

Wyoming Provider Scorecard Measure Specification Manual

Purpose

The purpose of this manual is to assist providers in using the Wyoming Provider Scorecard by defining the source and calculations for each of the measures in the scorecard. The scorecard will be published de-identified on a quarterly basis for HFWA Agencies. All Agencies and Solo Providers will have a baseline scorecard. Solo providers will be expected to track measures yet will not have a quarterly scorecard due to lack of volume. As part of the new contract, the Wyoming CME is required to measure certain elements and outcomes. HFWA providers have aligned measures in the Provider Scorecard for HFWA to be working statewide on these important measures.

A few key points to remember

- 1. As a scorecard, these are selected measures for program improvement. The measures are related to the statement of work for the wraparound program and are balanced for:
 - a. Quality Process
 - b. Fidelity to Wraparound Principles
 - c. Administrative Efficiency
 - d. Outcomes of Wraparound
- 2. The threshold colors represent a short-hand evaluation of performance, both by agency and WY Wraparound as a whole. These are not final standards as many our goals are 100%, yet the colors assist in seeing progress. In addition to the color code, the actual measure for each Agency and for Wyoming Wraparound will be given. The colors represent:
 - a. Green = Good range
 - b. Yellow = Approaching Good Range
 - c. Red = Needs Improvement
- 3. Measures are reported quarterly, yet with some variation for the interval of time:
 - a. Measures with a larger denominator, such as percent of members with face to face contacts per month, will be reported based only on the last quarter.
 - b. Measures with small denominator, such as a measure based on count of discharged youth, will be reported on a "rolling 12 months" for the most recent 12 months.
 - c. Measures based on claims will have a 45 day lag to allow for payment processing.
- 4. A Learning Community call will be established monthly for discussion of the measures. Our goal in this learning community is to improve measures together by sharing common experiences, trying new practices, and developing quality improvement process.
- 5. The scorecard will help us quantify our work to tell the story of how high fidelity wraparound impacts the youth and families we serve.

Quality Process: Face to Face Contacts per Family

Definition:	Percentage of youth with two face to face contacts per month for youth and/or family		
Importance:	Face to face contact is an important quality measure which impacts fidelity to wraparound process.		
Source:	FCC progress notes type 2 (CFT) or 11 (bi-monthly face-to-face)		
Interval:	Most recent quarter		
Numerator:	Youth/family with two face to face contacts each month		
Denominator: Youth/family that month			
HFWA goal:	100%		
Green:	100%		
Yellow:	95% < 100%		
Red:	< 95%		
Notes:	Youth are included only if they are enrolled for the entire month.		



Quality Process: HFWA ALOS (Average Length of Stay)

- Definition: The average number of days in an authorization of HFWA of engaged youth who have been discharged.
- Importance: The goal of HFWA is to transfer skills to the family, youth, and informal resources and transition out of formal HFWA. The ALOS tracks the length of time needed for reaching the optimal duration to transition. Only youth with at least 60 days of HFWA are included as "engaged."
- Source: FCC LOS Report by HFWA Tier
- Interval: Rolling 12 months
- Numerator: Days continuous authorization for discharged youth
- Denominator: Count of engaged youth discharged with > 180 days in HFWA
- HFWA goal: Range of 9-15 months (270 < 450 days)
- Green: 9 months < 15 months (270 days < 450 days)
- Yellow: 6 months < 9 months (180 days < 270 days) or 15 < 18 months (450 days < 540 days)
- Red: < 6 months (< 180 days) or > 18 months (> 540 days)
- Notes: This is a rolling 12 month measure (the most recent past 12 months) recalculated quarterly. If the youth has had more than one HFWA FCC, the youth is attributed to the HFWA provider at discharge.

N/A means no youth were discharged in the period.



Quality Process: Engagement and Implementation

- Definition: The percent of youth with fewer than 60 days of HFWA ("not engaged") and percent of youth with180 or more days of HFWA ("implemented").
- Importance: Engagement in wraparound is the beginning phase of HFWA. Families or youth may decline or not respond to HFWA. The percentage of youth not engaging is an important alert measure for HFWA. Youth with less than 60 days of HFWA are included as "not engaged." Planning and Implementation phases of HFWA take longer and are measured at 180 days.

Source: FCC LOS report

- Interval: Rolling 12 months
- Numerator: Count of youth <60 days and >180 days (see note above)

Denominator: Count of discharged youth HFWA

- HFWA goal: 90% engaged (>60 days) and 80% implemented (>180 days)
- Green: <10% not engaged. >80% implemented

Yellow: 10 < 20% not engaged >60% implemented

- Red: = or >20% not engaged <60% implemented
- Notes: This is a rolling 12 month measure (the most recent past 12 months) recalculated quarterly. If the youth has had more than one HFWA FCC, the youth is attributed to the HFWA provider at discharge.

N/A indicates no youth were discharged in the period.



Fidelity: Family Survey Response

Definition:	This is the percent of youth with a Caregiver Survey response from the expected survey completions. For youth who have reached the six month Plan of Care, a survey is to be completed by the caregiver and youth over the age of 11. If the youth is over 18 and/or considered their own caregiver, the youth survey will be counted in this measure.	
Importance:	Fidelity to Wraparound is needed to demonstrate high fidelity standards.	
Source:	Wraptrack (Wraparound Fidelity Assessment System) and WFI-EZ Survey Completion Tracker	
Interval:	Cumulative since Jan 2018, then rolling 12 months	
Numerator:	Count of youth with a completed caregiver survey or youth survey when the youth is over 18 and/or their own caregiver	
Denominator	Count of youth who have reached the six month plan of care	
HFWA goal:	00% caregiver survey participation. 70% minimum for Fidelity confidence.	
Green:	70% or greater participation	
Yellow:	50 < 70% participation	
Red:	Under 50% participation	
Notes:	Please see WFI-EZ instructions for complete information on administering the	



caregiver and youth surveys.

Efficiency: Authorization Documentation

Definition:	Percentage of authorizations approved with complete documentation.		
Importance:	Efficiency in documentation enables HFWA staff to focus on the activities of wraparound.		
Source:	Magellan authorization report		
Interval:	The most recent quarter		
Numerator:	Youth with authorizations		
Denominator: Youth with authorization reviews			
HFWA goal:	100%		
Green:	100%		
Yellow:	95% < 100%		
Red:	< 95%		
Notes:	Provider assignment is based on the provider of the authorization request.		



Outcome: Improved Functioning

Definition:	Percent of youth with improved, same, and newly identified need scores on the Chi and Adolescent Needs and Strengths (CANS) global sum quarter over quarter.	
Importance:	The CANS is a measure of needs and strengths for the youth and their family. The CANS should be reviewed and updated each quarter with the plan of care, and reflect youth progress as well as ongoing needs and newly identified needs.	
Source:	MagellanProvider.com CANS application and Assessment Score Tracker	
Interval:	Most recent quarter	
Numerator:	Count of youth with improved (lower score), same (0 change), and newly identified needs (higher score) on global score of subsequent CANS	
Denominator	: Count of youth with subsequent CANS	
HFWA goal:	At least 50% youth with quarter over quarter improvement	
Green:	> 50% with improved (lower score) CME only	
Yellow:	25 < 50% with improved (lower score) CME only	
Red:	$<\!25\%$ with improved (lower score) CME only	
Notes:	Color for this measure is only provided for CME.	
	As only subsequent (reassessments and discharge) CANS are included, providers with only initial CANS in the quarter will not have a functioning measure.	

This is a measure of CANS improvement. Additional CANS discharge outcomes can be access in MagellanProvider.com CANS application.



Outcome: Successful Graduation from HFWA

Definition: The percentage of engaged youth who have a successful discharge coded at graduation from formal HFWA. Successful discharge are reason codes for goals met or youth moved to a different state waiver. Importance: Families who identify that their goals are met have achieved maximum benefit from formal HFWA and should transition to informal wraparound. Youth who qualify for and enroll in a different waiver are also successful transitions. Source: **Disenrollment Reasons Report** Interval: Most recent rolling 12 months Numerator: Count of youth discharged with disenrollment reason as goals met or moved to a different state waiver Denominator: Count of youth discharged, excluding disenrollment reason codes for family moving outside Wyoming and deceased non-suicide HFWA goal: 75% Green: >75% Yellow: 50% < 75%Red: <50% Notes: Disenrollment reason codes are identified in the disenrollment letter. N/A indicates no youth were discharged in the period.



Appendix

Updated baselines for providers with one year measures July 2018-June 2019.

Measures Index

Construct	Measure	Provider Baseline Interval
Quality Process	Face to Face Contacts per Member	April 2018 – June 2018*
Quality Process	HFWA Average Length of Stay (ALOS)	July 2018 – June 2019
Quality Process	Engagement and Implementation	July 2018 – June 2019
Fidelity	WFI-EZ Family Surveys	July 2018 – June 2019 Annual Fidelity
Efficiency	Authorization Documentation	April 2018 – June 2018*
Efficiency	Claims Acceptance	July 2018 – Sept 2018
Outcome	Improved Functioning (CANS)	April 2018 – June 2018*
Outcome	Successful Graduation HFWA	July 2018 – June 2019

*Quarterly measures were not rebaselined.

Measures in gray may have reports specified and developed for consideration of future scorecard measurement.

