Recovery Focused Fee-For-Service Conversion
Provider Readiness Self-Assessment Tool
Illinois Version - 2005

Demographics and General Information

1. ALL Respondents – N = 64
   Field Test (Self Score) – N = 23
   Field Test (Site Visit) – N = 7
   Non Field Test – N = 34

2. Ownership structure:

ALL	Field Test	Site Visit	Non Field	Response
0	0	0	0	For Profit
56/88%	21/91%	6/86%	30/88%	Non Profit
7/11%	2/9%	1/14%	4/12%	Government
0	0	0	0	Other

3. Total annual budget size of the total organization

ALL	Field Test	Site Visit	Non Field	Response
3/5%	0	0	3/9%	Under $1,000,000
33/52%	11/48%	2/29%	20/59%	$1,000,000 – 5,999,999
11/17%	6/26%	1/14%	4/12%	$6,000,000 – 14,999,999
17/27%	6/26%	4/57%	7/21%	Over $15,000,000

4. Percentage of annual budget from DMH contracts

ALL	Field Test	Site Visit	Non Field	Response
4/6%	0	0	4/12%	More than 90%
12/19%	3/13%	0	9/26%	76 – 90%
20/31%	10/43%	3/43%	7/21%	50 – 75%
28/44%	10/43%	4/57%	14/41%	Less than 50%

5. Approximate number of consumers served under DMH contracts during FY04 *(Consumers served under DMH contracts is the number of Medicaid and non-Medicaid consumers funded in whole or in part)*

ALL	Field Test	Site Visit	Non Field	Response
7/11%	1/4%	0	6/18%	Less than 170
13/20%	3/13%	0	10/29%	170 – 450
17/27%	5/22%	4/57%	8/24%	451 – 1300
27/42%	14/61%	3/43%	10/29%	More than 1300

6. Percentage of clients served under DMH contracts enrolled in Medicaid (primary, secondary, or Medicaid managed care) during 7/1 – 12/31/04

ALL	Field Test	Site Visit	Non Field	Response
7/11%	1/4%	1/14%	5/15%	Less than 25%
14/22%	6/26%	1/14%	7/21%	25 – 49%
33/52%	14/61%	3/43%	16/47%	50 – 74%
10/16%	2/9%	2/29%	6/18%	75% or more

7. Percentage of clients served under DMH contracts during 7/1 – 12/31/04 who were undocumented individuals?

ALL	Field Test	Site Visit	Non Field	Response
48/75%	17/74%	5/71%	26/76%	Less than 1%
7/11%	1/4%	1/14%	5/15%	2 – 4%
6/9%	4/17%	0	2/6%	5 - 9%
3/5%	1/4%	1/14%	1/3%	10% or greater

8. Which description best describes the range of services covered under the DMH contract? (Mark one or the other description):

ALL	Field Test	Site Visit	Non Field	Response
59/92%	23/100%	7/100%	29/85%	Comprehensive array of services including assessment, case management, crisis, medication services, and therapy/counseling
5/8%	0	0	5/15%	Specialty provider for a limited range of services, such as assertive community treatment, day treatment or vocational services

9. What ages does your organization serve? (Check all that apply)

ALL	Field Test	Site Visit	Non Field	Response
39/61%	19/83%	5/71%	15/44%	0- 5
50/78%	20/87%	7/100%	23/68%	6 – 12
56/88%	22/96%	7/100%	27/79%	13 – 20
59/92%	21/91%	7/100%	31/91%	21 – 64
56/88%	20/87%	6/86%	30/88%	65 and older

10. Which best describes the information system used by your agency to bill for DMH services/consumers?

ALL	Field Test	Site Visit	Non Field	Response
18/28%	5/22%	3/43%	10/29%	ROCS only (no other agency billing system is used)
26/41%	13/57%	3/43%	10/29%	Agency billing system with all client billing data, using electronic submission to ROCS
20/31%	5/22%	1/14%	14/41%	Agency billing system with required data manually entered into ROCS
13/20%	4/17%	1/14%	8/24%	Licensed system available nationally for billing only
17/27%	10/43%	0	7/21%	Licensed system available nationally for billing and clinical record documentation
10/16%	4/17%	1/14%	5/15%	Locally developed billing system used by multiple DMH providers
5/8%	1/4%	2/29%	2/6%	Internally developed billing system
1/2%	0	0	1/3%	Other

11. Complete the following table indicating which services your agency currently provides in the first column and any plans to add or discontinue services upon full transition to fee-for-service.

Current Service				Services	Add/Delete			
ALL	Field Test	Site Visit	Non Field		ALL	Field Test	Site Visit	Non Field
12/19%	5/22%	1/14%	6/18%	Activity therapy	0/0	0/0	0/0	0/0
19/30%	9/39%	3/43%	7/21%	Assertive community treatment	1/0	1/0	0/0	0/0
62/97%	23/100%	7/100%	32/94%	Case mgt—client ctd consultation	1/0	0/0	0/0	1/0
62/97%	23/100%	7/100%	32/94%	Case mgt—mental health	0/0	0/0	0/0	0/0
57/89%	21/91%	6/86%	30/88%	Case mgt—linkage/aftercare	1/0	0/0	1/0	0/0
30/47%	14/61%	3/43%	13/38%	Comprehensive MH services	1/0	0/0	0/0	1/0
58/91%	22/96%	6/86%	30/88%	Crisis intervention	0/1	0/0	0/0	0/1
48/75%	21/91%	5/71%	22/65%	Crisis intervention—pre-hospital scr	0/1	0/0	0/0	0/1
15/23%	8/35%	3/43%	4/12%	Intensive family-based services	2/0	1/0	0/0	1/0
62/97%	23/100%	7/100%	32/94%	Mental health assessment	1/0	0/0	0/0	1/0
18/28%	6/26%	2/29%	10/29%	Mental health day treatment	0/1	0/0	0/0	0/1
11/17%	5/22%	2/29%	4/12%	Mental health intensive outpatient	1/0	0/0	0/0	1/0
37/58%	15/65%	7/100%	15/44%	Psychological evaluation	0/0	0/0	0/0	0/0
52/81%	21/91%	6/86%	25/74%	Psych. medication administration	0/0	0/0	0/0	0/0
59/92%	22/96%	7/100%	30/88%	Psych. medication monitoring	0/1	0/0	0/0	0/1
57/89%	22/96%	7/100%	28/82%	Psych. medication training	0/0	0/0	0/0	0/0
6/9%	4/17%	0	2/6%	ST diagnostic and MH services	0/0	0/0	0/0	0/0
51/80%	20/87%	6/86%	25/74%	Skills, trng and development	2/0	0/0	1/0	1/0
49/77%	20/87%	7/100%	22/65%	Therapeutic behavioral services	1/0	0/0	0/0	1/0
61/95%	22/96%	7/100%	32/94%	Therapy/counseling	0/0	0/0	0/0	0/0
61/95%	23/100%	7/100%	31/91%	Tx plan dev/review/modification	1/0	0/0	0/0	1/0
23/36%	9/39%	0	14/41%	Adaptive/social rehab—vocational	2/1	2/0	0/0	0/1
22/34%	10/43%	2/29%	10/29%	Oral interpretation and sign language	0/1	0/0	0/0	0/1
21/33%	5/22%	4/57%	12/35%	Supported employment	5/1	2/0	0/0	3/1
13/20%	4/17%	2/29%	7/21%	Vocational, education testing/eval	3/0	1/0	0/0	2/0

	Dimension	ALL	Field Test	Site Visit	Non Field
Governance and Leadership					
1.	Do current versions of organization's mission/vision/values include express commitment to recovery and a process for achieving recovery oriented services?	14/22%	4/17%	1/14%	9/26%
2.	Is the board composition inclusive of a primary consumer and/or family member, and a business oriented professional (CPA, attorney, senior manager)?	43/67%	15/65%	5/71%	23/68%
3.	Have all members of the board participated in education regarding both fiduciary responsibilities and establishing/monitoring organizational performance indicators?	37/58%	16/70%	2/29%	19/56%
4.	Has the board received training regarding provider fee-for-service core competencies and the specific impact of transition to fee-for-service on governance and leadership?	22/34%	8/35%	3/43%	11/32%
5.	Does the organization have a written plan (goals, tasks, resources, timelines) to transition to recovery oriented fee-for-service and report progress regularly (at least monthly) to senior management and the board?	5/8%	3/13%	0	2/6%
6.	Has the organization developed and communicated a change-management process (inclusive of what to expect in the process, plan for ongoing communication, changes in procedures/responsibilities) to staff and consumers?	7/11%	2/9%	1/14%	4/12%
7.	Does organization have <u>all</u> of the following performance indicator information? *(Please check each area that is currently in place)*	32/50%	10/43%	5/71%	17/50%
	__Written indicators	38/59%	12/52%	5/71%	21/62%
	__Regular measurement against those indicators that is reported to leadership and board	36/56%	11/48%	5/71%	20/59%
	__Demonstrated impact on operations resulting from performance indicator measurement	33/52%	11/48%	5/71%	17/50%
	Max Score = 7 Average Total Score Governance and Leadership	2.5/36%	2.5/36%	2.1/30%	2.5/36%

	Dimension	ALL	Field Test	Site Visit	Non Field
Access and Intake					
8.	Is the average time from first call to initiation of assessment less than or equal to ten calendar days?	43/67%	15/65%	5/71%	23/68%
9.	Is eligibility for Medicaid, Medicare and other third party benefits checked and documented in the record at first appointment and once a month thereafter?	24/38%	9/39%	4/57%	11/32%
10.	Do front desk (reception or clerical support) staff review financial resources, screen for possible Medicaid eligibility and apply a sliding fee scale to individuals who present without Medicaid or other third party benefits?	41/64%	14/61%	6/86%	21/62%
11.	Are front desk staff able to determine the amount of any co-payment (from the record or the billing system) and expected to collect the co-payment at the time of service?	37/58%	13/57%	4/57%	20/59%
12.	When indicated by client need (urgent/emergent), does the organization have the ability to provide same day face-to-face assessment appointments?	60/94%	21/91%	7/100%	32/94%
13.	When indicated by client need (urgent/emergent), does the organization have the ability to provide same day face-to-face psychiatrist appointments?	18/28%	6/26%	4/57%	8/24%
14.	Does the organization have a centralized scheduling process (manual or automated) where appointments are scheduled using a master schedule with ability to schedule urgent, next or missed appointments into any available slot?	39/61%	18/78%	3/43%	18/53%
	Max Score = 7 Average Total Score Access and Intake	4.2/59%	4.2/59%	4.7/67%	4.0/58%
Services					
15.	Have direct service clinical staff been trained in <u>all</u> of the following areas? *(Please check each area where training has been provided)*	19/30%	9/39%	2/29%	8/24%
	__ New service taxonomy	38/59%	15/65%	5/71%	18/53%
		46/72%	16/70%	5/71%	25/74%

	Dimension	ALL	Field Test	Site Visit	Non Field
	__ Rule 132 requirements	22/34%	9/39%	3/43%	10/29%
	__ Recovery based approach to services __ Periodic training updates on changes/clarifications	39/61%	14/61%	5/71%	20/59%
16.	Does the assessment process include <u>all</u> of the following? *(Please check each area included in the assessment)*	44/69%	13/57%	5/71%	26/76%
	__ Consistent form (adult and youth forms may be different)	55/86%	18/78%	6/86%	31/91%
	__ Completed on a timely basis (within 45 days of admission)	54/84%	18/78%	6/86%	30/88%
	__ Standardized functional assessments (e.g., LOCUS, CALOCUS, CAFAS, Multnomah)	44/69%	12/52%	5/71%	27/79%
	__ Diagnostic components	53/83%	17/74%	6/86%	30/88%
17.	At least 75% of the time, do consumers and parent/guardians (minors) participate in the treatment planning process as evidenced by participation in treatment planning conferences and their signature on the treatment plan?	53/83%	18/78%	6/86%	29/85%
18.	Do at least 75% of treatment plans directly reflect diagnosis, assessed functional needs, consumer preferences, consumer strengths, and natural supports?	38/59%	15/65%	2/29%	21/62%
19.	Are at least 75% of treatment plans reviewed and updated as needed or at least once every 180 days inclusive of consumer/family participation in the review process?	49/77%	18/78%	6/86%	25/74%
20.	Are core services (assessment, medication monitoring/education, and case management, etc) available at times appropriate to consumer needs and preferences, including evenings and weekends?	28/44%	14/61%	1/14%	13/38%
21.	Are the majority (>50%) of service units delivered in the community/natural setting (not office locations)?	18/28%	5/22%	2/29%	11/32%
22.	Excluding psychiatric services, is the time from referral to first service < 30 days for Medicaid enrollees?	46/72%	16/70%	3/43%	27/79%
23.	Excluding psychiatric services, is the time from referral to first service < 30 days for non-Medicaid consumers?	47/73%	16/70%	3/43%	28/82%

	Dimension	ALL	Field Test	Site Visit	Non Field
24.	Do clinical supervisors receive staff productivity reports at least monthly, use those reports in direct supervision of staff, and demonstrate a change in practice as a result of these efforts?	36/56%	15/65%	5/71%	16/47%
25.	Does the organization have a system to monitor and supervise line staff to ensure service delivery (type, frequency, duration), is consistent with the service definitions, and the treatment plan and can demonstrate a change in practice as a result of this system ?	35/55%	12/52%	4/57%	19/56%
	Max Score = 11 Average Total Score Services	6.4/58%	6.5/59%	5.6/51%	6.5/59%
Billing and Financial Management					
26.	Does the organization require service staff to submit billing information within 1-2 business days from the delivery of service and does data indicate at least a 75% compliance rate with this policy?	27/42%	10/43%	3/43%	14/41%
27.	Does the organization use a claims system capable of generating HIPAA compliant electronic claims (837I or 837P)?	40/63%	14/61%	4/57%	22/65%
28.	Does the organization track average time from date of service to claims submission, and is the average time less than or equal to 14 calendar days?	11/17%	3/13%	1/14%	7/21%
29.	Does the organization consistently bill Medicare (for Medicare eligible services) prior to Medicaid when a consumer is dually eligible?	41/64%	18/78%	6/86%	17/50%
30.	Does the organization submit claims to any payor at least twice per month?	26/41%	13/57%	2/29%	11/32%
31.	Does the organization submit claims to any payor at least once per week?	10/16%	5/22%	1/14%	4/12%
32.	Does the organization have at least 30 days of cash reserves (Days of cash reserves = Cash + Investments/{Average monthly expenses/30 days})?	49/77%	17/74%	3/43%	29/85%
33.	Does the organization have at least 60 days of cash reserves?	39/61%	13/57%	3/43%	23/68%
34.	Is there a process to reconcile amounts billed to paid/accepted claims within ten business days of receipt of reports/remittance advice and resubmit claims as indicated?	34/53%	13/57%	3/43%	18/53%

	Dimension	ALL	Field Test	Site Visit	Non Field
35.	Has the organization calculated costs per unit (including delineation of direct and indirect cost components) for each service provided under the DMH contract?	30/47%	7/30%	2/29%	21/62%
36.	Have efforts been made during the past 12 months to reduce unit costs?	31/48%	12/52%	2/29%	17/50%
37.	Does agency have productivity targets or standards for a majority (more than half) of clinical direct service staff? (Productivity = billed or reimbursable time under rule 132 / paid time)	51/80%	21/91%	5/71%	25/74%
38.	Do average productivity rates for all clinical staff equal or exceed 50%?	41/64%	17/74%	2/29%	22/65%
39.	Are <u>all</u> of the following financial elements available via report for management review and use? *(Please mark each element present in current system)*	28/44%	13/57%	4/57%	11/32%
	__ Number of consumers by payment source served per month	38/59%	15/65%	4/57%	19/56%
	__ Number of units of each type of service per month	47/73%	17/74%	5/71%	25/74%
	__ Number of each type of staff and corresponding salary/benefit costs	42/66%	14/61%	5/71%	23/68%
	__ Actual productivity rate for each direct service staff	40/63%	15/65%	4/57%	21/62%
	__ Indirect costs for each program	43/67%	14/61%	5/71%	24/71%
	__ General and administrative overhead rate	45/70%	15/65%	5/71%	25/74%
40.	Has the organization prepared a financial impact analysis or projections for the transition to fee for service?	23/36%	9/39%	4/57%	10/29%
41.	Do other revenue sources (non-DMH/non-Medicaid) comprise at least 15% of the organization's annual revenues?	54/84%	20/87%	7/100%	27/79%
	Max Score = 16 Average Total Score Billing & Financial Management	8.3/52%	8.9/56%	7.4/46%	8.1/51%
Compliance					
42.	Does the organization have a compliance plan that has been approved by leadership and the board of directors, and a staff person assigned who is responsible for monitoring and updating the compliance plan?	39/61%	18/78%	3/43%	18/53%

	Dimension	ALL	Field Test	Site Visit	Non Field
43.	Is there evidence that all current staff and new hires are trained on compliance requirements including confidentiality, fraud/abuse, and clinical record documentation requirements (for clinical staff)?	52/81%	19/83%	4/57%	29/85%
44.	Does the organization have a consistent and reliable process to ensure all delivered services are included on a treatment plan that covers the date of service?	38/59%	17/74%	4/57%	17/50%
45.	Does the organization have a consistent and reliable process to monitor the accuracy, completeness and timeliness of clinical record documentation for each billed service including matching to units billed?	42/66%	15/65%	6/86%	21/62%
46.	Does the organization have a consistent and reliable process to monitor whether services delivered demonstrate fidelity to service definitions and programmatic requirements?	31/48%	11/48%	3/43%	17/50%
47.	Does the organization have a written plan to monitor medical necessity & can demonstrate documented practice impact?	18/28%	8/35%	3/43%	7/21%
48.	Does the organization have a consistent and reliable process to ensure that services are delivered by staff with credentials required by regulation and/or service definitions?	58/91%	22/96%	7/100%	29/85%
	Max Score = 7 Average Total Score Compliance	4.3/62%	4.8/69%	4.3/61%	4.1/58%
Management Information					
49.	Does the organization have an information system that is capable of tracking client demographics and billing information?	55/86%	22/96%	4/57%	29/85%
50.	Do at least 80% of employees have access to a work station and e-mail?	42/66%	16/70%	2/29%	24/71%
51.	Does the information system track treatment plan expiration dates to ensure that services are not being delivered under an expired treatment plan?	26/41%	11/48%	1/14%	14/41%
52.	Does the information system include eligibility/payer source for each consumer?	51/80%	22/96%	4/57%	25/74%
53.	Is an automated scheduler available and used for at least assessments, therapy/counseling, and psychiatric services?	30/47%	14/61%	3/43%	13/38%

	Dimension	ALL	Field Test	Site Visit	Non Field
54.	Are monthly productivity reports produced within 15 days of the preceding month for each direct service staff and program?	35/55%	15/65%	3/43%	17/50%
55.	Are monthly no show rate reports produced within 15 days for the preceding month for each direct service staff and program?	16/25%	6/26%	2/29%	8/24%
56.	Are information system functions resourced to ensure production of routine reports according to established deadlines, provide help desk functions within one business day, and produce 80% of *ad hoc* reporting within 14 business days of request?	28/44%	13/57%	4/57%	11/32%
	Max Score = 8 Average Total Score Management Information	4.4/55%	5.2/64%	3.3/41%	4.1/52%
Outreach					
57.	Are consumers who have been asked to participate in governance or workgroup activities been offered assistance, training, and ongoing support to maximize their comfort and effectiveness consistent with the nature of their involvement?	38/59%	14/61%	5/71%	19/56%
58.	Does the organization offer financial assistance (reimbursement for travel and/or time) for consumer participation in governance and work groups?	30/47%	11/48%	5/71%	14/41%
59.	Is there a communication plan (goals, tasks, resources, timelines) targeting consumers and other key stakeholders describing the transition to recovery focused fee-for-service?	6/9%	3/13%	2/29%	1/3%
60.	Does the organization have a plan (goals, tasks, resources, timelines) to participate in community activities designed to educate referral sources, consumers, and families regarding availability of services and supports?	21/33%	5/22%	4/57%	12/35%
61.	Does the organization demonstrate cultural responsiveness through promotion of inclusion, prohibiting discrimination, staff race/ethnicity reflective of program participants, requiring competency training for all, and availability of translators?	51/80%	18/78%	5/71%	28/82%
62.	Does the organization have a process to focus outreach efforts to encourage active engagement for consumers/families in need (both enrolled and new clients)?	33/52%	12/52%	3/43%	18/53%

	Dimension	ALL	Field Test	Site Visit	Non Field
63.	Does the organization have a process to collect information regarding consumer/family satisfaction and can demonstrate the information has been used to change practice or processes?	52/81%	18/78%	5/71%	29/85%
	Max Score = 7 Average Total Score Outreach	3.6/51%	3.5/50%	4.1/59%	3.6/51%
	Max Score = 63 GRAND TOTAL ALL SECTIONS	33.7/54%	35.6/56%	31.6/50%	32.9/52%