

DBHDD Technical Assistance Training Day Two

Presented by:

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HOW CAN WE HELP YOU?

The Affordable Care Act, parity, Medicaid expansion, and new market and customer forces are ushering in an era of powerful change in how healthcare is accessed, delivered, and paid for. Mental health and addictions treatment organizations have to gear up now to meet greatly increased demand, competition, and performance standards. You need expanded capacity and high-performing prevention, early intervention, recovery, and wellness services and supports. You must work with new Medicaid systems to bill through new health insurance exchanges, adapting to demand for greater accountability, increased efficiency, better quality of care, measurable outcomes, and improved customer service.

David Lloyd, Scott Lloyd and their MTM Services team — of SPQM fame — have led 700+ behavioral health organizations across the country in adapting to changing healthcare delivery and payment systems. Today, MTM Services — in partnership with the National Council for Behavioral Health — offers a **full suite of consulting services** to prepare community behavioral health organizations, large health systems, managed care entities, and state and county behavioral health systems, for the dynamic new healthcare marketplace.

Organizations that have worked with MTM Services have seen:

» 60% reduction in consumer wait times

2404 reduction in staff time needed

>> 39% reduction in cost of access to treatment process

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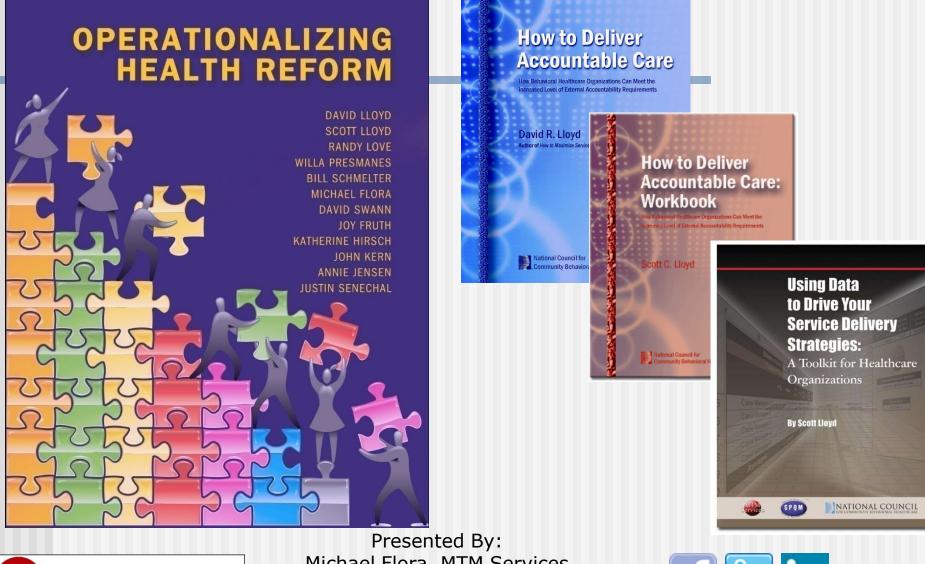




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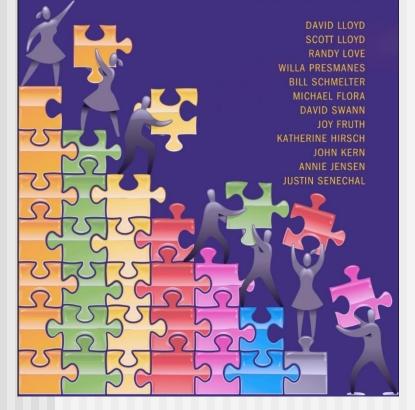






A Roadmap for Impactful Change!

OPERATIONALIZING HEALTH REFORM





<u>Operationalizing Health Reform</u> was written by the entire MTM Services Team to be an up to date view of what we have learned working to help hundreds of organizations across the country and abroad make the changes necessary to be successful in today's ever changing environment of health reform. Each of the book's 14 chapters deal with a specific change focus required to help vision based leaders improve their organization's quality of care, efficiency, and the compliance of their service delivery system!

To Order or for more information visit:

www.mtmservices.org or www.thenationalcouncil.org

If preferred call (202)-684-7457 Presented By:

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How to Get and Keep the Best Employees: A guide to workforce innovation

Michael has over 25 years experience in clinical practice and mental health administration. He has extensive experience in •Strategic Planning, •Performance Improvement, •Clinical Re-Engineering, •Marketing, Business Planning, •Leadership Training, •Project Management •Mergers and Acquisitions in healthcare

He has lectured throughout the country on the national conference level on behalf of treatment and administrative issues.

His work has been highlighted in *Behavioral Healthcare Tomorrow, Behavioral Healthcare Technology, Health Care Technology,* CMHC's *One Magazine,* and *MD News* Magazine. He is a frequent contributor to the *NI Business News,* and his work has been featured in numerous publications by the National Council for Behavioral HealthCare publications.

Mr. Flora currently holds a position on the editorial board for the Joint Commission on Accreditation Healthcare Organizations (JCAHO) publication *JCAHO Advisor for Behavioral Healthcare Providers* and is listed in the Who's Who of Executives and Professionals. He currently serves on state and local committees to improve the behavioral health care of our children, families and adults in Illinois. **Presented By:**

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How to Get and Keep the Best Employees:

A Guide to Workforce Innovation





Michael Flora, MBA, M.A.Ed., LCPC





Health Reform Implementer

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5 Things Your Leadership Team Needs to Learn From the New Mexico RAC Audits

LEARN FROM THE NEW MEXICO KAC A bill Schmelter, PHD

ead Clinical Consultant - MTM Services 3111.Schmelter@mtmservices.org In my 40 years in the Behavioral Health field I have benefitted from con

In my of years in the behaviolar result need 1 have benefitted from consideration experience as both an auditor and an auditee. Both as a clinician and a behavioral health organization executive I have been involved in and/or had the lead responsibility for more than 20 Joint Commission Surveys. Read More...



COACHING UP OR COACHING OUT Maximize Service Capacity and the Bottom Line by Coaching Up Your Middle Performers

MICHAEL FLORA, MBA, M.A.ED, LCPC Senior Operations and Management Consultant - MTM Services

Middle performers are the unsung heroes of every organization. While high and low performers get most of the attention, middle performers typically make-up 60-70% of the workforce, and are critical to your organization's success. Read More...

Operationalizing Health Reform: Leadership in Action

DAVID LLOYD, FOUNDER M.T.M. Services David.Lloyd@mtmservices.org

In June 2013, it was my pleasure to be a part of a national panel in Washington, DC that was focused on discussing the future of behavioral healthcare in an era of healthcare reform. Read More...



Benefits of Teaching Emotional Intelligence (E.I.) in the Healthcare Workplace

MICHAEL FLORA, MBA, M.A.ED, LCPC Senior Operations and Management Consultant - MTM Services Michael.Flora@mtmservices.org

I have always adopted the concept of hire for attitude, train for aptitude Most graduates and seasoned professionals have the basic clinical and nonclinical educational and work performance requirements. So what sets the top performers apart? Read More...



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- The Affordable Care Act, parity, Medicaid expansion, and new market and customer forces are ushering in rapid changes in how healthcare is accessed, delivered, and paid for. Your markets are expanding fast — behavioral health coverage will expand to 62 million Americans by 2014. And it's not going to be business as usual!
 - The MTM Services team has led 700+ behavioral health organizations across the country in adapting to changing healthcare delivery and payment systems. Today, MTM Services — in partnership with the National Council for Community Behavioral Healthcare — offers the Health Reform Implementer newsletter to prepare community behavioral health organizations, large health systems, managed care entities, and state and county behavioral health systems, for the dynamic new healthcare marketplace.
- Health Reform Implementer brings you the best of the MTM team's healthcare consulting expertise and is edited by <u>Michael</u> <u>Flora</u>. The newsletter is packed with tips and tools to help you improve quality and access to mental health and addictions care; achieve operational efficiencies; streamline billing and collections; improve staff productivity; establish outcome measures; design key community collaborations; and face up to the competition in the new era defined by the Affordable Care Act.
- Purchase your subscription to Health Reform Implementer via the <u>National Council Store</u>.
- Breaking news and articles are posted on our website for subscribers to access at any time with a password. Subscribers receive email alerts every month, listing the latest articles available online.





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Experience -



Improving Quality in the Face of Healthcare Reform

- MTM Services' has delivered consultation to over 700 providers (MH/SA/DD/Residential) in 45 states and 2 foreign countries since 1995.
- MTM Services' Access Redesign Experience (Excluding individual clients):
 - 5 National Council Funded Access Redesign grants with 200 organizations across 25 states
 - 6 Statewide efforts with 140 organizations
 - Over 1,500 individualized flow charts created
 - Over \$16,000,000 in Annual Savings generated thus far
 - A lot of happy staff and consumers





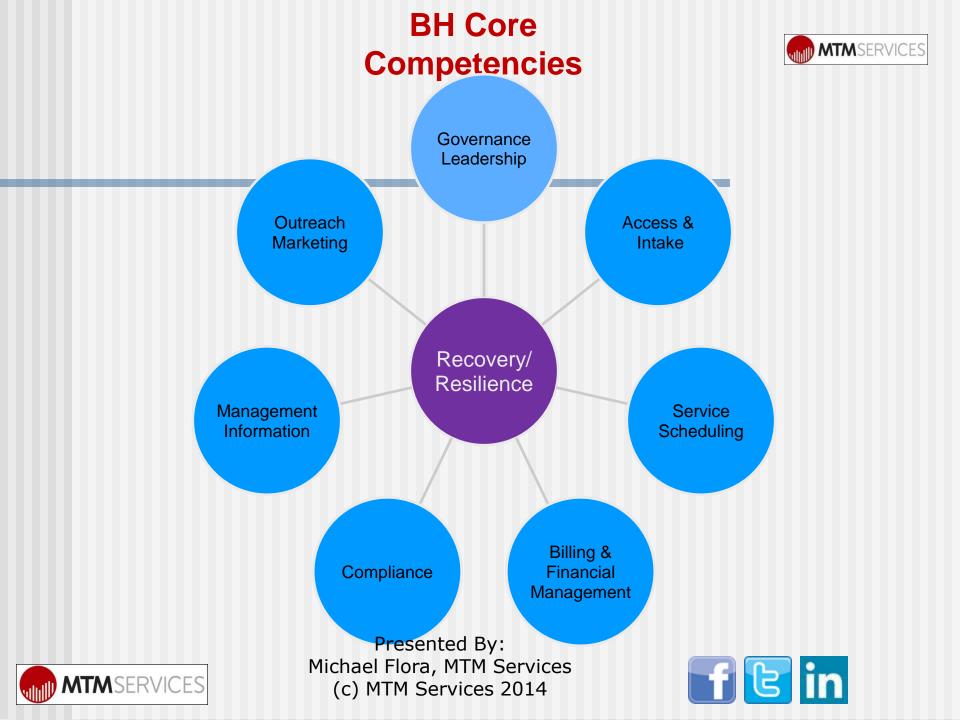


Agenda Day Two

- 1. Coaching your team to Peak Performance
- 2. Know your Costs
- 3. UM/UR
 - 1. CQI score Card
- 4. Productivity
- 5. Getting your Board on Board







Georgia's Recovery Definition and Guiding Principles & Values Georgia's Recovery Definition



- Recovery is a deeply personal, unique, and self determined journey through which an individual strives to reach his/her full potential. Persons in recovery improve their health and wellness by taking responsibility in pursuing a fulfilling and contributing life while embracing the difficulties one has faced.
- Recovery is not a gift from any system. Recovery is nurtured by relationships and environments that provide hope, empowerment, choices and opportunities.
- Recovery belongs to the person. It is a right, and it is the responsibility of us all.

9-20-13 Version)







Georgia' Recovery Guiding **Principles and Values**

- Recovery
- Emerges from hope
- Is person-driven
- Is Strengths based
- Is Age Independent
- Recognizes the wisdom of "lived experiences"
- Occurs via many pathways
- Is holistic
- Is supported by peers, allies, advocates and families
- Is nurtured through relationships and social networks







Georgia' Recovery Guiding **Principles and Values**

- Is culturally based and influenced
- Is anchored in wellness- addressing a person's emotional health, environmental well being, financial satisfaction, intellectual creativity, occupational pursuits, physical activities, social engagement and spiritual health
- Addresses trauma
- Supports self- responsibility
- Empowers communities
- Is based on respect.







Coaching Staff to Optimal Performance



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Is it just me....

If you have an occasional employee who doesn't perform up to expectation it's probably an individual problem.



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Is it just me....

But if several people have the problem, the problem is more likely with your management approach or a systemic problem with in your organization.



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Is it just me....

The problem of motivating teams to peak performance is a matter of lack of reinforcement. When you don't get enough reinforcement for what you're doing, your attention wanders. And so does your performance



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Our systems tend to be structured to chase available funding streams

 Available funding streams tend to address only one problem area (e.g., mental illness, substance area (e.g., mental illness, substance abuse, developmental disability, etc.) abuse, developmental disability, etc.)
 The result: Fragmented systems of care...



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The Curse of "Siloed Funded Organization"

- Funding silos follow service dollars from the very top of the system to all the service delivery levels
- Siloed funding produces rules that make integrated services more challenging to mobilize



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Siloed funding creates barriers that prevent the delivery of the range of services needed by our clients with multiple problems



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As a System

We have stitched this monster together....

And we wonder why the villagers are coming after us with torches and pitchforks



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Siloed Clinical Service Delivery Process



| Therapist |
|------------|------------|------------|------------|------------|------------|------------|
| One | Two | Three | Four | Five | Six | Seven |
| Case Mgr |
| One | Two | Three | Four | Five | Six | Seven |
| Peer |
| Specialist |
| One | Two | Three | Four | Five | Six | Seven |



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Siloed Clinical Service Deliversynces Process

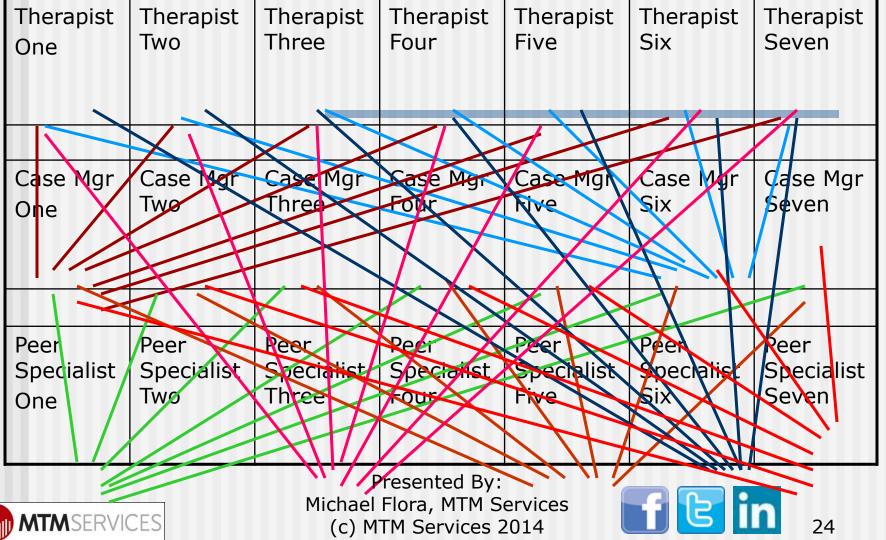
| Therapist |
|------------|------------|------------|------------|------------|------------|------------|
| One | Two | Three | Four | Five | Six | Seven |
| | | | | | | |
| Case Mgr |
| One | Two | Three | Four | | Six | Seven |
| 1 | | | | | | |
| Peer |
| Specialist |
| One | Two | Three | Four | Five | Six | Seven |



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Siloed Clinical Service Delivery Process



MTMSERVICES



What Motivates Staff?

The amount of reinforcement needed to keep people focused on their work is relative to the amount of reinforcement available in the environment.



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What Motivates Staff?

- Depending on the culture, the fewer distractions in the workplace, it takes very little reinforcement to keep people on task.
- If there are a lot of distractions available, it takes a lot of reinforcement to keep people focused.



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What Motivates Staff?

Think of your work environment and the organizational culture. What motivates you, what motivates your employees?



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Confronting Under Performers

Ask these three questions



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Do you know what your current productivity is?



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#2

Do you know how many days your paperwork is late?



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#3

What are you willing to do to improve your performance?



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Initiating Change Management through Leadership

Creating an environment for success growth and vision

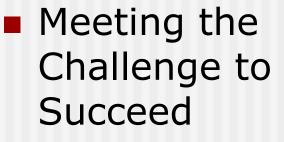


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Surviving Leadership Island



 Using your
 Coachship Style as your starting point



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What is Vision?

- A vision articulates a view of a realistic, credible, attractive future for organization, a condition that is better in some important ways than it now exists.
- A vision is a target that beaconsCreating a focus



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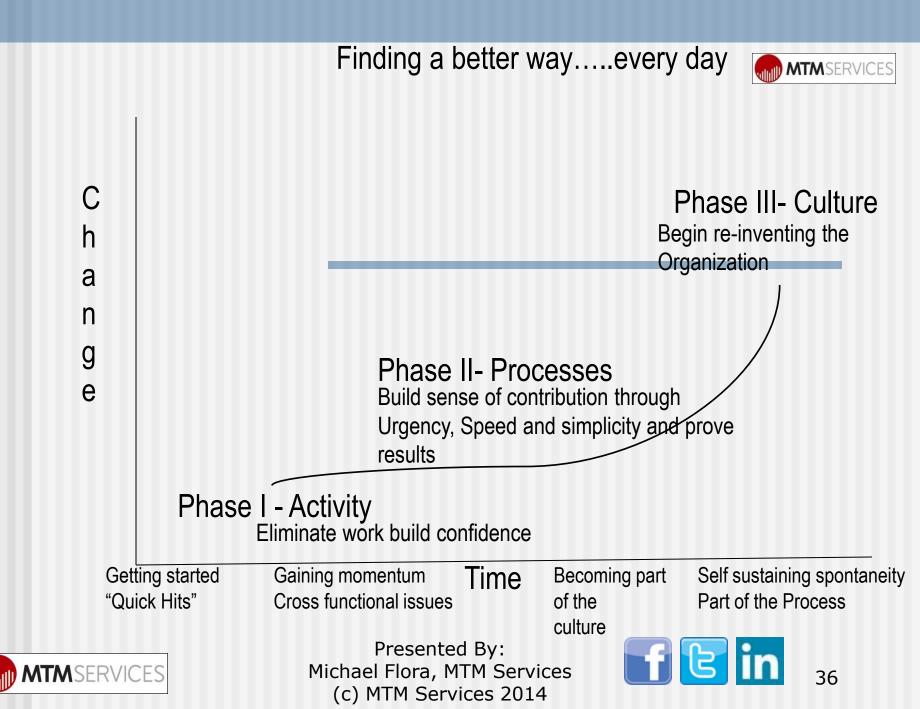
Project Vision

- Identify process & goals
- Identify customers served & expectations
- Define measures
- Clarify membership of team



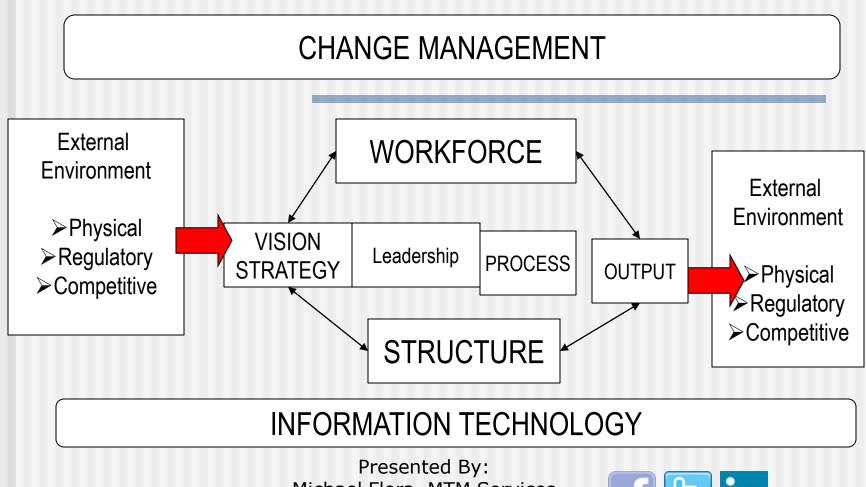
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Change Management









Creating a Shared Vision Statement

Speaking with one voice



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Motivating Employees

- Employee reinforcement is beyond the monetary.
- In many surveys on employee satisfaction, money and compensation fall well to the bottom of the list.
- Monetary rewards are appreciated but usual short lived as a motivating factor.
 Employers should look to other motivators in the workplace.



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What Motivates Staff?

- These include the culture of your workplace as well as intrinsic motivating factors for individual employees.
- (MBWA).
- Another motivating factor is the environment itself. What does it look like, feel like. Do people enjoy being there?
- This would also include a culture in which team members have value and input into the business decisions and changes that can be embraced into the culture.



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What Motivates Staff?

- Provide feedback to each performer on their daily accomplishments?
- The best job anyone can have is one where they know how well they've done at the end of every day.
- In addition to annual performance reviews, I share positive comments I have heard in the community on a regular basis or write a hand written note to them about their work and how much their client felt that they helped them. I have also written thank you notes to our team members, thanking them for doing good work.

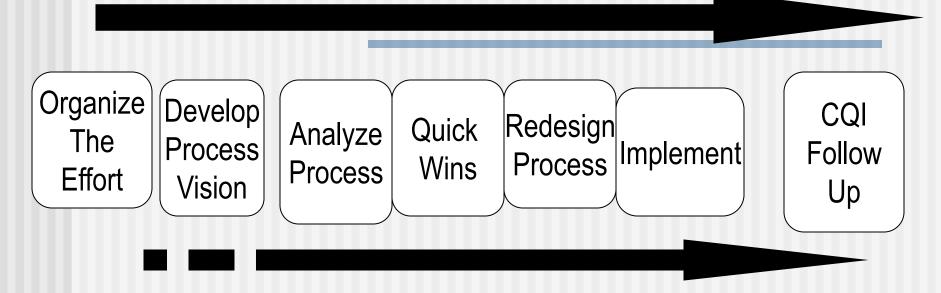


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The Re-Engineering Model Implement Support System



Change Management



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Leadership Roles

- Senior Management Leads the Effort By:
 - Select Process Owners
 - Make decisions, promptly and once
 - Monitor Progress
 - Integrate/Support effort
 - Establish Implementation Leadership
 - Create environment for change



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Four dimensions of Leadership



Coaching

Workforce

Process

Organization



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Skills needed to Coach to Optimal Performance

- Your Buy IN
- Listen
- Communicate
- Develop a strategy to achieve the vision



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Implement the Coaching Model

- Structuring
- Selecting and Training
- Motivating
- Managing Information
- Team Building
- Promoting Change and Innovation



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Vision and Organization

- Create the Vision
- Vision always refers to a future state
- Just as the Individual seeks rewards from the organization, the organizations seeks rewards from the larger society
- When the organization has a clear defined vision



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Can your team go home with their work completed for the day?

Many orientation programs should be something like this...



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" Welcome to XYZ Company, thank you for coming to work with us, for the next two weeks during orientation you will caught up in your work, from then on until the day you retire you will be hopelessly behind".



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What can you do?

One of the biggest frustrations of employees is the unfinished business that keeps them distracted at home as well. Re-engineer your work processes to achieve performance by eliminating redundancies, use technology to achieve greater performance.



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Meaning Through Communication



"If you Dream it you can do it"

Walt Disney



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This is the most common question that asked by Managers, Supervisors, Owners, and CEOs. What do you think of your management team? How do their skills compare with those of other managers in competitive organizations?



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 Does your team perform "excellently" today? Are they the team to implement your plans for the next few years?



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Who do you think is the most qualified to take on your next major strategic initiative?



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Are any members of your team ever being able to be promoted?



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If so, how long will it take for them to be prepared? What should you do to make it happen? If not, what are you going to do to make it happen



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The steps for ensuring that you have the right staff with the right skills at the right time are fairly straightforward:



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#1. Conduct an assessment of the competencies and knowledge requirements for critical executive, management and line positions - for the present and for your business's long-term strategic future.



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 #2. Assess current employee performance, capabilities, and potential along these dimensions.



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#3. Develop a plan to either buy or build the competencies you need for organizational success.



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Meaning Through Communication

- Shared Meaning and interpretations of reality
- The essential factor is to influence and organize meaning
- Develop commitment for the "New Vision"



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Trust Implies

- Accountability
- Predictability
- Reliability
- Trust is the emotional glue that holds the organization together



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The Myths of Coaching

- Coaching is a rare skill
- Coaches are born, not made
- Coaches are charismatic
- Coaches exists only at the top of an organization
- The Coach controls, directs, prods, manipulates





Twelve Qualities that Make You a Coach

- A Coach has a Maker
 Mission that matters
 A Coach uses Power
- A Coach is a Big Thinker
- A Coach has High Ethics
- A Coach is a Change
 Master
- A Coach is Sensitive A Coach is
- A Coach is a Risk Taker



 A Coach is a Decision Maker

 A Coach communicates Effectively

Wisely

- nge A Coach is a Team Builder
 - Courageous
 - A Coach is Committed

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Organizational Culture for memory services Coaching

- Defined by the Leadership of the organization
- Defines vision and strategy
- Defines the parameters of what is possible
- Defines how others perceive the organization



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Causes of Leadership Failures



- Lack of Understanding about Implementation
- Inadequate management of resistance
- Attempting "painless" implementation
- To narrow/too broad in scope
- Tepid executive commitment
- Consensus based approval



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Coaches Failure causes

- Ignoring cultural/tribal Impediments
- Focusing solely on process implementation
- Responsibility/authority mismatched
- Ignoring infrastructure alignment
- Calling something else "Implementation"
- Pursuing evolutionary revolution
- Not looking both ways......



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Shared Goals

Make sure your team members and managers understand the priorities. In multiple priority situations allow for feedback on what can be realistically done. Ask your employees do they have all the tools they need to get the work done



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Shared Goals

 By delivering these types of positive reinforcement, you'll find that employees will find it easy to "achieve peak performance" and, in the process, will improve the organizations performance as well.



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Communicate

- Speak with one voice
- Use appropriate and professional language
- Listen with a "third ear"
- Convey understanding
- Promote a culture of accountability and dialogue







Communicate

- Set an example
- Its not always what you say, but how you say it
- Remember that breakdowns in communication lead to problems
- Conduct effective meetings
- Define expectations







Coaching for success

Step by step

- 1. Describe what you want done
- 2. Be Specific
- 3.Obtain agreement
- 4. Jointly decide on a completion
- 5. Establish mini-goals
- 6. Discuss the benefits
- 7. Confirm the employees understanding of the tasks
- 8.Assign authority and responsibility
- 9. Follow up





Key Elements of Managing Change

- Time management is a key for both the manager and to assist staff in their acceptance of organizational and service delivery changes
- Substitute Process understanding difference between working harder and working differently during change implementation





Addressing the Challenging Team member

Four Choices of dealing with Problems

- Tolerate them
- Change your attitude
- Change the way you react
- Engage in conversation







Managing/Mentoring Staff Performance Areas

- Addressing inappropriate performance at the earliest possible time after KPI reports are created
- Provide objective measurement to support performance issues with staff or program
- Identify the performance levels that you would like to see and discuss them in staff meetings, in individual supervision sessions, etc.
- Request that staff meeting the KPIs provide a case study to other staff on how did it...
- Celebrate every possible victory (change)... Reinforce appropriate behavior/performance Presented By:



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Managing/Mentoring Staff Conflict Behaviors

- Addressing inappropriate behaviors at the time of the behavior is key to change
- Intervene in triangular dynamics between staff
- Developing Self Leadership will empower staff
- Identify the behaviors that you would like to see and discuss them in staff meetings, in individual supervision sessions, etc.
- Model the behaviors you would like for your staff to have
- Celebrate every possible victory (change)...
 Reinforce appropriate behavior/performance







Supervision/Coaching Case Studies

- The employee who turns every bit of feedback into either "that's not what you told me" or "you never told me that" or "I never said that" (even when they just did in the same conversation)
 - Concurrent Documentation on computer and print summary to hand to staff
 - Create Supervision Logs to provide statement of concerns



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Supervision/Coaching Case Studies

- When supervising someone's supervision, what you do when you know that the majority of their supervisees dread (or at least dislike) going to supervision.
 - Be honest with supervisor
 - Coach on how to use agenda topics in supervision





Supervision Agenda is A Key Focus for Coaching/Mentoring

Date:

Supervisor:

Employee:

Date of Supervision/Coaching Session:

Agenda Items

1. General administrative/House Keeping items:

2. Performance indicators: <u>Strengths and Growth Observed:</u> <u>Growth Opportunities/Coaching Opportunities:</u>

- 3. Clinical Service Delivery Process Supervision:
- 4. Case Specific Supervision:

Action items for follow-up Michael Flora, MTM Services (c) MTM Services 2014





Recommended Coaching Scripts

- "Just wanted to share a copy of your Day in the Life Report for last month. Please review for a few minutes and confirm if this is about the level of schedule management and direct service you anticipated."
- 2. "What are some ideas you have had that will enhance your schedule management and average schedule rate per clinic day?"







Recommended Coaching Scripts

- 3. "Based on the past three months, how do you feel you are progressing with achieving your performance goals with the agency?"
 - "Which performance standards do you feel best about?"
 - "Which performance standards do you feel need more of your attention?"
 - Please identify the barriers that you are encountering and share with me some of the solutions to these barriers that you have considered or started to implement?"







Recommended Coaching Scripts

- 4. "I understand that you are concerned about the KPI's.... Let's shift our focus to which KPI you are most concerned about and how we can work together to meet this standard..."
 - Please identify the barriers that you are encountering and share with me some of the solutions to these barriers that you have considered or started to implement?"







CQI Approach to Leadership Skills Building...

- Peer support and case studies to support ongoing management/ leadership learning and skills building.
 - Leadership Academy Model is helpful to groom new leadership





Focus on "We Can Do This" Management Teams

- 1. Assess competency levels of staff...
- 2. Hire for attitude... train for focused skills...
- 3. Define one work area where you need assistance in completing your work...
- 4. Delegate responsibility and authority and do not pull either back even if you have to bite your tongue and leave the building...
- 5. Celebrate the victories...
- 6. Move beyond operations to vision for the organization







Motivating Staff

Manager's Part:

- Provide supervision, coaching, mentoring, training, encouragement, focused support to identify and eliminate barriers
- Provide Solution Focused Action Plans to assist in directing staff

Staff's Part:

- Respond to the efforts of manager
- Take responsibility for their own performance, behavior, aptitude and attitude







Staff Motivation

- Long term motivation comes from attainment by staff, not processing
 Can they feel a sense of accomplishment?
- Moving in a direction with supportive leadership of standing in place/going in a circle





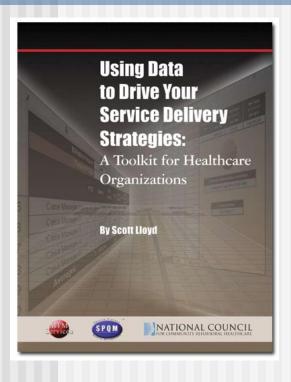


Holding Staff Accountable

- Once the manager has taken the appropriate actions to assist individual staff, then the manager must step through the HR manual procedures
- Identify next steps in the HR Manual and become comfortable with applying them







This book, which is now available for ordering at the NCCBH bookstore for this conference, was written with the specific focus of assisting vision based leaders who want to improve their organization by utilizing strategic-based data tools to determine and support their core service delivery principles. The seven Microsoft Excel based strategic data measurement tools that accompany this text work to establish strategic indicators for:

- 1) The proper direct staff productivity levels;
- 2) The cost per service delivered;
- 3) The proper case load size for direct service staff;
- 4) The total service capacity for your organization; and

5) The total number of processes, staff time required, client time

required, and cost of your organization's current intake process.

For Ordering Information: www.mtmservices.org / Call 301.984.6200





- 1. What Costing Elements Need to Be Reviewed?
- 2. Establishing Service Capacity.
- 3. Establishing Case Load Sizes.
- 4. Incentive Pay Models.





- 1. What Cost Elements Need to Be Reviewed?
 - Cost Per Service (Event, Day, Hour, Etc.)
 - The Impact of Overhead
 - Access Costing (First Call through the Client being Open for Services)
 - Your Costs Versus Statewide Averages





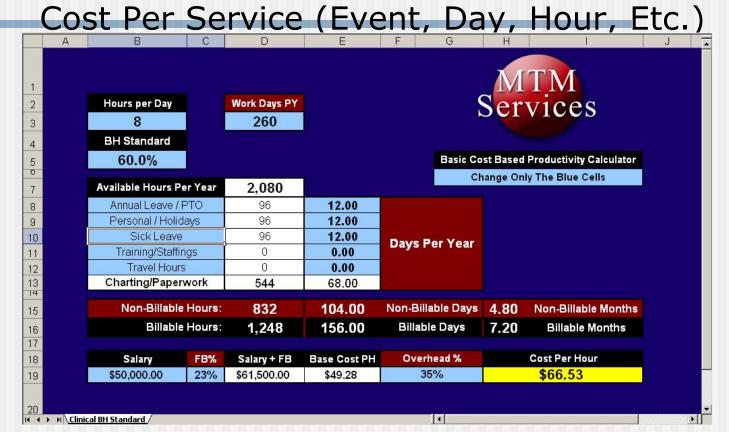
100% Versus Direct Service Costing

MTM Services	Hours Per Day Work Days Per Year			Direct Service % Avg. Revenue PH					
Costing Model	Salary	Fringe Benefit	Salary & FB	Overhead %	Salary + FB + OH	Hours	Cost Per Hour	Revenue PH	Margin
100% Costing	\$40,000.00	30%	\$52,000.00	45%	\$75,400.00	2080	\$36.25	\$85.00	\$48.75
Direct Service	\$40,000.00	30%	\$52,000.00	45%	\$75,400.00	1200	\$62.82	\$85.00	\$22.18

Revenue Model	Hours	Revnue PH	Gross Revenue	Salary + FB + OH	Net Revenue	Check
100% Costing	2080	\$85.00	\$176,800.00	\$75,400.00	\$101,400.00	FALSE
Direct Service	1200	\$85.00	\$102,013.60	\$75,400.00	\$26,613.60	TRUE



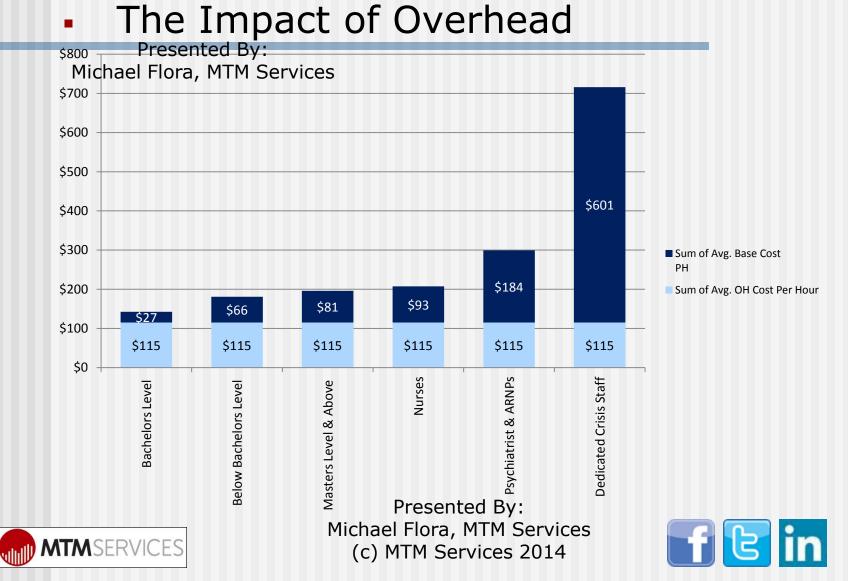




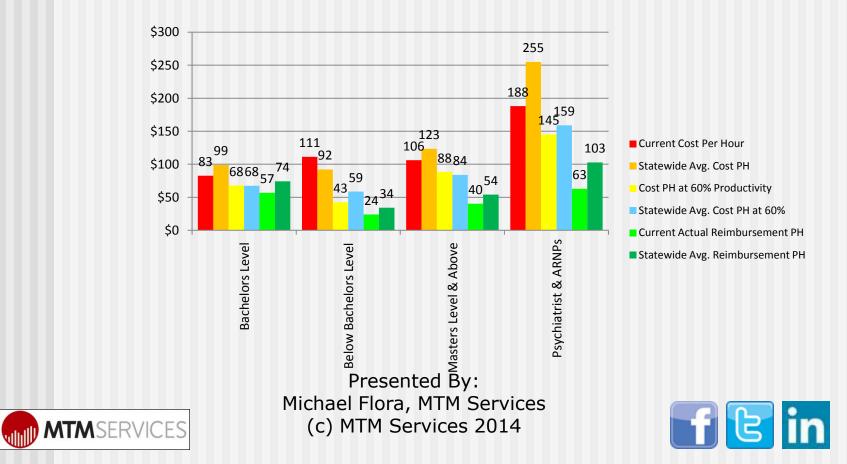
Screen Print from Using Data to Drive your Service Delivery Strategies written by Scott Lloyd







Your Costs Versus Statewide Averages



www.mtmservices.org													
Work [Days Per Year	260		Availab	le Hours		MTM						
Available H	ours per day:	8		20	80			•	MTN Servic	es			
Desired Billable H	our Standard:	55.0%											
Billable Hours C	urrently Deliv	ered Per FTE	/Per Month :	70	Corresp	onding BH%	40%	Char	nge Only the I	Blue Cells			
Average Number of Billab	le Hours Rece	ived Per Clie	ent Per Year:	24									
Unit/ Program/ Location	BH Capacity Per FTE / Per Month	BH Capacity Per FTE / Per Year	FTEs per Unit/ Program/ Location	FTEs per Unit/ Billable Hour Billable Hours Potential Clients on the Waiting Program/ Service Capacity Currently Delivered Potential Clients on the Waiting		Billable Hours captured per year by alleviating the waiting list	Hour Hour Equiv		Equivalent FTEs				
Program 1	95.33	1144	13.0	14872	10920	0	0	10920	3952	3.45			
Program 2	95.33	1144	5.0	5720	4200	0	0	4200	1520	1.33			
Program 3	95.33	1144	14.0	16016	11760	0	0	11760	4256	3.72			
Program 4	95.33	1144	4.0	4519	3318	0	0	3318	1201	1.05			
Program 5	95.33	1144	3.5	4004	2940	0	0	2940	1064	0.93			
Program 6	95.33	1144	1.0	1144	840	0	0	840	304	0.27			
Program 7	95.33	1144	6.0	6864	5040	0	0	5040	1824	1.59			
Program 8	95.33	1144	10.0	11440	8400	0	0	8400	3040	2.66			
Program 9	95.33	1144	13.0	14872	10920	0	0	10920	3952	3.45			

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Hours per Day 8					<u>www.mt</u>	mservices.org
BH Standard	No-Show %		Staff Type			
60.0%	25%		Therapist	MTM		
Available Hours Per Year	2,080			1	MTM Service	S
Annual Leave/PTO	96	12.00				
Personal/Holidays	88	11.00				
Sick Leave	96	12.00	Days Per Year		Case Load Calculator -	Detail
Training/Staffings	0	0.00				
Travel	0	0.00			Change Only The Blue	Cells
Charting/Paperwork	552	69.00				
Non-Billable Hours:	Non-Billable Hours: 832 104.00		Non-Billable Days	4.80	Non-Billable Months	
Billable Hours:	1,248	156.00	Billable Days	7.20	Billable Months	
% of BH Standard/FTE %	Billable Hours	# of Sessions Per Year Without the No-Show %	# of Sessions Per Year With the No-Show %	Caseload Without the No-Show %	Caseload With the No-Show %	Difference in Caseload Size
100%	1248	1277.82	1597.27	290	363	73
Salary	Fringe Benefit %	Salary + Fringe	Overhead %	Salary + FB + OH	Cost Per Kept Session	Cost Per Billable Hour
\$55,000.00	25%	\$68,750.00	22%	\$83,875.00	\$65.64	\$67.21
Client/ Service Type	Session Length (Min.)	# of Sessions Per Year	% of Caseload	Average Session Length	Average Sessions Per Client	
Indiv Therapy	48	4	80%	58.6	4.4	
Initial Diag	101	6	20%			





Incentive Pay Models:
 Pay Per Hour Over Standard
 Pay Tied to Productivity
 Part Time vs. Full Time









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1. Determine Goals:

- A. Reduce the Time Through the System
- B. Reduced Documentation Time/Repetition
- c. Process Consolidation/Streamlining
- D. Paper Processes or an EMR?



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2. Measure Your Current Processes

- A. Intake/Assessment Times & Cost
- **B.** Client Flow Through the System
- c. Wait Times from 1st Call to 1st Appointment
- D. Data Points Collected (Data Mapping)

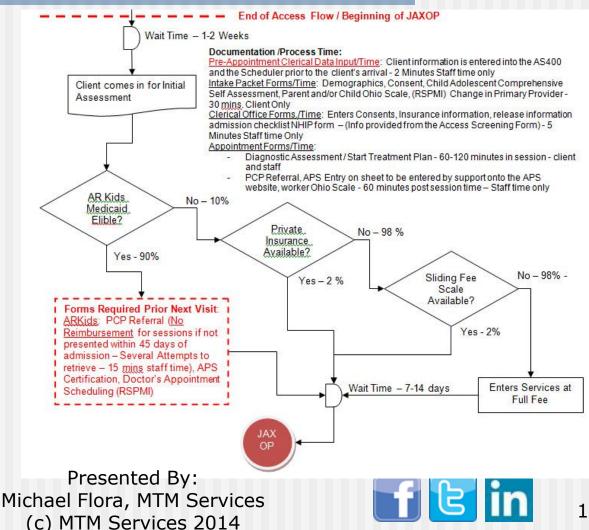






Creating a flow chart creates the opportunity for staff to really investigate what they are doing, and decide if it truly makes sense. Some examples of the typical responses given after completing this process are:

- A. Wow, I never realized that we did that
- B. That doesn't make sense
- C. Never realized that I did so much
- D. I'll bet we could automate a lot of this



MTMSERVICES



				www.mtmservices.org										
Services	Total Number of Processes	<u>Face-to-face Time</u> Client with Clinician (Min/Hrs)	Client Only Time (Forms Completion)	Clinical Post Session Time (Min/Hrs)	Total Staff Time (Min/Hrs)	Total Client Time without Wait-time (Min/Hrs)	Cost for Process	Total Wait-time (Days/Hours)						
Decement Totales	40	282	7	215	497	289	A700.05	28						
Process Totals:	12	4.70	0.12	3.58	8.28	4.82	\$782.25	0						
			1st Contact											
Process	Staff Type	Cost Per Hour	Client Only Time (Forms Completion)	Face-to-face/Phone Time with Client (Min)	Post Session Time (Min)	Total Staff Time	Cost for Process							
Report printed	Support Staff	\$45.00	0	3	3	6	\$4.50							
Final report printed	CSS Team Lead	\$80.00	0	3	3	6	\$8.00							
Client Given Paperwork	Support Staff	\$45.00	7	3	3	6	\$4.50							
Paperwork Reviewed	QMHP	\$80.00	0	3	0	3	\$4.00							
Intake w/ BHA/txmnt	QMHP	\$80.00	0	90	30	120	\$160.00							
MCD Intake if not eligible	QMHP	\$80.00	0	60	30	90	\$120.00							
						0	\$0.00							
				Î.		0	\$0.00							
						0	\$0.00							
		Total:	7	162	69	231	\$301.00							
	Days	Hours	Total Minutes	é.										
Wait-time between Contact:	7		10080											

1. Measurement tools give us decision points:

- A. 12 processes to be completed during 3 contacts with the client
- B. 8+ hours of staff time / Almost 5 hours of client time needed
- c. \$782.25 Cost (What is the reimbursement for this Intake/Assessment?)
- D. 28 total days of wait time between the 3 contacts with the client Presented By:



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Access Costing (First Call through the Client being Open for Services)

Process Totals:	Total Number of Processes	Total Staff Time (Hrs)	Cost for Process	Total Wait-time (Days)	
Child - New Process	5	2.42	2.08	\$128.60	5
- New Process	0	0.00	0.00	\$0.00	0
Averages:	5.00	2.42	2.08	(\$128.60)	5.00
			Avg. Reimbursement:	\$165.50	
MERM			Margin:	\$36.90	
Services		Avg. Numbe	er of Intakes Per Month	100	
© Copyright 2008			Monthly Margin:	\$3,689.67	
www.mtmservices.c	org		Annual Margin:	\$44,276.00	

Old Process Averages:	5.50	5.48	2.31	(\$313.91)	27.50
New Process Averages:	5.00	2.42	2.08	(\$128.60)	5.00
Savings:	0.50	3.06	0.23	\$185.31	22.50
		Avg. Numbe	r of Intakes Per Month	100	
			Monthly Savings:	\$18,530.98	
			Annual Savings:	\$222,371.70	







Forms Time Study Tracking Sheet												
Туре:	Direct Service Time (min.)	Clinician Post Session Doc. Time (min.) = Any time spent documenting a service without the client present	Clinicans: Enter # of Clients Seen	Total Post Session Doc. Time (min.)								
Assessment Phone - AP	15.00	5.00	1.00	5.00								
Assessment Face-to-Face- AF	90.00	40.00	1.00	40.00								
Assessment/Diagnostic Update - AU	30.00	10.00	1.00	10.00								
Treatment Plan - TP	75.00	30.00	1.00	30.00								
Treatment Plan Update - TPU	60.00	20.00	1.00	20.00								
Individual Progress Notes - IPN	60.00	12.00	1.00	12.00								
Group Progress Notes - GPN	60.00	50.00	5.00	10.00								
Other Contacts - OT	60.00	15.00	1.00	15.00								
Averages:	56	23	2	18								







Data Mapping is the process of cataloging/documenting all of the data elements captured by your organization's Treatment related documentation, who is capturing each element, and how many times each element is captured.







	10							Form	1 Туре									с-		n / S - Si X - Neei			' CL - Cliu n	ent		
Form Field (Challenges/Business Process)	Compliance Requirement:	Adult	AUT	Bennet	Bridegview Crisis	CRR	FHBS	FFT	Med Mgt.	ICM-RC	OutPat.	Partial	PE	Prviate	۲٩	T50	Adult	Bennet	Bridegview Crisis	CRR FHBS	FFT Med Mæt.	ICM-RC OutPat.	Partial Pertial	r L Prviate PY	T50	MC Answers / Note
Date				P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	Х	сс	x s	с с	с с	сс	сс	с х с	С	
Start Time of Call				P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	х	сс	x s	сс	с с	сс	сс	схс	С	
End Time of Call				P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	х	сс	x s	сс	с с	сс	сс	схс	С	
Case No.				P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	х	сс	x s	сс	с с	сс	сс	схс	С	
Client Status				P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	х	сс	x s	сс	с с	сс	сс	схс	С	New/Prior/Current
Name				P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	х	сс	x s	с с	с с	сс	сс	с х с	С	
DOB			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	Х	сс	x s	с с	с с	СС	сс	схс	C	
Age				P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	Х	СС	x s	с с	с с	сс	сс	с х с	C	
Sex				P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	х	сс	x s	с с	с с	сс	сс	с х с	C	Male/Female
Address			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	х	сс	x s	с с	с с	сс	сс	с х с	C	
City			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	х	сс	x s	с с	с с	сс	сс	с х с	С	
State			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	х	сс	x s	с с	с с	сс	сс	с х с	С	
Zip			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	х	сс	x s	с с	с с	сс	сс	с х с	С	
Name of Caller			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	х	сс	x s	с с	с с	сс	сс	с х с	С	
Relationship to Client			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	х	сс	x s	с с	с с	сс	сс	с х с	С	
Insurance			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	x	сс	x s	с с	с с	сс	сс	с х с	С	
ID NO.			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	x	сс	x s	с с	с с	сс	сс	с х с	С	
SS NO.			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	x	сс	x s	с с	с с	сс	сс	с х с	С	
Legal Custodian			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	x	сс	x s	с с	с с	сс	сс	схс	с	
Custody Order			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	x	сс	x s	с с	с с	сс	сс	схс	с	Yes/no/Not Applicable
Home Phone			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	x	сс	x s	с с	с с	сс	сс	схс	с	
Ok to Id?			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	x	сс	x s	с с	с с	сс	сс	схс	с	Yes/no/Not Applicable
Message Phone Number			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	x	сс	x s	с с	с с	сс	сс	схс	с	
Ok to Id?			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	x	сс	x s	сс	с с	сс	сс	схс	с	Yes/no/Not Applicable
Work Phone			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	x	сс	x s	сс	с с	сс	сс	хс	с	
Ok to Id?			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	x	сс	x s	сс	с с	сс	сс	хс	с	Yes/no/Not Applicable
Is the Child a Danger to:			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	х	сс	x s	сс	с с	сс	сс	схс	с	Himself or Others
School			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	x	сс	x s	сс	с с	сс	сс	хс	с	
Grade			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	x	сс	x s	сс	с с	сс	сс	хс	с	Reg / LS / Alt / Spec / ES
Family Doctor			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	x	сс	x s	сс	с с	сс	сс	схс	с	
Doctor's Phone Number			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	x	сс	x s	сс	с с	сс	сс	схс	с	
		P	1-P2 P1	1 - P2		P1 - P2	P1-P2	P1-P2	P1-P2	P1 - P2	P1 - P2	P1 - P2	P1 - P2		P1 - P2	P1 - P2	x	сс	x s	сс	с с	сс	сс	схс	с	P1 - narrative / P-2 Name - dose - frequency -
Current Medications																										prescribing physician name
Taking as Prescbribed?			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	х	с	x s	сс	сс	сс	сс	схс	с	Yes/no/Not Applicable
Previous Treatment History & Effectiveness				P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	х		x s	сс	сс	сс	c c			Narrative
How did you hear about CSC				P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	x	с	x s	сс	сс	сс	; c c	хс		Radio/TV/Etc.
Refferal Source?				P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	x		xs	сс	сс	сс	c c			Name of source
Presenting Problem/Target/Duration - What			1-P2 P1								P1-P2				P1-P2					сс			. c c			
happened to make you seek services at this time																		-	-						Ĩ	Narrative
Overall Risk Priority			P1	P1		P1	P1	P1	P1	P1	P1	P1	P1		P1	P1	x	- c	xs	с с	с с	<u>с</u> с		x	c	Emergent/Urgent/Routine
											ite		Sv:									00				



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3. Compare Your Current System to the System You Need

- A. Reimbursement Rate vs. Cost
- B. Wait times vs. Contract Mandates
- c. Remove Repetition Collect Data Once
- D. Remove Unnecessary Questions



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UM/UR



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Why is this important?

- Increased Accountability
- UM UR
 - If we find that UM UR reviews provide unsubstantiated claims it will be deducted from your productivity
 - If we have provided a bonus on these units then this will be deducted from your next pay
 - Horizontal and vertical accountability
 - KPIs for clinical and non clinical team members
- We will follow our UM UR policy

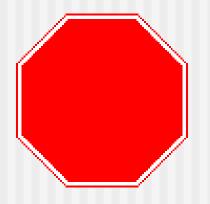








Just because we have passed a state audit is no guarantee that we are not open to problems.

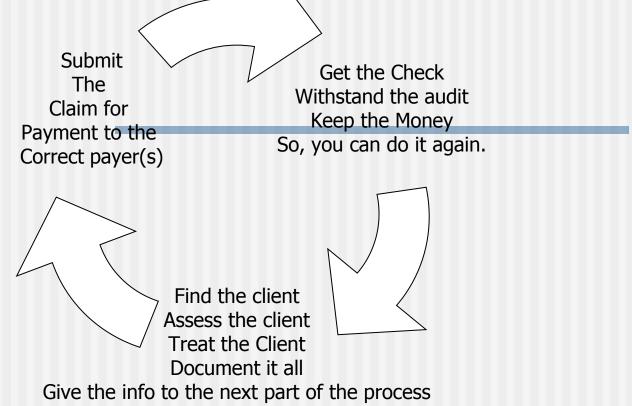








Documentation









Performance Standard Model







UM/UR

Is the set of structures or methods that provide for authorization of care, using particular criteria. These are usually determined by the payor.







UM/UR's Role in CORPORATE COMPLIANCE AND ACCOUNTABILITY



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- Manage risk of unexpected losses or expenses caused by regulatory action
 - Prevent large payback sums, costly attorney's fees, negative public relations, employee resources committed to response
 - Civil/criminal liabilities
- Implement proactive Corporate Compliance initiatives to meet increased scrutiny from state and federal funders
- Meet our ethical obligations of quality care



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- Compliance Program Review: Identify, retrieve and prevent inappropriate Medicaid/Medicare billing ahead of audit
 - Conduct risk assessment, noting payback risk (including extrapolation: if 5% error rate, extrapolate 5% across all services billed, e.g. 30 claims becomes 200,000 claims or \$4K becomes \$6M)
 - Build a culture of transparency and integrity



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Compliance risk assessment

- Train employees
- Review documents (UR: billing and coding, medical necessity documentation)
- Identify risk areas (CI, CM, Family and Group Rx, Fidelity to EBP, etc.)

Infrastructure review

 Review program components (self-disclosure, corporate compliance log, removing billings that are unsubstantiated)







- Compliance is Everyone's Responsibility
 - Review the Corporate Compliance/False Claims Act Policy
 - Fraud is "knowingly" submitting false/fraudulent claims
 - Actual knowledge, act in deliberate ignorance, act in reckless regard
 - Report any concerns about billing, required when there is knowledge of improper billing







- Document and Claim Services Accurately
 - Meet credentialing requirements
 - Signatures must be original, dated and accompanied by credentials (or meet e-signature standards)
 - Document <u>actual</u> time, date, duration
 - Reflect service provided as required
 - Include required documentation elements
 - Do not up code, i.e. bill for greater service
 - Include medical necessity, "golden thread"



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- Follow protocol for corrections and amendments to documentation
- Do not:
 - Bundle services;
 - Backdate documentation;
 - Overlap service time/duration;
 - Bill the same service by multiple staff (CI exception)
- Remember timekeeping, mileage, managing client funds



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Medical Necessity

- LPHA determines:
 - Diagnosis of MI or SED (Healthy Kids Screen can initiate services as MHA is completed)
 - Impairment in functioning in 1 or more areas
- Individual needs MH services to:
 - Alleviate emotional disturbance/stabilize
 - Reverse/change maladaptive patterns
 - Restore/rehabilitate to maximum life functioning
- Golden Thread
 - Assessment > Treatment Plan> Service
 Documentation>Updates







- Description of time spent with client or collateral gathering information
- Include client preference/compliance
- Review "ability to participate" (e.g. TBI, DD, Dementia, etc.)

ITP

- Description of time spent with client or collateral developing, reviewing or modifying ITP
- Review Stages of Change/Treatment/Recovery
- Incorporate client goals







Therapy/Counseling

- Include description of the activity (action taken on behalf of clients to facilitate receipt of service) and interventions provided (deliberate interaction between staff and clients or a client's collateral for the purpose of alleviating the client's symptoms of MI and improving the client's level of functioning)
- Include client's response
- Include progress toward goal(s) as a result of intervention



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Case Management

- Review medical necessity; case management mental health as required...
- State action taken on behalf of client, e.g. assessed, advocated, linked, etc.
- Do not bill for transportation only
- Review parenting services as they relate to client's diagnosis
- Community Support
 - Document skill building activities
 - Develop curriculum training for skill building



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- Client Centered (Joint Commission)
 - Culturally competent
 - Culture
 - Language (e.g. Spanish speaking interpreter, written materials in translation)
 - Health literacy
 - Disability
 - Learning needs
 - Documentation of services
 - Effective communication
 - EC, ethics, informed consent, law & regulatory compliance, assessment/education, values and beliefs
 - Complaints/grievances







- Culture of Transparency -Self/Agency Monitoring and Reporting
 - Report when an error is made/found
 - Seek direction if corrections are needed
 - Discuss opportunities for training and performance improvement



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Productivity: Define it...Build It...RAISE IT!







Poll Question....

Does your Organization have established productivity standards?



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Poll Question

- What percent of your staff met those expectations monthly?
 - A. 20-40%
 - **B.** 40-60%
 - **C.** 60-80%
 - D. 80-100%
 - E. Don't Know



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Definition

Productivity is a measure relating a quantity or quality of output to the inputs required to produce it. Often means labor productivity, which is can be measured by quantity of output per time spent or numbers employed.



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How do you define Productivity?

- How many hours are available
- How many hours do you need delivered to meet your contracts,
- How many hours do you need delivered to meet your financial needs
- What does the treatment plan tell you
 Presented By:







Management Team Awareness Requirements

- All of Billable Service Hours
- Funding Methodology Change Requirements (i.e., Case Rate, FFS, Etc.)
- New Referral Standards
- Documentation Submission Standards
- No Show Rates
- Peer Review
- Progress Toward Goals / Clinical Performance Indicators
- Service Capacity Indicators for all services





Accountability-Based Memservices Leadership

ACCOUNTABILITY STANDARDS/ PROCEDURES/ PROTOCOLS without active Positive and Negative CONSEQUENCES are useless to the organization and negative work environmental factors for staff in that:

Source: David Lloyd, MTM Services







Accountability-Based Leadership

- Low or no accountability/consequences produce a HIGH LEVEL OF DISTRUST in the workplace; and
- High Level of Distrust produces an INCREASED SENSE OF UNFAIRNESS within the organization; and
- High Distrust produces LOW MORALE among the staff (management and direct care/line staffs); and

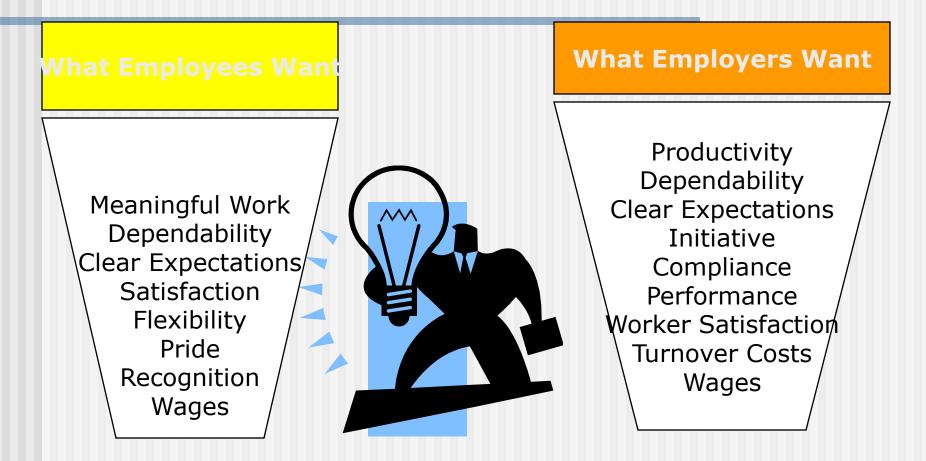
Source: David Lloyd, MTM Services







Giving Everyone What They Want









Schedule Rate Performance Standards

Incorporated into Annual Performance Evaluations



Presented By: Michael Flora, MTM Services (c) MTM Services 2014



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Clinic Level Scheduling Template and Productivity Calculator

	A	В	С	D	E	F	G	Н	1	J	К	L	М	N	0	Р	Q	R	S
								<u> </u>										/	
							Performan	се Ехреста	ations and	a service C	apacity D	irect Servic	ce Hours M	atrix				/	
	Staff Name	FTE Value	CFTE Value	Total # Paid Work Days/Year	Total Hrs Paid/ Year	Percent Direct Service Standard	# of Annual Leave Days/ Holidays	Net Days At Clinic Per Year	Non- Direct Service Hrs/Yr.	Non- Direct Days/Yr.	Non- Direct Months Per Year	Direct Service Hrs Standard Per Year	CFTE Equiv. Direct Service Hour Stand.	CFTE Equiv. Direct Service Hour Days	CFTE Direct Service Months/ Year	Average No Show Rate %	Schedule Rate Needed Per Day w/o No Shows	Schedule Rate Needed Per Day w/ No Shows	Total Direct Servic Hours Per Year Capacity
2	linician Two	1	0.75	260	2,080	57.7%	33		1,180	147	7	1,200	900	113	5	30%	4.0	5.2	900
	linician Three	1	1	260	2,080	57.7%	38	222	880	110	5	1,200	1,200	150	7	30%	5.4	7.0	1,200
	linician Four	1	1	260	2,080	57.7%	38	-	880			1,200	1,200		7	30%	5.4	7.0	1,200
	linician Five	0.875	1	228	1,820	57.7%	28.9		770			1,050	1,050		6	30%	5.3	6.9	1,050
	linician Six	1	1	260	2,080	57.7%	33	-	880		5	1,200	1,200		7	30%	5.3	6.9	1,200
	linician Seven	1	1	260	2,080	57.7%	33	-	880		5	1,200	1,200	150	/	30%	5.3	6.9	1,200
	linician Eight linician Nine	1	1	260 260	2,080	57.7% 57.7%	33		880 880	110 110		1,200 1.200	1,200	150 150	7	20%	5.3	6.3	1,200 1,200
	linician Ten	1	1	260	2,080	57.7%	33		880			1,200	1,200		7	20%	5.3	6.3	1,200
	linician Eleven	1	1	260	2,080	57.7%	33		880	110	5	1,200	1,200	150	7	20%	5.3	6.3	1,200
	linician Twelve	0.6	1	156	1.248	57.7%	22.8		528		3	720	720		4	20%	5.4	6.5	720
	Sub Total FTE	11.48		100	2,210		22.0	100	020			, 20	720			2070	Sub Tota	75.9	12,992
	dult Prescribers	11.40															505 1014	73.5	12,352
	ID	0.5	0.75	130	1,040	62.5%	19	111	553	69	3	650	488	61	3	30%	4.4	5.7	488
	PRN	1	1	260	2,080	62.5%	33	227	780	98	5	1,300	1,300	163	7	30%	5.7	7.4	1,300
	PRN #2	1	1	260	2,080	62.5%	33	227	780	98	5	1,300	1,300	163	7	30%	5.7	7.4	1,300
	PRN #3	0.25	1	65	520	62.5%	0	65	195	24	1	325	325	41	2	30%	5.0	6.5	325
	Sub Total FTE	2.75															Sub Tota	27.1	3,413
	hild Clinical Staff																		
	linician One	1	0.6	260	2,080	57.7%	38	222	1,360	170	8	1,200	720	90	4	30%	3.2	4.2	720
	linician Two	0.25	1	65	520	62.5%	0	65	195	24	1	325	325	41	2	30%	5.0	6.5	325
	Sub Total FTE	1.25									-					/	Sub Tota	10.7	1,045
	FTE Total	15.48							Daily Sche	edule Rate	Hours:		Individual	Group	Evts/Hr				
	esigned By:				Note: Chan	ge Blue Cell	s Only		Adult	ic Staff		197	80%	20%	1		Total Hours	Per Year	17,445
	MTM								Adult Pre	scribers		68	100%		2.5				
	Services								Child Clin	ic Staff		10.7	100%	0%	1				
									Total Clie	nt Load Pei	r Day	276						/	



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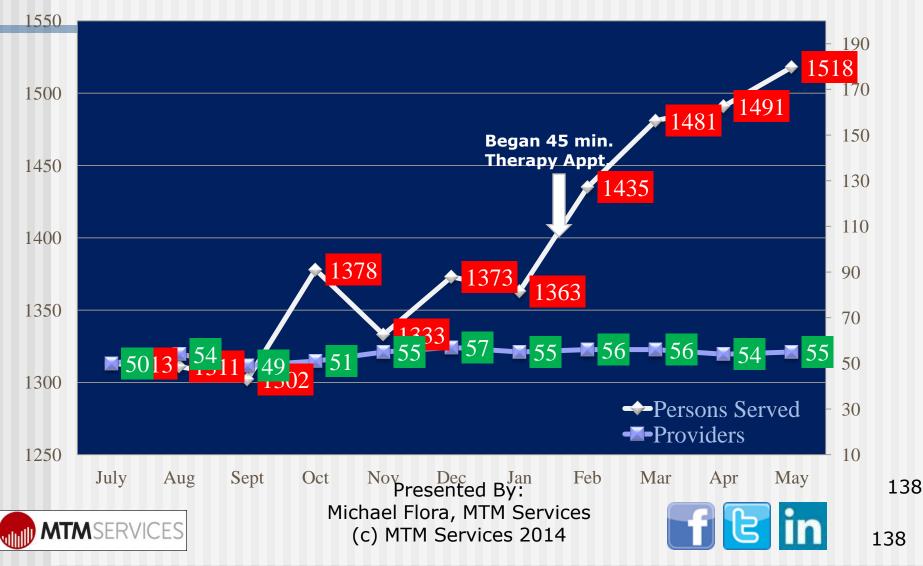


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Mental Health Center, - Schedule Management Enhances Service Capacity for Therapy with Same Staff

Persons Served FY10





Expectations

Billable hours at minimum of 65% of available time

- (2080/40 hour week)
- (65% and higher=raise)
- 1352 hours a year
- 26 hours a week
- 5.2 billable hours per day
- Documentation turned in within 24 hours after service competed
- 100% UM/UR
- 90% Kept rate
- High levels of Customer service Presented By:



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Creating a Vision for an Optimal Culture

Dramatic change is possible when executive leadership has a clear vision, the vision is clearly communicated throughout the organization, and systems are put into place to operatationalize that vision.







Elements of a Performance Culture

- Clearly communicated expectations
- Accountability
- Alignment
- Rewards
- Sanctions
- Trust







This will be achieved through

- Accessibility to Care
- Accountability of Care
- Attention to Quality
- Attention to Cost
- Attention to Outcomes
- Attention to Customer Satisfaction



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Workforce Issues that impact change in a recovery focused system of care







AMA Leadership Challenges (Respondents selected top 5 of 15 choices)

- Get people to work together who have different agendas or goals 60%
 Balance competing demands and priorities 56%
- Motivate and inspire in a world of constant change 48%
- Accomplish difficult assignments without the necessary resources 45%
 Balance the needs of the organization with those of the individuals 42%
- Adjust to a faster pace and more multidimensional job 37%
- Stay connected to people; avoiding becoming isolated and aloof 34%
- Build optimism among the fearful, skeptical and cynical 32%
- Establish credibility and build trust with a broader audience 27%
- Make critical decisions from incomplete, ambiguous information 26%
- Justify necessary unpopular actions and controversial decisions 25%
- Be a moral and ethical leader in uncertain and difficult situations 20%
- Learn to live with imperfect solutions and shortcuts 18%
- Build confidence in followers who lack it 15%
- Handle challenges to your authority or judgment 11%







AMA Leadership Characteristics (Respondents selected top 3 of 15 choices)

- Ethical behavior 56%
- Sound judgment 51%
- Adaptability/Flexibility 47%
- Initiative 24%
- Courage 20%
- Determination/resolution 19%
- Dependability 19%
- Focus 17%
- Creativity 14%
- Intelligence 12%
- Controlled emotions 11%
- Risk-taker 10%
- Loyalty 7%
- Endurance 6%
- Desire 3%

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Leadership Skills (Respondents selected top 3 of 9 choices)

Communication 84%

- Motivate/inspire 56%
- Team building 46%
- Visionary 42%
- Establish corporate culture/values 23%
- Planning 19%
- Change agent 16%
- Coordination 8%
- Cooperation 7%





AMA Business Challenges (Respondents Stress Selected top 5 of 9 choices)

- Recruit, retain and train talented employees 49%
- Implement business strategies that result in profitable return 49%
- Reduce operating costs to increase productivity efficiently 41%
- Maintain operating profits in a competitive environment 39%
- Maintain/enhance customer relations 36%
- Grow the business during a soft economy 31%
- Manage in uncertain times 27%
- Keep technologically current 17%
- Build/maintain brand identity 11%





Top Workforce Concerns

- Employee Retention
- Attracting Good Employees
- Staff Shortages
- Workforce entering retirement
 Competition







CEO's Top Workforce Concerns

 What are your Top Workforce and Systems
 Concerns related to change management?









Top Leadership Challenges to Change Management



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Poll Question

www.TheNationalCouncil.org

- What are your top three Change management Challenges?
- A. Staff resistance
- B. Time Management/Competing Priorities
- C. Culture
- D. Staff Buy In
- E. Other







Reasons for Resistance

- Belief that the change initiative is temporary based on organizational history
- Belief that fellow employees or managers are incompetent
- Loss of authority or control
- Loss of status with in the organization
- Fearful that they lack the ability to learn new skills
- Change overload (too much too soon)
- Lack of trust in or dislike of managers
- Loss of job security
- Loss of family or personal time
- Feeling that the organization is not entitled to the extra effort





Spectrum of Disruptive Behaviors

Aggressive

- •Inappropriate anger, threats
- •Yelling publicly, disregarding team members
- •Intimidating staff, patients colleagues
- Pushing throwing objects
- •Swearing
- •Outbursts of anger and physical abuse

Passive. Aggressive

- Hostile notes and e-mails
 Derogatory comments about institution, team, management
- Inappropriate joking
- Sexual harassment
- •Complaining, blaming

Passive

- •Chronically late
- •Failure to return calls
- •Inappropriate/inadeq uate chart notes
- •Avoiding meetings and individuals
- •Non-Participation
- •Ill-prepared, not prepared
- Chronic excuses

Source: Swiggart, Dewey, Hickson, Findlayson and Spikard Jr (2009)







The Transformational Change Formula Transformational Change

(Values + Beliefs + Actions) X (CQI)2

Resistance

Source: Kathryn Powers, Director of CMHS







Staff Engagement and Wellness



Presented By: Michael Flora, MTM Services (c) MTM Services 2014





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Gallup State of the American Workplace Study

- 30% of the U.S. workforce is engaged in their work
- The ratio of engaged to actively disengaged employees is roughly
- 2-to-1
- Meaning that the majority of U.S. workers (70%) are not reaching their full potential

Source: State of the American workplace: Employee Engagement Insights for U.S. Business Leaders . Gallup ,Inc. 2013 Michael Flora, MTM Services

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Gallups Most Important Findings

- Engagement makes a difference to the bottom line
- Managers and Leaders Play a Critical Role
- Different types of workers need different engagement strategies
- Engagement has a greater impact on performance than corporate polices and perks
- Employees are not prepared to engage customers

Source: State of the American workplace: Employee Engagement Insights for U.S. Business Leaders . Gallup ,Inc. 2013







Engagement and Performance Outcomes

- Customer Ratings
- Profitability
- Productivity
- Turnover
- Safety Incidents
- Shrinkage (theft)
- Absenteeism
- Patient Safety
- Quality

Source: State of the American workplace: Employee Engagement Insights for U.S. Business Leaders . Gallup ,Inc. 2013



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Employee Engagement by Generation

- Millennial 77% Not Engaged
 - Make up 32% of the workforce
- Generation X: 70% Not Engaged
 - Make up 32% of the workforce
- Boomers: 69% Not Engaged
 - Make up 33% of the workforce
- Traditionalists: 58% not Engaged
 - Make up 4% of the workforce
 - Source: State of the American workplace: Employee Engagement Insights for U.S. Business Leaders . Gallup ,Inc. 2013







Engagement vs. Education

Less than High School: 66% Not Engaged
H.S Degree/diploma: 67% Not Engaged
Vocational/Tech: 70% Not Engaged
Some college: 70% Not Engaged
College Degree: 72% Not Engaged
Post Graduate: 70% Not Engaged

Source: State of the American workplace: Employee Engagement Insights for U.S. Business Leaders . Gallup , Inc. 2013







Leadership is Key

The relationship between the employee and their manager/supervisor is key to employee engagement and wellness

- Strengths based management
- Enhance employees well being
- Encouragement
- Trust
- Support

Source: State of the American workplace: Employee Engagement Insights for U.S. Business Leaders . Gallup ,Inc. 2013



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Coaching as Supervision

- Direct and Targeted Feedback
- Identifies performance issues long before it is a problem
- Aids in performance evaluations
- Continually reviews agency goals
- Provides accountability between Manager and Staff







Supervision Logs









Holding Staff Accountable (this includes managers)

- Supervision Logs
- Productivity Data
- Late Documentation Report
- UM/UR
- Case Load Reports
- Deficient Data Reports





Individual Supervision for MTM SERVICES Logs

Individual Supervision logs review both clinical and business goals of the agency Sets Plan of Corrections

			Supervisor:	Pi	rogram/Dept:
		Topics Discussed:	(Check all that ap	oply)	
Clinical Supervision	Utilization Management	Treatment Plans/ Assessment	DSR/Progress Note Compliance	Clinical Outcom	
Billable Hour Standards	No Show Rate	Payor Mix	Caseload	Behavior:	
Cooperation/ Participation	Annual Leave	Sick Leave	Holidays	Other:	
Accuracy of Work	Tardiness	Performance	Attitude	Other:	
l. Topic(s) Sum	mary (Provide a b	orief summary of the is	sues/needs in the topi	c(s) indicate	ed above):
2. Accomplishn	nents/Strengths/P	rogress Since Last Su	pervision Session:		
3. Solution Plan	(Complete if cha	nge needs identified re	quire employee action	n beyond thi	s supervision session):
		nge needs identified re ance Requirements N		n beyond thi	s supervision session):
				n beyond thi	s supervision session):
a. Specific	Change/Perform:	ance Requirements No	eeded:	n beyond thi	is supervision session):
a. Specific	Change/Perform:		eeded:	n beyond thi	s supervision session):
a. Specific	Change/Perform:	ance Requirements No	eeded:	n beyond thi	s supervision session):
a. Specific b. Perform	Change/Perform:	ance Requirements No	eeded:		
a. Specific b. Perform c. Date Act	Change/Performa ance Improveme ion Plan To Be C	ance Requirements No	eeded: d: d. Progress	s Review Da	ate:
a. Specific b. Perform c. Date Act	Change/Performa ance Improveme ion Plan To Be C	ance Requirements Non	eeded: d: d. Progress	s Review Da	ate:
a. Specific b. Perform c. Date Act	Change/Performa ance Improveme ion Plan To Be C	ance Requirements Non	eeded: d: d. Progress	s Review Da	ate:
a. Specific b. Perform c. Date Act	Change/Performa ance Improveme ion Plan To Be C	ance Requirements Non	eeded: d: d. Progress	s Review Da	ate:
 a. Specific t b. Perform c. Date Act Clinical Super 	Change/Performa ance Improveme ion Plan To Be C vision Comment	ance Requirements No nt Indicators Require completed: s/Instruction (complet	eeded: d: d. Progress	s Review Da	ate:
 a. Specific t b. Perform c. Date Act Clinical Super Competencies 	Change/Performa ance Improveme ion Plan To Be C vision Comment	ance Requirements Normalized Structures Require Structures Structu	eeded: d: d. Progress te this section only if	s Review Da	ate: rvision is provided):
 a. Specific i b. Perform c. Date Act Clinical Super Competencies Employee/Competencies 	Change/Performa ance Improveme ion Plan To Be C vision Comment : No data reviev	ance Requirements Normalized and the sequence of the sequence	eeded: d: d. Progress te this section only if	s Review Dr Belinical supe	ate: rvision is provided):







Group Supervision Logs

	up Supervision	Log	Date:		Time: □a.m. □p.m
Employees Atte	nding:				
Supervisor:			Title:		Program/Unit:
		Topics Dis	cussed: (Check all th	at apply)	
Clinical	Utilization	Documentation	DSR/Progress	Clinical	Consumer
Supervision Billable Hour	Management No Show	Submission Deven Min	Note Compliance Caseload	Outcomes	Satisfaction
Standards	Rates	Payor Mix	Caseload	Cooperation wit	th other Units/Programs
Referral	Annual	Sick Leave	Holiday	Other	
Capacity	Leave		Schedules	0.000	
Accuracy of Work	Tardiness	Performance	Attitude	Other:	
	mmary (Provide	a brief summary o	of the issues/needs in the	ne topic(s) indicate	d above):
				• • •	
2. Accomplishing	nents/Strengths/I	Progress Since L	ast Supervision Sessio	on:	
3. Action Plan	(Complete if cha	nge needs identif	ed require corrective a	ction beyond this :	supervision session):
a. Specific	Change Require	ments:			
b. Perform	ance Improvem	ent Indicators R	equired:		
b. Perform	ance Improvem	ent Indicators Re	equired:		
b. Perform	ance Improvem	ent Indicators R	equired:		
c. Date Act	ion Plan To Be (Completed:		d. Progress Revi	
c. Date Ac	ion Plan To Be (Completed:			
c. Date Act	ion Plan To Be (Completed:			
c. Date Act	ion Plan To Be (Completed:			
c. Date Ac	ion Plan To Be (Completed:			
c. Date Act	ion Plan To Be (al Supervision C	Completed: omments/Instrue	tion (complete this sect	ion only if clinical s	upervision is provided):
c. Date Act → Group Clinic: Employee/Contr	ion Plan To Be (al Supervision C act Provider Col	Completed: omments/Instruc mments to be sul	tion (complete this sect	ion only if clinical s	upervision is provided):
c. Date Act → Group Clinic: mployee/Contr	ion Plan To Be (al Supervision C	Completed: omments/Instruc mments to be sul natures	tion (complete this sect	ion only if clinical s	upervision is provided): 24 hours after supervision
c. Date Act → Group Clinic: Employee/Contr	ion Plan To Be (al Supervision C act Provider Col	Completed: omments/Instruc mments to be sul natures Date:	tion (complete this sect	ion only if clinical s	upervision is provided): 24 hours after supervision Date:
c. Date Act → Group Clinic: Employee/Contr	ion Plan To Be (al Supervision C act Provider Col	Completed: omments/Instruc mments to be sul natures Date: Date:	tion (complete this sect	ion only if clinical s	upervision is provided): 24 hours after supervision Date: Date:
c. Date Act → Group Clinic: Employee/Contr	ion Plan To Be (al Supervision C act Provider Col	Completed: omments/Instruc mments to be sul natures Date: Date: Date:	tion (complete this sect	ion only if clinical s	upervision is provided): 24 hours after supervision Date: Date: Date: Date:
c. Date Act → Group Clinic: Employee/Contr	ion Plan To Be (al Supervision C act Provider Col	Completed: omments/Instruction mments to be sul natures Date: Date: Date: Date:	tion (complete this sect	ion only if clinical s	upervision is provided): 24 hours after supervision Date: Date: Date: Date:
c. Date Act ▶ Group Clinic: Employee/Contr	ion Plan To Be (al Supervision C act Provider Col	Completed: omments/Instruc mments to be sul natures Date: Date: Date:	tion (complete this sect	ion only if clinical s	upervision is provided): 24 hours after supervision Date: Date: Date: Date:

 Group Supervision logs review both clinical and business goals of the agency

- Sets Plan of Corrections
- Used to communicate team goals and needs









Poll Question

Based on your current service production can you meet your budget?



Presented By: Michael Flora, MTM Services (c) MTM Services 2014





Creating a sense of Urgency

Aligning Vision and Goals with Staff Performance



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Finding a better way.....every day

Phase III-Culture C h Begin re-inventing the a Organization n Phase II- Processes g Build sense of contribution e through Urgency, Speed and simplicity Phase I and prove Activity results Eliminate work build confidence Self sustaining Gaining momentum Time Getting started Becoming spontaneity "Quick Wins" Cross functional issues part of the Part of the culture Presented By: Process Michael Flora, MTM Services MTMSERVICE (c) MTM Services 2014 169



Expectations for Managers

Billable Standard for Managers and Supervisors	
Supervisors/ Managers of	Clinical Percentage of Service Capacity Standard
1 to 3	80%
4 to 6	70%
7 to 9	60%
10 or more	50%
Program Directors	60%
Executive Team	0-10%



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V/i+V/

Minimum Productivity

Billable Standards					
Provider Types	Total Billable hours required per FTE	Total <u>Billable</u> <u>Hours</u> per day	Total Billable Time/ week x 47 billable weeks	Total Hrs <u>Non</u> <u>Billable</u> time per week	Annual <u>Non</u> <u>Billable</u> time per year
Therapists Clinicians	1352	5.2	26.55	14	658 hrs 3.8 months
Case Mgmt	1352	5.2	26.55	14	658 hrs 3.8 months
Physicians	1456	7.08	35.4	4.6	416 hours 2.40 months
Vocational	1352	7.08	35.4	4.6	416 hours 2.40 months
Nurses	1352	5.2	26.55	14	658 hrs 3.8 months
Prevention	2080	8	40	0	0



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Sample Staff Time Utilization

РТО	216	1.25 months
Holiday	56	.32 months
Billable Services	1352	7.58 months
Non-Billable time	456	2.85 months
	2080	12 months



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Use Data to create awareness

www.mtmservices.org							
Hours per Day	Work Days PY					MTN	
8	260				C	MTN ervic	
BH Standard	No Show %					ervic	es
57.7%	30%						
51.170	50 %						
Available Hours Per Year	2,080					t Based Producti	
Annual Leave / PTO	256	32.00			Ch	ange Only The Blu	ie Cells
Personal / Holidays / Sick	0	0.00					
Charting/Paperwork	248	31.00	Days Per Year				
Training/Staffings	48	6.00	Daysrei leai				
Scheduling	96	12.00					
Other Non-Billable Activity	232	28.98					
Non-Billable Hours	: 880	109.98	Non-Billable Days	5.08	Non-Billable	Months	
Billable Hours	1,200	150.02	Billable Days	6.92	Billable Mont	:hs	
Salary FB%	Salary + FB	Base Cost PH	Overhead %	Cost	Per Hour	Avg. Revenue	Margin
\$32,000.00 32%	\$42,240.00	\$35.20	44%	\$5	0.68	\$55.00	\$4.32
	Yearly BH Production	Quarterly BH Production	Monthly BH Production	Daily Bł	I Production	No Show Perc Schedul	
Staff FTE %:	Entroduction		e.n roudouon	All Days	Minus PTO	All Days	Minus PTO
100.0%	1,200	300.04	100.0	4.6	5.3	6.6	7.5
			Hours Weekly	23.1	26.3	33.0	37.6







Creating Alignment with Agency values and expectations Service Staff Members Quality Alignment Cost Safety







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	A		В	C	D		E	F	G	Н	1	J
32	8/5/2008 Total								2:30	3:00		
33	8/6/2008	Wed		9:00 AM	COMMUNITY SUPPORT	r - IND	Reality House - Insurance	Kept	1:00	1:00		
34				10:00 AM	COMMUNITY SUPPORT	r - IND	Reality Hs - Medicare/Medicaid	Kept	1:00	1:00		
35				11:00 AM	COMMUNITY SUPPORT	r-IND	Reality House - Insurance	Kept	0:45	0:45		
36				11:45 AM	CM-MENTAL HEALTH		Reality House - Medicaid	Kept	0:15	0:15		
37				12:00 PM	COMMUNITY SUPPORT	r-IND	Reality Hs - Medicare/Medicaid	Kept	0:30	0:30		
38				12:30 PM	COMMUNITY SUPPORT	r - IND	Reality Hs - Medicare/Insur	Kept	0:30	0:30		
39				1:00 PM	COMMUNITY SUPPORT	r - IND	Reality House - Medicaid	Kept	1:00	1:00		
40				2:00 PM	COMMUNITY SUPPORT	r - IND	Reality House - Medicaid	Kept	1:00	1:00	!	
41				3:00 PM	COMMUNITY SUPPORT	r - IND	Reality Hs - Medicare/Medicaid	Kept	1:00	1:00		
42				4:00 PM	COMMUNITY SUPPORT	r-IND	Reality House - Medicaid	Kept	0:45	0:45		
43				5:00 PM	COMMUNITY SUPPORT	r - IND	Reality Hs - Medicare/Medicaid	Kept	1:00	1:00		
44				6:00 PM	COMMUNITY SUPPORT	r-IND	Reality House - Medicare	Kept	0:30	0:30		
45				6:30 PM	PAPERWORK		Reality House Services	(blank)		0:30		
46	8/6/2008 Total								9:15	9:45		
47	8/7/2008	Thu		1:00 PM	CM-TRANSITION LINKA	.GEłA	Reality Hs - Medicare/Medicaid	Kept	1:00	1:00		
48	8/7/2008 Total								1:00	1:00		
49	8/8/2008	Fri		8:00 AM	STAFF SUPERVISION		Reality House Services	(blank)		1:00		
50				9:00 AM	COMMUNITY SUPPORT	r - IND	Reality House - Medicare	Kept	0:45	0:45		
51				9:45 AM	COMMUNITY SUPPORT	r - IND	Reality Hs - Medicare/Medicaid	Kept	0:15	0:15		
52				10:00 AM	COMMUNITY SUPPORT	r - IND	Reality Hs - Medicare/Medicaid	Kept	1:00	1:00		
53				11:00 AM	PAPERVORK		Reality House Services	(blank)		0:30		
54					FAILED APPOINTMENT		Reality House - Medicare	Client Cancel	0:00	0:00		
55				11:30 AM	COMMUNITY SUPPORT	r - IND	Reality House - Medicaid	Kept	0:45	0:45		
56				12:15 PM	COMMUNITY SUPPORT	r - IND	Reality Hs - Medicare/Medicaid	Kept	0:45	0:45		
57					TRAVEL		Reality House Services	(blank)		0:30		
58				3:00 PM	COMMUNITY SUPPORT	r - IND	Reality House - Self Pay	Kept	0:30	0:30		
59				3:30 PM	TRAVEL		Reality House Services	(blank)		0:30		
60				4:00 PM	CM-CLIENT CENTERED	CONS	Reality House - Medicaid	Kept	0:30	0:30		
61					COMMUNITY SUPPORT		Reality House - Medicare	Kept	0:30	0:30		
62					COMMUNITY SUPPORT		Reality Hs - Medicare/Medicaid	Kept	1:00	1:00		
63	8/8/2008 Total								6:00	8:30		
64	8/13/2008	Wed		9:00 AM	CM-TRANSITION LINKA	.GE/A	Reality House - Medicaid	Kept	0:30	0:30		
65					FAILED APPOINTMENT		Reality House - Insurance	Client Cancel	0:00	0:00		
66				9:30 AM	PAPERVORK		Reality House Services	(blank)		0:30		
67					COMMUNITY SUPPORT		Reality Hs - Medicare/Medicaid	Kept	1:00	1:00		

MTM SPQM™

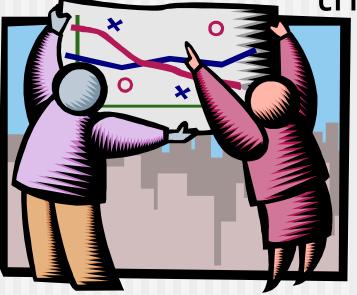
Day in the Life Report

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Developing An Incentive

"Everybody watches what the Boss Watches









How Incentives can work for you

- Ask yourself what am I always nagging people to get done?
- What do I want the team/program to focus on
- What is the difference between service providers who have equal levels of expertise and licensure where one always has their documentation done and the other is inconsistent?





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Building on a good thing to drive a performance culture

Incentives for each billable hour per month Incentives for each billable hour per quarter

Performance based increases





Merit Increases



	Clinicians		Managers
5	.50% Manager discretion %50% 100% Customer Satisfaction .25% +70% Productivity	5%	+1.0% Manager Discretion +.50% 100% Team Customer Satisfaction
	.50% 66%-69% Productivity		+.50% 100% Team above 65% Productivity
3	65% Minimum Productivity %100% UM/UR 100% Documentation Completion	3%	Meets 100% of Personal Productivity Expectation Meets 100% Team Performance Expectations 100% Personal UM/UR and Documentation Completion
0	 50% Productivity 60%-64% %.50% Productivity 50%-59% -1.0% Productivity less than 49% 25% UM/UR Less than 100% 25% SAL Completion Less than 100% 50% Manager Discretion 		 50%-60-64% Team Productivity 50% Team Productivity 50%-59% -1.0% Team Productivity less than 49% 25% Team UM/UR Less than 100% 25% Team SAL Completion Less than 100% 50% Manager Discretion
AAT	Michael Flor		M Services



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Merit Increases

	Prevention		Support Staff
5%	2% Manager Discretion	5%	2% Manager Discretion
3%	100% Grant Goals Achieved	3%	Meets 100% of Performance Expectations
0%	 -2% less than 100% Grant Expectations Achieved -1% Manager Discretion 		 50% More than one Customer Service Complaint 50% More than one Internal Customer Service Complaint -1.0% Manager Discretion





Date: Provider Name: Position Title: Type of Evaluation: Initial, I Quarterly, Annual, Other: Compliance Ratings: 1=Full Compliance 0=Non-Compliance



Evaluation incorporates performance

Key Indicators and Data are used to formulate provider increases in compensation

Individual Provider:	Complia nce Rating	Comments
Credentialing Standards:		
Participation in supervision		
Services:		
*Billable hours		
Client initial no show rate		
Client ongoing no show rate		
Provider kept appointment rate		
Case Documentation Compliance:		
*Intake/Assessment Completed	D N/A	
*ITPs Completed	□ N/A	
Documentation supports diagnosis, Goals in ITP and services		
*Progress notes completed		
Discharge Summary completed	D N/A	
Data Collection:		
*DLSs completed timely		
*DLSs completed accurately		





Productivity Estimator

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Productivity Estimator

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<u>Performance Improvement</u> <u>Session</u>

 The responsibility for maintaining good performance is the employee's, not the manager's. The manager's job is to point out the discrepancy- the employee's job is to fix it!

- Paul Sims







Improve or Remove









Improve or Remove

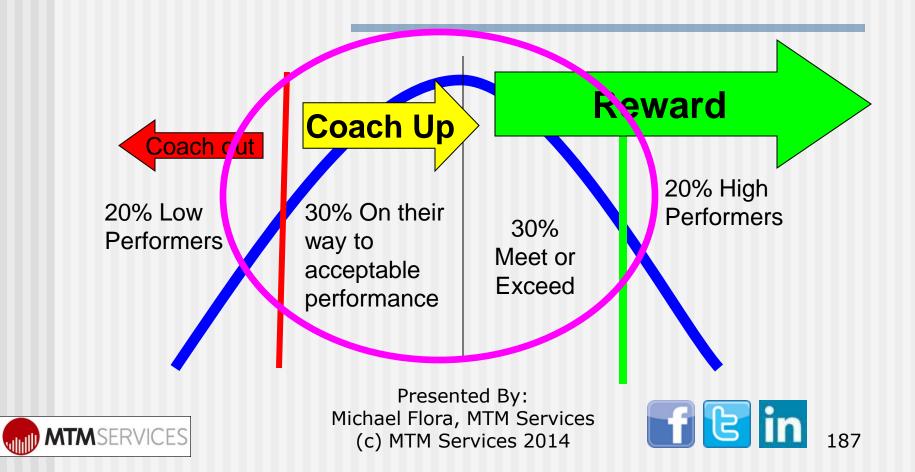
- Fortune Magazine says failure to effectively manage low performers is the #1 reason why leaders fail and lose their jobs.
- 87% of employees say working with a low performer has decreased their productivity, hampered their development, and made them want to change jobs.







Improve or RemoveCoach out 20% every year





Most effective Deliverables

- Align staff and agency goals
- Reduce paperwork
- Review the culture
- Align compensation to performance
- Benefit Package
- Removed Barriers to care delivery
- Coaching model







All of this connects back to Vision

When leadership aligns vision and operations, performance improves

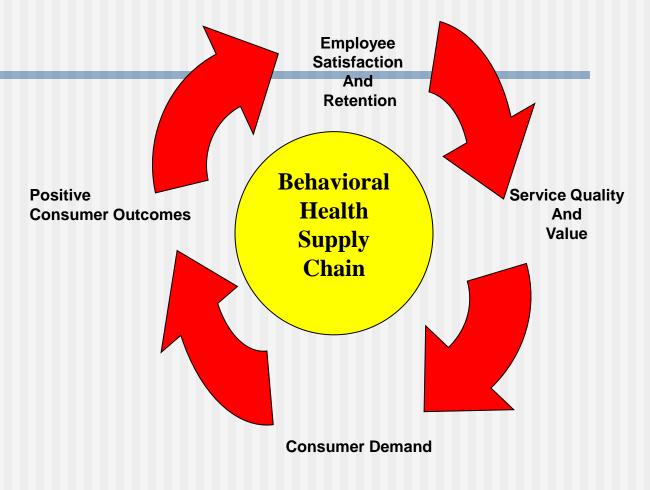


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Behavioral Health Supply Chain



Source: Michael Flora : How to Get and Keep the Best Employees: A guide to workforce innovation



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Poll Question...

Do your Job Descriptions clearly state productivity expectations?



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Job Description Case

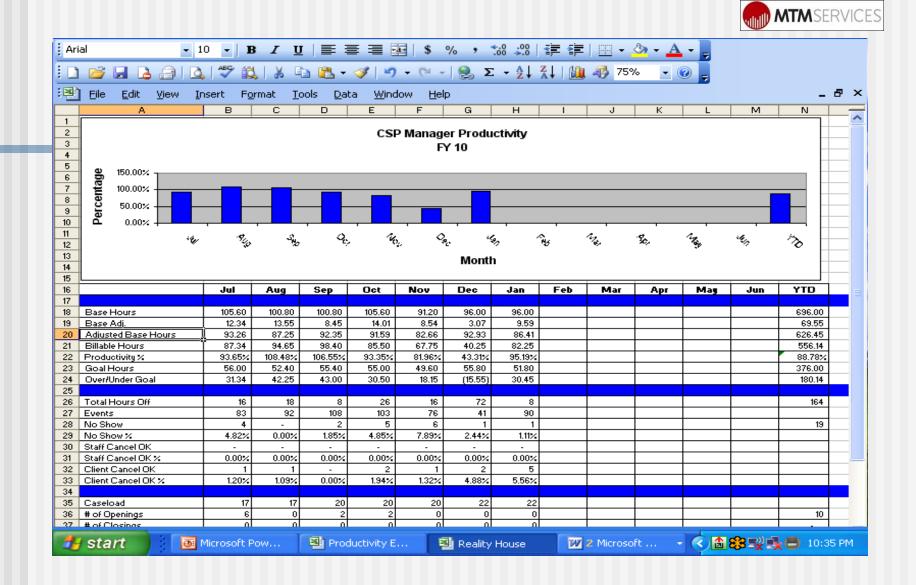


manager

B.DIRECT SERVICE : (Note: Services may be supplied in facilities or on an outreach basis.) 1. Screen and evaluate requests for services 100% of the time. Assess and evaluate client needs, strengths, goals and resources 100% of the time. 3. Refer and link clients to other human services program 100% of the time. Collect and record social history for assigned cases 100% of the time. 5. Maintain Agency performance expectations 100% of the time. Provide a minimum of 1248 billable hours a year, complete all required documentation within 24 hours after services are delivered, maintain 100% UM/UR., maintains at least a 90% kept rate of all clients 6. Develop Individual Science Planc with clients utilizing the assessment tools used by Rehabilitation Services Program 100% of the time. 7. Work with interdisciplinary team in reviewing cases and developing individual service plans 100% of the time. 8. Implement the ISP through rehabilitation services such as case management, advocacy, out reach, Skills training groups, social rehabilitation, drop-in center monitoring and counseling 100% of the time. 9. Intervene, stabilize and manage acute crisis situations and serve as part of the ECASP on-call rotation as assigned 100% of the time. 10. Provide linkage case management, participate in treatment planning and discharge planning with State Operated Facility when client is hospitalized 100% of the time. Full Screen 🛛 🔻 11. Consult 100% with other Center staff regarding assessments and service plan development. Close Full Screen

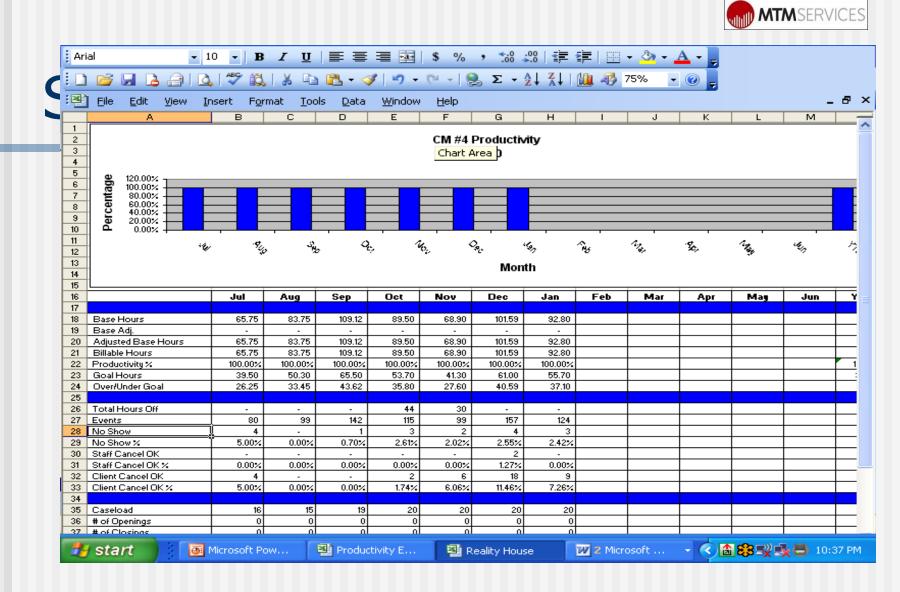














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Performance Measurement Source: David Lloyd, MTM Services

A.C. Uture Development

- B. Job Postings
- C. Candidate Interviews
- D. Performance Evaluations
- E. Supervision Plan
- F. Performance Standards for Caseworkers and Support/Admin Staff
- G. Service Guidelines, Protocols and Standards
- H. Decision-Making Process
- I. Performance Measurement with Full Disclosure
- J. Accountability with Positive and Negative Consequences



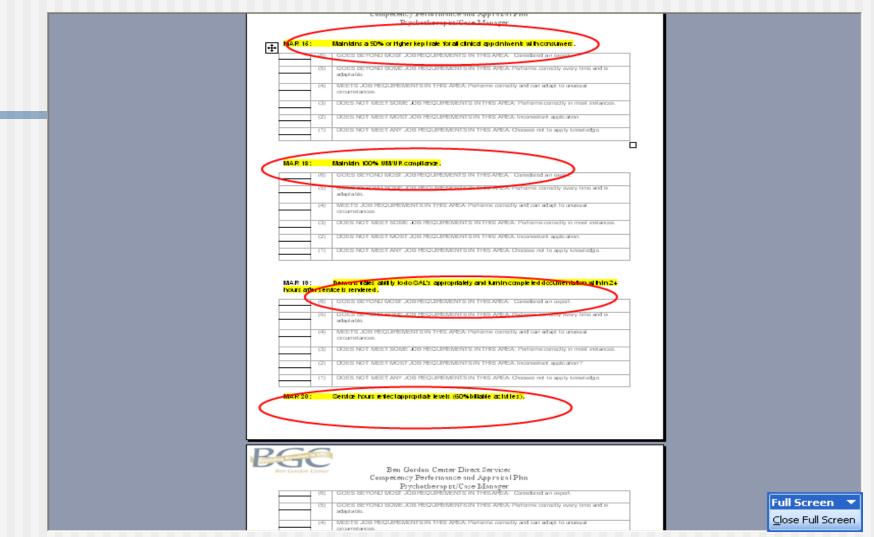




	Ben Gordon Center Direct Services
	Competency Performance and App raisal Plan Psychetherapist/Case Manager
	Location:
	Dak: Dak Employed:
	Title: Kame/Position of Bualuator: Appraisal Period: From To
	Annual Perdomance Appraisal Initial Probationary Performance Appraisal Special Performance Appraisal (specialy reason):
	0 her (spedty reason):
	Content Area (Sector A: Major Areas of Responsibility Sector B: Stills and Ability
	Sector C: DocumentationofActevement Sector D: DocumentationofAces of Needed Development Sector D: Overall Performance Raing Sector F: Soard (Badustic Comments
	Sector G: Goale/Objectives for Upcoming Appraised Period Sector H: Recommendations for Corrective Plan
	Score
	Major Areas of Responsibility
	Skills and Abilities
	Objective The Purpose of aperformance apprais alls to dbjectively evaluate an employee's professional performance in accordance with the position description. The appraisal is also inherited as a communication tool between the employee and the manager. The evaluation tool is designed is identify key responsibilities on an armud basis , oversight of performance measures in accordance with the employee's tool description , corporations is labelig careful business goals , performance expectations , and wisits or involved go of the employee equiption business goals , stengths and areas of development are identified. The overall performance raing should refect the employee's contempation to be position description
	Employee Manager Date Thate retered his evaluation, and Thate been explained tome .
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	Presented By:
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Performance Based Contracting

Setting contractual elements that pay staff the same way we receive funding



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OBJECTIVES

ABC Center will compensate qualified employees based on how many billable hours each employee bills, documents, and has approved as opposed to compensating employees at a set amount regardless of the hours available.





QUALIFIED EMPLOY

- The following employees at the agency may be qualified for this Plan: therapists, nurses, case managers, physicians, and senior psychiatrists.
- Managers of the above-named positions may also be qualified for this Plan.
- If an employee is on the Pay for Performance Plan, he/she is not eligible for any incentive bonus based on performance that may be in place for employees of Agency.

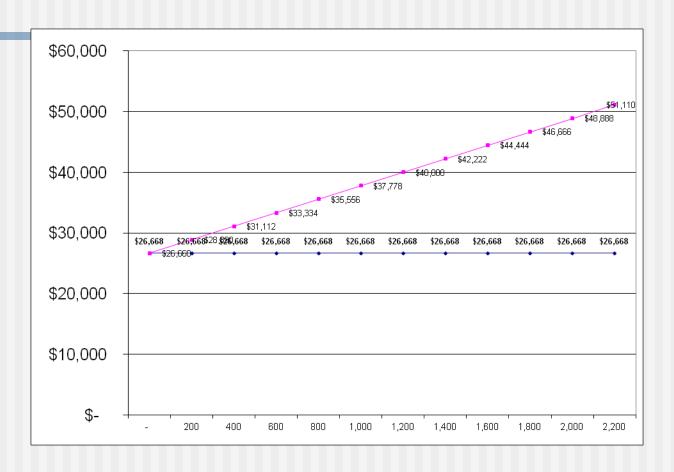


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Pay for Performance





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Using Data to Drive Staffing



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2	Vork Da	ys Per Year	260		Availab	le Hours				MTN		
3	Available Ho	urs per day:	8		20	80			9	Servic	es	
4	Desired Billable Hou	ır Standard:	60.0%									
5	Billable Hours Curre	ntly Delivere	ed Per FT <u>E/</u>	Per Month :	70	Correspo	onding BH%	40%	Chan	ge Only the l	Blue Cells	
6	Average Number of Billable H	-			24							
7	Unit! Program? Location	BH Capacity Per FTE / Per Month	BH Capacity Per FTE / Per Year	FTEs per Unit/ Program/ Location	Billable Hour Service Capacity per year	Billable Hours Currently Delivered Per Year	Potential Clients on the Waiting List	Billable Hours captured per year by alleviating the waiting list	Total Current Billable Hour Service needs per year	Remaining Billable Hour Service Capacity	Equivalent FTEs	5
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9	Program 2	104.00	1248	5.0	6240	4200	0	0	4200	2040	1.63	
10	Program 3	104.00	1248	14.0	17472	11760	0	0	11760	5712	4.58	
11	Program 4	104.00	1248	4.0	4930	3318	0	0	3318	1612	1.29	
12	Program 5	104.00	1248	3.5	4368	2940	0	0	2940	1428	1.14	
13	Program 6	104.00	1248	1.0	1248	840	0	0	840	408	0.33	
14	Program 7	104.00	1248	6.0	7488	5040	0	0	5040	2448	1.96	
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Excess Service Capacity

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		Name of Available S	Gervice Capacit	ty Summary								
		Ficeal Y	As of: ear: July 1st - J	lune 20th		Months Ending						
Program E	3/H Monthly	Actual Billable	Unrealized	YTD Billable	YTD Actual	Total Y-T-D	FTE	Annualized	Annualized	Cost of	Annualized Cost of	
	Standard	Hrs Delivered	Srve Capacity	Hr. Standard	Billable Hrs	Unrealized Cap	Equiv	Unrealized CAP	FTE Equiv	Unrealized Cap	Unrealized Cap	
1. Adult MH Outpatient 2. Adult MH SA	 											-
3. Adult MH BH											l	-
Adult MH Sub Total												
4. Child MH												_
5. Child MH SA 6. Child MH Other											l	-
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Available Hours Per Ye	ai 2,080				Service	S	
Annual Leave/PTO	216	27.00					
Personal/Holidays	56	7.00					
Sick Leave	0	0.00	Days Per Year		Case Load Calculator	- Detail	
Training/Staffings Travel	0	0.00			Change Only The Blue	e Cells	
Charting/Paperwork	-	70.00		_			
Non-Billable Hour		104.00	Non-Billable Days	4.80	Non-Billable Months		
Billable Hour		156.00	Billable Days	7.20	Billable Months		
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ズ of BH Standard/FTI ス	Billable Hours	I of Sessions Per Year Vithout the No-Show %	I of Sessions Per Year With the No-Show %	Caseload Vithout the No-Show %	Caseload With the No-Show %	Difference in Caseload Size	
100%	1248	1248.00	1310.40	1	1	0	
Salary	Fringe Benefit %	Salary + Fringe	Overhead %	Salary + FB + OH	Cost Per Kept Session	Cost Per Billable Hour	
\$43,000.00	25%	\$53,750.00	15%	\$61,812.50	\$49.53	\$49.53	
Client/ Service Type	Session Length (Min.)	<pre># of Sessions Per Year</pre>	% of Caseload	Average Session Length	Average Sessions Per Client		
Indiv Therapy	60	1168	80%	60	950.4		
Initial Diag	60	80	20%				



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GETTING YOUR BOARD ON BOARD



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SAMPLE AGENCY NAME Resolution Supporting The Development and Delivery of Accountable Services

The primary mission of SAMPLE AGENCY NAME has been and continues to be to provide client-centered, quality, timely and cost effective services to residents of _____County. Current state and national accountability, managed care challenges and long term funding uncertainties require a proactive service delivery system enhancement to be fully prepared to participate in a compliance and performance based environment within the region and state and to ensure a thriving organization. These enhancements are essential to ensure that our clients will continue to receive the quality services they need. As a result, several healthcare practice/business-like initiatives are required:







The Role of the Board in Behavioral Healthcare Organizations

- In today's environment
 - Greater Regulatory scrutiny from local, state and federal regulators
 - Healthcare is on e of ht most regulated industries in our country
 - Greater transparency
 - RAC audits

Source: Kalleland Lewis Nilan & Johnson



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Role of the Board

- Responsible for conduct and management of a company and its affairs
 - Acts in the best interest of the company and in good faith at all times
 - Disclose conflicts of interest
 - Be engaged and aware
 - Have specific Compliance policy and procedures at the agency and governance level.

Source: kalleland lewis nilan & johnson







Scope of Board Understanding and Oversight

- Employee responsibility and accountability
- Policy Development
- Code of Conduct
- Education, training and communication
- Reporting
- Integrity line
- Monitoring
- Auditing

MTM SERVI

Ongoing evaluation and reporting

Source: kalleland lewis nilan & johnson Michael Flora, MTM Services SERVICES (c) MTM Services 2014



Board role in Identifying meters and Mitigating Risks

Recap of Trends

- Higher regulatory scrutiny
- Increased level of involvement of board in compliance
- SOX
- Increased role in mission and values, particularly in non profit environment

Additional Trends

- Community Benefit
- Health Care Quality
- Patient Safety

Source: kalleland lewis nilan & johnson







Performance Standard Model





SAMPLE

FY14 Q2

Utilization Review Quarterly Report

Performance Improvement Activities for FY14

1.Continued compliance with recommendations from the State MCO .

2.Continued compliance with State Rules and documentation requirements.

3. Continued compliance with Federal documentation requirements.

4. Continued qualitative review of documentation for Medical Necessity and the "golden thread"

Sample Board Report

MHA timely/signed/dated MHA timely/signed/dated MHA updated ITP is timely and in effect ITP review Doc legible/supports time Note for service billed Doc date/time/duration Doc signed/credential On-site vs. Off-site Time billed matches doc Note – intervention/activity Service authorized by ITP/need Qualified staff Eligible person – age/dx	Report Breakdown 100.0% Name/ID on chart 177 reflects progress ITF reflects needs 100.0% Diagnoses update 100.0% Consumer driven 100.0% Recommendations addressed 100.0% Moving client to natural supports 100.0% Congruence with FA/LOCUS/Ohio 100.0% PCP coordination
MHA elements MHA updated ITP is timely and in effect ITP review Doc legible/supports time Note for service billed Doc date/time/duration Doc signed/credential On-site vs. Off-site Time billed matches doc Note – intervention/activity Service authorized by ITP/need Qualified staff	97.7% TP reflects progress TP reflects needs Diagnoses update Diagnoses update Consumer driven Recommendations addressed D00.0% Recommendations addressed D00.0% Medication changes Moving client to natural supports D00.0% Congruence with FA/LOCUS/Ohio D00.0% PCP coordination
MHA updated ITP is timely and in effect ITP review Doc legible/supports time Note for service billed Doc date/time/duration Doc signed/credential On-site vs. Off-site ITime billed matches doc Note – intervention/activity Service authorized by ITP/need Qualified staff	97.7% TP reflects progress TP reflects needs Diagnoses update Diagnoses update Consumer driven Recommendations addressed D00.0% Recommendations addressed D00.0% Medication changes Moving client to natural supports D00.0% Congruence with FA/LOCUS/Ohio D00.0% PCP coordination
MH (A) 99.5% 99.4% TP is timely and in effect TP review Doc legible/supports time Note for service billed Doc date/time/duration Doc signed/credential On-site vs. Off-site Time billed matches doc Note – intervention/activity Service authorized by ITP/need Qualified staff	100.0% 100.0% 100.0% Consumer driven Recommendations addressed 100.0% Service volume matches need 100.0% Medication changes Moving client to natural supports 100.0% Congruence with FA/LOCUS/Ohio 100.0% PCP coordination
MH (A) 99.5% 99.4% Treview Doc legible/supports time Note for service billed Doc date/time/duration Doc signed/credential On-site vs. Off-site Time billed matches doc Note – intervention/activity Service authorized by ITP/need Qualified staff	Diagnoses update 100.0% Recommendations addressed 100.0% Service volume matches need 100.0% Medication changes Moving client to natural supports 100.0% Congruence with FA/LOCUS/Ohio 100.0% PCP coordination
MH (A) 99.5% 99.4% Time billed matches doc Note - intervention/activity Service authorized by ITP/need	100.0% Consumer driven Recommendations addressed 100.0% Service volume matches need 100.0% Medication changes 100.0% Moving client to natural supports 100.0% Congruence with FA/LOCUS/Ohio 100.0% PCP coordination
MH (A) 99.5% 99.4% Note for service billed Doc date/time/duration Doc signed/credential On-site vs. Off-site Time billed matches doc Note – intervention/activity Service authorized by ITP/need Qualified staff	Recommendations addressed 100.0% 100.0% Service volume matches need 100.0% Medication changes 100.0% Congruence with FA/LOCUS/Ohio 100.0% PCP coordination
MH (A) 99.5% 99.4% Note for service billed Doc date/time/duration Doc signed/credential On-site vs. Off-site Time billed matches doc Note – intervention/activity Service authorized by ITP/need Qualified staff	100.0% Service volume matches need Medication changes 100.0% Moving Client to natural supports 100.0% Congruence with FA/LOCUS/Ohio 100.0% PCP coordination
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MH (A) 99.5% 99.4% Time billed matches doc Note – intervention/activity Service authorized by ITP/need Qualified staff	100.0% 100.0%
MH (A) 99.5% 99.4% Note – intervention/activity Service authorized by ITP/need Qualified staff	100.0% PCP coordination
MH (A) 99.5% 99.4% Note – intervention/activity Service authorized by ITP/need Qualified staff	100.0% PCP coordination
Note – intervention/activity Service authorized by ITP/need Qualified staff	
Qualified staff	100.0% Builds on strengths
	100.0%
	of Cal
Fligible percon – age/dy	97.6% Other Comments
	100.0% 1. Improved MHA/ITP updates
Doc interaction/client's response	100.0% 2. Individual supervision re: ITPs, progress notes
Revised informed consent	95.2% 3. 100.0% 4.
ITP given to client	100.0% 5.
MISA documentation	100.0%
Doc detailed to time billed	100.070
	100.0%







Questions and Feedback

Questions?

Feedback?

Next Steps?







Thank you for your time

Contact Information

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