Grantee Experience: Voucher Management Systems as a Program and Financial Management Tool

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Using Voucher Management Systems to Successfully Manage ATR Projects

- Understand how data-driven decision making is created through the use of a voucher management system.
- Demonstrate how grantees can use VMS data in key programmatic and fiscal areas to successfully manage ATR projects.
- Present ATR grantee perspectives on the benefits of using reporting tools and the solutions that have supported efforts in monitoring the ATR program.
- Explain how these tools and solutions can impact all ATR grantees' project management decisions.

Introduction

Electronic information management is a distinguishing attribute of the Access to Recovery (ATR) project. The ATR requirement for implementation of an electronic voucher management system (VMS) helps ensure grantees have ready access to both aggregate and provider-specific data. The required collection of data at designated intervals, as outlined by the Government Performance and Results Act (GPRA), creates a client-specific database that documents changes over time in the client's key life domains, and these changes have a strong association with client recovery.

Data from the VMS and GPRA systems can be used to build financial and program management tools and to compile reports that aid ATR grantees in monitoring, reviewing, and adjusting programs supported by client- and system-level data. For some grantees, the depth and breadth of data and the accessibility of this information is unique to ATR, which has proven invaluable to the successful management of all aspects of the ATR project.

What's in this TA Package?

Many grantees have established integrated systems of data and report review mechanisms in support of data-driven decision making pertaining to key aspects of their programs, including client retention, referral systems, service types and utilization, provider access, outcomes, and return on investment. This ongoing commitment to continuous quality improvement of the ATR program allows for flexibility and responsiveness while still maintaining the core ATR values and including a choice of services and providers for the client that truly supports a recovery-oriented system of care. Examples of these reports and the local data-driven decision-making processes that occur are the focus of this TA Package.

How should grantees use this information?

This TA Package features information, resources, tips, and tools from seven ATR 3 grantees. It is designed to help you understand how data in your VMS and the GPRA can be used for financial and program management of your ATR program. Inside, you also will read about the experiences and lessons learned by ATR grantees as they implemented VMS and GPRA data-generated reports to implement data-driven decision making and a system of continuous quality improvement to their ATR program.

The concept of and reasons for data-driven decision making

Success in business planning and management requires that we move away from a traditional model that provides purely financial and retrospective information and uses best guesses for decision making to a model that uses forward-looking and insightful measurement and analysis to make key decisions. This measurement culture—where business decisions are made based on a careful blend of both data and intuition—is an organizational environment where staff have a keen understanding of the information they need to do their jobs effectively and how to obtain and use this data. It is a culture where organizational performance is driven by measuring, reporting, and managing key strategic and operational metrics.

http://www.openminds.com/market-intelligence/intelligence-updates/pebmpi09data.htm

Part 1: From Data to Information: Data-Driven Decision Making

An essential feature of the ATR grant is the use of vouchers as a payment mechanism for client services. Vouchers place control of the type of services, the provider, and service participation in the hands of the client. ATR grantees are required to implement an electronic VMS. Some grantees chose to build their own systems while others chose off-the-shelf products. The creation of information from data and the timely, systematic review of the information available from ATR reports, which are based on the data found in both the program's VMS and GPRA outcome, are essential for sound financial and program management of ATR regardless of the type of system used by the grantee.

What is the difference between data and information?

Data refers to the lowest abstract or raw input which, when processed or arranged, makes meaningful output. It is the group or chunks which represent quantitative and qualitative attributes pertaining to variables. Information is usually the processed outcome of data. More specifically speaking, it is derived from data. Information is a concept and can be used in many domains.

http://www.differencebetween.net/language/difference-between-data-and-information/

Both the implementation of a VMS and the regular collection of GPRA data for each ATR participant foster greater interaction among program directors and data personnel. This increased contact and reliance on new knowledge, skills, and abilities requires ATR staff to develop and implement new ways of working with each other to best manage the complexities of a voucher-based system of reimbursement. ATR grantees are challenged to approach data and reporting in a way that is often different from traditional substance abuse service programs that typically use a limited number of providers with contracts based on fixed funding amounts, fixed client numbers, and more limited data and outcome collection requirements.

Additionally, ATR requires grantees to include a process for data-driven decision making and continuous quality improvement as a regular part of program implementation and to incorporate new and diversely trained team members. Given the amount of data contained in the VMS, ATR grantees are primed to implement the process of data-driven decision making and continuous quality improvement much more quickly than traditional substance abuse service programs or funding streams. Client-level data collected via the VMS offers grantees a wealth of financial and program data that can easily be used to monitor service costs and array.

With ATR's additional requirement to collect client-level outcome data that measure change over time (through GPRA scores), grantees are in a unique position to use VMS data in multiple ways. For example,

grantees are able to identify service and provider issues; adjust service arrays and rates; monitor client access to and retention in services; identify and act quickly on cases of waste, fraud, and abuse; and identify service arrays (clinical and/or recovery support systems) that achieve the best client outcomes for target populations. This data collection and review process also provides grantees the tools needed to engage in continuous quality improvement of their ATR program.

ATR grant requirements compel grantees to approach management of the project differently from other Federal and State funding streams. Given the complexities of the ATR approach and the robust data contained in the VMS, grantees use a number of key reports and tools to continuously monitor and improve the program. Building on the varied experience of the required ATR staff, grantees have implemented a variety of frameworks to design, use, and redesign these reports and tools to continually improve their ATR projects. Within these frameworks, information needs are identified, definitions of terms are clarified, data elements are established, and report formats are created, often in collaboration with all members of the ATR team.

Voucher management systems are more than a means to pay for services. With a thoughtful and ongoing report development process to implement the principles of data-driven decision making and continuous quality improvement, the VMS can also be the basis of behavioral health care service management systems. The goal of ATR is the design of behavioral health service systems that provide the right mix of services at the right cost, that produce the right outcomes in an environment of client-directed care at a chosen provider, and that afford an immediate awareness of and responsiveness to both negative and positive events.

Continuous Quality Improvement

An approach to improving and maintaining quality that emphasizes regular, internally driven assessments of potential causes of quality defects, followed by action aimed at either avoiding a reduction in quality or correcting the quality defect at an early stage.

—USAID From the American People

http://www.hciproject.org/improvement_tools/improvement_methods/approaches/quality

Part 2: Grantee Examples: Data, Reports, and the VMS

The vast array of data elements contained within grantees' voucher management systems can be overwhelming, especially for new ATR grantees. Additionally, ATR grantees are required to simultaneously manage a multitude of financial and program requirements in order to implement and sustain a successful ATR project. Given this complexity, seven key areas for successful management of ATR funds and programs are identified, along with the kinds of reports that are often used to inform each area, in the table on the following page. ATR project directors report considerable overlap between areas in their day-to-day project management with reports and tools often providing critical information in several key areas at once. Grantees also identify a hierarchy of reports within this construct, noting that reports on budgeting and spending were essential "first-tier" tools that require ATR staff mastery prior to the development of other reports and tools.

Finally, project directors note that, while reports provide a snapshot of potential issues in each of these areas, each project director also relies on additional inquiry to fully assess the issue or situation. Reports help focus these inquiries and concurrently trigger the development of new reports and tools that support a system of continuous quality improvement founded in data-driven decision making.

Seven ATR project directors were contacted to gather the greatest array of experience and expertise in using the VMS as an ATR financial and program management tool. Each of the project directors was asked to provide a sample of the report(s) they use in one of the key management areas listed in the table and to discuss the following items:

- The importance of the report(s) and how ATR staff use the report(s) as a program or financial management tool.
- The frequency of report generation and review along with identification of key data elements.

- Lessons learned, including examples of actual findings and results.
- How the report(s) contribute to meeting the goals of ATR, which includes both SAMHSA-mandated and grantee-defined parameters.

Area	Sample Reports
Budgeting and Spending	- Projected and actual spending - Projected and actual monthly targets by clients, locations, services, providers, special populations, etc. - Regional capacity of providers, networks, population size, substance issue, etc.
Services	- Tracking the comparison of services of interest with actual services referred and used - Provider capacity and utilization - Services by provider location or network
Client Choice	- Referral source - Provider referrals report - Client satisfaction by referral and provider source - Service utilization and service completion rates - Client requests for changes in providers
Rates	- Services by amounts and numbers served - Outliers services: under- or overused services by dollars, client numbers, and providers
Fraud, Waste, and Abuse	- Establishment of typical service delivery protocols - Reports on individual provider billing outside of typical service delivery protocol (i.e., "red-flagged") - Chart and service documentation audits by provider and by client
Client Profiles and Client Outcomes	- Service mix - Access times - GPRA data and VMS - Data exports - Statistical software - Data analysis
Care Coordination	- Service mix - Engagement - Retention in services - Follow-up

Area 1: Budgeting and Spending

A unique component of ATR is the use of vouchers to pay for approved clinical and recovery support services, which places the control of these funds directly with clients via VMS. ATR services are delivered in expanded provider networks that require continuous monitoring in order to meet client target requirements within budget parameters. Grantees have developed an array of spreadsheets, reports, and tools using data from their VMS that allow for monitoring of critical budget and spending status.

Ohio's Choice for Recovery ATR project provided their ***Performance Dashboard*** as an example of a key financial management tool related to budgeting and spending of ATR funds.

Ohio's ATR Performance Dashboard Report

Purpose and Importance

The ATR ***Performance Dashboard Report*** was developed to provide a snapshot of funding patterns based on data entered into the VMS. The report allows stakeholders to review important funding information in an easy-to-read, comprehensive format. This report was developed in collaboration with several stakeholder agencies to ensure the information provided was useful to multiple partners.

Report Elements and Use

Clients Served provides the number of clients that have been enrolled into the ATR program. Breaking this report out by fiscal year and by service type allows the ATR project director to view broad trends in service patterns as well as keep track of the client targets.

Total Number of Providers and *Dollars Spent by Provider Type* help track the percentage of community and faith-based providers active in the network and the expenditures on both kinds of providers because the grant is predicated on the inclusion of these providers in the ATR network.

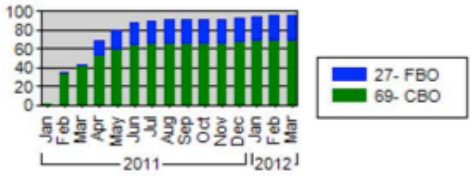
ATR Performance Dashboard

Reported Friday, March 30, 2012

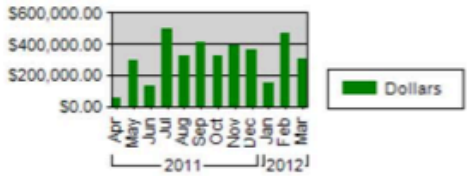
Clients Served

Year	# of Treatment	# of Recovery	Total Clients
2011	1,286	1,888	1,889
2012	918	1,705	1,705
Grand Total	2,204	3,593	3,594

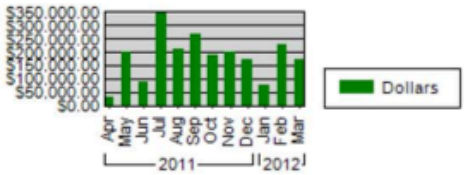
Total Number of Providers



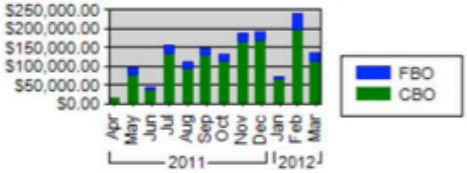
Dollars Paid



Dollars Spent on Treatment Clients

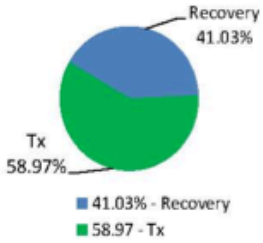


Dollars Spent by Provider Type

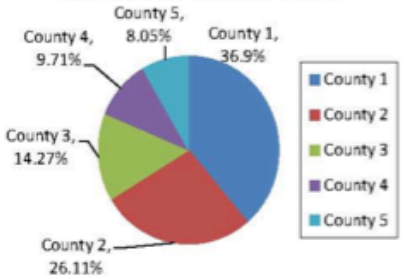


Since Grant Began

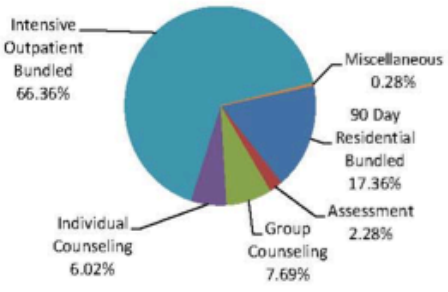
Dollar Spent by Type of Service



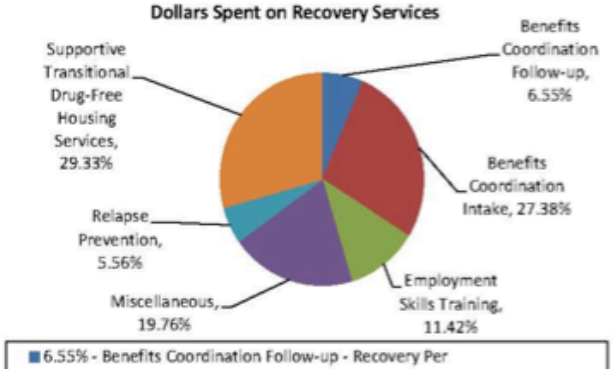
Dollars Spent by County of Residence



Dollars Spent on Treatment Services



Dollars Spent on Recovery Services



Dollars Paid provides an annual snapshot of spending patterns via a monthly breakdown of funds spent. These patterns are used to determine the median spending amounts as well as appropriate monthly budget amounts.

Dollars Spent on Treatment Clients provides more detail on the use of ATR funds. As the treatment services are adjusted, changes in spending patterns are tracked using these data. With ATR's focus on the vital roles of recovery support services and care coordination, changes in spending patterns for clinical services are anticipated.

Dollars Spent by Type of Service provides a big picture view of the percentage of funds spent on recovery and treatment. Ohio tracks funding expended on treatment versus recovery support services to ensure a balanced distribution of funds.

Dollars Spent by County of Residence provides data on the percentage of redemption per county. These data drive the funding expectations per county as well as indicate the outreach and capacity-building needs of each county.

Dollars Spent on Treatment Services and *Dollars Spent on Recovery Services* provide a detailed breakdown of spending in the top five services in both categories to track actual treatment and recovery service utilization with the percentages of funding redeemed in each service category.

Lessons

The ATR ***Performance Dashboard Report*** is used in a variety of ways to assist with budgeting, forecasting, and tracking of ATR funds. This report provides a basic understanding of what services are most widely used, what percentage of the spending is from each county, and the balance of spending between recovery support and treatment dollars. It also tracks enrollment targets.

Ohio ATR's project director notes:

> *The dashboard allowed us to identify an increase in spending towards the end of Year 1 that would have been unsustainable given the new target and funding levels for Year 2. As such, we adjusted our ATR service array to address these realities.*

Such a snapshot of voucher redemption data is a good way to broadly see the amount of grant funds that are spent and where they are being used. Ohio ATR staff have found this report to be a useful "big picture" to present to ATR stakeholders because it is easy to read and provides enough information to gain an understanding of the funding flow in the ATR program.

Area 2: Services

The focus of ATR on client-directed services requires grantees to continuously review project implementation. Data from the VMS increase the grantee's ability to identify additional client service needs and requests, adjust the array of voucher-supported services, and track the delivery of services across defined project catchment areas.

New Mexico's Door to Recovery ATR project provides an example of reports and tools generated from their VMS data which they use to manage and improve provider networks in the areas of client access, client flow, and timely delivery of services.

Purpose and Importance

New Mexico ATR's ***Administrative Referral Chart*** is a snapshot of client referrals by provider in a local ATR Central Intake Network. Recovery support service (RSS) coordinators are responsible for helping clients select their clinical and recovery support services from a credentialed array of providers. The primary purpose of this report is to allow New Mexico ATR staff to monitor this selection process. Additionally, they use this report as a starting point to identify additional client needs and requests and to adjust ATR service availability as needed based on patterns, such as high and low provider referral rates.

Report Elements and Use

The ***Administrative Referral Chart*** includes the name of the provider (changed to service type in this example for ease of use), the name of each RSS coordinator in that network, and the number of unique individuals assigned to each RSS coordinator who have selected each

Administrative Referral Chart									
Project Year to Date									
Central Intake Unit: ABC Central Intake									
Provider	RSS Coordinator 1	RSS Coordinator 2	RSS Coordinator 3	RSS Coordinator 4	RSS Coordinator 5	RSS Coordinator 6	RSS Coordinator 7	RSS Coordinator 8	RSS Coordinator 9
Acc/Massage	0	0	0	0	1	0	0	0	0
RSS Array	7	0	5	63	0	0	47	12	0
Alt. Healing	13	0	9	352	0	0	82	22	0
Clinical	0	25	0	0	83	0	0	4	46
Clinical	4	30	4	21	8	0	11	1	20
Clinical	12	0	4	103	0	0	24	0	0
Acc/Massage	0	0	0	0	1	0	0	0	0
Clinical	0	5	0	0	18	0	0	2	31
Acc/Massage	25	0	9	105	0	0	65	13	0
RSS Array	0	5	0	0	4	0	0	2	1
Spiritual	10	0	8	76	0	0	56	22	0
Acc/Massage	0	0	0	0	1	0	0	0	1
Acc/Massage	0	0	0	0	0	0	2	0	0
Acc/Massage	0	13	0	1	16	0	13	3	24
Clinical	0	1	0	0	2	0	0	0	2
Acc/Massage	0	0	0	31	0	0	31	14	0
Clinical	0	15	0	0	30	0	0	1	5
Clinical	0	2	0	0	4	1	0	0	2
Clinical	0	15	1	0	89	0	0	7	33
Clinical	0	11	0	0	32	0	0	1	11
RSS Array	9	8	0	2	33	1	0	7	32
RSS Array	0	2	0	0	6	0	0	0	4

provider. Clients in New Mexico may select up to two recovery support services and providers at any time.

New Mexico ATR staff use this report in several ways. It helps them identify the types of services being used and which providers are being used. It also informs decisions on when to stop accepting applications for providers for current services and when to provide outreach for new providers of either existing or new services.

For example, there are seven acupuncture/massage providers in the network, with the four providers in yellow receiving only one or two referrals for the project year to date; the bulk of the referrals have gone to the three providers highlighted in blue. Further investigation can reveal if this situation is an anomaly, if the referral pattern is consistent over time, and the causes for these utilization patterns. Under- and overutilization of providers offering the same type of services could be due to many issues, including quality of care and quantity of providers.

Also note that, in this report, RSS Coordinator 4 made more than 700 referrals for the project year to date, which is more than 3.5 times the average number of referrals of all RSS coordinators. Alternatively, RSS Coordinator 6 made only two referrals. RSS

Coordinator 4 also referred to a single provider 352 times, nearly three times more than the total of all other referrals to that provider. Again, further investigation is needed to understand why referrals are being made to ensure that the full array of eligible service offerings is available to each client and that referrals are not being made beyond provider capacity.

Lessons

New Mexico ATR's project director notes:

> *An example of how New Mexico ATR has used the* **Administrative Referral Chart** *is in regards to the provider application process, which is required for inclusion in the ATR network. Upon review of the data contained in this chart and further investigation, the New Mexico ATR team closed the application process to new providers of acupuncture/massage due to the low utilization of several current providers in the network offering this type of service.*
>
> *In another New Mexico ATR network (of which there are seven total) not represented in this TA Package, the* **Administrative Referral Chart** *data indicated a lack of clinical providers for ATR clients in one community and a limited number of agencies providing key recovery support services, such as spiritual support, pastoral guidance, and faith-based options, in a third community. In these cases, New Mexico ATR staff used the* **Administrative Referral Charts** *to identify these situations, investigate further, and implement strategies to build the capacity so that missing services could be provided in those communities.*

Area 3: Client Choice

A central tenant of ATR is client choice, predicated on the principle that recovery is personal and unique for each individual and must be self-directed to achieve the participant's goals, objectives, and desired outcome. As such, ATR program participants use their vouchers to select the types of services they want, the providers of these selected services, and the frequency and intensity of these services.

The increase in the types of services financed under the ATR program and the requisite expansion of the provider network for these services can compromise client choice, especially when a provider is authorized to provide multiple services. Grantees have developed reports and tools to help identify potential instances of a lack of genuine client choice in their service selection.

Iowa ATR provides a chart of their ***Claims Reconciliation Tool***, which is used to manage several key areas of the Iowa ATR grant and as the basis for ongoing quality improvement activities. Among the uses of this report is the identification of potential issues regarding client choice.

Purpose and Importance

Iowa ATR staff use the ***Claims Reconciliation Tool*** to identify potential issues around client choice. Using a series of data sorting, as illustrated in the charts on the following pages, the Iowa ATR project director can spot patterns of client utilization that could indicate a lack of client choice, particularly in cases where multiple clients receive all of their services from a single provider even though other provider choices for these services exist. A sample of this pattern is highlighted in the Iowa ATR ***Claims Reconciliation Tool*** Sort View Chart on page 10.

Report Elements and Use

The ***Claims Reconciliation Tool*** includes client identification, provider identification, service type, dates of service, and cost of service. Because the data can be sorted by each element, this multifunctional report is used not only to identify potential issues of client choice, but also to:

- Conduct desk audits of providers and service utilization.
- Evaluate service utilization and funding amounts allocated.
- Conduct file audits during provider site visits (routine and special requests).

The use of the ***Claims Reconciliation Tool*** and the subsequent investigation of red-flagged items often trigger a quality improvement process, including

Iowa ATR Claims Reconciliation Tool Sort Chart									
Client ID	Provider	Service	Start Date	End Date	Adjudicated Date	Action	Charge Amount	Invoice	Encounter Created Date
001	IA Provider 1	Supplemental Needs - Psychotropic Medication	2/22/12	2/22/12	3/1/12	Paid	$28.00	119447	3/1/12
002	IA Provider 2	Care Coordination with GPRA Discharge Interview	3/1/12	3/1/12	3/1/12	Paid	$40.00	119451	3/1/12
003	IA Provider 3	Transportation - Bus/Cab	3/1/12	3/1/12	3/1/12	Paid	$30.00	119453	3/1/12
004	IA Provider 4	Recovery Peer Coaching	3/1/12	3/1/12	3/1/12	Paid	$25.00	119461	3/1/12
005	IA Provider 5	Care Coordination with GPRA Follow-up Interview	3/1/12	3/1/12	3/1/12	Paid	$170.00	119463	3/1/12
006	IA Provider 6	Supplemental Needs - Wellness	3/1/12	3/1/12	3/1/12	Paid	$155.00	119464	3/1/12
007	IA Provider 7	Supplemental Needs - Clothing/Hygiene	3/1/12	3/1/12	3/1/12	Paid	$124.00	119467	3/1/12
008	IA Provider 8	Co-Pays	2/28/12	2/28/12	3/2/12	Paid	$5.00	119471	3/2/12
009	IA Provider 9	Supplemental Needs - Utility Assistance	3/2/12	3/2/12	3/2/12	Paid	$200.00	119473	3/2/12
010	IA Provider 10	Housing Assistance	1/31/12	1/31/12	3/2/12	Paid	($31.00)	119475	2/8/12
010	IA Provider 10	Housing Assistance	2/29/12	2/29/12	3/2/12	Paid	$10.00	119475	3/2/12
001	IA Provider 11	Recovery Peer Coaching	3/2/12	3/2/12	3/2/12	Paid	$50.00	119477	3/2/12
011	IA Provider 12	Supplemental Needs - Gas Cards	3/2/12	3/2/12	3/2/12	Paid	$20.00	119479	3/2/12
012	IA Provider 13	Transportation - Bus/Cab	3/1/12	3/1/12	3/2/12	Paid	$30.00	119480	3/2/12
013	IA Provider 14	Supplemental Needs - Clothing/Hygiene	2/27/12	2/27/12	3/2/12	Paid	$123.00	119481	3/2/12
014	IA Provider 15	Care Coordination	2/28/12	2/28/12	3/2/12	Paid	$10.00	119484	3/2/12
011	IA Provider 12	Supplemental Needs - Clothing/Hygiene	3/9/12	3/9/12	3/9/12	Paid	$51.00	119595	3/9/12
015	IA Provider 3	Supplemental Needs - Clothing/Hygiene	3/9/12	3/9/12	3/9/12	Paid	$109.00	119596	3/9/12
010	IA Provider 14	Co-Pays	1/4/12	1/4/12	3/9/12	Paid	$28.00	119597	3/9/12
016	IA Provider 14	Drug Testing	1/5/12	1/5/12	3/9/12	Paid	$32.00	119597	3/9/12
011	IA Provider 16	Housing Assistance	3/9/12	3/9/12	3/9/12	Paid	$200.00	119604	3/9/12
007	IA Provider 7	Drug Testing	3/9/12	3/9/12	3/9/12	Paid	$32.00	119607	3/9/12
017	IA Provider 7	Care Coordination	3/9/12	3/9/12	3/9/12	Paid	$10.00	119607	3/9/12
002	IA Provider 17	Recovery Peer Coaching	2/24/12	2/24/12	3/11/12	Paid	$50.00	119611	3/11/12
018	IA Provider 18	Transportation - Bus/Cab	3/7/12	3/7/12	3/12/12	Paid	$18.00	119615	3/12/12
019	IA Provider 18	Sober Living Activities	3/7/12	3/7/12	3/12/12	Paid	$10.00	119615	3/7/12
020	IA Provider 11	Transportation - Bus/Cab	3/6/12	3/6/12	3/12/12	Paid	$48.00	119617	3/12/12
021	IA Provider 11	Transportation - Bus/Cab	3/6/12	3/6/12	3/12/12	Paid	$48.00	119617	3/12/12
021	IA Provider 11	Drug Testing	3/15/12	3/15/12	3/15/12	Paid	$32.00	119680	3/15/12
005	IA Provider 11	Recovery Peer Coaching	3/14/12	3/14/12	3/15/12	Paid	$50.00	119680	3/15/12
022	IA Provider 13	ATR Assessment with GPRA Intake Interview	3/15/12	3/15/12	3/15/12	Paid	$125.00	119683	3/15/12
002	IA Provider 14	Co-Pays	1/4/12	1/4/12	3/15/12	Paid	$39.00	119684	3/15/12
016	IA Provider 4	Co-Pays	3/15/12	3/15/12	3/15/12	Paid	$15.00	119693	3/15/12
023	IA Provider 4	Co-Pays	3/15/12	3/15/12	3/15/12	Paid	$8.00	119693	3/15/12
004	IA Provider 6	Supplemental Needs - Gas Cards	3/15/12	3/15/12	3/15/12	Paid	$20.00	119697	3/15/12
006	IA Provider 19	Care Coordination	2/28/12	2/28/12	3/1/12	Paid	$10.00	119451	3/1/12
011	IA Provider 6	Care Coordination	3/1/12	3/1/12	3/1/12	Paid	$10.00	119464	3/1/12
008	IA Provider 8	Co-Pays	2/23/12	2/23/12	3/2/12	Paid	$5.00	119471	3/2/12

Iowa ATR Claims Reconciliation Tool Sort View									
Client ID	Provider	Service	Start Date	End Date	Adjudicated Date	Action	Charge Amount	Invoice	Encounter Created Date
Red Flag Sample 1									
100	IA Provider 20	Care Coordination with GPRA Discharge Interview	3/21/12	3/21/12	3/21/12	Paid	$40.00	119786	3/21/12
100	IA Provider 20	Supplemental Needs - Gas Cards	3/2/12	3/2/12	3/6/12	Paid	$20.00	119536	3/6/12
101	IA Provider 55	Co-Pays	1/19/12	1/19/12	3/12/12	Paid	$4.00	119621	3/12/12
101	IA Provider 55	Supplemental Needs - Gas Cards	2/28/12	2/28/12	3/12/12	Paid	$20.00	119621	3/12/12
101	IA Provider 55	Supplemental Needs - Gas Cards	2/24/12	2/24/12	3/12/12	Paid	$20.00	119621	3/12/12
101	IA Provider 55	Supplemental Needs - Gas Cards	3/8/12	3/8/12	3/16/12	Paid	$20.00	119708	3/16/12
101	IA Provider 55	Supplemental Needs - Gas Cards	2/16/12	2/16/12	3/12/12	Paid	$20.00	119621	3/12/12
101	IA Provider 12	Care Coordination	2/9/12	2/9/12	3/6/12	Paid	$10.00	119538	3/6/12
101	IA Provider 12	Supplemental Needs - Clothing/Hygiene	2/29/12	2/29/12	3/6/12	Paid	$93.00	119538	3/6/12
102	IA Provider 5	Care Coordination	3/20/12	3/20/12	3/20/12	Paid	$10.00	119762	3/20/12
102	IA Provider 5	Care Coordination	3/6/12	3/6/12	3/6/12	Paid	$10.00	119535	3/6/12
102	IA Provider 5	Drug Testing	3/6/12	3/6/12	3/6/12	Paid	$32.00	119535	3/6/12
102	IA Provider 5	Life Skills Coaching	3/19/12	3/19/12	3/19/12	Paid	$25.00	119737	3/19/12
102	IA Provider 5	Recovery Peer Coaching	3/6/12	3/6/12	3/6/12	Paid	$25.00	119535	3/6/12
102	IA Provider 5	Supplemental Needs - Clothing/Hygiene	3/19/12	3/19/12	3/19/12	Paid	$116.00	119737	3/19/12
102	IA Provider 5	Supplemental Needs - Gas Cards	3/6/12	3/6/12	3/6/12	Paid	$25.00	119535	3/6/12
102	IA Provider 5	Supplemental Needs - Gas Cards	3/19/12	3/19/12	3/19/12	Paid	$25.00	119737	3/19/12
103	IA Provider 31	Integrated Therapy	3/6/12	3/6/12	3/14/12	Paid	$40.00	119666	3/14/12
103	IA Provider 31	Integrated Therapy	3/13/12	3/13/12	3/14/12	Paid	$40.00	119666	3/14/12
103	IA Provider 31	Supplemental Needs - Gas Cards	3/6/12	3/6/12	3/6/12	Paid	$10.00	119532	3/6/12
103	IA Provider 31	Supplemental Needs - Gas Cards	2/28/12	2/28/12	3/5/12	Paid	$10.00	119508	3/5/12
103	IA Provider 31	Supplemental Needs - Gas Cards	3/13/12	3/13/12	3/13/12	Paid	$10.00	119642	3/13/12
104	IA Provider 7	Care Coordination	3/6/12	3/6/12	3/8/12	Paid	$10.00	119579	3/8/12
104	IA Provider 7	Care Coordination	3/2/12	3/2/12	3/6/12	Paid	$10.00	119531	3/6/12
104	IA Provider 7	Supplemental Needs - Clothing/Hygiene	3/6/12	3/6/12	3/8/12	Paid	$113.00	119579	3/8/12
104	IA Provider 7	Transportation - Bus/Cab	3/2/12	3/2/12	3/6/12	Paid	$48.00	119531	3/6/12
104	IA Provider 7	Care Coordination	3/2/12	3/2/12	3/2/12	Paid	$20.00	119476	3/2/12
104	IA Provider 7	Care Coordination	3/16/12	3/16/12	3/16/12	Paid	$10.00	119704	3/16/12
104	IA Provider 7	Child Care	2/28/12	2/28/12	3/2/12	Paid	$13.00	119476	3/2/12
104	IA Provider 7	Child Care	3/13/12	3/13/12	3/16/12	Paid	$13.00	119704	3/16/12

identification of a real or potential issue to a provider, provider review and justification, technical assistance if needed, and ongoing monitoring until the issue is fully resolved.

Lessons

Iowa ATR's ***Claims Reconciliation Tool*** is used to monitor client choice of available recovery support services. Many of Iowa ATR's providers offer both care coordination and a wide variety of recovery support services. By regularly reviewing the ***Claims Reconciliation Tool***, the project director can review all of the clients admitted by an agency along with all of the services each client has received. If the project director notices high utilization by a provider of a specific service compared to the provider network average, this may be cause for ATR staff to investigate. This specific example was offered by Iowa ATR's project director:

> *"Provider A" offers care coordination, drug testing, and life skills coaching. From the review of the Claims Reconciliation report, I see that every one of the 27 clients Provider A has admitted into ATR has received life skills coaching, resulting in a 100% utilization rate for this service. I can then compare this to the utilization rate for the entire provider network, which is 26%. Further investigation into the VMS reveals that none of the clients seen by Provider A have received an outside referral for any other recovery support services. The concern is, are clients being offered choice, or are they only being offered services provided by Provider A? To determine this, an investigation takes place, which would likely include an e-mail and a site visit.*

Area 4: Rates

ATR's utilization of a client voucher to fund clinical and recovery support services provided by culturally based and faith-based organizations is a unique feature of this grant. ATR's recognition of the vital role of recovery support services in helping persons maintain recovery is groundbreaking and effectively changes the status of these services from "ancillary-to-clinical" to core services that enhance treatment outcomes. Many of these recovery support services are provided by organizations that operate outside of the traditional system of substance abuse services. Inclusion of these service and provider options raises several implementation issues for ATR project staff, including the setting of rates for these services. While grantees utilized several methods to set initial rates for these services, ATR project staff have developed VMS data-generated reports that allow ATR project directors to review the current array of services and adjust factors, such as service mix and rates, when deemed appropriate.

Washington State ATR provides a sample spreadsheet and report they use to review and monitor their ATR project service array.

Purpose and Importance

Washington State ATR's ***Spending by Service Type and County Report*** is generated monthly. (The sample on the following page represents a project year.) The report allows the project director to review spending patterns for all ATR-financed services and compare this spending by county. This report can also be generated at the provider level, affording ATR management an additional view of these data.

In addition to providing a continuous view of the utilization of ATR services in Washington, this tool enables the project director to pinpoint both highly utilized and underutilized recovery support services. It also helps the project director to work with ATR staff, counties, and providers to identify the reasons for these utilization patterns, which can potentially result in rate and service mix adjustments.

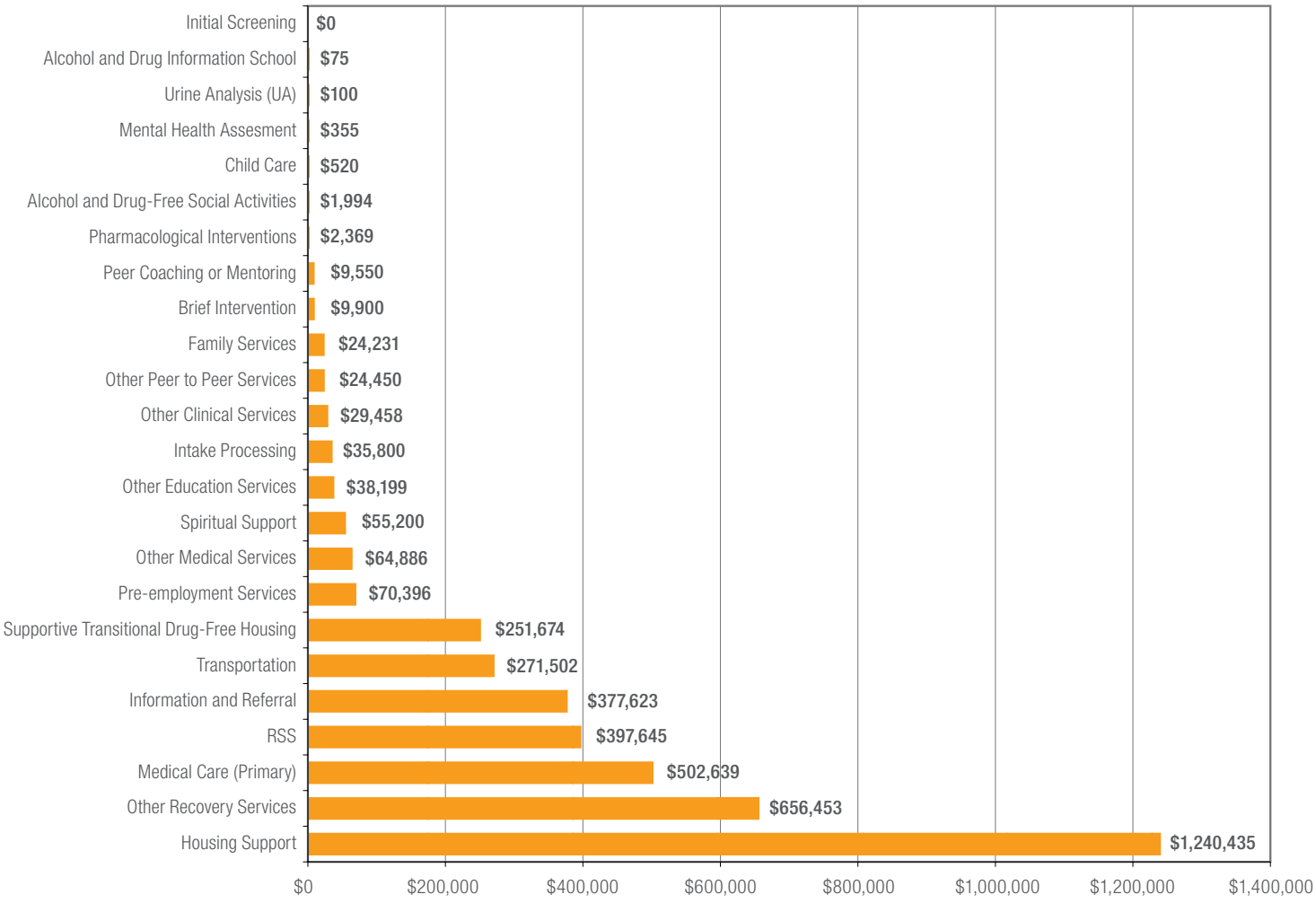
Report Elements and Use

Data elements of the Washington State ATR ***Spending by Service Type and County Report*** include services by type, percentage of total spending on each service by type, total dollars spent project-wide on each service type, and county-by-county spending on each service type. Washington State ATR's monthly report, shown on page 13, provides the ATR project director with a view of total project spending by service category.

Washington State ATR Spending by Service Type and County by Project Year								
Service Description		Total	County 1	County 2	County 3	County 4	County 5	County 6
Alcohol and Drug Information School	0.0%	$ 422.92	$ 75.00			$ 347.92		
Alcohol and Drug-Free Social Activities	0.0%	$ 1,645.60			$ 1,645.60			
ATR Voucher Number check/ setup	0.0%	$ -						
Brief Intervention	0.2%	$ 9,900.00			$ 9,900.00			
Child Care	0.0%	$ 520.00						$ 520.00
Employment Coaching	0.0%	$ -						
Family Services	0.6%	$ 24,231.04	$ 900.00		$ 23,331.04			
Family/Marriage Counseling	0.0%	$ -						
Group Mental Health Services	0.0%	$ -						
Housing Support	30.5%	$ 1,240,434.74	$ 259,868.13	$ 457,230.00	$ 252,613.53	$ 11,118.98		$ 259,604.10
Individual Mental Health Services	0.0%	$ -						
Information and Referral	9.3%	$ 377,622.63	$ 163,010.00		$ 73,236.00	$ 107,126.63	$ 24,500.00	$ 9,750.00
Initial GPRA Interview	0.0%	$ -						
Intake Processing	0.9%	$ 35,800.00			$ 35,800.00			
Medical Care (Primary)	12.4%	$ 502,638.87	$ 351,425.00		$ 94,567.97	$ 619.90	$ 28,586.25	$ 27,439.75
Mental Health Assessment	0.0%	$ 355.38						$ 355.38
Other Clinical Services	0.7%	$ 29,458.18	$ 5,360.00		$ 1,705.88		$ 3,815.03	$ 18,577.27
Other Education Services	0.9%	$ 38,199.21	$ 24,640.00		$ 11,208.24	$ 230.02	$ 472.95	$ 1,648.00
Other Medical Services	1.6%	$ 64,885.88				$ 3,455.50	$ 39,698.20	$ 21,732.18
Other Peer to Peer Services	0.0%	$ 24,450.00	$ 24,450.00					
Other Recovery Services	16.1%	$ 656,453.14			$ 68,753.53	$ 171,925.40	$ 230,757.90	$ 185,016.31
Peer Coaching or Mentoring	0.2%	$ 9,550.00					$ 9,550.00	
Pharmacological Interventions	0.1%	$ 2,369.09				$ 993.78		$ 1,375.31
Pre-employment Services	1.7%	$ 70,396.02			$ 1,188.80	$ 68,989.22		$ 218.00
Psych Evaluation	0.0%	$ -						
RSS	9.8%	$ 397,644.83		$ 141,456.83			$ 123,188.00	$ 133,000.00
Self-Help and Support Groups	0.0%	$ -						
Spiritual Support	1.4%	$ 55,200.00	$ 55,200.00					
Standard TB Testing	0.0%	$ -						
Supportive Transitional Drug-Free Housing	6.2%	$ 251,674.29				$ 31,783.00	$ 219,891.29	
Transportation	6.7%	$ 271,502.06	$ 737.00		$ 24,064.45	$ 59,111.82	$ 78,405.68	$ 109,183.11
Urine Analysis (UA)	0.0%	$ 100.00			$ 80.00		$ 20.00	
TOTAL	100.0%	$ 4,065,453.88	$ 885,665.13	$ 598,686.83	$ 598,095.04	$ 455,702.17	$ 758,885.30	$ 768,419.41

Services where expenditures >=10%	78.1%	$ 2,672,155.34						
		4.4%		11.4%				

Washington State ATR Spending by Service



Utilizing the ***Spending by Service Type and County Report***, Washington State ATR staff can monitor utilization of services by county and use this information to further investigate the reasons for these utilization patterns. For example, Other Recovery Services account for just over 16% of total ATR spending, the second highest category. Review of county-level information reveals that this spending occurred primarily in three of the six ATR project counties. Spending trends, such as this example, can then be discussed among the ATR management team and investigated for further appropriate resolution, including possible changes in rates and adjustment to approved service mixes.

Lessons

Review and analysis of the data contained in Washington State ATR's ***Spending by Service Type and County Report*** provides ATR staff with critical service utilization information as part of their assessment of the quality and effectiveness of the State's model and providers and allows Washington ATR staff to assist providers in targeting areas for improvement. Washington State ATR's project director notes:

> *By monitoring service utilization and upon further investigation of these patterns during ATR 1 and 2, Washington State ATR has decided to limit case management fees to 30% of client voucher totals*

(in the aggregate) during ATR 3. This strategy has been implemented to assure ATR funding for other key voucher-purchased recovery support services (such as housing and other recovery support services) that are critical to supporting a client's unique recovery needs. This change in service mix allows Washington State ATR to continue to reimburse for highly utilized services at competitive rates to assure ATR clients access to these services.

Other project directors interviewed for this package note that, in their programs, service utilization data contained in reports similar to Washington State ATR's ***Spending by Service Type and County Report*** have led to changes in ATR service rates. One project director noted that by monitoring service utilization in his project, and upon further investigation, housing support rates were increased to the local fair market rate to assure that ATR clients could access community housing opportunities.

Area 5: Fraud, Waste, and Abuse

Successful ATR grantees are required to "maintain accountability by creating an incentive system for positive outcomes and taking active steps to prevent waste, fraud, and abuse" (TI10-008, Access to Recovery, Request for Application, SAMHSA, 2010). Potential grantees have to describe their procedures as well as the concrete steps that will be implemented as part of their voucher management system to prevent waste, fraud, and abuse.

Missouri ATR provides an example of the report and process they use to identify, remediate, and monitor for potential instances of fraud, waste, and abuse.

Purpose and Importance

Missouri ATR's system to prevent fraud, waste, and abuse has evolved through ATR 1 and 2, with key VMS enhancements in ATR 3 based on lessons learned during the previous grant cycles. While fraud, waste, and abuse efforts were mainly focused on periodic, onsite monitoring by ATR staff to detect and correct these instances during the first two grant cycles, the present electronic documentation and billing system in ATR 3 includes numerous validation checks at the time the contracted provider enters billing information into the system, thereby preventing inappropriate activity from occurring. Specifically, these validation checks include:

- The client and staff cannot be engaged in more than one ATR billable service at the same time.
- Services delivered and billed are tied to a pre-approved ATR staff member.
- Each electronic voucher is checked to ensure that the service and unit are available to the client before billing can be entered into the system.
- Documentation is entered into the electronic billing system, allowing ATR project management staff to review it for appropriateness without making a site visit to the provider.

Even with these VMS rules in place, a report such as Missouri ATR's ***Recovery Support Average Cost Report*** can help detect and prevent waste, fraud, and abuse by revealing patterns that may indicate inappropriate service delivery and/or billing that requires a closer examination to determine if an actual problem exists.

Report Elements and Use

Missouri ATR's ***Recovery Support Average Cost Report*** contains the number of clients served by each agency and the average, median, minimum, and maximum costs per client for the report time period, which can be viewed in any time period (e.g., monthly, to date). Using this report, ATR management staff can compare costs across providers and quickly identify providers whose average per-client costs are significantly higher than other providers' averages, or whose maximum client costs greatly exceed the average per-client cost.

Examples of these patterns are highlighted in yellow in the report on the following page. Note that RSS Providers 2 and 4 in ABC City have similar average client costs but significantly different maximum costs. The average client cost at Housing Provider 2 in the Southwest Region is double that of Housing Provider 3, while having nearly identical client maximum costs.

ATR 3: Recovery Support Average Cost Project Year to Date						
Area	Agency	# Consumers	Average Cost	Median Cost	Minimum Cost	Maximum Cost
STATEWIDE		2,779	$397	$317	$5	$1,240
ABC CITY		1,441	$352	$276	$5	$1,194
	Housing Support 1	9	$351	$333	$28	$740
	Housing Support 2	103	$445	$305	$85	$1,035
	RSS Provider 1	88	$136	$138	$10	$188
	RSS Provider 2	30	$324	$323	$12	$845
	RSS Provider 3	65	$456	$396	$40	$1,027
	Housing Support 3	1,417	$197	$118	$5	$834
	RSS Provider 4	35	$257	$268	$18	$488
	RSS Provider 5	58	$142	$92	$5	$815
	Housing Support 4	103	$529	$499	$55	$992
	RSS Provider 6	40	$479	$360	$40	$1,060
	Housing Support 5	29	$527	$480	$140	$1,035
	Housing Support 6	33	$606	$551	$70	$1,031
	RSS Provider 7	8	$122	$114	$28	$220
SOUTHEAST		209	$500	$440	$8	$1,224
	RSS Provider 1	40	$652	$644	$120	$1,186
	Housing Support 1	22	$537	$576	$60	$1,036
	RSS Provider 2	161	$350	$190	$24	$1,224
	RSS Provider 3	4	$215	$170	$58	$462
	Housing Support 2	10	$731	$542	$485	$1,069
	RSS Provider 4	9	$224	$96	$8	$792
SOUTHWEST		655	$458	$412	$14	$1,240
	Housing Support 1	76	$409	$384	$16	$1,044
	Housing Support 2	17	$843	$966	$96	$1,116
	RSS Provider 1	107	$467	$449	$18	$1,013
	RSS Provider 2	22	$388	$308	$8	$1,074
	Housing Support 3	28	$421	$368	$40	$1,016
	RSS Provider 3	634	$157	$108	$20	$1,216
	RSS Provider 4	108	$288	$206	$12	$1,044
	RSS Provider 5	5	$170	$256	$16	$288
	RSS Provider 6	11	$370	$390	$15	$645
	Housing Support 4	82	$302	$316	$12	$808
	Housing Support 5	35	$543	$540	$24	$1,040
	RSS Provider 7	19	$283	$224	$18	$767
WEST CENTRAL		480	$400	$313	$5	$1,236
	RSS Provider 1	28	$92	$58	$10	$290
	RSS Provider 2	3	$233	$50	$33	$616
	RSS Provider 3	6	$60	$45	$28	$135
	Housing Support 1	87	$288	$228	$10	$910
	Housing Support 2	476	$343	$227	$5	$1,236

Notes: These statistics are based on paid claims hitting the ATR 3 payer plan. They are based on those with redeemed services.

Once patterns such as these are identified, they can lead to further investigation of the provider and trigger questions that often uncover the presence of fraud, waste, or abuse, such as:

- Does the provider bill the same pattern of services for each client?
- Does each service billed start and end exactly on the hour?

Lessons

While Missouri ATR has invested significant time and effort in mechanisms designed to prevent waste, fraud, and abuse from happening in the first place, the ***Recovery Support Average Cost Report*** provides the ATR team with a continual window to quickly spot billing patterns requiring further review. The project director notes that, during ATR 2, information obtained from this report and subsequent field investigations resulted in increased monitoring and coaching of a particular provider to prevent waste, fraud, and abuse. One result is that under ATR 3, the Missouri ATR team installed caps on the maximum amount of recovery support services billable per consumer per week. These caps are designed to encourage longer episodes of care by limiting the amount of funds available for services in any given week while reducing the potential for inappropriate service delivery, especially during the early weeks of an ATR client's enrollment in services.

Given Missouri's long experience as a three-time ATR grantee, the project director shared this final example of the critical role data play in monitoring providers for waste, fraud, and abuse.

> *During ATR 1, the Missouri ATR Team noticed one provider had an extremely high follow-up GPRA rate. This provider was responsible for a large number of follow-up GPRA consumer interviews. Their percentage of follow-up GPRAs collected remained 99% to 100%. The data led the ATR team to ask the provider staff if they understood and were following all the rules regarding follow-up GPRAs, and they indicated they were. However, when asked to explain the methods they used to obtain their remarkable results, they were unable to articulate sophisticated client tracking and follow-up methods. The ATR team then conducted an onsite investigation and eventually one of the staff members admitted clients were not being interviewed and the follow-up GPRA data were being falsified. This led to recoupment of fees paid and discontinuation of our business agreement with this organization.*

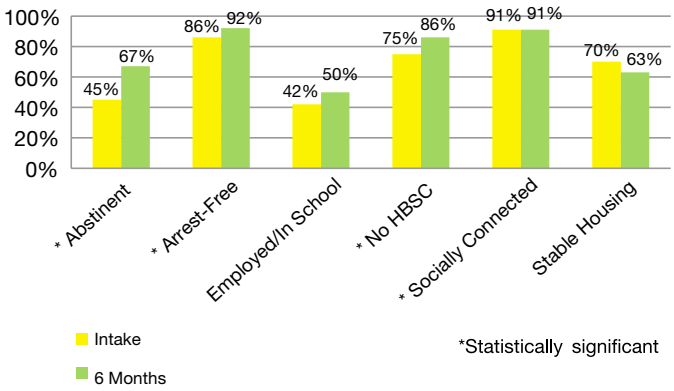
Area 6: Client Profiles and Client Outcomes

The ATR grant requirement to implement a VMS that tracks multiple data elements regarding clients, services, and providers affords grantees a broad and deep pool of information about individual clients that is unmatched in traditional substance abuse service systems. Access to this database enables ATR grantees to report on client service profiles and client outcomes in both great depth and breadth.

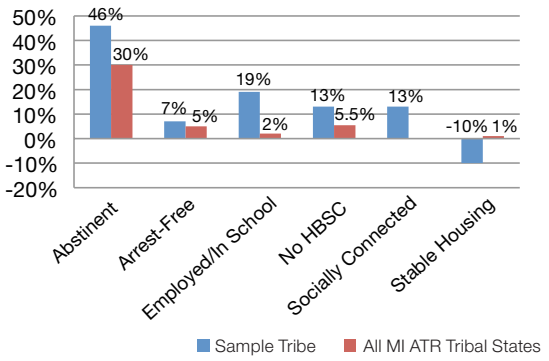
The Anishnaabek Healing Circle Access to Recovery Inter-Tribal Council of Michigan (ITC-MI) provides a sample of its ***Provider Report Cards*** based on general data as an example.

Sample Tribe ATR Access Site Outcome Report
Second Quarter
(January to March, 2010, and Year to Date, October 2009 to March 2010)

Sample Tribe A: Cumulative through March 2010
GPRA Measures at Intake & 6-Month Follow-Up



Change Rate: GPRA Outcomes
Sample Tribe B Compared to Michigan ATR Tribal Sites



The ***Provider Report Card*** offers a simple look at clients' individual outcomes by comparing changes in key client outcome areas at intake and again at follow-up. ITC-MI ATR staff also provide an analysis to each provider indicating if these changes are statistically significant, which often occurs.

Purpose and Importance

The ITC-MI ATR project director notes:

> *Beginning in the third year into ATR 2, we started to look at client outcomes, such as the GPRA outcomes (i.e., abstinence, arrest rate, employment, health and behavioral consequences, social connectedness, and housing). As a first step, we started looking at them overall globally, as well as by provider. Our goal of implementing recovery-oriented systems of care is based on other people's evidence (i.e., evidence based on cultures and populations outside of local Native American communities) or the notion that persons with substance use disorders are suffering from a chronic long-term illness which requires services beyond episodes of acute care. Our project is predicated on the principle that offering a wider array of long-term services at low cost after a person completes clinical services can support long-term recovery; report cards are a first step in providing empirical evidence.*

Report Elements and Use

The ITC-MI ATR ***Provider Report Cards*** include key graphs, such as the GPRA Outcome Measures: Change from Intake to 6-Month Follow-up. This chart contains client assessment data for six key GPRA outcome measures, which is aggregated and averaged from the intake and 6-month follow-up interviews. These six key areas include: 1) abstinence, 2) criminal justice involvement (arrest-free), 3) employment or in-school status, 4) experience of no substance-use-related health, behavioral, or social consequences (HBSC), 5) social connections, and 6) stable housing. The graph on page 16 represents sample tribe clients who, as a group, showed statistically significant improvement between intake and follow-up for four out of the six measures. Social connectedness did not change, and stable housing showed a small decline.

ITC-MI ATR's staff also calculate an aggregate change rate for each ATR tribal participant and provide a comparison between the individual tribe's change rate and the overall ATR project. This information is displayed in the "Change Rate: GPRA Outcomes" section of ITC-MI ATR's ***Provider Report Cards***. The change rate reflects how much improvement was made between intake and follow-up. In the example on this page, 46% more sample tribe clients reported abstinence at the 6-month follow-up than did at intake. The gain (or loss) in the percentage is compared to all Michigan tribal ATR clients combined. As the chart shows, the change rate for sample tribe clients was greater than the change among all Michigan tribal ATR clients for four of the six measures, with abstinence showing the biggest improvement rate compared to all Michigan tribal ATR clients.

ITC-MI ATR's project director reports that use of ***Provider Report Cards*** has allowed for the identification of providers that have outcomes below the overall average and of other providers that are significantly above it. ITC-MI ATR staff are then able to talk with providers and identify differences that may contribute to the achievement of better client outcomes. From these inquiries, ITC-MI ATR is developing another set of questions designed to better capture the relationship between service array and outcome. Additionally, ITC-MI ATR staff can provide technical assistance to providers whose outcomes are below average and share successful strategies used by other providers discovered through the report card process.

Lessons

ITC-MI ATR staff note that although it was possible to produce program outcomes in the past, these outcomes could not be associated with a particular service array, dosage, or cost, nor further associated with severity or type of substance abuse at intake. The highly detailed data available through the VMS and GPRA data sets in ATR are changing that. ITC MI ATR's ***Provider Report Cards*** are the first step toward planned outcome studies to determine the most powerful configuration of clinical and recovery services that produce the best outcomes for various types and severities of substance abuse indicators.

ITC-MI ATR also plans to explore the correlation between cost and outcomes, service array and outcomes, and dosage of services and outcomes. The availability of this information makes it possible to test the assumption that someone receiving higher frequency and intensity of services will have better outcomes than someone with lower frequency and intensity of the same service. Such evidence will drive expenditures in future ATR cohorts.

Area 7: Care Coordination

Grantees in the third cohort of ATR are required to incorporate care coordination into their projects to ensure that following the receipt of vouchers, clients receive appropriate and effective clinical treatment and/or the recovery support services of their choosing. While ATR grantees have implemented various models of care coordination, a common element includes helping ATR enrollees "identify their needs and choose appropriate services within collaborating systems of care" (TA Package on Care Coordination).

ATR grantees use a variety of reports based on VMS and GPRA data to assure appropriate implementation of their care coordination model. An example of these reports and of the process is provided by the Indiana ATR project.

Purpose and Importance

Care coordination agencies certified by Indiana ATR work with a full range of medical and support services that are offered from within and outside the managed care plan and that arrange services that are both covered and not covered. Indiana ATR uses a community-based care coordination model, which certifies three to five agencies in each county to deliver person-centered services to clients from intake to discharge. These agencies range from small to large and have a variety of specialty areas and approaches, which makes using management tools that reveal trends at the agency level crucial. Care coordinators are expected to:

- Engage and retain clients.
- Provide clients with an appropriate service mix based on their strengths and needs, including assistance with eligibility and application for services from various agencies that will be beneficial to the client's overall health and wellness (including services not funded by ATR).
- Collect data on client progress at intake, follow-up, and discharge.

Report Elements and Use

The Indiana ATR State project team uses several VMS reports to track whether care coordination agencies are meeting their goals. These reports are created by the Indiana ATR database manager using information collected in the Web Infrastructure for Treatment Services (WITS) system. The database manager created a password-protected Reports Manager site where all Indiana ATR program management reports are housed, allowing the State project team to access real-time data when desired. The primary reports used to manage care coordination include:

Dashboard—Run weekly, the dashboard provides the Indiana ATR team with a State-level view of project activity. As it relates to care coordination, this report provides important information regarding provider certification, service mix, weekly enrollments, and weekly expenditures. With a community-based care coordination model, Indiana ATR must track this information closely to effectively project burn rate and, as needed, work with agencies to assess and address capacity issues.

6-Month Follow-Up—Indiana ATR policy states that agencies must maintain a follow-up rate of 80% or

higher in order to continue enrolling clients. This report—a sample of which is provided on this page—is reviewed at weekly project team meetings, and a plan is created for agencies not meeting Indiana ATR standards. Additionally, agencies maintaining a follow-up rate of 85% or higher are awarded a small incentive per follow-up interview. Having this agency-specific report readily accessible allows the Indiana ATR team to quickly address issues with follow-up rate and incentivize high-performing providers.

Non-Funded Referrals—With the limited resources available per client through the Indiana ATR grant, a priority and expectation for care coordinators is to connect clients to services that are not funded by Indiana ATR. As a management and sustainability tool, Indiana ATR recently began tracking informal referrals to support services that are not grant-funded. This biweekly report summarizes those non-funded referrals. Each non-funded service can be expanded to reveal the list of agencies that referred clients. This information allows regional project managers to provide technical assistance to underperforming care coordination agencies.

Report Card—Although dashboard reports are keys to managing State-level performance, Indiana ATR finds it useful to regularly access agency-level data to inform training and technical assistance initiatives. The report card report was developed recently to track key variables for care coordination agencies, including average engagement length, average time to bill, average cost per client, average number of Indiana ATR agency referrals, and key GPRA outcome measures. These reports are distributed to each care coordination agency quarterly, allowing the agency to track their progress on meeting program goals and to make adjustments as needed. These reports also support the important work the care coordination agencies are doing in grant proposals, newsletters, presentations, and the like.

Lessons

Indiana ATR has learned that to effectively manage care coordination agencies, VMS reports must be tailored to track the specific goals and expectations set out in policy documents. Additionally, while understanding the State-level perspective is important, VMS reports should take certain data elements down to agency level so that technical assistance and training efforts are focused and the effectiveness of those interventions can be tracked.

6-Month Follow-Up Report				
Agency Name	Due Today or Before	Compliant Follow-up	Percent	Missing GPRAs
RC-1	0	1		-1
RC-2	57	65	114.04%	-8
RC-3	131	137	104.58%	-6
RC-4	53	55	103.77%	-2
RC-5	143	143	100.00%	0
RC-6	83	82	98.80%	1
RC-7	128	125	97.66%	3
RC-8	111	107	96.40%	4
RC-9	42	39	92.86%	3
RC-10	107	98	91.59%	9
RC-11	127	116	91.34%	11
RC-12	344	307	89.24%	37
RC-13	95	84	88.42%	11
RC-14	48	41	85.42%	7
RC-15	2	1	50.00%	1
RC-16	4	2	50.00%	2
RC-17	12	4	33.33%	8
RC-18	10	2	20.00%	8
RC-19	4	0	0.00%	4
RC-20	0	0		0
RC-21	0	0		0
RC-22	0	0		0
RC-23	0	0		0
RC-24	0	0		0
Totals:	1501	1409	93.87%	

Part 3: References and Additional Resources

The ATR Implementation Toolkit consists of three workbooks, prepared by SAMHSA, to be used as planning, implementation, and operational tools for ATR programs. The Toolkit may assist Single State Authority and tribal program officials and their ATR project teams (http://atr.samhsa.gov/ATR3resources.aspx).

ATR Grantee Contact Information for the seven project directors who graciously contributed their reports, examples, and expertise to this package is included as Appendix A.

Webinar Grantee Tools: VMS as a Program and Financial Management Tool broadly defines key concepts of data-driven decision making and continuous quality improvement and identifies a report development process. Selected grantees' reports are showcased, including background information on the purpose for and process used to develop these reports. (Presented March 15, 2012)

Appendix A

ATR TA Package: Grantee Experiences: Using the VMS as a Program and Financial Management Tool Contributors List

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