documented in the medical record appropriately, and are reported to the RBHA in an accurate and timely manner. ADHS/DBHS receives summary reports of the data validation studies.

As part of the corporate compliance plan, the DBHS Office of Audit and Evaluation conducts provider audits to determine whether the documentation in the medical record supports the billing submitted in the claim or encounter.

CONFIDENTIALITY PLAN

Preparation of the information for this performance measure includes accessing “individually identifiable health information” as defined in HIPAA regulation 45 CFR 160.103 or “restricted personal identifying information” as defined in Arizona Strategic Enterprise Technology (ASET)/Statewide Information Security and Privacy Office (SISPO) Policy P900, Information Security Information Management, paragraph 4.1.10. Safeguards and controls, such as restricted access and agreement to protect confidential information, are contractual conditions in place to protect the identifying information that was accessed. Publicly-reported data generated for this performance measure are aggregated at the GSA level. This Specifications Manual contains no individually identifiable health information or restricted personal identifying information.

CONSUMER SURVEY OUTCOMES

DESCRIPTION

Results of the Annual Mental Health Statistics Improvement Program (MHSIP) Consumer Survey are used to determine performance on two Outcomes indicators:

1. Are clients satisfied with their access to services?
2. Did clients participate in their treatment planning?

METHODOLOGY

Population
Two MHSIP Consumer Surveys are administered: one for Title XIX/XXI adults and one for the parents/ guardians of Title XIX/XXI children receiving behavioral health services. Title XIX and Title XXI fund sources for each population are combined.

Reporting Frequency
Annually.

Reporting
The two Outcomes indicator scores are calculated and reported by the following:

1. Statewide adults
2. Statewide youth
3. Adult by GSA
4. Youth by GSA

Calculation
The indicator "Are clients satisfied with their access to services?" is calculated using responses to the questions in the Access to Services domain. See Survey Protocol section for details on domain scoring, weighting for statewide scores, and questions included in the Access to Services domain.

1. Statewide adults – divide the statewide number of adult positive responses for the Access to Services domain by the statewide total number of adult responses for the Access to Services domain.

2. Statewide youth – divide the statewide number of youth positive responses for the Access to Services domain by the statewide total number of youth responses for the Access to Services domain.

3. Adult by GSA – for each GSA add the number of adult positive responses for the Access to Services domain and divide by the sum of the adult responses for the Access to Services domain.

4. Youth by GSA – for each GSA add the number of youth positive responses for the Access to Services domain and divide by the sum of the youth responses for the Access to Services domain.

The indicator "Did clients participate in their treatment planning?" is calculated using responses to the questions in the Participation in Treatment Planning domain. See Survey Protocol section for details on domain scoring, weighting for statewide scores, and questions included in the Participation in Treatment Planning domain.

1. Statewide adults – divide the statewide number of adult positive responses for the Participation in Treatment Planning domain by the statewide total number of adult responses for the Participation in Treatment Planning domain.

2. Statewide youth – divide the statewide number of youth positive responses for the Participation in Treatment Planning domain by the statewide total number of youth responses for the Participation in Treatment Planning domain.

3. Adult by GSA – for each GSA add the number of adult positive responses for the Participation in Treatment Planning domain and divide by the sum of the adult responses for the Participation in Treatment Planning domain.

4. Youth by GSA – for each GSA add the number of youth positive responses for the Participation in Treatment Planning domain and divide by the sum of the youth responses for the Participation in Treatment Planning domain.

SURVEY PROTOCOL

Survey Instruments
The two MHSIP survey instruments are the Adult Consumer Survey and the Youth Services Survey for Families (YSS-F). The adult survey is administered to adult consumers of behavioral health services and the YSS-F is administered to parents/guardians of children receiving behavioral health services.

The MHSIP Adult Consumer Survey measures seven domains: (1) Service Accessibility; (2) Service Quality or Appropriateness (which includes one item concerning cultural sensitivity); (3) Consumer Participation in Treatment Planning; (4) Outcomes; (5) General Satisfaction; (6) Improved Functioning; and (7) Social Connectedness. In addition, the questionnaire includes a module of questions to determine the impact of services received on the recipient's involvement with the criminal justice system. All questions are scored using a Likert Scale of 1 through 5 as follows: 5=Strongly Agree, 4=Agree, 3=Neutral, 2=Disagree, and 1=Strongly Disagree. A Not Applicable option is also available if the question does not apply.

The MHSIP YSS-F focuses on the following seven domain areas: (1) Service Accessibility; (2) Participation in Treatment Planning; (3) Cultural Sensitivity; (4) Satisfaction with Services; (5) Outcomes; (6) Social Connectedness; and (7) Improved Functioning. Additional questions solicit information about the youth's criminal justice contact and school attendance. Questions are scored with a five-point Likert Scale where 5=Strongly Agree, 4=Agree, 3=Neutral, 2=Disagree, and 1=Strongly Disagree. A Not Applicable option is also available if the question does not apply.

Both survey tools have four main sections: (1) demographic section, (2) MHSIP survey questions, (3) one state-added question pertaining to cultural sensitivity, and (4) open-ended qualitative section. The demographic section provides descriptive information about the consumer's age, gender, race, ethnicity, and relationship of the person completing the survey to the service recipient.

The second section of the survey contains the MHSIP standardized questions. They serve as benchmark tools to compare consumer perception of behavioral health systems across the nation.

The third section consists of one state-added question that asks for consumer input regarding the inclusion of cultural preferences in the consumer's treatment planning.

The fourth and final section of the survey contains open-ended questions to solicit consumer comments. Two questions are asked of consumers – focusing on identifying what has been most helpful with their services, and what the consumer believes would improve services. The section entitled other comments is intended to provide consumers with an additional area on the survey to provide open-ended feedback on any issue.

Languages
The survey is made available to consumers in English and Spanish languages. Each survey form is printed in English on one side and Spanish on the reverse side. For consumers with limited English proficiency and speak a language other than Spanish, the RBHA and/or the provider administering the survey is instructed to extend their best effort to translate the survey in the consumer's preferred

language by utilizing the Language Line or other translation/interpretation services officially utilized by the RBHA or their provider. The extent of assistance provided in language translation should not attempt to define what the question means.

Sampling Design
The sample frame refers to the population eligible to take the survey. This is the pool from which ADHS/DBHS randomly selects the sampled population. ADHS/DBHS creates an adult and a youth sample from the CIS database for each GSA. Clients 18 or older are grouped as adults, and clients under 18 are grouped as youth. The adult clients may be enrolled in any program: General Mental Health, Substance Abuse, or Seriously Mentally Ill.

The sample frame is composed of:

(a) Client must have an open episode of Care (EOC) during the fiscal year in which the survey is conducted;
(b) Client must be Title XIX or Title XXI eligible during the fiscal year in which the survey is conducted;
(c) Client must have received a mental health service other than inpatient, transportation, laboratory and/or radiology services, or crisis;
(d) The service must have occurred in the previous 6 months.

Drawing of Sample
ADHS/DBHS creates a random sample and provides each GSA with a list of 500 adult and 400 to 500 youth clients to be surveyed. ADHS/DBHS provides the RBHAs with a database to store the survey results.

The RBHA disseminates the surveys, tracking which consumers completed the survey and why surveys were not completed. The RBHA enters the survey data into the provided database and submits to ADHS/DBHS: the completed paper surveys, the database containing all survey results, the database detailing which consumers completed a survey and for every consumer that did not complete a survey, the reason the survey was not completed. The RBHAs enter data into the two ADHS/DBHS provided databases.

The provider agency is responsible for identifying the specific provider location or site from which the consumer is presently receiving services.

Distribution Method
The primary distribution method is a non-clinical staff at the provider office (i.e., clinic) handing the survey questionnaire to the consumer. As the consumer checks in for their appointment, s/he is provided with a copy of the survey questionnaire to complete. If the consumer agrees to participate, s/he is requested to complete the survey prior to his/her appointment. If the consumer is unable to complete the questionnaire, s/he is allowed to finish it on site after the appointment or be provided with an addressed, stamped envelope to mail the survey in if they did not have time to complete it in the office. A drop box is provided on site for completed surveys. Additionally, a specific area at the provider office is designated for completing the survey.

If the individual randomly selected has a scheduled appointment at home during the survey window, the provider staff takes the survey questionnaire at the appointment date. If the consumer

agrees to participate, s/he is advised to complete the survey after the staff leaves and mail the completed questionnaire to the RBHA using the pre-addressed, stamped envelope provided with the survey.

If the individual does not have an appointment during the survey window, a non-clinical staff at the RBHA may conduct the survey over the phone. As an alternative, a non-clinical staff at the provider site may contact the consumer by phone to ask for their participation in the survey, offering a return envelope for the completed survey to be mailed. All return envelopes provided as a means for the consumer to submit their completed survey must be addressed to the RBHA.

A check box in the questionnaire is used to track the distribution method. The adult survey is be administered to the adult consumer. If the individual requests assistance, a guardian may complete the questionnaire on the consumer's behalf. The YSS-F is administered to the parent/guardian of the child receiving services. If the parent or guardian is not at the appointment, then the survey is not provided.

Tribal RBHAs participate in the Annual Consumer Survey by way of a convenience sampling of their enrolled consumers.

Survey Timeframe
The survey is usually administered for a period of two months, April and May.

Roles and Responsibilities
ADHS/DBHS is responsible for the statewide oversight of the survey administration to ensure consistent implementation of the survey protocol. The protocol, client sample, survey instruments, and survey results database are created by ADHS/DBHS. ADHS/DBHS provides any needed technical assistance throughout the survey process. Periodic monitoring, training, timelines, and use of checklist are utilized to guide the T/RBHAs on critical points in the process.

The T/RBHAs have the primary responsibility for ensuring that the protocol is precisely followed within their geographic regions. Direct oversight and assistance are provided by the T/RBHAs to their providers. The T/RBHAs are to ensure that the providers are appropriately trained and prepared to administer the survey. The RBHAs enter data into the two ADHS/DBHS provided databases.

Each provider agency is primarily responsible for each of its sites in which the survey is administered. Each site maintains all necessary materials for survey administration. At each site, a drop box and a designated area are provided for consumers to complete the survey. Providers are also responsible for the day-to-day operations – including having the survey tools, materials for completing the survey (pens, pencils, clipboards), envelopes for return of the survey if needed, assigned resources for administration and collection of data for the survey.

The survey questionnaire completed by this group of respondents will be tracked separately by the RBHA. Names of individuals who belong to this group will not be added to the survey client list. This group will be tracked in some other ways as described in the succeeding paragraph.

Scoring Protocol
The scoring protocol recommended by MHSIP is utilized for evaluating the domain areas within the survey, as follows:

1. Recode ratings of 'not applicable' as missing values.
2. For each survey, exclude domains with more than one-third of the domain questions missing.
3. Calculate the mean of the items for each respondent.
4. Calculate the percent of scores that are greater than or equal to 3.5 through 5.

Weighting Methodology
The statewide data is weighted by GSA client population to compensate for the stratified sample collection. Weights are applied to the survey data prior to any statewide data analysis.

ACCESS TO SERVICES DOMAIN QUESTIONS

Adult
Q4: The location of services was convenient (parking, public transportation, distance, etc.)
Q5: Staff were willing to see me as often as I felt it was necessary.
Q6: Staff returned my call in 24 hours.
Q7: Services were available at times that were good for me.
Q8: I was able to get all the services I thought I needed.
Q9: I was able to see a psychiatrist when I wanted to.

Youth
Q8: The location of services was convenient for us.
Q9: Services were available at times that were convenient for us.

PARTICIPATION IN TREATMENT PLANNING DOMAIN QUESTIONS

Adult
Q11: I felt comfortable asking questions about my treatment and medication.
Q17: I, not staff, decided my treatment goals.

Youth
Q2: I helped to choose my child's services.
Q3: I helped to choose my child's treatment goals.
Q6: I participated in my child's treatment.

STATISTICS TESTING

ADHS/DBHS conducts testing to a .95 standard for statistically significant changes on all measurement sets. A change is statistically significant when it is unlikely to have occurred by chance. A chi-square test is conducted on each data set to assess for significant changes from Measurement 1 (first review period) to Measurement 2 (second review period).

CONFIDENTIALITY PLAN

The front page of the survey questionnaire addresses confidentiality of the responses. Survey results are aggregated and not presented at an individual consumer level. The providers will never have access to completed surveys or individual survey results. Thematic analysis is conducted on written comments.

Survey Instruments
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GEOGRAPHIC ANALYSIS OF OUTPATIENT CLINIC SERVICE GAPS

DESCRIPTION

ADHS/DBHS uses an electronic geographic mapping system (GIS) to create a client density map to visually assess where outpatient service gaps (clients living more than 15 miles from an Outpatient Clinic in GSAs 1 through 5; more than 10 miles in GSA 6) are located.

METHODOLOGY

Population
All clients who were eligible to receive ADHS/DBHS services during fiscal year 2013.

The client density maps are broken out by adults (age 18 and older) and children (up to age 18).

Reporting Frequency
Annually.

Data Source
ADHS/DBHS Client Information System (CIS), annually updated RBHA Provider lists.

Purpose
This report is one of several methods used to analyze the availability of outpatient clinics to clients enrolled in the Arizona public behavioral health system. Available outpatient clinics are located on the map; clients with a street address reported in CIS are located on the map, and the density of clients for each outpatient clinic is reported. The number and percentage of eligible clients located within 15 miles of an outpatient clinic are reported for Geographical Service Areas (GSA) 1 through 5; within 10 miles of an outpatient clinic for GSA 6.

ADHS/DBHS utilizes this data to establish distance/travel standards and density standards for access to outpatient clinics.