

Performance Measure:	Title – Non-served “Requests for Services”	
	Operational Definition – The % of Requests for Services that do not result in an Intake within 30 days of the Request.	
	Critical Encounter Codes – Request for Services (H0046); Intake (90801, H0031); Engagement & Outreach (H0023, with HW modifier)	
Performance Domain(s):	<input checked="" type="checkbox"/> Access and Availability <input type="checkbox"/> Care Coordination and Continuity <input type="checkbox"/> Effectiveness of Care <input type="checkbox"/> Quality of Care <input type="checkbox"/> Hope, Recovery, and Resiliency <input type="checkbox"/> Empowerment and Shared Decision Making <input type="checkbox"/> Self Direction <input type="checkbox"/> Cultural Competency	<input type="checkbox"/> Health and Safety Measures <input type="checkbox"/> Consumer Health Status and Functioning <input type="checkbox"/> Community Integration and Peer Support <input type="checkbox"/> Quality of Life and Outcomes <input type="checkbox"/> Promising and Evidence-Based Practices <input type="checkbox"/> Provider Effectiveness and Satisfaction <input type="checkbox"/> Integrated Programs and Systems Integration
Rationale for Selection:	While a Request for Services typically results in an Intake appointment, it has been estimated that 20 to 30% of such appointments are not kept—comprising a substantial negative impact on the availability of Intake slots. The RSN has not previously had a reliable way to quantify that impact. However, a newly adopted, RSN-wide process designed to standardize reporting of “Request for Services” encounters has provided a means to identify Requests not followed by an Intake because the prospective consumer did not keep the appointment (see Data Notes). This measure has been adopted on the belief that it will provide valuable insights regarding the impact of no-shows on system capacity. Additionally, the analysis process for this measure includes the generation of descriptive statistics concerning individuals who do not have Intakes after initiating contact with our system, to help the RSN identify demographic patterns that might inform efforts to minimize the impact of missed appointments. These statistics may also prove useful to decisions concerning the fit between services provided and the populations being served in each area.	
Approval:	Quality Management Oversight Committee: <u>12/8/09</u> Board of Directors: <u>1/7/10</u>	
Numerator:	# of H0046 (Request) encounters in the denominator for which there is no Intake encounter within 44 days	
Denominator:	# of H0046 (Request) encounters submitted	
Stratifiers:	<input type="checkbox"/> None <input checked="" type="checkbox"/> Provider <input checked="" type="checkbox"/> Medicaid Status <input checked="" type="checkbox"/> Age Group <input checked="" type="checkbox"/> Gender <input checked="" type="checkbox"/> Ethnicity <input type="checkbox"/> Other: NOTE: <u>Only one Improvement Target, for the population as a whole, is established, and only the performance score for the entire population is reported to the State.</u> However, to facilitate understanding and performance improvement processes, this measure is calculated and reported <u>internally</u> for the population as a whole, and for the population stratified by Provider, by age group ($\leq 17, \geq 18$), by Medicaid status (Medicaid, non-Medicaid), and by Gender. When sufficient data have been collected to allow for meaningful analysis, stratification will include Ethnicity-related variables as well.	
Inclusions:	<ul style="list-style-type: none"> • The following encounter codes (see the “Service Encounter Reporting Instructions” for descriptions): <ul style="list-style-type: none"> - All H0046 (Request for Services) encounters submitted - All 90801 & H0031 (Intake) encounters submitted - H0023-HW (Engagement & Outreach) encounters are used for purposes of score interpretation, but not score calculation 	
Exclusions:	<ul style="list-style-type: none"> • None for the purposes of calculating the performance score, but for purposes of interpreting the score, H0023 encounters <u>without</u> an HW modifier are excluded. 	
Data Elements & Sources:	<ol style="list-style-type: none"> 1. RUID: GCBH dbo_d020; GCBH dbo_d120, GCBH dbo_d150 2. CID: GCBH dbo_d020; GCBH dbo_d120, GCBH dbo_d150 3. Lname: GCBH dbo_d020 4. Fname: GCBH dbo_d020 	

	<ol style="list-style-type: none"> 5. Gender: GCBH dbo_d020 6. Dob: GCBH dbo_d020 7. Ethnicity: GCBH dbo_d020 8. Hisp_orig: GCBH dbo_d020 9. Language: GCBH dbo_d020 10. svc_date: GCBH dbo_d120 11. cpt : GCBH dbo_d120 12. svc_mod_1 through svc_mod_4: GCBH dbo_d120, to identify H0023 encounters with an HW modifier (see Data Note 2) 13. cur_status: GCBH dbo_d150 (see Data Note 3) 14. To be defined after activation of ProviderOne: Data element pertaining to Medicaid eligibility from a GCBH Eligibility table which will provide current data regarding discreet eligibility periods for every individual assigned to the RSN. 				
Data Notes:	<ol style="list-style-type: none"> 1. Submission of all Requests for Services, whether or not they result in an Intake, is a contractual requirement. It necessitates that a Provider receiving a Request open the individual in the data system by submitting the demographic data elements necessary to table dbo_d120—i.e., RUID, CID, Last Name, First Name, Middle Name, Gender, Date of Birth, Ethnicity, Hispanic Origin, Preferred Language, SSN, and Sexual Orientation—and results in individuals who do not subsequently appear for Intakes or other non-crisis services having been opened in the system. The RSN has adopted a process for actively seeking to re-engage individuals who miss their Intake appointments. <u>However</u>, to control for the negative aspects of having an individual designated as “active” for an extended period in which no services are delivered, if efforts to contact the individual and reschedule a missed Intake appointment do not succeed within approximately 6 weeks of the Request for Services, the individual is designated as “inactive” (see Note 3). <i>Individuals who request to reschedule their Intake appointment remain designated as “active” regardless of how often they reschedule it.</i> Individuals who receive an Intake outside the 44-day window for this measure, as a result of rescheduling, negatively impact the performance score. However, they are distinguishable from individuals who never appear for an Intake, and the degree to which they impact the score will be ascertainable over time and taken into consideration when setting an Improvement Target. 2. Because Engagement & Outreach is defined in the Service Encounter Reporting Instructions as a “set of activities that are implemented to develop an alliance with an individual for the purpose of <i>bringing them into...ongoing treatment,</i>” the RSN considers submission of such encounters prior to an Intake appropriate, assuming person-to-person contact with the individual who sought services (or his/her guardian, or if applicable, the Physician, ARNP, Physician Assistant, trained public health nurse or RN who made an EPSDT referral). To facilitate understanding of resources invested in attempting to bring into services individuals who do not keep their Intake appointments, Providers submit H0023-HW (Engagement & Outreach) encounters for contacts subsequent to a missed appointment and prior to designating an individual “inactive” (see Note 1). 3. To facilitate understanding of the impact of appointments that are not kept upon system capacity for Intakes, when individuals are designated as Inactive because they did not keep an Intake appointment after making a Request for Services (see Note 1), their status is recorded as “34” (Lost to Contact) in the “cur_status” field of Table dbo_d150. The use of this status code, in combination with the <i>presence</i> of a Request and the <i>absence</i> of an Intake, serves to differentiate these individuals from those coded “34” due to other circumstances. 4. Once ProviderOne is active, Medicaid status will be determined via an “Eligibility Table” in the RSN’s database, as described above. Because Providers do not currently submit this data element until after an Intake, the data for this measure will not be stratified by this variable until after activation of ProviderOne. 5. For purposes of stratification analysis, age is established based on the date of request for services, and is calculated as “the date of request minus the date of birth, divided by 365” and rounded down to the nearest whole number. 				
Baseline Data Period:	1/1/09 through 12/31/09	Baseline Performance Score:	TBD	Improvement Target:	TBD
Monitoring Frequency:	<input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Annual	Evaluation of Continued Relevance:	<input type="checkbox"/> Annual <input checked="" type="checkbox"/> Biennial		

Notes & Conclusions:

[Use this section to make “progress notes” concerning the implementation of this measure, and to record conclusions about its usefulness, if/when it is suspended or retired.]