

FY23 GUIDANCE ON RESULTS BASED BUDGET MEASURES I AND II

This document provides guidance related to the two Results Based Budgeting (RBB) performance measure for CBHTR grantees providing Outpatient behavioral health services.

Please make note of the changes being made with these measures.

- In FY23, agencies will be responsible for reporting their performance on RBB measures in their Quarterly Reports based on information extracted from AKAIMS RBB reports, or, if necessary, from their own data reports.
 - In FY23, we will also be using standard goals for all agencies. See the description of the standard goals for each measure outlined below.
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EFFICENCY MEASURE: TIMELY ACCESS

In FY2023, through grantee entry of information into AKAIMS (or HIE), data will be available relative to “Timely Access”. The Data for each agency is found in AKAIMS Reports Manager – RBA Measure Reports - Intake to First Service. Agencies unable to access data through AKAIMS (either due to using an EDI or in transition to the HIE) will need to work with the AKAIMS staff to determine how to obtain data for reporting from their own systems.

The data range for reporting should be July 1st through the end of that particular Quarter. Program data selected should be for Outpatient programs.

Measure: Days elapsed between Intake and First Treatment Service

1. **For FY23 “Intake Date” is defined as the day the Behavioral Health Assessment is completed.** This should be applied consistently by agency staff entering the Intake Date into AKAIMS.
Important: Do not allow the Intake Date to default to the date that the client’s information is entered into AKAIMS.
2. The time span from Intake Date to first treatment service determines “timely access”. **The Timely Access Threshold threshold being utilized in FY23 is 0-14 days.**
3. **For FY23 DBH is establishing a common Target for all agencies for this measure of 75%.** This is the target for the percentage of clients that will receive a first treatment service within 0 -14 days. The Division recognizes that a number of *Intakes* may occur that are not followed up with treatment. As such, the Timely Access measure will look at all clients that received their first treatment service in the reporting period and, of these, the percentage that received their first treatment service within the selected Timely Access Threshold.

EFFECTIVENESS MEASURE: CLIENTS WHO MAY BE ELIGIBLE FOR MEDICAID BUT ARE NOT COVERED

For this measure, the AKAIMS Reports Manager – RBA Measure Reports – (see 4. Base Data for specifics) will be used to identify the number of low income and non-resourced clients. This is seen to represent uninsured clients who may be eligible for Medicaid if they applied. **The FY23 Target for Percentage “Non-Sourced” is 15% or below.** For EDI agencies or agencies in transition to the HIE, the AKAIMS team will be available to provide guidance on securing reporting data from your own records.

1. **Purpose.** For FY2023, DBH will use this measure as an indication of each agency’s reliance on grant funding to provide services for potentially Medicaid eligible clients. The calculation of “low income/non-resourced” clients is a proxy measure for clients who may be eligible for Medicaid but remain uncovered. These are clients who are (based on the data in AKAIMS):
 - I. Likely at or below 138% of federal poverty level, and
 - II. non-resourced (uninsured).
2. **Data Integrity.** For this measure to be meaningful it is very important that your agency’s AKAIMS data is accurate, complete and updated. More specifically, the following information in AKAIMS (collected at admission) must be accurate and current: 1) primary expected payment source, 2) annual household income, 3) marriage status, and 4) number of children in the household.
 - I. For each new admission, agencies are asked to make sure these four data fields contain accurate and current information.
 - II. This measure will focus only on the subset of clients with an admission in the reporting period.
 - III. **If these individuals qualify for Medicaid after their admission, agencies are encouraged to reflect that by entering their Medicaid number in the admission profile.**
3. **Date Range.** The date range for data for the Quarterly report will be from July 1, 2021 to YTD.
4. **Base Data.** The AKAIMS report is available in the AKAIMS Report Manager > RBA Measures Reports > Table 5i – with Not Applicable Income (select Outpatient programs). The data that is required is as follows:
 - I. Percentage of “Non-Sourced”
5. **Clarifications.**
 - I. Low-Income/ Non-Resourced – Clients are considered low-income/ non-resourced if they are identified as being at or below the 138% FPL and are uninsured..
 - II. Total Sourced – Includes Medicaid, Medicare, private insurance, or other public funding sources.
 - III. Total Non-Sourced – Includes client self-pay, Indian Health Services, no charge.