

## IV: Narrative Plan

### E. Data and Information Technology

Page 42 of the Application Guidance

Narrative Question:

---

Regardless of financing or reimbursement strategy used, unique client-level encounter data should be collected and reported for specific services that are purchased with Block Grant funds. Such service tracking and reporting is required by SAMHSA to be reported in the aggregate. Universal prevention and other non-service-based activities (e.g. education/training) must be able to be reported describing the numbers and types of individuals impacted by the described activities. States should complete the service utilization Table 5 in the Reporting Section of the Application. States should provide information on the number of unduplicated individuals by each service purchased with Block Grant Funds rather than to provide information on specific individuals served with Block Grant funds. In addition, States should provide expenditures for each service identified in the matrix. If the State is currently unable to provide unique client-level data for any part of its behavioral health system, SAMHSA is requesting the State to describe in the space below its plan, process, resources needed and timeline for developing such capacity. States should respond to the following:

- List and briefly describe all unique IT systems maintained and/or utilized by the State agency that provide information on one or more of the following:
  - Provider characteristics
  - Client enrollment, demographics, and characteristics
  - Admission, assessment, and discharge
  - Services provided, including type, amount, and individual service provider
  - Prescription drug utilization
- As applicable, for each of these systems, please answer the following:
  - For provider information, are providers required to obtain national provider identifiers, and does the system collect and record these identifiers?
  - Does the system employ any other method of unique provider identification that provides the ability to aggregate service or other information by provider?
  - Does the system use a unique client identifier that allows for unduplicated counts of clients and the ability to aggregate services by client?
  - Are client-level data in the form of encounters or claims that include information on individual date of service, type of service, service quantity, and identity of individual provider?
  - Does the system comply with Federal data standards in the following areas { use of ICD- 10 or CPT/HCPCS codes } ?
- As applicable, please answer the following:
  - Do provider and client identifiers in the behavioral health IT system allow for linkage with Medicaid provider identifiers that provides the ability to aggregate Medicaid and non- Medicaid provider information?
  - Are Medicaid data or linked Medicaid- behavioral health data used to routinely produce reports?
  - Does your State's IT division participate in regular meetings with Medicaid and other agencies to address mutual issues concerning system interoperability, electronic health records, Federal IT requirements or similar issues?
  - Does your State have a grant to create a statewide health information exchange and does your agency participate in the development of the exchange and in issues concerning MH/SA data?
  - Is your State Medicaid agency engaging in or planning to improve its IT system? If so, is your agency included in such efforts for the purposes of addressing issues related to data interoperability, behavioral health IT system reform, and meeting Federal IT data standards?

In addition to the questions above, please provide any information regarding your State's current efforts to assist providers with developing and using Electronic Health Records.

**Footnotes:**

## Children's Behavioral Health Services (CBHS)

### E. Data and Information Technology

\* Maine has the capability to report specifics on individuals and service components from data received from our providers who are contractually required to submit such data reports quarterly;

\* Reports are submitted to our Purchased Services Division which monitors contracts;

\* Data is utilized by CBHS and the Office of Quality Improvement to monitor fiscal and performance information;

\* CBHS uses data gotten from individual and aggregate reports based on scores on the Child & Family Assessment Scale (CAFAS) for all children/youth in our Targeted Case Management and Home Based Treatment services. The CAFAS is a nationally recognized tool used to determine level of functioning in home, school and community.

\*Functional Assessment Systems, the developer of the CAFAS, has developed a web based system that enhances the provider's ability to identify problem behaviors and functional ability informing the development of a strengths-based outcome-driven treatment plan incorporating the child's status, as well as the caregiver's ability to meet the child's needs. The web based system includes reporting functions, management options and caregiver involvement.

\*Children's Behavioral Health Services, with the Office of Continuous Quality Improvement, has provided the necessary supports for implementation of this system, including purchasing of the license, and administrative oversight and training, for providers of TCM and TFC to complete the transition from paper to the web based CAFAS tool.

\*Fidelity to the CAFAS was increased by the development of a cadre of certified trainers. The trainers will train the raters who rate each CAFAS subscale with a behavioral descriptor that describes the child resulting in a score. Each trainer will be re-certified annually and each rater re-certified every two years.

\*All data collected is reviewed by CBHS staff with providers to address problem areas and develop remediation plans.

### **Data systems utilized:**

#### **Maine Integrated Health Management Solution (MIHMS)**

This is the current MaineCare claims management system that replaced the MECMS system. This system came on-line in September, 2009. MIHMS is also a MaineCare

claims payment system and has the capacity to generate reports on program costs and unduplicated counts of individuals served.

**Enterprise Information System (EIS)** this is an information system developed by the Office of Information Systems in the Department of Administrative and Financial Services (DAFS). The system is designed to capture consumer information for persons who are receiving services from the Division of Children's Behavioral Health Services and the Offices of Adult Mental Health Services, Adults with Cognitive and Physical Disabilities Services, Elder Services and Substance Abuse Services. Each of these units has developed an information capacity that will serve the specific needs of that unit. EIS at present is the key data source for the enrollment of children who are referred seeking Children's Home and Community Based Treatment and Children's Rehabilitative and Community Services and Supports, as well as Targeted Case Management Services.

**Advantage ME** is the current State financial information system introduced in FY08. An updated version of this system became operational on July 1, 2011. It is an Enterprise Resource Planning (ERP) system specifically designed to support the functions performed by the State of Maine. It will be replacing MFASIS, TAMI for cash receipts, Sicommnet, E-Catalog and GQL Warehouse financial reporting. In addition to the standard accounting functions of accounts payable, accounts receivable, and general ledger, Advantage ME also performs the specialized functions of encumbrance control, fund accounting, grants and project management. Advantage ME incorporates a variety of business functions, such as budgeting, general accounting, cost accounting, accounts payable, procurement, treasury, and accounts receivable, resulting in a single, integrated system that addresses the key financial management processes that the State of Maine needs. Advantage ME generated FY11 data used to calculate and document the State's total current expenditures for all mental health services provided by the Department of Health & Human Services for children, through the Division of Children's Behavioral Health Services and for adults, through the Office of Adult Mental Health Services. These expenditures are the source for reporting the State's general fund contributions to the Maintenance of Effort data that is required by CMHS

## **Office of Adult Mental Health Services**

The Office of Adult Mental Health has several Information Technology systems. Our Enterprise Information System (EIS) has been built from the ground up with capacity to track information at the client level. More recently, our Division of Purchases in conjunction with OAMHS has created a Service Encounter database. This system collects client identifiable data, demographic data, unit and rate utilization and provider information. It does not however get to the granular level of identifying the funding source, such as the difference between State grant dollars and Federal Block Grant funding. We anticipate utilizing a percentage of Block Grant funds to supplement and enhance the functionality of this system to allow for more granular reporting by funding source.

Providers NPI's are tracked through Office of MaineCare Services . The Office of Adult Mental Health Services assigns unique Vendor Codes to providers through the contracting process. This allows us to aggregate data by provider.

The system does have unique client identifiable data allowing for de-duplication. Client level data is in the form of Service Encounters. It does not fully comply with ICD-10 or CPT/HCPCS codes. Upgrades will be phased in over an approximate two-year period culminating with the transition to ICD-10 on October 1, 2013.

The electronic systems allow for linkages with Medicaid, Social Security, Food Stamps, TANF, and other mainstream resources.

Monthly reports are produced using Service Encounter data.

The state's IT division, the OAMHS, and the Medicaid Office meet regularly concerning system IT issues across divisions.

The Department of Health and Human Services has created an Office of Health Information Technology in compliance with the federal Recovery Act.

The Medicaid Office is continually improving its IT systems to better meet changing federal and state regulations and priorities. OAMHS is consulted regularly (monthly) by the Office of Information Technology which helps to coordinate efforts and provide a feedback loop to ensure initiatives are carried out according to plan.