

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 providers. All agencies and solo providers will have a baseline scorecard after one year in the new Electronic Health Record (EHR). 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 of 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 minimum 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.
4. The All-Provider call will have a standing quarterly agenda item for discussion of the measures. Our goal 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: Minimum Contacts per Family

Definition: Percentage of youth/caregiver contacted at least two (2) times per month based on the family's preferred contact type.

Importance: Regular contact is an important quality measure which impacts fidelity to wraparound process.

Source: FCC contact notes from the Electronic Health Record (EHR)

Interval: Most recent quarter

Numerator: Youth/family with at least two contacts based on the family's preferred contact type 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:** Enrollment and Discharge dates from the Electronic Health Record (EHR)
- 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 with 180 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: Enrollment and Discharge dates from the Electronic Health Record (EHR)

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 the youth survey will be counted in this measure.
- Importance:** Fidelity to Wraparound is needed to demonstrate high fidelity standards.
- Source:** WFI-EZ surveys from the Electronic Health Record (EHR)
- Interval:** Rolling 12 months
- Numerator:** Count of youth with a completed caregiver survey or youth survey when the youth is over 18
- Denominator:** Count of youth who have reached the six-month plan of care
- HFWA goal:** 100% 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: Authorizations from the Electronic Health Record (EHR)
- 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 Child 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: CANS entered from the Electronic Health Record (EHR)

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.

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 from the Electronic Health Record (EHR)

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

Baselines by measure

- WY CME baselines continue as below and will be recalculated at the end of 12 months of data.
- Provider baselines to be recalculated at the end of 12 months of data.

Measures Index

Construct	Measure	WY CME Baseline Interval current	WY CME and Provider New Baseline Interval
Quality Process	Minimum Contacts per Member	July 2018 – June 2019	Jan 2021 – Dec 2021
Quality Process	HFWA Average Length of Stay (ALOS)	July 2018 – June 2019	Jan 2021 – Dec 2021
Quality Process	Engagement and Implementation	July 2018 – June 2019	Jan 2021 – Dec 2021
Fidelity	WFI-EZ Family Surveys	70% *	*
Efficiency	Authorization Documentation	April 2018 – June 2018	Jan 2021 – Dec 2021
Outcome	Improved Functioning (CANS)	50%*	*
Outcome	Successful Graduation HFWA	July 2018 – June 2019	Jan 2021 – Dec 2021

*Baseline is goal specific to measure.