

**OAMHS Briefs
August 2010
Prepared for CCSM**

Quality Improvement Snapshot

Attached you will find the 8th edition of the Quality Improvement Snapshot. Six Snapshot Issues will be produced and disseminated annually and will be available on the DHHS Quality Improvement Web-Site at <http://www.maine.gov/dhhs/QI/index.shtml>. Each Snapshot is intended to be brief, data-focused, and cover a broad range of health and human service related topics across DHHS.

This edition focuses on the relationship of mental health with physical health risks and chronic disease through the integrated analysis of Behavioral Risk Factor Surveillance System(BRFSS) data. This work has been the result of collaboration between the Maine CDC and the Office of Continuous Quality Improvement, with funding support from the Substance Abuse and Mental Health Services Administration and the Federal Center for Disease Control and Prevention. We hope you find this Snapshot helpful and look forward to your feedback.

June APS HealthCare Reports

Please find attached the June APS HealthCare Reports as well as the 4th quarter CI, ACT and DLSS waitlist reports for your review and feedback.

May 2010 Monthly Crisis Report Summary

Attached please find the crisis report for May 2010 organized by agency and statewide.

MaineCare Managed Care Initiative

Information about the Managed Care initiative may be found at the OMS webpage at http://www.maine.gov/dhhs/oms/mgd_care/mgd_care_index.html#backgrnd

There you can find meeting minutes, sign up for the listserve and read background information. We are working with Maine Equal Justice Partners to hold regional “listening sessions.” Information about this is below.

Come to a Listening Session about MaineCare!

Tell researchers what you think about MaineCare and how you get your health care!

We are looking for people who have MaineCare to come talk about MaineCare and their health care with researchers from the University of Southern Maine. The Maine Department of Health and Human Services (DHHS) is changing the way it pays hospitals and physicians in order to improve the quality of services and the way services are delivered to MaineCare members. So the purpose of this group is to hear directly from you about your experiences with MaineCare and your ideas for improving it. These

Listening Sessions are a chance for you to let DHHS know about what you like and dislike about MaineCare and how it can work better for you.

The names of people who go to the Listening Sessions will be kept confidential. The researchers will summarize what is said in a report that will be shared with people in DHHS and others who are trying to improve the MaineCare program. ***This is a great opportunity to help improve the MaineCare program.***

Participants will receive a \$30 gift certificate to Hannaford's, travel reimbursement (44 cents per mile) and child care reimbursement, if needed.

Where and When

Lewiston, Thursday, September 9, 2010, 10 am – noon

Portland, Thursday, September 16, 2010, 10 am – noon

Bangor, Wednesday, September 22, 2010, 10 am – noon

Presque Isle, Thursday, September 23, 2010, 10 am – noon

If someone wants to attend he or she should just call or email me and I will confirm there is space in the session, send them confirmation and the location.

If you would like to attend, please contact:

Mary Henderson
Maine Equal Justice Partners
126 Sewall Street
Augusta, ME 04330
(207) 212-8805
mhenderson@mejp.org
(Reasonable accommodations available on request)

Federal and National News FMAP Extension

House Passes FMAP Extension; Obama Signs into Law

Earlier this month, the House voted to approve a 6-month extension of enhanced federal assistance for Medicaid. Hours later, President Obama signed the measure into law.

The legislation, HR 1586, enacts a gradually phased-down extension of the enhanced Federal Medical Assistance Percentage (FMAP) rates. The enhanced rates were

originally set to end on Dec. 31, 2010, leaving many states with a shortage of resources to meet the elevated level of need for services during the recession.

Under the new law, the increase in FMAP rates will be reduced from the current level of 6.2 percentage points to 3.2 percentage points from Jan.-Mar. 2011 and to 1.2 percentage points from Mar.-June 2011.

The FMAP extension is expected to cost \$16.1 billion and is fully offset by spending reductions in other programs. One of the concessions made was to pay for the bill in part by reducing the period by which food stamps are increased with federal stimulus dollars from 2018 to 2014. The Congressional Leadership hopes to use the intervening period to restore the food stamp enhancements before 2014.

DOJ Webinar on Updated ADA Regulations and Standards

On July 26 the Department of Justice (DOJ) issued new rules to update its ADA regulations and to implement new accessibility standards for facilities. The U.S. Access Board and DOJ will conduct a free webinar on the updated regulations and standards on **September 2, 2010** from 1:30 - 4:00 EDT. DOJ representatives will highlight what is new in the revised title II and title III regulations, including requirements for existing facilities. Access Board staff will review major changes in the new ADA standards which are based on accessibility guidelines established by the Board.

For more information visit this link:

http://www.disability.gov/civil_rights/laws_&_regulations/americans_with_disabilities_act

New Disability Employment Resource Web Page

The Society for Human Resource Management (SHRM), which signed a new Alliance Agreement with the Dept of Labor's Office on Disability Employment Policy in late 2009, has launched a new Disability Employment Resource Page. SHRM created this resource page with employers in mind to offer resources, articles and information to help recruit, hire and retain people with disabilities. The new resource page also includes videos of experts in the field of disability employment. **For more information visit this link:**

http://www.disability.gov/employment/employing_people_with_disabilities/hr_tools_&_resources

1. **ADA and the Affordable Care Act Letter to Governors by HHS Secretary Sebelius**



**THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201**

July 26, 2010

Dear Governor:

This month, as the country celebrates the 20th anniversary of the passage of a landmark civil rights law, the Americans with Disabilities Act (ADA), I wanted to bring to your attention provisions in this year's Affordable Care Act that offer states new opportunities to build on gains made under the ADA. Over the past two decades, the ADA has provided greater opportunities for 54 million Americans with disabilities to live and work in their communities. But despite the two decades of progress, people with disabilities continue to be denied health coverage necessary to fulfill the promise of the ADA.

The Affordable Care Act expands coverage and improves health care for millions of Americans and has paved the way for the creation of insurance plans to provide transitional health coverage to uninsured people until the law that prohibits health insurance discrimination on the basis of disability is effective in 2014. The Affordable Care Act also offers numerous opportunities for people with disabilities, including new options for states to deliver on the promise of the ADA and adhere to the principles of the Supreme Court's *Olmstead* decision.

In 2014, the Affordable Care Act provision extends Medicaid coverage to low-income, childless adults. This provision, coupled with the 100-percent federal match for 3 years creates new options to better serve those with mental illness and substance abuse. Thereafter, just 10 percent of the cost of coverage for new populations must be covered by the states. In addition, starting in 2014, this expanded coverage creates an opportunity for states to use the Substance Abuse and Mental Health Services Administration's (SAMHSA) Block Grants in targeted ways to expand and support those services available under Medicaid and create models of care that effectively integrate medical and behavioral services. We look forward to working with you in anticipation of the 2014 Medicaid expansion to develop new strategies for your state's SAMHSA block grant spending. During this period, we will collaborate to identify the best ways to support persons in recovery from substance abuse and/or mental illnesses with investments in non-Medicaid covered support services. I hope you will make the most of this exceptional opportunity to improve patient care and community outcomes, and encourage you to start planning for it now.

I also hope you will take advantage of incentives and new opportunities in the Affordable Care Act to strengthen home- and community-based services (HCBS), so that people who want to live in the community have the ability to make that choice. These incentives include an increased federal Medicaid matching rate for new home and community based attendant care services, and new federal program authorities and funding to coordinate medical and long-term care services for people with chronic conditions.

The Affordable Care Act also extends the Money Follows the Person (MFP) program and provides an additional \$2.25 billion for fiscal years 2012-2016, and additional \$450 million for each year, to support state efforts to transition individuals from institutional living back to the community. The MFP program, initially authorized by the Deficit Reduction Act (ORA), has helped states build the infrastructure balance in their long-term care systems and expand access to HCBS. States currently participating will now have an opportunity to expand the scope of programs and a grant solicitation to bring new states into the program is being released today.

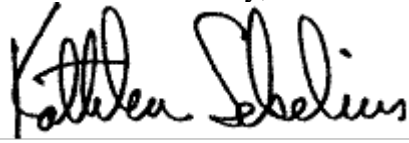
The Centers for Medicare and Medicaid Services will continue to communicate to states the numerous new opportunities to strengthen the Medicaid home and community-based system afforded by the Affordable Care Act.

Finally, I want to let you know that we are also exploring new ways to leverage federal resources to help states create new opportunities that promote choice and self-determination for individuals with disabilities. One of these is the Community Living Initiative, which includes a partnership between the Department of Health and Human Services and the Department of Housing and Urban Development, to improve the coordination of housing and supportive services for people with disabilities who are either already living in the community or transitioning from institutional facilities.

It is this Administration's belief that access to health coverage is as fundamental a right for every American as the right to employment, access to public accommodations, and full participation in the American mainstream, all of which ADA has helped make a reality for persons with disabilities. I know, as a former governor, that the federal government and the states need to work side by side to deliver on the Affordable Care Act's promise of access to health care regardless of disability. In the weeks and months ahead, we will be providing more guidance on various programs and benefits available to your state, and we welcome your suggestions for how we can maximize their impact and effectiveness. I hope you will contact the Director of the HHS Office on Disability at henry.claypool@hhs.gov about these new opportunities to better serve people with disabilities in the Affordable Care Act.

Meanwhile, I look forward to working with you to break down longstanding barriers to accessible and affordable healthcare for people with disabilities, and achieve the promise of the ADA.

Sincerely,



Kathleen Sebelius

The *What a Difference a Friend Makes* Campaign launches Video and Essay Contest

SAMHSA and the Ad Council are pleased to announce the [What a Difference a Friend Makes Contest](#). If you have a great story of how you have been there for a friend through their recovery from a mental health problem, or how a friend has been there for you, we'd love to hear from you.

Friendship and support are key aspects of recovery from mental health problems. Individuals are more likely to seek help in an environment of acceptance and understanding. SAMHSA and the Ad Council have launched this video and essay contest to promote the powerful testimonies of friends supporting each other in recovery and further awareness and education about the vital importance of mental health.

If you know of someone that has a compelling story, please encourage them to participate.

It's simple to enter—just submit a short video or an essay that tells in a creative and meaningful way how you've supported a friend during a tough time in his/her life or how they supported you. The story can be based on your real life experience, and it does not need to reveal the identity of the friend (unless the friend agrees to participate). Be sure to follow the rest of our [rules and guidelines](#), and we look forward to seeing your submission soon.

Entries must be received by August 31, 2010; Winners will be announced September 15.

Prizing:

- **One Video Contest Grand Prize:** Trip for two to the 2010 [Voice Awards](#) in Hollywood, CA where the winning video will be shown during the event.
- **Two Video Contest Runner Up Prizes:** A Flip *MinoHD*TM video camera
- **Two Essay Contest Prizes:** A Flip *MinoHD*TM video camera

More info:

What a Difference Campaign: whatadifference.samhsa.gov

What a Difference Contest: <http://www.whatadifference.samhsa.gov/contest>

Send any questions or concerns to: 2gether@adcouncil.org

New Patient Centered Medical Home Web Site Launched

AHRQ announces the launch of a new Web site devoted to providing objective information to policymakers and researchers on the patient centered medical home. The [Patient Centered Medical Home](#) Web site provides users with searchable access to a rich database of publications and other resources on the medical home and exclusive access to the AHRQ-funded white papers focused on critical medical home issues including: *Necessary But Not Sufficient: The HITECH Act and Health Information Technology's Potential to Build Medical Homes, Engaging Patients and Families in the Medical Home, Integrating Mental Health Treatment Into the Patient Centered Medical Home.*

The direct article link for the Patient Centered Medical Home is:

http://www.pcmh.ahrq.gov/portal/server.pt/community/pcmh_home/1483

ACT Waitlist Report

04/01/2010 To 06/30/2010

	Total	Class	MaineCare Non Class	Total	Class	Grant Funded NonClass
Total Statewide						
# Waiting (last day of the Quarter)	17	0	17	5	4	1
# Waiting (last day of Previous Quarter)	8	0	8	3	3	0
# Referred to a Wait List	22	5	17	3	1	2
# Admitted to Service	11	5	6	1	0	1
# Discharged from Wait List	1	0	1	0	0	0
CSN 2						
# Waiting (last day of the Quarter)	1	0	1	0	0	0
# Waiting (last day of Previous Quarter)	1	0	1	0	0	0
CSN 3						
# Waiting (last day of the Quarter)	6	0	6	0	0	0
# Waiting (last day of Previous Quarter)	1	0	1	0	0	0
# Referred to a Wait List	8	3	5	1	0	1
# Admitted to Service	3	3	0	1	0	1
CSN 5						
# Waiting (last day of the Quarter)	0	0	0	2	2	0
# Waiting (last day of Previous Quarter)	0	0	0	1	1	0
# Referred to a Wait List	0	0	0	1	1	0
CSN 6						
# Waiting (last day of the Quarter)	4	0	4	2	2	0
# Waiting (last day of Previous Quarter)	3	0	3	2	2	0
# Referred to a Wait List	2	1	1	0	0	0
# Admitted to Service	1	1	0	0	0	0
CSN 7						
# Waiting (last day of the Quarter)	6	0	6	1	0	1
# Waiting (last day of Previous Quarter)	3	0	3	0	0	0
# Referred to a Wait List	12	1	11	1	0	1
# Admitted to Service	7	1	6	0	0	0
# Discharged from Wait List	1	0	1	0	0	0

ACT Waitlist Report

04/01/2010 To 06/30/2010

	Total	Class	MaineCare Non Class	Total	Class	Grant Funded NonClass
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- CSN 1: Aroostook County
- CSN 2: Hancock, Washington, Penobscot, and Piscataquis
- CSN 3: Kennebec and Somerset
- CSN 4: Knox, Lincoln, Sagadahoc, and Waldo
- CSN 5: Androscoggin, Franklin, and Oxford
- CSN 6: Cumberland
- CSN 7: York
- CSN 99: Unknown address

CI Waitlist Report

04/01/2010 To 06/30/2010

	Total	Class	MaineCare Non Class	Total	Class	Grant Funded NonClass
Total Statewide						
# Waiting (last day of the Quarter)	141	17	124	111	38	73
# Waiting (last day of Previous Quarter)	142	20	122	96	29	67
# Referred to a Wait List	336	26	310	33	12	21
# Admitted to Service	218	16	202	10	1	9
# Discharged from Wait List	115	13	102	8	2	6
CSN 1						
# Waiting (last day of the Quarter)	7	0	7	0	0	0
# Waiting (last day of Previous Quarter)	7	0	7	0	0	0
# Referred to a Wait List	33	0	33	0	0	0
# Admitted to Service	27	0	27	0	0	0
# Discharged from Wait List	5	0	5	0	0	0
CSN 2						
# Waiting (last day of the Quarter)	23	1	22	21	4	17
# Waiting (last day of Previous Quarter)	20	3	17	24	4	20
# Referred to a Wait List	53	3	50	0	0	0
# Admitted to Service	26	3	23	1	0	1
# Discharged from Wait List	24	2	22	2	0	2
CSN 3						
# Waiting (last day of the Quarter)	14	7	7	15	8	7
# Waiting (last day of Previous Quarter)	24	11	13	16	7	9
# Referred to a Wait List	31	1	30	6	3	3
# Admitted to Service	34	4	30	4	1	3
# Discharged from Wait List	7	1	6	3	1	2

CI Waitlist Report

04/01/2010 To 06/30/2010

	Total	Class	MaineCare Non Class	Total	Class	Grant Funded NonClass
CSN 4						
# Waiting (last day of the Quarter)	3	0	3	11	2	9
# Waiting (last day of Previous Quarter)	5	1	4	10	1	9
# Referred to a Wait List	16	1	15	1	1	0
# Admitted to Service	12	1	11	0	0	0
# Discharged from Wait List	6	1	5	0	0	0
CSN 5						
# Waiting (last day of the Quarter)	35	1	34	11	1	10
# Waiting (last day of Previous Quarter)	27	2	25	8	1	7
# Referred to a Wait List	90	3	87	7	0	7
# Admitted to Service	51	3	48	4	0	4
# Discharged from Wait List	28	1	27	0	0	0
CSN 6						
# Waiting (last day of the Quarter)	41	6	35	36	18	18
# Waiting (last day of Previous Quarter)	39	3	36	32	15	17
# Referred to a Wait List	67	8	59	6	4	2
# Admitted to Service	35	3	32	1	0	1
# Discharged from Wait List	30	2	28	1	1	0
CSN 7						
# Waiting (last day of the Quarter)	18	2	16	15	5	10
# Waiting (last day of Previous Quarter)	19	0	19	4	1	3
# Referred to a Wait List	46	10	36	12	4	8
# Admitted to Service	33	2	31	0	0	0
# Discharged from Wait List	14	6	8	1	0	1
CSN 99						
# Waiting (last day of the Quarter)	0	0	0	2	0	2
# Waiting (last day of Previous Quarter)	1	0	1	2	0	2
# Referred to a Wait List	0	0	0	1	0	1
# Discharged from Wait List	1	0	1	1	0	1

CI Waitlist Report

04/01/2010 To 06/30/2010

	Total	Class	MaineCare Non Class	Total	Grant Funded Class	NonClass
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- CSN 1: Aroostook County
- CSN 2: Hancock, Washington, Penobscot, and Piscataquis
- CSN 3: Kennebec and Somerset
- CSN 4: Knox, Lincoln, Sagadahoc, and Waldo
- CSN 5: Androscoggin, Franklin, and Oxford
- CSN 6: Cumberland
- CSN 7: York
- CSN 99: Unknown address

DLSS Waitlist Report

04/01/2010 To 06/30/2010

	Total	Class	MaineCare Non Class	Total	Class	Grant Funded NonClass
Total Statewide						
# Waiting (last day of the Quarter)	10	1	9	4	2	2
# Waiting (last day of Previous Quarter)	9	0	9	4	2	2
# Referred to a Wait List	29	5	24	0	0	0
# Admitted to Service	12	1	11	0	0	0
# Discharged from Wait List	16	3	13	0	0	0
CSN 2						
# Waiting (last day of the Quarter)	4	1	3	0	0	0
# Waiting (last day of Previous Quarter)	3	0	3	0	0	0
# Referred to a Wait List	10	3	7	0	0	0
# Admitted to Service	4	0	4	0	0	0
# Discharged from Wait List	5	2	3	0	0	0
CSN 3						
# Waiting (last day of the Quarter)	2	0	2	2	0	2
# Waiting (last day of Previous Quarter)	2	0	2	2	0	2
# Referred to a Wait List	2	0	2	0	0	0
# Admitted to Service	1	0	1	0	0	0
# Discharged from Wait List	1	0	1	0	0	0
CSN 4						
# Waiting (last day of the Quarter)	1	0	1	1	1	0
# Waiting (last day of Previous Quarter)	2	0	2	1	1	0
# Referred to a Wait List	1	0	1	0	0	0
# Discharged from Wait List	2	0	2	0	0	0
CSN 5						
# Waiting (last day of the Quarter)	3	0	3	0	0	0
# Waiting (last day of Previous Quarter)	2	0	2	0	0	0
# Referred to a Wait List	14	2	12	0	0	0
# Admitted to Service	6	1	5	0	0	0
# Discharged from Wait List	7	1	6	0	0	0

DLSS Waitlist Report

04/01/2010 To 06/30/2010

	MaineCare			Grant Funded		
	Total	Class	Non Class	Total	Class	NonClass
CSN 6						
# Waiting (last day of the Quarter)	0	0	0	1	1	0
# Waiting (last day of Previous Quarter)	0	0	0	1	1	0
# Referred to a Wait List	2	0	2	0	0	0
# Admitted to Service	1	0	1	0	0	0
# Discharged from Wait List	1	0	1	0	0	0

CSN 1: Aroostook County

CSN 2: Hancock, Washington, Penobscot, and Piscataquis

CSN 3: Kennebec and Somerset

CSN 4: Knox, Lincoln, Sagadahoc, and Waldo

CSN 5: Androscoggin, Franklin, and Oxford

CSN 6: Cumberland

CSN 7: York

CSN 99: Unknown address

APS Healthcare-Maine: Dashboard Report Adult Mental Health Fiscal Year 2010												
Demographics, Utilization and Access Measures: Active Authorization Census on the Last Day of Each Month												
Month	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Total # MaineCare Eligible Members	272,988	276,251	276,251	276,251	276,251	276,251	276,251	276,251	276,251	276,251	276,251	276,251
Total # Members Age 18+ Authorized Adult Mental Health Services	23,593	21,920	22,189	22,485	22,710	22,709	22,956	23,561	23,998	24,377	24,796	25,226
Ages 18-20	1,334	1,153	1,138	1,140	1,159	1,169	1,203	1,242	1,277	1,304	1,337	1,353
21-64	21,315	19,886	20,198	20,466	20,672	20,665	20,873	21,419	21,807	22,134	22,509	22,911
65-74	684	611	609	623	625	618	615	633	645	659	667	675
Over 75 Years Old	260	270	244	256	254	257	265	267	269	280	283	287
Total # Members Age 18+ Authorized Mental Health Services- Male	9,119	8,473	8,555	8,730	8,723	8,765	8,857	9,065	9,202	9,170	8,946	9,137
Total # Members Age 18+ Authorized Mental Health Services- Female	15,324	14,345	14,565	14,733	14,936	14,908	15,043	15,502	15,816	15,783	15,850	16,089
Total # Members Age 18+ Authorized Mental Health Services- Caucasian	21,209	19,748	19,969	20,206	20,378	20,353	20,512	21,011	21,380	21,314	21,119	21,442
Total # Members Age 18+ Authorized Mental Health Services- African-American	301	284	278	298	295	299	292	296	303	309	315	325
Total # Members Age 18+ Authorized Mental Health Services- Native American	371	345	358	360	367	368	369	391	388	382	387	406
Total # Members Age 18+ Authorized Mental Health Services- Other Race	2,562	2,441	2,515	2,599	2,619	2,653	2,727	2,869	2,947	2,948	2,975	3,053
Total # Adult Members Authorized CSI & PNMI Services (SMI Proxy)	10,887	10,597	10,727	10,913	10,991	11,069	11,532	11,408	11,592	11,864	11,671	11,842
Total # Adult Members Authorized MH Services who were screened for co-occurring SA/MH disorders	8,059	8,832	4,472	2,892	2,481	2,185	1,912	1,730	1,589	1,466	1,390	1,318
Demographics, Utilization and Access Measures: The following indicators are totalled for each month and are NOT Cumulative												
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Total # Adult New Admissions Authorized Psychiatric Inpatient Services Private Hospitals*	156	166	170	172	145	119	165	142	160	153	181	163
Total # Adult New Admissions Authorized Psychiatric Inpatient Services IMD Hospitals (Spring Harbor and Acadia)												145
Total # Adult New Admissions Authorized Psychiatric Inpatient Services State Hospitals Riverview and Dorothea Dix												45
Total # Adult Members Authorized ALL Psychiatric Inpatient Services (New Admissions)												353
Total # of Discharges from General Psychiatric Inpatient Units*	164	125	156	146	151	122	130	124	146	126	151	130
Total # of Discharges from IMD Psychiatric Inpatient Units Hospitals (Spring Harbor and Acadia)												132
Total # of Discharges from General Psychiatric Inpatient Units State Hospitals Riverview and Dorothea Dix												52
Total # of Discharges from ALL Psychiatric Inpatient Units												314
Average Length Of Stay (in days) for General ONLY In-Patient Psychiatric Discharged*	6	6	7	7	7	9	7	7	8	7	7	7
Total # of Discharges from General ONLY Psychiatric Inpatient Units who are then Readmitted within 30 days*	13	6	22	26	23	8	16	11	11	19	22	19
Total # Members Age 18+ Authorized Individual Outpatient Services (New Admissions)	2,584	2,472	2,726	2,324	1,806	1,337	1,394	1,265	1,505	1,345	1,330	1,378
Total # Members Age 18+ Authorized Group Outpatient Services (New Admissions)	233	219	182	252	260	245	198	204	213	217	206	220
Total # Members Age 18+ Authorized Medication Management Services (New Admissions)	560	558	532	550	541	405	496	391	471	521	495	503
Total # Members Authorized to Receive Residential Services (PNMI) (New Admissions)	90	61	32	31	26	30	29	27	32	30	29	32
Total # of Discharges from Residential Services (PNMI)	271	28	35	40	22	34	28	25	42	38	28	45
Average Length Of Stay (in days) for Residential Services (PNMI) discharged	392	253	257	263	274	257	285	153	360	189	266	271
Total # Members Age 18+ Authorized Crisis Unit Services (New Admissions)	221	200	200	199	198	170	215	218	226	214	216	218
Total # Members Age 18+ Discharged from Crisis Unit Svs in the month	208	189	187	172	187	158	171	193	229	197	193	207
Average Length Of Stay (in days) for Crisis Unit Services discharged in the month, Age 18+	5	5	5	5	5	7	5	4	5	5	3	5
Total # Adult Members who are Authorized to Receive Community Support/Integration Services (New Admissions)	458	455	481	477	532	471	559	480	571	484	483	533
Total # Adult Members who are Discharged from Community Support/Integration Services	471	408	368	473	309	329	358	303	372	350	356	420
Average Length Of Stay (in days) for Community Support/Integration Services Discharged in the month	266	240	237	247	254	279	346	294	328	297	314	314
Utilization, Access, and Continuity of Care Measures - End of Each Quarter												
Fiscal Year (1Qtr=Jul, Aug, Sep; 2Qtr=Oct, Nov, Dec; 3Qtr=Jan, Feb, Mar; 4Qtr=Apr, May, June)	1 Qtr			2 Qtr			3 Qtr			4 Qtr		
Total % of non-hospitalized adult members assigned Community Support/Integration Services within 7 working days of application of services (Quarterly)	60%			71%			66%			64%		
Total % of non-hospitalized adult members assigned Community Support/Integration Services within 3 working days of application of services (Quarterly)	46%			48%			44%			42%		
Total % of adult members who apply for and are assigned CI Services while an inpatient in a psychiatric facility within 7 working days (Quarterly)	82%			69%			63%			79%		
Total % of adult members who apply for and are assigned CI Services while an inpatient in a psychiatric facility within 2 working days (Quarterly)	41%			44%			32%			46%		
* Excludes IMD and State Facilities												

APS Healthcare-Maine Fiscal Year 2010 Report Dashboard

Demographics, Utilization, and Access - Monthly Cumulative Totals For Fiscal Year 2010

From: July 1, 2009 - The End of Each Month of the Fiscal Year

Total # MaineCare Eligible Members
Total # Members Authorized Services
Total # Members Authorized Mental Health Services (MH)
Total # Members Authorized Substance Abuse Services (SA)
Total # Members Authorized both Mental Health and Substance Abuse Services
Total # Members Authorized Mental Health Services: Caucasian
Total # Members Authorized Mental Health Services: African American
Total # Members Authorized Mental Health Services: American Indian
Total # Members Authorized Mental Health Services: Other
Total # Members Authorized Mental Health Services: Children/Adolescents age 0-17
Total # Members Authorized Mental Health Services: Adults age 18+
Total # Members Authorized Mental Health Services: Female
Total # Members Authorized Mental Health Services: Male
Total # Members Authorized Substance Abuse Services: Caucasian
Total # Members Authorized Substance Abuse Services: African American
Total # Members Authorized Substance Abuse Services: American Indian
Total # Members Authorized Substance Abuse Services: Other
Total # Members Authorized Substance Abuse Services: Children/Adolescents age 0-17
Total # Members Authorized Substance Abuse Services: Adults age 18+
Total # Members Authorized Substance Abuse Services: Female
Total # Members Authorized Substance Abuse Services: Male
Total # Members Authorized Services in an Outpatient Setting
Total # Members Authorized Services Diagnosed with a Serious Mental Illness
Total # Members Authorized Services Diagnosed with a Severe Emotional Disorder
Total # of Members Authorized Services that were screened for co-occurring disorders
Total # of Members Authorized Services that were diagnosed with a co-occurring disorder
Total # of Members Diagnosed with a co-occurring SA/MH diagnosis Authorized MH Services
Total # of Members Diagnosed with a co-occurring SA/MH diagnosis Authorized SA Services
Total # of Members Diagnosed with a co-occurring SA/MH diagnosis Authorized both SA and MH Services
Total # of Members Diagnosed with a co-occurring SA/MH diagnosis Authorized integrated SA and MH Services
Administrative ASO Measures - The following indicators are totalled for each month and are NOT cumulative
Total # Administrative Denials (post reconsiderations)
Total # Clinical Denials (post reconsiderations)
Total # Partial Authorizations (post reconsiderations)
Total # Administrative Denials, Clinical Denials, or Partial Authorizations Reconsidered then Resulting in Authorized or Partially Authorized Services
Denial Rate (post reconsiderations)
Total # Formal Complaints
Total # Formal Grievances
Total # Appeals

Total # of APS Cases Processed
Total # of Services Processed
Average # Services per APS Cases Processed
Total # of Services Discharged
Total # Phone Calls Received
Average # Calls Received per work day
Average Answer Speed in Seconds (target < 30 seconds)
Average Length of Calls in Minutes:Seconds
Total # DHHS Meetings
Total # Attendees at the DHHS Meetings
Total # Provider Meetings
Total # Attendees at the Provider Meetings
Total # Member Meetings
Total # Attendees at the Member Meetings
Administrative ASO Measures - Quarterly
Contract Year (1Qtr=Dec,Jan,Feb; 2 Qtr=Mar,Apr,May; 3 Qtr=Jun,Jul,Aug; 4 Qtr=Sep,Oct,Nov)
Contract Standard 1, Indicator 1 - Data Transfer of Eligibility Files Incorporated within 24 hours (target 95%)
Contract Standard 1, Indicator 2 - Data Transfer of Provider Files Incorporated within 24 hours (target 95%)
Contract Standard 1, Indicator 3 - 98% Data Transfer of Authorization data entered into MECMS (target within 3 business days of Provider notification)
Contract Standard 2, Indicator 1 - Response to Service Appeals meets time frames stated in agreement (target 98%)
Contract Standard 2, Indicator 2 - Appeals that reach the hearing level have accurate information provided to the Department in less than 48 hours (target 98%)
Contract Standard 3 - Members contacting Member Services are satisfied with their experience (target 90%)
Contract Standard 4 - All required reports are completed and submitted within 30 days of the period for which the report is due (target 100%)
Contract Standard 5, Indicator 1 - Telephone calls answered live within 6 rings (target 95%)
Contract Standard 5, Indicator 2 - Fewer than 5% of telephone calls to APS will be abandoned (target < 5%)
* DHHS momentum FTP experienced several issues which resulted in reduced timeliness of APS file transfers.
** High Volume and Fax Difficulties
***Communication difficulty resulted in slower response time during one week in the quarter.