Appendix C

VALUEOPTIONS CT
IMPACT OF INTENSIVE CASE MANAGEMENT PROGRAM; Adult
QUALITY IMPROVEMENT ACTIVITY (QIA)

Date: March 26, 2013

Goal:

The Impact of the Intensive Case Management Program is a study designed to assess the impact of having an Intensive Case Manager (ICM) involved in the care of an adult Medicaid member. The primary measure for this study is a comparison of the number and percentage of days spent in the community during the six (6) months prior to and post the assignment to an ICM. The hypothesis going into the project was that members would have more time in the community following their discharge from ICM assignment than they did in the six (6) months prior to involvement of the ICM in their treatment.

Background of the Quality Improvement Activity:

At the time of the inception of the original contract between CT ValueOptions and the Departments of Children and Families (DCF) and Social Services (DSS), an Intensive Case Management (ICM) program was developed and implemented based on contractual requirements. Because more traditional face to face ICM programs were already in existence within the state agencies, the CT ValueOptions program was specifically designed to decrease the acute inpatient length of stay by *facilitating referral to and placement in appropriate confined settings for high risk members.* This is achieved by working directly with providers and state agency personnel. The CT model assigned the ICM to work with the involved providers and agency workers to address any barriers that were prohibiting the member from accessing the necessary level of care.

In April of 2011, with the inception of the new contract that added the Department of Mental Health and Addiction Services (DMHAS) to the CT Behavioral Health Partnership, consideration was given to changing the existing structure of the ICM program to allow for more direct contact between ICMs and members. However, while that decision was being considered, it was decided that it would be useful to study the impact of the existing ICM program on the outcome of the members involved in the program before making any substantial changes. As a result of discussions between the Departments and ValueOptions, it was decided to use “time in community” as a measure of the impact of the ICM program.

Methodology:

Adult Sample Criteria:

In order to be eligible for inclusion in this study the member must be:

1. A CT Medicaid adult age 18+
2. Discharged from an ICM assignment during the time period from 1/1/12 to 6/30/12.
3. Assigned to an ICM for at least 14 days
4. Assigned to an ICM for 235 days or less.
5. Member must not have a gap in eligibility of more than 45 days during either the 6 months prior to or post the ICM and/or PS assignment.

Time In Community Measure Description

The time in community measure involves the division of levels of care available to the Medicaid population into two categories; in a confined setting or in the community (or outside of a confined care setting). The total number of days in the measurement period is calculated and then the number of days in a confined setting of each adult member being evaluated is calculated. The difference between each of these measures, the time in community, is calculated for each adult member. An average for the time in confined settings and an average for time in the community are calculated for both the period of time prior to the ICM and/or Peer assignment and the period of time following discharge from ICM and/or Peer assignment. Additionally, in order to examine the differences in the types of confined settings of the adult members before and after assignment, subtotals of the time spent in different types of confined settings are calculated.

CT VO Eligibility Criteria for ICM Assignment – Adult

To be eligible for ICM [adult] at least one of the following must exist:

- Recipient of 4 or more admissions to the same or different level of care.
- Catastrophic event(s) which place a member at risk for behavioral health hospitalization.
- Documented substance abuse during pregnancy (e.g., active alcohol use, history of drug/alcohol use in the previous 12 month period, history of failure to use formal substance abuse treatment programs and/or self-help groups, little or no outpatient support in place at referral, lack of family/social support structure, at high risk of admission into detox or 24 hour level of care).
- Homeless individuals with a history of mental illness and/or a history of substance abuse and/or addiction.
- Utilization of behavioral health and/or state agency services by multiple family members, including the member.
- “Aging out” of DCF or special education services by a member who also has a behavioral health condition.
- Evidence of behavioral health diagnosis or condition where the member has a persistent or otherwise complex medical condition and is at greater risk because of the co-existing behavioral health diagnosis or condition. These members will be followed by an ICM assigned to work collaboratively with the Medical ASO to ensure access to medical and behavioral health services as needed.
- Demonstrated, documented, and consistent non-engagement with and unresponsiveness to outpatient and/or community-based services (behavioral health or medical) for a period of at least six months, placing the member at risk for psychiatric or substance abuse hospitalization.
- Multiple state/provider agency involvement necessitating intensive care management.
- Women experiencing severe, pre-existing or new depressive symptoms 6 months pre/post birth of a child.

Discharge from ICM Criteria:

- A member's individual needs are transferred to a community-based resource that has proven the ability to support the adult's goals.
- No more than one acute episode of care during a 90-day period where the acute episode is no longer then three days in duration.
- 90-day period of time "detox-free" for members with a substance abuse diagnosis.
- Member/family declines ICM services or opts out
- Member is no longer Medicaid eligible.

Demographic Information: Adult Study Cohort-

ICM Internal Assignments	
	Cohort
Total Cases	123
Unique Members	123
Females	37
Males	56
Average Length of Stay	
ALOS for Cohort	115.33 days
ALOS only Females	132.46 days
ALOS only Males	107.96 days
Average Age	
Average Age of Cohort	39.14
Average Age Female	36.97
Average Age Male	40.07

While more males than females were assigned an ICM, the females had longer ICM assignments compared to the males. Further, females assigned to an ICM were younger than males assigned to an ICM.

Findings:

Time in Community Prior to and Post ICM Assignment

	Prior	Post	% Change
Total Internal Assignments	123	123	
Total Possible Days in Community	22,509	22,509	
Total Days in Confined Setting	2,839	776	-72.7%
IPF Days	2,300 (255)	610 (81)	-73.5%
IPD Days	539 (138)	166 (44)	-69.2%
IPM Days	0	0	
Total Days in Community	19,670	21,733	10.5%
% of Days in Community	87.4%	96.6%	

Please Note: Numbers in parentheses are the numbers of episodes of care that contribute to the number of days

Analysis of the Findings

Adult members with an ICM assignment had **72.7% fewer days in a confined setting and 10.5% more days in the community** during the 6 months following assignment than they did before ICM assignment. They spent:

- 73.5% **fewer days in Inpatient** facilities in the 6 months following assignment and
- 69.2% **fewer days in Inpatient Detox** facilities in the 6 months following assignment
- The average length of stay for Inpatient days prior to the ICM assignment was 9.02 days compared to 7.53 days post the ICM assignment.
- The range of Inpatient days prior to the ICM assignment was 2 to 92 days compared to 1 to 50 days post the ICM assignment.

CONCLUSIONS: Adult members spent less time in confined settings post their ICM assignment as compared to prior to their ICM assignment. This was true for both the inpatient facilities as well as the inpatient detox facilities. The time in community data indicate that ICMs were able to successfully facilitate access to care for the high-risk adult Medicaid members, thereby reducing time spent in confined settings.