

# Optimizing Opportunities: Improving the Continuum of Care Through Innovation, Data and Technology



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Department of Health and Human Services  
Division of Behavioral Health

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# Nebraska's Division of Behavioral Health

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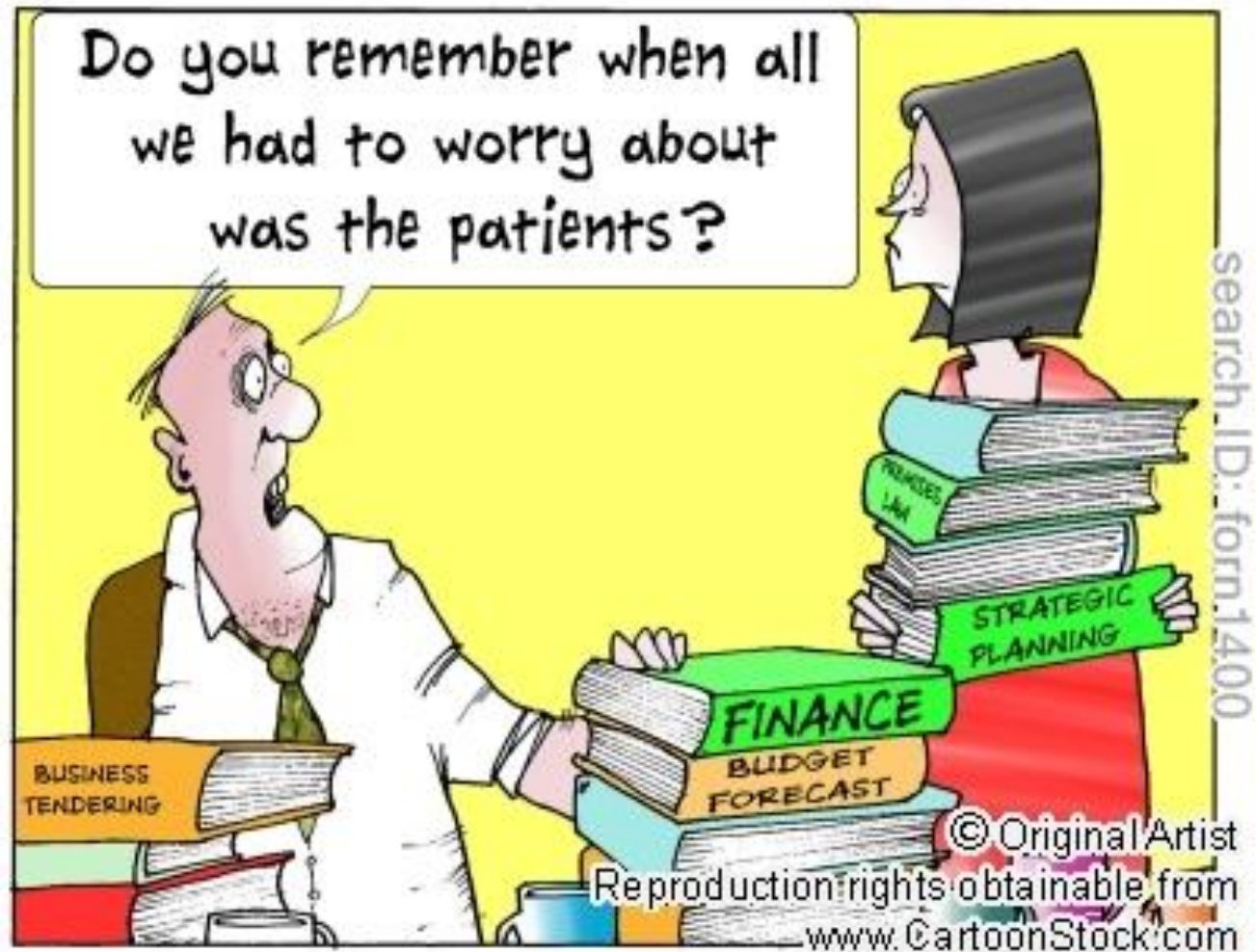
**The DBH's vision** is of a public behavioral health system that promotes wellness, recovery, resilience and self-determination in a coordinated, accessible consumer and family-driven system.

Our mission is to provide leadership and resources for this system of care, utilizing **consumer voice and data** to drive decision making.

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# Health Care Reality



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# In Nebraska

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Making the move from being *OBSERVERS* of Behavioral Health treatment and activities...

## Challenges:

- Disparate systems coupled with numerous manual processes and duplicative entry of data
- Obstacles in directly collecting, organizing and accessing data from Behavioral Health Regions and providers around the state
- Limited ability to analyze data and minimum reporting options
- Difficulty replicating or validating accuracy of reports

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# Shifting The Focus.....



## ...To Patient Focused Care and Treatment Planning

More than data fields

- Personalized care
- Precision in treatment
- Comprehensive care management



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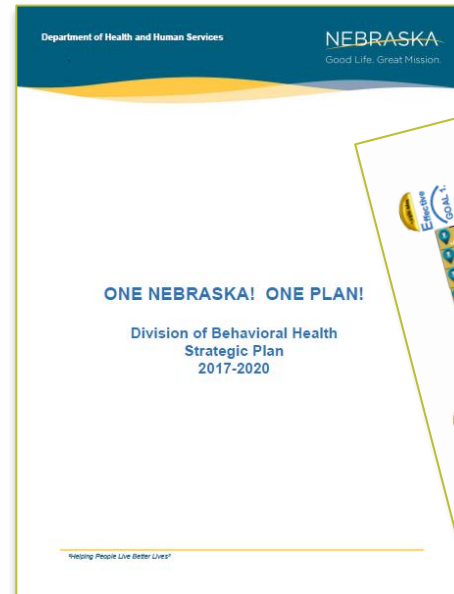
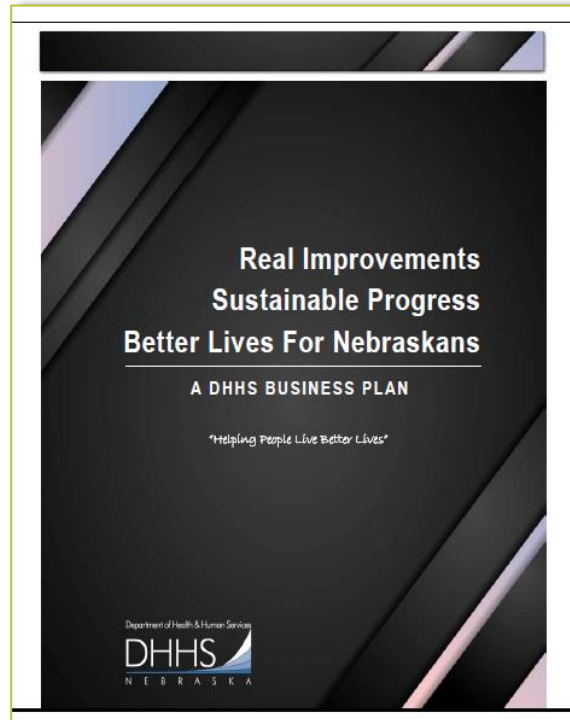
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# Efforts are Strategically Planned,

- DBH Strategic Plan 2017-2020
  - Metric-driven



## Recognized and Supported

- DHHS Business Plan 2017-2018
  - Governor's Dashboard

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# Innovation, Data and Technology

## Centralized Data System (CDS)



## Electronic Billing System (EBS)

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# Seeking the Rainbow: (Through Innovation, Data and Technology)

## Upfront Investment of Time and Funds<sup>1</sup>:

- **Collect data to measure quality improvement in a consistent or scientifically rigorous manner.**
- **Data from all partners and reporting agencies collected in a way that allows for valid comparisons across systems and across reporting time periods.**
- **Establish a robust information system that allows information exchange between providers and across different systems.**
- **Automation of data entry is the ideal solution. Training on quality assurance and strategies to ensure data quality provided so that providers can enter complete and accurate data in a timely manner.**

1. From DBH Needs Assessment - Recommendations 2016.

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# CDS: Data Rich and Cost Efficient

- Real-time tracking of DHHS metrics (Governor's dashboard)
- Data informed NOMS
- Region-specific data for Behavioral Health Regions and system planning



- **COST SAVINGS!**
  - Automated authorization process. Eliminates need for “authorization” contract with ASO.
  - Financial accuracy – eliminates duplicative service payment by 2 different systems.
  - Reduces duplication of efforts.

- Flexible platform - accommodates emergency (EPC) and education data.

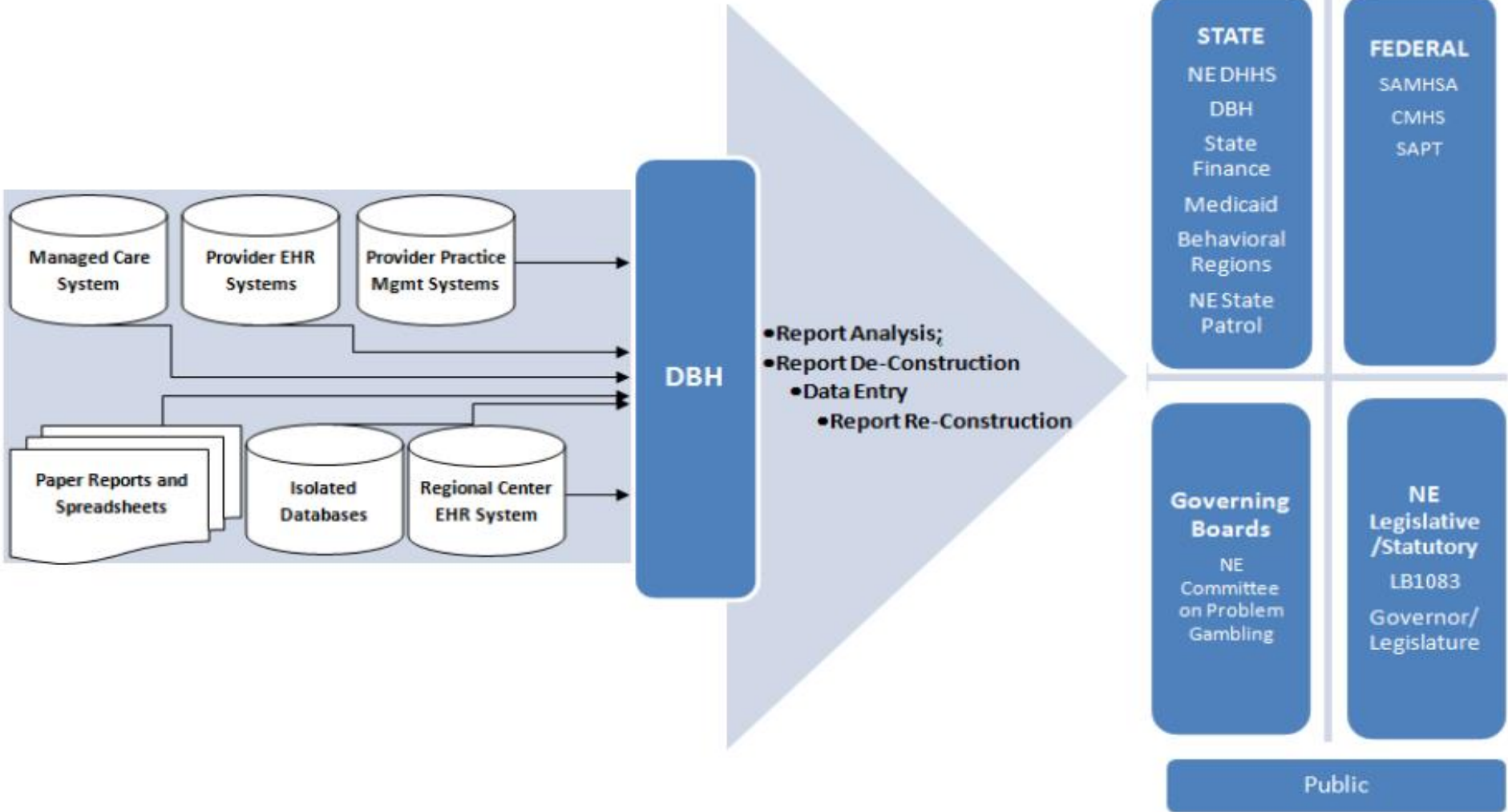
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# Pre-CDS System Structure



# CDS Snapshot



**CDS is a DHHS-hosted, web-based system**

- Uses Compass software to collect information from behavioral health providers:
  - for service authorization approval for higher levels of care,
  - at admission across all service levels,
  - during the course of treatment and
  - at the time of discharge from service.

Providers enter a variety of demographic, health status and presenting symptoms, trauma history, substance use and treatment progress related data into the CDS for each individual receiving services funded through DBH.

# Snapshot Continued

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The CDS offers a variety of reports to support:

- Ongoing system evaluation,
- Activity and population summaries,
- Performance outcome review.
- State (i.e. Governor's dashboard) and federal reporting requirements.



Monthly service utilization reports are generated within the CDS to support:

- Billing activities based on services provided.

The CDS has been interfaced with the Division's Electronic Billing System (EBS) and will be fully operational by 8/1/17.

# Snapshot: NPIRS (Nebraska Prevention Information Reporting System)



## NPIRS

Nebraska Prevention Information Reporting System

- A “hybrid” web-based system designed by state and regional staff in 2008
  - Used by state prevention system (any recipient of state prevention funding) including Behavioral Health Regions, community coalitions, prevention providers
- Orion Healthcare Technology hosts site on their server
  - Same contractor developed/oversees the CDS
  - Serves as IT help desk for NPIRS and implements annual programming enhancements.

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# Snapshot: More About NPIRS

## Process



## Event-Based Data Used For:

- Accountability
- Program efficacy
- Future grant-writing
- Tracking use of dollars
- Eliminating duplication of reporting
- WebBGAS Block Grant and PFS Reporting
- STOP Act

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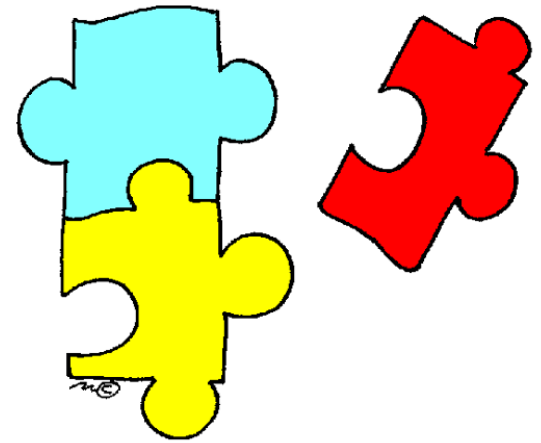
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# Authorization: A Foundational CDS Component

The authorization process in the Centralized Data System is semi-automated:

- CDS authorization logic determines approval or denial.
- Three attempts are allowed on questionnaire submission for authorization to achieve an authorization.
- Appeal procedure for special cases which includes a Standard Appeal and Information Dispute Resolution (IDR) hearing.



# Authorization Approval Logic in CDS

## Substance Abuse Questionnaire

- ASAM national practice guidelines; Division regulations; Division-utilization criteria.

## Mental Health Questionnaire

- Division regulations; Division utilization criteria.

**Progress Report**

**Functional Status**  
Please select the number that most appropriately corresponds to the consumer's functional status and mark all functional deficits present as a result of the mental health diagnosis.

0 - No functional impairment indicated	1	2	3	4	5	6	7	8	9 - Severe functional impairment indicated
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Consumer is at significant risk of continuing in a pattern of either institutionalization or living in a severely dysfunctional way if needed treatment and rehabilitation services are not provided.  
 It is perceived the functional impairments resulting from the behavioral health condition have been present for at least the last 12 months or are expected to last for 12 months and will continue to disable the consumer from functioning in at least two of the three life skills areas.  
 Consumer demonstrates active symptomatology consistent with a major mental illness and these are the primary issues for which the consumer is seeking treatment / rehabilitation.  
 The consumer presents with current suicidal or homicidal symptoms that, without immediate, inpatient treatment, is likely to lead to imminent danger toward self or others.  
 The consumer presents with acute psychotic symptoms that, without immediate treatment, would lead to a degree of dysfunction that would place the consumer in imminent danger and that cannot be adequately addressed in a less restrictive service.  
 The consumer's psychiatric symptoms require physician-directed, intensive daytime treatment interventions a minimum of 5 days per week due to risk of harm to self or others or decompensation of mental status; however, the consumer has adequate resources, support and skills necessary to maintain treatment gains during non-program hours.  
 The treatment and/or rehabilitation plan will actively address the functional impairments and/or active psychiatric symptoms identified in order transition the consumer into less restrictive services at the soonest appropriate time.  
 "Vocational/Education" is an area of deficit.  
 Consumer exhibits an inability to be employed due to their behavioral health condition.  
 Consumer exhibits an ability to be employed only with extensive supports.  
 Deterioration or decompensation resulting in inability to establish or pursue educational goals within normal time frame or without extensive supports.  
 "Daily Living" is an area of deficit.  
 "Social Skills" is an area of deficit.  
 Repeated inappropriate or inadequate social behavior or ability to behave appropriately only with extensive supports.  
 Consistent participation in adult activities only with extensive supports or when involvement is mostly limited to special activities established for persons with mental illness.  
 The consumer has a history of dangerousness to self/others.  
 The consumer has significant difficulty tolerating social interactions, is unable to appropriately read or misinterprets social cues and/or is easily agitated by others.

**Co-Morbidity**  
Please select the number that most appropriately corresponds to the consumer's level of co-morbidity.

0 - No Co-morbidity	1	2	3	4	5	6	7	8	9 - Severe Co-morbidity
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**Initial Status Report**

**Dimension One**  
*Acute Intoxication and/or Withdrawal Potential*

0 - No Risk	1	2	3	4	5	6	7	8	9 - Maximum Withdrawal Potential
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**Dimension Two**  
*Biomedical Conditions and Complications*

0 - None or not a distraction from treatment	1	2	3	4	5	6	7	8	9 - Extreme problem indicated
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**Dimension Three**  
*Emotional, Behavioral, or Cognitive Conditions and Complications*

0 - No problems indicated	1	2	3	4	5	6	7	8	9 - Extreme conflict indicated
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**Dimension Four**  
*Readiness to Change*

0 - Ready for Recovery	1	2	3	4	5	6	7	8	9 - Extreme opposition to treatment indicated
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**Dimension Five**  
*Likelihood of Relapse, Continued Use or Continued Problem Potential*

0 - No Likelihood of Relapse	1	2	3	4	5	6	7	8	9 - Extreme Likelihood of Relapse
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**Dimension Six**  
*Danger level and supportiveness of Recovery Environment*

0 - No risk in current recovery	1	2	3	4	5	6	7	8	9 - Extreme risk in current recovery
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## Custom-Created Authorization Logic for Higher Levels of Care

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# Automated Authorization Results

## Authorization Results



Your encounter meets the criteria for automated authorization. Your encounter is authorized as described below.

**Authorization #** 49713  
**Authorization Period** 8/16/2016 to 10/14/2016  
**Authorized Units** 60 (Day)

Close

Issues authorization approval for determined amount of time and number of units which can be billed.

CDS alerts providers when an authorization expiration is nearing. If more time in treatment is needed, providers complete a Continued Stay authorization request.

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# Once Approved, Must Admit

Admit for Authorized Service Re-open for Editing Cancel Request Save Cancel

Current State Authorized [New Encounter](#) [Report a Data Issue](#)

Name Happy Consumer  
SSN xxx-xx-0046  
Date of Birth 5/1/1991  
Service Provider St. Monica's - 120 Wedgewood Dr., Lincoln  
Funding Region Region 5  
Service to be Provided Short Term Residential - SUD

### Update History

Update Date	State	Event	Updated By	Actions
8/16/2016 12:50 PM	Authorization Submitted	Authorization Requested	BF200LNK\bbussar	<a href="#">View Details</a>
8/16/2016 12:50 PM	Authorized	Authorization Approved (automated)	BF200LNK\bbussar	<a href="#">View Details</a>
8/16/2016 10:35 AM	New	Encounter Edited	BF200LNK\bbussar	<a href="#">View Details</a>
8/16/2016 10:26 AM	New	Encounter Edited	BF200LNK\bbussar	<a href="#">View Details</a>

Approval is a must but individuals are not officially considered in service in the CDS until the provider admits the consumer following approval.

# Moving Forward With CDS



- Waitlist and capacity functionality operational
  - Outcome and access measures finalized for reporting
  - Dashboard reporting
  - Extended use with Regional Centers
- 
- Explore interface opportunities with other agency systems (MLTC, PH, NeHII, Probation, etc.) for coordinated user data review, reporting and System of Care metrics (youth and adult).
  - Currently exploring options/feasibility for interfacing NPIRS with CDS.



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# Coming Soon to CDS (fall of 2017)

**Medicaid (MLTC):** Exchange of provider and client eligibility information between Divisions:



- Complete and accurate identification of Medicaid eligibility.
- Allows state to use most appropriate funding source for services funded by MLTC and DBH.
- Supports quality oversight activities through improvement of service delivery and utilization of data.
- Reduces current potential for dual payment for services.

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# Interfacing With the Electronic Billing System (EBS)



## EBS Thumbnail:

- Began with vision in 2012
- Beta testing since February 2017 in Region 6
- Regional training provided February – March 2017, Providers trained by 3<sup>rd</sup> quarter 2017
- Complete interface with CDS by 8/1/17

## EBS Provides:

- Streamline processes, efficient time management
- Assigns funding source for payment
- Allows for federal, state and regional reporting

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# Vision of the DBH CDS Data Strategy



“Assessing whether the correct processes are being performed and desired results are being achieved through data.”<sup>2</sup>

2. NASMHPD; *State Behavioral Health Authorities' Use of Performance Measurement Systems, Assessment #4*, September 2016

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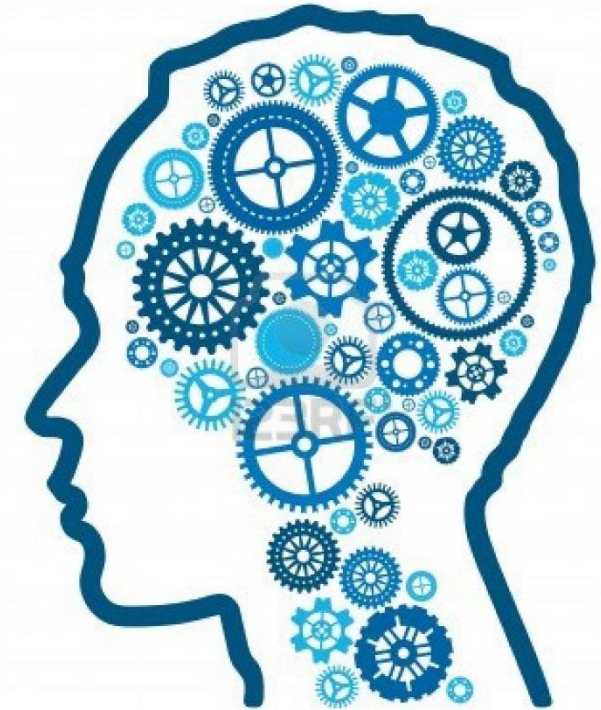
# Innovative and Adaptive Solutions

Official Nebraska Government Website  
NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES  
Division of Behavioral Health - Centralized Data System

Search

- Encounters
- Admissions
- Appeals
- Reviews
- Discharges

First Name	Middle Name
<input type="text"/>	<input type="text"/>
Last Name	Suffix (Jr, Sr, etc)
<input type="text"/>	<input type="text"/>
SSN	Date of Birth
<input type="text"/>	<input type="text"/>
Encounter #	
<input type="text"/>	
Encounter Status	
-- Any Active Status --	▼
Service Provided	
-- All Services --	▼
Region	
-- All Regions --	▼
Provider	
-- All Providers --	▼



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# Solutions



- Focus on consumer outcomes rather than process measures, i.e. enrollment, consumer satisfaction, expenditures and service provision.
- Real-time dissemination of information to managers, providers and clinicians.
- A performance measurement system that utilizes new levels of clinical service information.
- Improved direct client care through data.
- Precision and personalized medicine through the use of data and technology in performance measurement.

Solutions from: NASMHPD; *State Behavioral Health Authorities' Use of Performance Measurement Systems*, Assessment #4, September 2016

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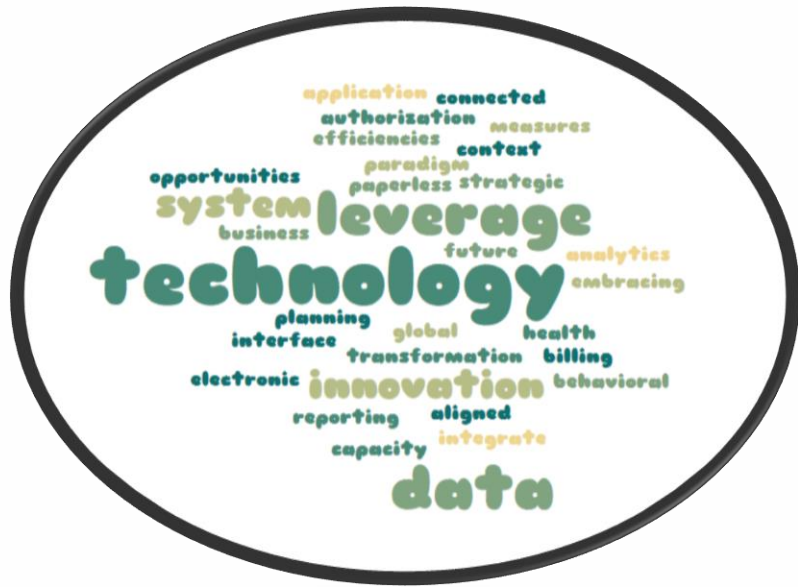
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# Real Improvements, Better Results!

## Shifting the paradigm through improved:



- Waitlist and capacity data
- Access measures
- NOMS reporting
- Strategic and CQI planning
- Emergency system coordination

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# A showcase for Demonstrating Value and Outcomes

- Improved grievance/appeals process
- Increase authorizations in auditing process
- Decrease in call-center volumes
- Confidence in data:
  - data integrity



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