

Components of the Model

- **Budget**
 - Staffing (~65%-75% of Total)
- **Operations**
 - Program Services
 - Service Delivery
 - Staff Activity



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Budget

- What is your cost of doing business?
- What are additional costs for DMC-ODS participation (Personnel, Operating & Indirect).
- Cost rises, quantity and quality rise as well.
- Importance of identifying staff who provide required services.



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Budget



- **Cost of non-direct service staff**
 - Outreach workers
 - Compliance, QA, QI.
- **Room & board for level 3.x services**
- **Indirect cost allocation**
- **Cross-subsidization with other agency programs.**



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Service Delivery

- **This is an idealized model of what happens when we set the system in motion.**
 - Budgeted resources + generalized approach to service delivery + patients.
 - A service provided is a service billed (*in theory*).
- **Key parameters in service delivery**
 - Number of staff providing required services
 - Caseload size per counselor
 - Disallowance/denial rate
 - Staff productivity
 - Residential program vacancy rate

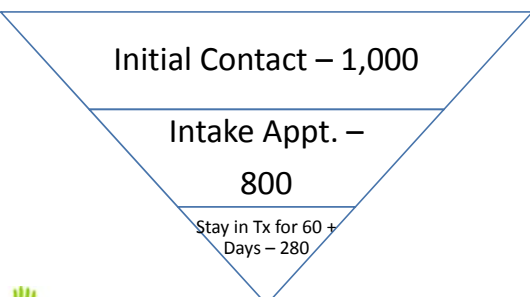


Denials and Disallowances



- **Denials**
 - How many can be remediated?
 - How many fatal errors?
 - What is the residual percentage?
- **Disallowances**
 - Based on inadequate documentation in PSPP reviews.
 - 99% under your control.



Caseload – Engagement and Retention



Initial Contact – 1,000
Intake Appt. – 800
Stay in Tx for 60+ Days – 280



FY 16-17 California Length of Stay

Length of Stay - Comparison Group

	Outpatient		Residential	
	%	N	%	N
7 days or less	10.0	10,027	35.4	19,448
8 - 29 days	18.8	17,845	29.5	16,184
30 - 59 days	14.9	14,196	13.0	7,126
60 - 89 days	10.4	9,854	6.0	3,289
90 - 119 days	9.8	9,311	7.9	4,330
120 - 179 days	12.0	11,412	3.7	2,018
180 - 364 days	13.5	12,844	3.6	1,984
365 days or more	10.0	9,531	0.9	482
Total	100.0	95,020	100.0	54,661
Median Length of Stay		76		12



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What can You do to Engage Patients

- Nice Facilities
- Nice Staff
- Cultural Competence
- Walk-Throughs
- Motivational Interviewing
- Client focus groups
- Tailor Approach Based on Readiness for Change.
- Apply and Test Research Findings



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Productivity

- How many staff hours must be spent delivering required services in order to maintain compliance?
 - Per day, per week.
- What are your agency productivity standards?
- At least one required service must be provided in order to bill for a bed day.



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Let's Look at Some Numbers

- Budget examples are synthesized from Bay Area and Southern California provider contracts.
- Data, assumptions or the discussion that follows must not be interpreted as reflecting past, present or future County policy.



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How It All Comes Together

1. Budget reflects complete and accurate costs of doing business; i.e., high quality SUD treatment in a managed care system.
2. Scope, duration and frequency of patient encounters correspond to a general model of patient-centered care likely to produce positive outcomes.



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How It All Comes Together

3. Service provision is optimized with regard to counselor caseload size and hours spent per week providing billable services.
4. Over the course of the contract year, will adjusted total billable units must produce enough revenue to cover your budgeted costs
 - Adjustments = no-shows, claim denials & disallowances.



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How It All Comes Together

- 5. The program takes ongoing steps to improve patient engagement and retention.
 - Early drop-out is reduced.
 - Vacancy rate decreases.
- 6. Staff are aware of productivity standards.
- 7. Staffing complement is adequate to meet anticipated service needs.



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How It All Comes Together

- 8. Most importantly, you collect and analyze the data that document the performance of this complex system of patient behavior, staff activity and finances.



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Questions?

Victor Kogler – vkogler@cibhs.org



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In-Person Workshop

DATE AND TIME

- Thursday, September 5, 2019 from 1:30 PM to 4:30 PM

LOCATION

- Elections Training Room | 4525 E. Hamilton Avenue | Fresno, CA 93702



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