Illinois Department of Human Services
Division of Alcoholism and Substance Abuse
Provider Performance and Outcomes Reports
Interpretation Guidance
State Fiscal Year 2015

Provided below is guidance that is designed to assist in the interpretation of SFY 2015 DASA Provider Performance and Outcomes Reports. The data used in the development of these final reports represents service billings accepted in DARTS through September 30, 2015 for patients/clients admitted to State-supported levels of care during SFY 2015. These reports are divided into three sections. Prior to a summary of the contents of these three report sections, it is important to define the difference between episodes of care and admissions to levels of care within DARTS.

Episodes of Care/Admissions by Level of Care. An episode of care is created when a patient/client is opened in DARTS with a unique identification number (DHS RIN) and Open Date. Once opened in DARTS, a patient/client can be admitted to multiple levels of care within the same episode. Each level of care admission is created through entry of a particular setting code value and associated Start Date on the Service Setting Screen in DARTS. Once admitted to a particular level of care, the provider organization can submit billings for services provided while the patient/client is active within the level of care. The DARTS manual includes a sample screen shot of how the Setting Code Screen can be used to create level of care admissions within an episode of care, and transfer a patient/client from one level of care to another within the same episode of care.

Performance Measure Section. The first section of the provider performance report provides the organization's engagement, retention and continuity of care performance measure data for each of the levels of care for which the organization had at least 20 patient/client admissions in DARTS during SFY 2015. The data reflects performance measure data for patients/clients **opened** during each fiscal year quarter along with cumulative data for all patients/clients opened to that level of care during SFY 2015. DASA has thus far developed performance measures for the following levels of care: Detoxification, Level I (OP), Level II (IOP), Level III.5 (Residential Rehabilitation), Level III.1 (Halfway House), and Recovery Home. The organization's SFY 2014 levels for the performance measures are included if available. In addition to the organization's data, the statewide and applicable DHS Region data is also provided. The SFY 2015 DHS Region-specific performance measure values are based on groupings of admitted patients/clients based on the patient/client area of residence, determined by the corresponding geocode value entered by the admitting organization.

As many levels of care for which the organization had at least 20 client openings during SFY 2015 are represented in this section. Outpatient (Level I) Methadone Treatment (OMT) patients/clients are not included in this first section since DASA has not yet implemented performance measures for this level of care. Finally, in interpreting the percentages and sample

sizes in this section it should be kept in mind that there are differences in the criteria for patient/client inclusion (the denominators) across the performance measure analyses. Most of the calculations are based on all patients/clients opened to that level of care during the particular time period (i.e. quarter or fiscal year cumulative). However, some of the measures are based only on those opened clients who have been discharged or transferred to another level of care during the same DARTS episode. Whether an analysis is based on all opened clients or only on those opened clients who have been discharged is indicated in the brief descriptions of the measures in this section's tables.

National Outcome Measures (NOMS) Data. The second section of the report provides the organization's NOMS data as it appeared in DARTS when the data was extracted for treatment patients/clients opened in SFY 2015. This data is reported at opening and at time of transfer from one level of care to another within the same episode, and/or at time of discharge from the episode of care. This data is also reported as part of our SAMHSA/CSAT block grant application, so this data is intended to be calculated in a manner consistent with that taken by this federal agency. No NOMS have been developed for detoxification services. For all other levels of care provided by your organization, data is reported for each of the seven NOMS domains. In order to be included in a NOMS domain analysis, a patient/client must have valid NOMS data entries at both opening and discharge. Some additional exclusionary criteria are noted in the report for some of the NOMS domain analyses. In regards to the Alcohol Abstinence and Other Drug Abstinence NOMS Domains, there are multiple alternative ways to run these analyses. In the case of the Alcohol Abstinence Domain, only patients/clients who had alcohol as their primary substance of use at opening and also had valid frequency of use data at both opening and discharge are included in this analysis. This same approach was taken for the Other Drug Abstinence NOMS Domain, using only those patients/clients having a drug other than alcohol as their primary substance of use. Similar to the case for the first section, the NOMS data for the organization's respective DHS Region and the Illinois Statewide NOMS data are also provided.

Patient/Client Demographics/Summary Service Data. The last page of the report provides a summary of demographics and cumulative service data for all patients/clients opened to DASA-funded treatment services during SFY 2015. This does not include any non-treatment patients/clients (e.g. Early Intervention). Patients/clients admitted to outpatient methadone services during SFY 2015 **ARE** included in these demographics. Those patients/clients opened with an assessment and are closed out with the reason "no diagnosis" are not included in this count. At the bottom of the page are some summary service data related to reported wait for treatment. The percentage (%) of patients/clients with no reported wait for treatment is based on those patients/clients for whom the Initial Contact and Opening Dates in DARTS are the same. The percentages (%) of patients/clients opened during SFY 2015 who were administratively discharge by DASA, and who were still open in DARTS as of September 30, 2015 are provided. Depending on what portion of patients/clients who were still open and are later determined to be inactive and are administratively closed out by DASA, the completion rate that appears in the report could substantially change after these cases are closed.

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NOTE: In previous years there have been some provider organizations that opened several patients/clients to a level of care (based on the selected Service Setting Code entered in the DARTS Service Setting Screen) with a particular start date, and then closed the patient/client on the same date. The same patient/client was then admitted again to the same level of care on the same date, within the same episode of care. It appears that this action was generally performed to bill the assessment services, and then reopen the individual to bill the remaining services provided to the patient/client within this level of care. This essentially creates duplicate admissions. This billing practice has at least two negative consequences.

The first is that the number of total admissions reported by the provider will be artificially inflated, sometimes markedly. A provider's patient/client demographics will to some extent be impacted by this artificial duplication. There may also be an impact on the total admissions that are reported by DASA to SAMHSA. The second negative consequence will be an adverse impact on a provider's performance measures, especially those related to level of care engagement and retention. The duplicate admissions will artificially inflate the denominators for these measures and almost certainly serve to decrease the resultant values. If a provider organization suspects that this billing practice might be occurring, it would be advisable to check with either your internal DARTS data and billing personnel, or with your third-party vendor, if this is the case.