

Dennis R. Jones
Office of Dixon Court Monitor

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Psychiatry Building
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Indianapolis, IN. 46202
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December 2, 2010

Stephen T. Baron, Director
Department of Mental Health
64 New York Avenue, N.E.
Washington, D.C. 20002

RE: Evidence of compliance with Exit Criterion #5 – Provision of Services to Children/Youth

Dear Mr. Baron,

This letter is in response to your November 4, 2010 letter which requests that the Court Monitor cease active monitoring on Exit Criterion #5 which measures the overall penetration rate provided through publicly-funded sources for children and youth.

DMH has carefully documented the unduplicated count of children and youth who were served for the four (4) quarters of calendar year 2009. The program and information technology staff (and consultants) of DMH have worked very closely with my consultant, Dr. Joan Durman, to ensure that all child and youth programs were counted and that the total count was unduplicated.

Based on the protocols and documentation of a 5.15% penetration rate for four (4) successive quarters, I find the DMH has exceeded the Court-established performance measure of a 5% penetration rate. Therefore I recommend that this performance measure move to inactive status.

Sincerely yours,


Dennis R. Jones, MSW, MBA
Dixon Court Monitor

DRJ/mjh

Cc: Anthony Herman, Counsel for Plaintiffs
Iris Gonzalez, Counsel for Plaintiffs
Robert Duncan, Counsel for Court Monitor
Grace Graham, Counsel for District of Columbia

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH



Office of the Director

November 4, 2010

Dennis R. Jones, Monitor
1111 10th Street, Suite 201
Indianapolis, Indiana 46202

Re: Dixon et al. v. Fenty, et al.
CA No. 74-285 (TFH)
Evidence of Compliance with Exit Criterion #5 – Provision of Services to
Children/Youth

Dear Mr. Jones:

I write in response to your letter of March 24, 2010 denying our request to find that the Department of Mental Health (“DMH”) had substantially met the performance target for Exit Criterion #5 – Provision of Services to Children/Youth (“Exit Criterion #5”).

We have analyzed additional data about mental health services provided to children and youth within the District by the DMH- operated school-based mental health program, Assessment Center, Wrap-Around program and the unit that monitors children in psychiatric residential treatment facilities or PRTFs. We have also received and analyzed data about mental health services provided to children and youth by Free Standing Mental Health clinics. We have amended the data reporting metric to include that data in our final report and ensure that our report is an unduplicated count of consumers served. Your data consultant, Dr. Durman has reviewed and approved the revised data reporting metric, which is attached and marked as Exhibit A.

I am pleased to report that DMH has met and exceeded the performance target for Exit Criterion #5 for calendar year 2009 (the four quarter period beginning January 1, 2009 and ending December 31, 2009) by achieving a penetration rate of 5.15%. The data is set forth in the table below:

CHILD SERVING PROGRAM	NUMBER SERVED
MHRS PROGRAM ¹	3,678 ²
MEDICAID MCO's ³	1,318
SCHOOL-BASED MENTAL HEALTH PROGRAM	418
PSYCHIATRIC RESIDENTIAL TREATMENT CENTERS MONITORED BY DMH	65
ASSESSMENT CENTER	96
WRAPAROUND PROGRAM	86
FREE STANDING MENTAL HEALTH CLINICS	215
UNDUPLICATED COMBINED	
TOTAL OF CHILDREN/YOUTH RECEIVING MENTAL HEALTH SERVICES	5,876
CHILD/YOUTH CENSUS ⁴	114,036
PENETRATION RATE	5.15%

In addition to meeting the performance target in calendar year 2009, we have continued to meet the performance target in the subsequent four-quarter period April 1, 2009 through March 31, 2010. The data is set forth in the table below:

CHILD SERVING PROGRAM	NUMBER SERVED
MHRS PROGRAM ⁵	3,771
MEDICAID MCO's ⁶	1,331
SCHOOL-BASED MENTAL HEALTH PROGRAM	294
PSYCHIATRIC RESIDENTIAL TREATMENT CENTERS MONITORED BY DMH	64
ASSESSMENT CENTER	56
WRAPAROUND PROGRAM	76
FREE STANDING MENTAL HEALTH CLINICS	198
UNDUPLICATED COMBINED	
TOTAL OF CHILDREN/YOUTH RECEIVING MENTAL HEALTH SERVICES	5,811
CHILD/YOUTH CENSUS ⁷	114,036
PENETRATION RATE	5.09%

¹ Based upon MHRS claims submitted to DMH for services provided in calendar year 2009 as of September 14, 2010.

² Children who are counted within the MHRS count, may have received other services, such as school-based mental health services or wrap-around services. If a child is counted within the MHRS count, he or she is not counted again in the other program counts. Therefore the counts for the other programs: school-based mental health, assessment center or wrap-around do not represent the total number of children receiving services through those program, but only those children who were not counted previously (within MHRS or MCO).

³ Based upon encounter data submitted by the MCOs for mental health services provided during calendar year 2009 as of June 1, 2010.

⁴ Based upon U.S. Census Bureau Estimate of the Population by Selected Age Groups for the United State and States and Puerto Rico: July 1, 2009. *See www.census.gov/popest/states/asrh.*

⁵ Based upon MHRS claims submitted to DMH for services provided during the period from April 1, 2009 – March 31, 2010 as of September 14, 2010.

⁶ Based upon encounter data submitted by the MCOs for mental health services provided during the period from April 1, 2009 – March 31, 2010 as of October 29, 2010.

⁷ Based upon U.S. Census Bureau Estimate of the Population by Selected Age Groups for the United State and States and Puerto Rico: July 1, 2009. *See www.census.gov/popest/states/asrh.*

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November 4, 2010
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Conclusion.

DMH has met and exceeded the performance targets for Exit Criterion #5 for calendar year 2009 and maintained this performance level for the subsequent four quarter period from April 1, 2009 – March 31, 2010. Accordingly, DMH hereby requests that the Dixon Court Monitor: (1) find that DMH has met and exceeded the required performance levels required for Exit Criterion #5; (2) report on the performance levels for Exit Criterion #5 to the U.S. District Court; and (3) cease active monitoring of Exit Criterion #5.

If you have any questions or wish to discuss this matter further, please feel free to call me.

Sincerely,

A handwritten signature in black ink, appearing to read "Stephen T. Baron", with a long horizontal flourish extending to the right.

Stephen T. Baron
Director

Enclosure

Cc: Anthony Herman, Counsel to the Dixon Plaintiffs
Grace Graham, Counsel for the District of Columbia

EXHIBIT A

PENETRATION RATES: CHILDREN AND ADOLESCENTS METRIC 5

Demonstrated provision of service to children and adolescents

DATA METHODS	
Operational Definition	The number of enrolled children and adolescents (ages 0-17) with a mental health diagnosis who received at least one provided service as a percentage of the DC population, ages 0-17. Services may be provided directly by the Department of Mental Health (DMH) or through contractors funded by DMH, such as the mental health rehabilitation services (MHRs), the school-based mental health service program (SBMH), services provided through the Assessment Center, psychiatric residential treatment facility (PRTF) placements, wrap-around services (WRAP), or through other public mental health programs funded by the DC government, including Managed Care Organizations (MCO) and free standing mental health centers (FSMH).
Target	5% in the aggregate for one full year
Method	<p>For directly provided services, SBMH, Assessment Center, PRTF and WRAP:</p> <ul style="list-style-type: none"> ▪ Using e-Cura, select all paid claims for the reporting period. Paid claims have an enrollment date, date of service received, and a mental health diagnosis. ▪ Select persons ages 0 through 17 years. Include persons who turned 18 during the reporting period, if they were age 17 at the time of the first encounter. <p>For example, if the report covers October 1, 2008 through September 30, 2009, then:</p> <ul style="list-style-type: none"> ▪ Select all paid claims (where a warrant has been approved) for the period covers October 1, 2008 through September 30, 2009: <ul style="list-style-type: none"> ○ Date From BETWEEN 10-01-2008 (First date of reporting period) AND ○ 09-30-2009 (Last date of this reporting period). ▪ Select all paid claims during this period where the -adjudicated amount is greater than \$0 <ul style="list-style-type: none"> ○ Adjudicated amount GT 0. ▪ Select persons whose ages 0 -17 years – age is calculated as on the earliest service date in the fiscal year. <p>For MCO services:</p> <ul style="list-style-type: none"> ▪ Using data provided by the MCOs, follow the procedure outlines above. <p>For FSMH services:</p> <ul style="list-style-type: none"> ▪ Using data provided by FSMH, follow the procedure outlined above. <p>Combine data from e-Cura, the MCO data and the FSMH data, using the automated procedure noted below.</p>

The formula used to calculate this metric for the above example is shown in this SQL statement:

```
CREATE TABLE dbo.FY09Patient
(PATIENT_ID int NOT NULL,
LAST_NAME char(30) NOT NULL,
FIRST_NAME char(30) NOT NULL,
BIRTHDATE datetime NULL,
SEX char(1) NOT NULL,
SS_NUMBER char(11) NOT NULL,
EarlySvc datetime NULL,
Adjud_Dollars money NULL,
AGE int NULL,
INSUR_NUM char(8) NULL,
unique_ident char(15) NULL,
SMISED char(3) NULL)

INSERT INTO FY09Patient
(PATIENT_ID,
LAST_NAME,
FIRST_NAME,
BIRTHDATE,
SEX,
SS_NUMBER,
EarlySvc,
Adjud_Dollars)
SELECT t.PATIENT_ID,
pt.LAST_NAME,
pt.FIRST_NAME,
pt.BIRTHDATE,
pt.SEX, pt.SS_NUMBER,
MIN(D.DATE_FROM) as EarlySvc,
SUM(A.Adjud_Doll) as Adjud_Dollars
FROM sdmhdc14.cc3.dbo.ClaimDet D
INNER JOIN sdmhdc14.cc3.dbo.ClaimAdj A
ON D.ClaimMst_I = A.ClaimMst_I
INNER JOIN sdmhdc14.cc3.dbo.ClaimMst M
ON A.ClaimMst_I = M.ClaimMst_I
INNER JOIN sdmhdc14.cc3.dbo.TREAT t
ON M.Bill_Numbr = T.Bill_Numbr
INNER JOIN sdmhdc14.cc3.dbo.PATIENT pt
ON t.patient_id = pt.patient_id
WHERE A.STAT_ID = 1
AND D.DATE_FROM Between '10/01/2008' and '09/30/2009'
AND A.Adjud_Doll > 0
GROUP BY t.PATIENT_ID, pt.LAST_NAME, pt.FIRST_NAME,
pt.BIRTHDATE, pt.SEX, pt.SS_NUMBER
HAVING SUM(A.Adjud_Doll) > 0

UPDATE FY09Patient
SET AGE = CASE
WHEN DATEPART(DY, BirthDate) < DATEPART(DY, EarlySvc)
THEN DATEDIFF(YEAR, BirthDate, EarlySvc)
ELSE DATEDIFF(YEAR, BirthDate, EarlySvc) - 1
END
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UPDATE f
SET f.INSUR_NUM = i.INSUR_NUM
FROM FY09Patient f
    INNER JOIN sdmhdc14.cc3.dbo.INSUSPAN i
        ON f.patient_id = i.patient_id
WHERE LEN(i.INSUR_NUM) = 8
AND i.INSUR_NUM like '7%'
AND i.PHEAD_ID = 31
AND DATEDIFF(DD, Date_From, Date_To) > 0

CREATE TABLE SMIDX
(Axis_ID INT NOT NULL,
Axis VARCHAR(6) NOT NULL)

INSERT INTO SMIDX
SELECT Axis_ID, Axis
FROM sdmhdc14.cc3.dbo.Axis
WHERE Axis BETWEEN '295' AND '297.1'
or AXIS in ('298.9','300.4', '309.81')
or AXIS like '311%'

CREATE TABLE SEDDX
(Axis_ID INT NOT NULL,
Axis VARCHAR(6) NOT NULL)
INSERT INTO SEDDX
SELECT Axis_ID, Axis
FROM sdmhdc14.cc3.dbo.Axis
WHERE Axis BETWEEN '295' AND '297.1'
OR Axis IN ('298.9','300.4', '309.81','313.81')
OR Axis LIKE '311%'
OR Axis LIKE '312.[8-9]%'
OR Axis LIKE '314%'

SELECT DISTINCT t.Patient_ID
INTO FY09SMIPatient
FROM sdmhdc14.cc3.dbo.ClaimDet D
    INNER JOIN sdmhdc14.cc3.dbo.ClaimAdj A
        ON D.ClaimMst_I = A.ClaimMst_I
    INNER JOIN sdmhdc14.cc3.dbo.ClaimMst M
        ON A.ClaimMst_I = M.ClaimMst_I
    INNER JOIN sdmhdc14.cc3.dbo.TREAT t
        ON M.Bill_Numbr = T.Bill_Numbr
    INNER JOIN SMIDX S
        ON D.Prin_Diag = S.Axis_ID
WHERE A.STAT_ID = 1
AND D.DATE_FROM Between '10/01/2008' and '09/30/2009'
AND A.Adjud_Doll > 0

UPDATE F
SET F.SMISED = 'SMI'
FROM FY09Patient f
    INNER JOIN FY08SMIPatient S
        ON F.Patient_ID = S.Patient_ID
WHERE F.AGE > 17

SELECT DISTINCT t.Patient_ID

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INTO FY09SEDPatient
FROM sdmhdc14.cc3.dbo.ClaimDet D
  INNER JOIN sdmhdc14.cc3.dbo.ClaimAdj A
    ON D.ClaimMst_I = A.ClaimMst_I
  INNER JOIN sdmhdc14.cc3.dbo.ClaimMst M
    ON A.ClaimMst_I = M.ClaimMst_I
  INNER JOIN sdmhdc14.cc3.dbo.TREAT t
    ON M.Bill_Numbr = T.Bill_Numbr
  INNER JOIN SEDDX S
    ON D.Prin_Diag = S.Axis_ID
WHERE A.STAT_ID = 1
AND D.DATE_FROM Between '10/01/2008' and '09/30/2009'
AND A.Adjud_Doll > 0

UPDATE F
SET F.SMISED = 'SED'
FROM FY09Patient f
  INNER JOIN FY08SEDPatient S
    ON F.Patient_ID = S.Patient_ID
WHERE F.AGE BETWEEN 0 AND 17

-- MCO
UPDATE MCO
SET sa = 'y'
WHERE (diagnosiscode1 like '303%'
or diagnosiscode1 like '304%'
or diagnosiscode1 like '305%')

SELECT DISTINCT MedicaidID, BirthDate
INTO #NO_DOB
FROM MCO
WHERE sa IS NULL
AND (ProcedureCode IN ('913','96101', '96152', '96154', 'H0004', 'H0004HQ',
'H0036', 'H0037')
OR ProcedureCode BETWEEN '90801' AND '90899')
AND BirthDate IS NULL

UPDATE n
SET n.BirthDate = m.BirthDate
FROM #NO_DOB n INNER JOIN
  MCO m ON n.MedicaidID = m.MedicaidID
WHERE m.BirthDate IS NOT NULL

UPDATE m
SET m.BirthDate = n.BirthDate
FROM MCO m INNER JOIN
  #NO_DOB n ON m.MedicaidID = n.MedicaidID
WHERE m.BirthDate IS NULL

UPDATE MCO
SET age = CASE WHEN DATEPART(DY, BirthDate) < DATEPART(DY,
ServiceBeginDate)
  THEN DATEDIFF(YEAR, BirthDate, ServiceBeginDate)
  ELSE DATEDIFF(YEAR, BirthDate, ServiceBeginDate) - 1 END
WHERE sa IS NULL
AND (ProcedureCode IN ('913','96101', '96152', '96154', 'H0004', 'H0004HQ',

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'H0036', 'H0037')
  OR ProcedureCode BETWEEN '90801' AND '90899')

UPDATE m
SET m.eCura = 'y'
FROM MCO m,
     FY08Patient f
WHERE m.MedicaidID = f.INSUR_NUM
AND (ProcedureCode IN ('913','96101', '96152', '96154', 'H0004', 'H0004HQ',
'H0036', 'H0037')
  OR ProcedureCode BETWEEN '90801' AND '90899')
AND sa IS NULL

SELECT MedicaidID, MIN(age) as age
INTO #MCO
FROM MCO
WHERE (ProcedureCode IN ('913','96101', '96152', '96154', 'H0004',
'H0004HQ', 'H0036', 'H0037')
  OR ProcedureCode BETWEEN '90801' AND '90899')
AND sa IS NULL
GROUP BY MedicaidID

UPDATE m
SET m.age = o.age
FROM MCO m,
     #MCO o
WHERE m.MedicaidID = o.MedicaidID
AND (ProcedureCode IN ('913','96101', '96152', '96154', 'H0004', 'H0004HQ',
'H0036', 'H0037')
  OR ProcedureCode BETWEEN '90801' AND '90899')
AND sa IS NULL

UPDATE MCO
SET DXCode = CASE WHEN LEN(DiagnosisCode1) > 3
                  THEN SUBSTRING(DiagnosisCode1, 1, 3) + '.' +
SUBSTRING(DiagnosisCode1, 4, 3)
                  ELSE DiagnosisCode1 END

UPDATE MCO
SET SMISED = 'SED'
WHERE (DXCode between '295' and '297.1'
or DXCode in ('298.9','300.4', '309.81','313.81')
or DXCode like '311%'
or DXCode like '312.[8-9]%'
or DXCode like '314%')
AND ISNULL(Age,0) BETWEEN 0 AND 17
AND sa IS NULL
AND (ProcedureCode IN ('913','96101', '96152', '96154', 'H0004', 'H0004HQ',
'H0036', 'H0037')
  OR ProcedureCode BETWEEN '90801' AND '90899')

UPDATE MCO
SET SMISED = 'SMI'
WHERE (DXCode between '295' and '297.1'
or DXCode in ('298.9','300.4', '309.81')
or DXCode like '311%')

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AND Age > 17
AND sa IS NULL
AND (ProcedureCode IN ('913','96101', '96152', '96154', 'H0004', 'H0004HQ',
'H0036', 'H0037')
    OR ProcedureCode BETWEEN '90801' AND '90899')

SELECT DISTINCT MedicaidID
INTO #FY09_MCO_SMI
FROM MCO
WHERE SMISED = 'SMI'
AND sa IS NULL
AND (ProcedureCode IN ('913','96101', '96152', '96154', 'H0004', 'H0004HQ',
'H0036', 'H0037')
    OR ProcedureCode BETWEEN '90801' AND '90899')

UPDATE M
SET SMISED = 'SMI'
FROM MCO M,
    #FY09_MCO_SMI F
WHERE M.MedicaidID = F.MedicaidID
AND sa IS NULL
AND (ProcedureCode IN ('913','96101', '96152', '96154', 'H0004', 'H0004HQ',
'H0036', 'H0037')
    OR ProcedureCode BETWEEN '90801' AND '90899')

SELECT DISTINCT MedicaidID
INTO #FY09_MCO_SED
FROM MCO
WHERE SMISED = 'SED'
AND sa IS NULL
AND (ProcedureCode IN ('913','96101', '96152', '96154', 'H0004', 'H0004HQ',
'H0036', 'H0037')
    OR ProcedureCode BETWEEN '90801' AND '90899')

UPDATE M
SET SMISED = 'SED'
FROM MCO M,
    #FY09_MCO_SED F
WHERE M.MedicaidID = F.MedicaidID
AND sa IS NULL
AND (ProcedureCode IN ('913','96101', '96152', '96154', 'H0004', 'H0004HQ',
'H0036', 'H0037')
    OR ProcedureCode BETWEEN '90801' AND '90899')

SELECT PATIENT_ID, LAST_NAME, FIRST_NAME, BIRTHDATE, SEX,
SS_NUMBER, AGE, INSUR_NUM, SMISED, 'eCura' as 'Source'
INTO Complete_FY09
FROM FY09Patient

INSERT INTO Complete_FY09
SELECT DISTINCT 1111, ISNULL(LastName, 'UNKNOWN'),
ISNULL(FirstName, 'UNKNOWN'), BirthDate, Gender, ISNULL(SSN,
'UNKNOWN'), age, MedicaidID, SMISED, 'MCO'
FROM MCO
WHERE eCura IS NULL
AND sa IS NULL

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```
AND (ProcedureCode IN ('913','96101', '96152', '96154', 'H0004', 'H0004HQ',
'H0036', 'H0037'))
OR ProcedureCode BETWEEN '90801' AND '90899')
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```
--School Based Mental Health Program
INSERT INTO Complete_FY09
SELECT DISTINCT P.Patient_ID 'eCura ID',
P.Last_Name 'Last Name',
P.First_Name 'First Name',
P.BirthDate 'Birth Date',
P.Sex 'Gender',
P.SS_Number 'SSN',
CASE
WHEN DATEPART(DY, P.BirthDate) < DATEPART(DY,PP.StartDate)
THEN DATEDIFF(YEAR, P.BirthDate, PP.StartDate)
ELSE DATEDIFF(YEAR, P.BirthDate, PP.StartDate)-1
END 'AGE',
NULL,
NULL,
'SMHP'
FROM sdmhdc14.cc3.dbo.PrimaryProvider PP
INNER JOIN sdmhdc14.cc3.dbo.Patient P
ON PP.Patient_ID = P.Patient_ID
INNER JOIN sdmhdc14.cc3.dbo.Provider Pr
ON PP.Prov_ID = Pr.Prov_ID
WHERE Pr.Name = 'School Based Mental Health Program'
AND PP.startdate <= '09/30/2009'
AND COALESCE(PP.EndDate, '09/30/2010') >='10/01/2008'
AND P.Patient_ID NOT IN (SELECT Patient_ID
FROM Complete_FY09)
ORDER BY 3
```

```
---Assessment Center Event
INSERT INTO Complete_FY09
SELECT DISTINCT E.Patient_ID,
P.Last_Name 'Last Name',
P.First_Name 'First Name',
P.BirthDate 'Birth Date',
P.Sex 'Gender',
P.SS_Number 'SSN',
CASE
WHEN DATEPART(DY, P.BirthDate) < DATEPART(DY,
CONVERT(DATETIME, C.Data, 101))
THEN DATEDIFF(YEAR, P.BirthDate, CONVERT(DATETIME, C.Data,
101))
ELSE DATEDIFF(YEAR, P.BirthDate, CONVERT(DATETIME, C.Data,
101))-1
END 'AGE',
NULL,
NULL,
'Assessment'
FROM SDMHDC14.cc3.dbo.EventLog E
INNER JOIN SDMHDC14.cc3.dbo.ClinData C
ON E.Event_ID = C.Event_ID
INNER JOIN SDMHDC14.cc3.dbo.Data_Set DS
ON C.Data_ID = DS.Data_ID
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INNER JOIN SDMHC14.cc3.dbo.DefItem DI
  ON DS.Def_ID = DI.Def_ID
INNER JOIN SDMHC14.cc3.dbo.Patient P
  ON E.Patient_ID = P.Patient_ID
where Func_Area = 5280 --Assessment Center Event
AND C.Data_ID = 22673
AND CONVERT(DATETIME, C.Data, 101) BETWEEN '10/01/2008' AND
'09/30/2009'
AND E.Patient_ID NOT IN (SELECT Patient_ID
  FROM Complete_PatientCY2009)
AND ISDATE(C.Data) = 1
order by 3

--PRTF Data
INSERT INTO Complete_FY09
SELECT DISTINCT P.Patient_ID 'eCura ID',
  P.Last_Name 'Last Name',
  P.First_Name 'First Name',
  P.BirthDate 'Birth Date',
  P.Sex 'Gender',
  P.SS_Number 'SSN',
CASE
  WHEN DATEPART(DY, P.BirthDate) < DATEPART(DY, T.Admit_Date)
  THEN DATEDIFF(YEAR, P.BirthDate, T.Admit_Date)
  ELSE DATEDIFF(YEAR, P.BirthDate, T.Admit_Date) - 1
END 'AGE',
NULL,
NULL,
'PRTF'
FROM sdmhdc14.cc3.dbo.Treat T
  INNER JOIN sdmhdc14.cc3.dbo.Patient P
    ON T.Patient_ID = P.Patient_ID
WHERE T.Site_ID = 320
AND T.Admit_Date <= '09/30/2009'
AND COALESCE(T.Disch_Date, '09/30/2010') >='10/01/2008'
AND P.Patient_ID NOT IN (SELECT Patient_ID
  FROM Complete_FY09)
ORDER BY 1

--WRAP Data
INSERT INTO Complete_FY09
SELECT DISTINCT P.Patient_ID 'eCura ID',
  P.Last_Name 'Last Name',
  P.First_Name 'First Name',
  P.BirthDate 'Birth Date',
  P.Sex 'Gender',
  P.SS_Number 'SSN',
CASE
  WHEN DATEPART(DY, P.BirthDate) < DATEPART(DY, M.StartDate)
  THEN DATEDIFF(YEAR, P.BirthDate, M.StartDate)
  ELSE DATEDIFF(YEAR, P.BirthDate, M.StartDate) - 1
END 'AGE',
NULL,
NULL,
'WRAP'
FROM sdmhdc14.cc3.dbo.MemberDesignator M

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	<pre> INNER JOIN sdmhdc14.cc3.dbo.Patient P ON M.Patient_ID = P.Patient_ID WHERE Designator_ID = 31 AND M.StartDate <= '09/30/2009' AND ISNULL(M.EndDate, '09/30/2010') > ='10/01/2008' AND P.Patient_ID NOT IN (SELECT Patient_ID FROM Complete_FY09) ORDER BY 1 --Free Standing Mental Health Center Data INSERT INTO Complete_FY09 SELECT DISTINCT ISNULL(EcuraID, RecipientID) 'eCura ID', RecipientLastName 'Last Name', RecipientFirstName 'First Name', BirthDate 'Birth Date', CASE WHEN Sex = 'Male' THEN 'M' ELSE 'F' END 'Gender', SSN 'SSN', Age 'AGE', NULL, NULL, 'FreeStandingMHCS' FROM FSMHC WHERE FromDate BETWEEN '10/01/2008' AND '09/30/2009' AND ISNULL(EcuraID, -100) NOT IN (SELECT Patient_ID FROM Complete_FY09) SELECT CASE WHEN age > 17 THEN 'ADULT' ELSE 'CHILD' END AS age_group, COUNT(DISTINCT CASE WHEN Source = 'MCO' THEN INSUR_NUM ELSE PATIENT_ID END) AS Patient_cnt FROM Complete_FY09 GROUP BY CASE WHEN age > 17 THEN 'ADULT' ELSE 'CHILD' END order by 1 /*Exit Criterion 5 */ SELECT COUNT(DISTINCT CASE WHEN Source = 'MCO' THEN INSUR_NUM ELSE PATIENT_ID END) AS Children_Served FROM Complete_FY09 WHERE age BETWEEN 0 AND 17 </pre>
Sources	<p>eCura: CLAIM, CLAIM_DETAIL, and PATIENT. Automated data files provided by MCOs and FSMHs. US Census Population Estimate for the calendar year 2004.</p>
Collection Process	<p>Data are collected as a part of the care delivery system in the District of Columbia that is identical to medical care delivery in the private sector. A Provider, after providing an authorized service, sends in a claim for payment. This claim is adjudicated, approved for payment (i.e., warranted), and added to the database of other paid claims. Only</p>

	<p>claims that have been adjudicated are used to calculate this metric.</p> <p>School Based Mental Health, PRTF, WRAP & Assessment Center Encounter Data are now collected through eCura.</p> <p>MCOs collect consumer data and record these data in their own data systems. A file similar to the one generated from e-Cura is produced from the MCO data system and sent to DMH. The e-Cura data file is matched with the MCO data file to produce a consolidated file of unduplicated consumers.</p> <p>FSMH collect consumer data and record these data in their own data systems. A file similar to the one generated from e-Cura is produced from the FSMH data system and sent to DMH. The e-Cura data file is matched with the FSMH data file to produce a consolidated file of unduplicated consumers.</p>
Training	All providers are required to attend Provider Connect training prior to using the system. Provider Connect is a web tool that provides eCura functionality over the internet. Provider claim files are independently tested multiple times to insure that they meet HIPAA and data quality requirements prior to going live.
Dictionary	<ul style="list-style-type: none"> ▪ Date From– Service Date ▪ INSUR_NUM – Medicaid ID ▪ STAT_ID – Claim Status ▪ sa – Substance Abuse ▪ SMI – Severely Mentally Ill ▪ SED – Severe Emotional Disturbance ▪ Adjudicated Amount – Adjudicated amount on claims submitted ▪ DX Code – DSM IV Dx
User Manual	Internal Operations Manual, Internal User Manual, and Provider User Manual exist and are used to submit and process claims.
Quality Assurance	Claims are submitted as accurately as possible. However, when errors are encountered, claims are denied. Providers have the option of resubmitting the claims depending on the type of denials. When errors are identified, they are corrected by the providers and DMH.
PROCESS VALIDATION	
Persons Validating	DMH Information Technology Services staff
Date	March 1, 2006
Type	Review of data source, data tables, data fields
Process	Review SQL select statements for verification of extract logic and formula.
Results	Metrics were found to be accurately produced.
Validation Confirmation	Joan Durman, Ph.D., January 25, 2007; revised April 23, 2008 (new SQL statements added); revised February 23, 2010 (MCO data added). Revised October 31, 2010 (PRTF, Assessment Center, Wrap-around, School-based Mental Health Services, and FSMHC data added).

Dennis R. Jones
Office of Dixon Court Monitor

1111 W. 10th Street
Psychiatry Building, Room 201
Indianapolis, IN. 46202-4800
(317) 278-9130

March 24, 2010

Mr. Stephen Baron, Director
Department of Mental Health
64 New York Avenue NE
Fourth Floor
Washington, DC 20002

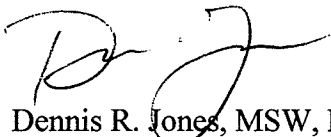
Re: Evidence of Compliance with Exit Criteria #5 – Provision of Services to Children
and Adolescents

Dear Mr. Baron,

I have reviewed your letter of February 24, 2010, regarding compliance levels on Exit Criterion #5 – Provision of Services to Children and Adolescents. In your February 24, 2010 letter, you document that DMH has (for FY 2009) achieved a penetration rate of 4.33% based on a total of 4,947 children and adolescents served out of the total District child and adolescent census of 114,036 (ages 0-17).

I appreciate the significant improvement that DMH has made on this Exit Criterion with the inclusion of the MCO data. However, despite the inclusion of the MCO data, the 4.33% does not reach the required compliance level of 5% for this Criterion. Therefore, I cannot yet recommend that this Exit Criterion move to inactive status.

Sincerely,



Dennis R. Jones, MSW, MBA
Dixon Court Monitor

cc: Robert Duncan
Anthony Herman
Iris Gonzalez
Anne Sturtz ✓

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MENTAL HEALTH



Office of the Director

February 24, 2010

Dennis R. Jones, Monitor
1111 10th Street, Suite 201
Indianapolis, Indiana 46202

Re: Dixon et al. v. Fenty, et al.
CA No. 74-285 (TFH)
Evidence of Compliance with Exit Criterion #5 – Provision of Services to
Children and Adolescents

Dear Mr. Jones:

I am pleased to report that the Department of Mental Health (“DMH”) has substantially met the performance target for Exit Criterion #5 – Provision of Services to Children and Adolescents (“Exit Criterion #5”). Therefore, in accordance with the December 12, 2003 Consent Order Approving Agreed Exit Criteria With Measurement Methodology and Performance Levels (the “Exit Criteria Order”), DMH is formally submitting evidence that the District of Columbia has achieved substantial compliance with Exit Criterion #5.

We request that the Dixon Court Monitor: (1) find that DMH has substantially complied with the required performance level for Exit Criterion #5; (2) report on the performance levels for Exit Criterion #5 to the U.S. District Court as required by the Exit Criteria Order; and (3) cease active monitoring of Exit Criterion #5.

Exit Criterion # 5 Requirements.

The Exit Criteria Order includes the following requirements for demonstrating compliance with the performance levels established in Exit Criterion #5:

General Methodology for Measurement: The percentage of each District subpopulation shall be measured.

Required Performance Levels: 5%.

Operational Definition: The number of enrolled children and adolescents (ages 0-17) with a mental health diagnosis who received at least one provided service as a percentage of the DC population, ages 0-17.

Diagnosis: The first (or initial) DSM-IV diagnosis in the reporting period.

Age: For a person turning 18 during the reporting period, the age at first encounter during the period will be used for reporting purposes.

Enrolled: Enrolled in the Department's community services enrollment and payment system.

Served: Received a MHRS, inpatient or residential service during the period. The DMH may submit for potential inclusion those persons who are provided mental health services in the District and for whom the Department has direct or shared responsibility. The Court Monitor will evaluate any such requests to assess the inclusion of consumers in the DMH system of care. Key issues are DMH authority, the nature of services provided, the oversight of providers and other relevant issues.

D.C. population: U.S. Census Bureau Estimate for the calendar year.

Target: 5% for the aggregate in one full year.

One Full Year: Means any four consecutive quarters.

Aggregate: Means cumulative performance over four consecutive quarters.

Evidence of Compliance with Measurement Methodology and Performance Level

1. **Policy and Practice Requirements.** On June 21, 2002, DMH adopted 22A DCMR Chapter 12, Priority Populations, which sets forth definitions of children and youth with severe emotional disturbance ("SED"). The Court Monitor validated that that DMH has the necessary policies in place to ensure that services are provided to children and youth beginning with his July 2006 report¹ and continuing through his January 2010 report².

2. **Data Collection Methods.** Exit Criteria Order allows DMH to submit data for inclusion in the penetration rates for Exit Criterion # 5, those persons who are provided mental health services in the District and for whom DMH has direct or shared responsibility including but not limited to data from DMH's MHRS fee for service structure, Medicaid Managed Care

¹ See Court Monitor's July 2006 report, page 7. Also see, Court Monitor's January 2007 report, page 8; Court Monitor's July 2007 report, page 8; Court Monitor's January 2008 report, page 7; and Court Monitor's July 2008 report, page 10.

² See, Court Monitor's July 2010 report, pages 8 - 9.

Organizations (“MCOs”) and other data generated through services provided by DMH funded services.

Historically, DMH has only submitted data to the Court Monitor about mental health services provided through DMH’s MHRS program, which has resulted in significant under-reporting of the publicly funded mental health services provided to children and youth that are funded by the District.³ This is further discussed in section 3 below.

DMH has obtained and analyzed data from the MCO’s about mental health services provided to MCO enrollees. DMH proposes to include the data about mental health services provided by the MCO’s in the penetration rate reporting for FY 2009. The basis for this request is further discussed below in subsection (b).

(a) **MHRS System.** DMH developed metrics for reporting data regarding the MHRS services provided to children and youth. DMH’s data collection methods for Exit Criterion #5 was validated by Dr. Joan Durman, a consultant retained by the Court Monitor’s Office on January 25, 2007. Dr. Durman validated a revised data collection method for Exit Criterion # 5 on April 23, 2008⁴.

(b) **Medicaid Managed Care Organizations.** The District of Columbia, Department of Health Care Financing (“DHCF”), which is the state Medicaid agency, contracts with MCO’s for the provision of health care services for a majority of children, adolescents and adults who are Medicaid recipients. Youth eligible for Medicaid who are also receiving Supplemental Security Income (“SSI”) have the option of enrolling in a specially designed MCO.

As discussed at length in my letter of May 15, 2008 regarding Exit Criterion #17, the District requires MCO’s to obtain and maintain accreditation from the National Committee for Quality Assurance (“NCQA”). NCQA accredits a variety of health plans and requires annual reporting of performance on performance measures from accredited healthcare plans. These performance measures are referred to as the Healthcare Effectiveness Data and Information Set (“HEDIS”) and are used by health plans, employers and other health insurance purchasers to measure performance on various dimensions of care and service. In order to maintain accreditation and to comply with the requirements of their contracts with the District, the Medicaid MCOs are required to report HEDIS data to DHCF.

³ In addition to mental health services funded through the MHRS program and the MCO’s, the District, through DMH also provides mental health services to children and youth through the DMH Assessment Center, the Wrap-Around Pilot, the Primary Project, the STOP Suicide Screening Program and the School Mental Health Program in the penetration rate reporting for FY 2009. Many of these services are prevention or early intervention services and not included in the MHRS or the MCO programs. However, these programs are DMH-funded programs that were operated throughout FY 2009. Since most of these services are prevention or early intervention services, data about children and youth receiving services through these programs may not be captured through the MHRS and MCO reporting.

⁴ The revised metric included some changes in SQL statements used to extract data from eCura.

On January 2, 2009, DMH and DHCF finalized a memorandum of understanding addressing the MCO contract obligations to DHCF and DMH for oversight of mental health services provided by the MCOs. Among other things, the MOU provides that DHCF will make HEDIS encounter data regarding mental health services provided to MCO recipients available to DMH. The MCOs are an integral part of the District's public health system and the MOU with DHCF regarding the MCO's clearly establishes DMH authority, provider oversight and the justification for inclusion of MCO enrolled consumers in the penetration rate calculation for Exit Criteria #5 - #7⁵.

DMH has revised its metric for reporting on Exit Criterion #5 to include MCO data effective February 23, 2010. A copy of the approved data collection metric for Exit Criterion #5 is attached and marked as Exhibit A.

3. **Performance Levels.** DMH has collected data regarding publicly funded mental health services provided in FY 2009 using the approved *Dixon* data reporting metric and from the Medicaid Managed Care Organizations for Exit Criterion #5, Exit Criterion #6 and Exit Criterion #7.

The data for Exit Criterion #5 is as follows:

EXIT CRITERION #5 SERVICES TO CHILDREN AND YOUTH PERFORMANCE TARGET: 5%	
CHILDREN & YOUTH SERVED ONLY THROUGH MHRS PROGRAM⁶	2,739
CHILDREN & YOUTH SERVED ONLY BY MEDICAID MCO's⁷	1,386
CHILDREN & YOUTH SERVED BY BOTH MCO's & MHRS PROGRAM⁸	822
UNDUPLICATED COMBINED TOTAL OF CHILDREN & YOUTH RECEIVING MENTAL HEALTH SERVICES	4,947
CHILD CENSUS⁹	114,036
PENETRATION RATE	4.33%

The District's penetration rate in Exit Criterion #5 for Children/Youth is 4.33% or 86% of the 5% target. We believe that this demonstrates substantial compliance, particularly since we know that qualifying services to some children are not counted due to data collection issues.¹⁰

⁵ Although DMH has already achieved compliance with Exit Criterion #8, DMH has also developed a metric for reporting MCO data regarding services provided to adults with SMI, which was also validated by Dr. Durman.

⁶ Based upon claims submitted for processing for MHRS services provided in FY 2009 as of January 29, 2010.

⁷ Based upon encounter data submitted by the MCOs to DHCF for services provided in FY 2009 as of February 1, 2010.

⁸ Based upon an analysis of the MHRS claims submitted for processing as of January 29, 2010 and the encounter data submitted by the MCO's as of February 1, 2010 for services rendered in FY 2009.

⁹ Based upon U.S. Census Bureau Estimate of the Population by Selected Age Groups for the United State and States and Puerto Rico: July 1, 2009. See www.census.gov/popest/states/asrh.

¹⁰ See footnote 3 above.

Dennis R. Jones
February 24, 2010
Page 5 of 5

Conclusion.

DMH has substantially complied with the performance target for Exit Criterion #5 for FY 2009. Accordingly, DMH hereby requests that the Dixon Court Monitor: (1) find that DMH has substantially complied with required performance level for Exit Criterion #5; (2) report on the performance levels for Exit Criterion #5 to the U.S. District Court; and (3) cease active monitoring of Exit Criterion #5.

If you have any questions or wish to discuss this matter further, please feel free to call me.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Baron', with a long horizontal flourish extending to the right.

Stephen T. Baron
Director

Attachment

Cc: Anthony Herman, Counsel to the Dixon Plaintiffs
Grace Graham, Counsel for the District of Columbia

EXHIBIT A

PENETRATION RATES: CHILDREN AND ADOLESCENTS METRIC 5

Demonstrated provision of service to children and adolescents

DATA METHODS	
Operational Definition	The number of enrolled children and adolescents (ages 0-17) with a mental health diagnosis who received at least one provided service as a percentage of the DC population, ages 0-17. Services may be provided directly by the Department of Mental Health (DMH), through agencies under contract to DMH or through a Medicaid Managed Care Organization (MCO) funded by the District of Columbia to provide these services.
Target	5% in the aggregate for one full year
Method	<p>For directly provided services:</p> <ul style="list-style-type: none"> ▪ Using e-Cura, select all paid claims for the reporting period. Paid claims have an enrollment date, date of service received, and a mental health diagnosis. ▪ Select persons ages 0 through 17 years. Include persons who turned 18 during the reporting period, if they were age 17 at the time of the first encounter. <p>For example, if the report covers April 1, 2005 through March 31, 2006, then:</p> <ul style="list-style-type: none"> ▪ Select all paid claims (where a warrant has been approved) for the period April 1, 2005 through March 31, 2006: <ul style="list-style-type: none"> ○ Date From BETWEEN 04-01-2005(First date of reporting period) AND ○ 03-31-2006(Last date of this reporting period). ▪ Select all paid claims during this period where the -adjudicated amount is greater than \$0 <ul style="list-style-type: none"> ○ Adjudicated amount GT 0. ▪ Select persons whose ages 0 -17 years – age is calculated as on the earliest service date in the fiscal year. ▪ For this report the assumption is made that any child/adolescent receiving service has a psychiatric diagnosis. <p>For MCO services:</p> <ul style="list-style-type: none"> ▪ Using data provided by the MCOs, follow the procedure outlines above. <p>Combine data from e-Cura and the MCOs, using the automated procedure noted below.</p> <p>The formula used to calculate this metric for the above example is shown in this SQL statement:</p> <pre>CREATE TABLE dbo.FY08Patient (PATIENT_ID int NOT NULL, LAST_NAME char(30) NOT NULL,</pre>

```

FIRST_NAME char(30) NOT NULL,
BIRTHDATE datetime NULL,
SEX char(1) NOT NULL,
SS_NUMBER char(11) NOT NULL,
EarlySvc datetime NULL,
Adjud_Dollars money NULL,
AGE int NULL,
INSUR_NUM char(8) NULL,
unique_ident char(15) NULL,
SMISED char(3) NULL)

```

```

INSERT INTO FY08Patient

```

```

(PATIENT_ID,
LAST_NAME,
FIRST_NAME,
BIRTHDATE,
SEX,
SS_NUMBER,
EarlySvc,
Adjud_Dollars)

```

```

SELECT t.PATIENT_ID,

```

```

pt.LAST_NAME,
pt.FIRST_NAME,
pt.BIRTHDATE,
pt.SEX, pt.SS_NUMBER,
MIN(D.DATE_FROM) as EarlySvc,
SUM(A.Adjud_Doll) as Adjud_Dollars

```

```

FROM sdmhdc14.cc3.dbo.ClaimDet D

```

```

INNER JOIN sdmhdc14.cc3.dbo.ClaimAdj A
ON D.ClaimMst_I = A.ClaimMst_I

```

```

INNER JOIN sdmhdc14.cc3.dbo.ClaimMst M

```

```

ON A.ClaimMst_I = M.ClaimMst_I

```

```

INNER JOIN sdmhdc14.cc3.dbo.TREAT t

```

```

ON M.Bill_Numbr = T.Bill_Numbr

```

```

INNER JOIN sdmhdc14.cc3.dbo.PATIENT pt

```

```

ON t.patient_id = pt.patient_id

```

```

WHERE A.STAT_ID = 1

```

```

AND D.DATE_FROM Between '10/01/2007' and '09/30/2008'

```

```

AND A.Adjud_Doll > 0

```

```

GROUP BY t.PATIENT_ID, pt.LAST_NAME, pt.FIRST_NAME,

```

```

pt.BIRTHDATE, pt.SEX, pt.SS_NUMBER

```

```

HAVING SUM(A.Adjud_Doll) > 0

```

```

UPDATE FY08Patient

```

```

SET AGE = CASE

```

```

    WHEN DATEPART(DY, BirthDate) < DATEPART(DY, EarlySvc)

```

```

    THEN DATEDIFF(YEAR, BirthDate, EarlySvc)

```

```

    ELSE DATEDIFF(YEAR, BirthDate, EarlySvc) - 1

```

```

END

```

```

UPDATE f

```

```

SET f.INSUR_NUM = i.INSUR_NUM

```

```

FROM FY08Patient f

```

```

    INNER JOIN sdmhdc14.cc3.dbo.INSUSPAN i

```

```

    ON f.patient_id = i.patient_id

```

```

WHERE LEN(i.INSUR_NUM) = 8

```

```

AND i.INSUR_NUM like '7%'

```

```

AND i.PHEAD_ID = 31
AND DATEDIFF(DD, Date_From, Date_To) > 0

CREATE TABLE SMIDX
(Axis_ID INT NOT NULL,
Axis VARCHAR(6) NOT NULL)

INSERT INTO SMIDX
SELECT Axis_ID, Axis
FROM sdmhdc14.cc3.dbo.Axis
WHERE Axis BETWEEN '295' AND '297.1'
or AXIS in ('298.9','300.4', '309.81')
or AXIS like '311%'

CREATE TABLE SEDDX
(Axis_ID INT NOT NULL,
Axis VARCHAR(6) NOT NULL)
INSERT INTO SEDDX
SELECT Axis_ID, Axis
FROM sdmhdc14.cc3.dbo.Axis
WHERE Axis BETWEEN '295' AND '297.1'
OR Axis IN ('298.9','300.4', '309.81','313.81')
OR Axis LIKE '311%'
OR Axis LIKE '312.[8-9]%'
OR Axis LIKE '314%'

SELECT DISTINCT t.Patient_ID
INTO FY08SMIPatient
FROM sdmhdc14.cc3.dbo.ClaimDet D
INNER JOIN sdmhdc14.cc3.dbo.ClaimAdj A
ON D.ClaimMst_I = A.ClaimMst_I
INNER JOIN sdmhdc14.cc3.dbo.ClaimMst M
ON A.ClaimMst_I = M.ClaimMst_I
INNER JOIN sdmhdc14.cc3.dbo.TREAT t
ON M.Bill_Numbr = T.Bill_Numbr
INNER JOIN SMIDX S
ON D.Prin_Diag = S.Axis_ID
WHERE A.STAT_ID = 1
AND D.DATE_FROM Between '10/01/2007' and '09/30/2008'
AND A.Adjud_Doll > 0

UPDATE F
SET F.SMISED = 'SMI'
FROM FY08Patient f
INNER JOIN FY08SMIPatient S
ON F.Patient_ID = S.Patient_ID
WHERE F.AGE > 17

SELECT DISTINCT t.Patient_ID
INTO FY08SEDPatient
FROM sdmhdc14.cc3.dbo.ClaimDet D
INNER JOIN sdmhdc14.cc3.dbo.ClaimAdj A
ON D.ClaimMst_I = A.ClaimMst_I
INNER JOIN sdmhdc14.cc3.dbo.ClaimMst M
ON A.ClaimMst_I = M.ClaimMst_I
INNER JOIN sdmhdc14.cc3.dbo.TREAT t
ON M.Bill_Numbr = T.Bill_Numbr

```

```

INNER JOIN SEDDX S
    ON D.Prin_Diag = S.Axis_ID
WHERE A.STAT_ID = 1
AND D.DATE_FROM Between '10/01/2007' and '09/30/2008'
AND A.Adjud_Doll > 0

UPDATE F
SET F.SMISED = 'SED'
FROM FY08Patient f
    INNER JOIN FY08SEDPatient S
        ON F.Patient_ID = S.Patient_ID
WHERE F.AGE BETWEEN 0 AND 17

UPDATE MCO
SET sa = 'y'
WHERE (diagnosiscode1 like '303%'
or diagnosiscode1 like '304%'
or diagnosiscode1 like '305%')
AND SourceFile = '2008Access'

SELECT DISTINCT MedicaidID, BirthDate
INTO #NO_DOB
FROM MCO
WHERE sa IS NULL
AND ProcedureCode BETWEEN '90801' AND '90899'
AND SourceFile = '2008Access'
AND BirthDate IS NULL

UPDATE n
SET n.BirthDate = m.BirthDate
FROM #NO_DOB n INNER JOIN
    MCO m ON n.MedicaidID = m.MedicaidID
WHERE m.BirthDate IS NOT NULL

UPDATE m
SET m.BirthDate = n.BirthDate
FROM MCO m INNER JOIN
    #NO_DOB n ON m.MedicaidID = n.MedicaidID
WHERE m.BirthDate IS NULL

UPDATE MCO
SET age = CASE WHEN DATEPART(DY, BirthDate) < DATEPART(DY,
ServiceBeginDate)
    THEN DATEDIFF(YEAR, BirthDate, ServiceBeginDate)
    ELSE DATEDIFF(YEAR, BirthDate, ServiceBeginDate) - 1 END
WHERE sa IS NULL
AND ProcedureCode BETWEEN '90801' AND '90899'
AND SourceFile = '2008Access'
UPDATE m
SET m.eCura = 'y'
FROM MCO m,
    FY08Patient f
WHERE m.MedicaidID = f.INSUR_NUM
AND m.SourceFile = '2008Access'
AND ProcedureCode BETWEEN '90801' AND '90899'
AND sa IS NULL

```



```

SELECT MedicaidID, MIN(age) as age
INTO #MCO
FROM MCO
WHERE SourceFile = '2008Access'
AND ProcedureCode BETWEEN '90801' AND '90899'
AND sa IS NULL
GROUP BY MedicaidID

UPDATE m
SET m.age = o.age
FROM MCO m,
     #MCO o
WHERE m.MedicaidID = o.MedicaidID
AND SourceFile = '2008Access'
AND ProcedureCode BETWEEN '90801' AND '90899'
AND sa IS NULL

UPDATE MCO
SET DXCode = CASE WHEN LEN(DiagnosisCode1) > 3
                  THEN SUBSTRING(DiagnosisCode1, 1, 3) + '.' +
                  SUBSTRING(DiagnosisCode1, 4, 3)
                  ELSE DiagnosisCode1 END

UPDATE MCO
SET SMISED = 'SED'
WHERE (DXCode between '295' and '297.1'
or DXCode in ('298.9','300.4', '309.81','313.81')
or DXCode like '311%'
or DXCode like '312.[8-9]%'
or DXCode like '314%')
AND ISNULL(Age,0) BETWEEN 0 AND 17
AND SourceFile = '2008Access'
AND sa IS NULL
AND ProcedureCode BETWEEN '90801' AND '90899'

UPDATE MCO
SET SMISED = 'SMI'
WHERE (DXCode between '295' and '297.1'
or DXCode in ('298.9','300.4', '309.81')
or DXCode like '311%')
AND Age > 17
AND SourceFile = '2008Access'
AND sa IS NULL
AND ProcedureCode BETWEEN '90801' AND '90899'

SELECT DISTINCT MedicaidID
INTO #FY08_MCO_SMI
FROM MCO
WHERE SMISED = 'SMI'
AND sa IS NULL
AND SourceFile = '2008Access'
AND ProcedureCode BETWEEN '90801' AND '90899'

UPDATE M
SET SMISED = 'SMI'
FROM MCO M,
     #FY08_MCO_SMI F

```

	<pre> WHERE M.MedicaidID = F.MedicaidID AND sa IS NULL AND SourceFile = '2008Access' AND ProcedureCode BETWEEN '90801' AND '90899' SELECT DISTINCT MedicaidID INTO #FY08_MCO_SED FROM MCO WHERE SMISED = 'SED' AND sa IS NULL AND SourceFile = '2008Access' AND ProcedureCode BETWEEN '90801' AND '90899' UPDATE M SET SMISED = 'SED' FROM MCO M, #FY08_MCO_SED F WHERE M.MedicaidID = F.MedicaidID AND sa IS NULL AND SourceFile = '2008Access' AND ProcedureCode BETWEEN '90801' AND '90899' SELECT PATIENT_ID, LAST_NAME, FIRST_NAME, BIRTHDATE, SEX, SS_NUMBER, AGE, INSUR_NUM, SMISED, 'eCura' as 'Source' INTO Complete_FY08 FROM FY08Patient INSERT INTO Complete_FY08 SELECT DISTINCT 1111, ISNULL(LastName, 'UNKNOWN'), ISNULL(FirstName, 'UNKNOWN'), BirthDate, Gender, ISNULL(SSN, 'UNKNOWN'), age, MedicaidID, SMISED, 'MCO' FROM MCO WHERE eCura IS NULL AND SourceFile = '2008Access' AND sa IS NULL AND ProcedureCode BETWEEN '90801' AND '90899' /*Exit Criterion 5 */ SELECT COUNT(DISTINCT CASE WHEN Source = 'MCO' THEN INSUR_NUM ELSE PATIENT_ID END) AS Children_Served FROM Complete_FY08 WHERE age BETWEEN 0 AND 17 </pre>
Sources	<p>eCura: CLAIM, CLAIM_DETAIL, and PATIENT. Automated data files provided by MCOs. US Census Population Estimate for the calendar year 2004.</p>
Collection Process	<p>Data are collected as a part of the care delivery system in the District of Columbia that is identical to medical care delivery in the private sector. A Provider, after providing an authorized service, sends in a claim for payment. This claim is adjudicated, approved for payment (i.e., warranted), and added to the database of other paid claims.</p> <p>MCOs collect consumer data and record these data in their own data systems. A file similar to the one generated from e-Cura is produced from the MCO data system and sent to DMH. The e-Cura data file is</p>

	matched with the MCO data file to produce a consolidated file of unduplicated consumers.
Training	All providers are required to attend Provider Connect training prior to using the system. Provider Connect is a web tool that provides eCura functionality over the internet. Provider claim files are independently tested multiple times to insure that they meet HIPAA and data quality requirements prior to going live.
Dictionary	<ul style="list-style-type: none"> ▪ Date From– Date service began ▪ INSUR_NUM – Medicaid ID ▪ STAT_ID – Claim Status ▪ sa – Substance Abuse ▪ SMI – Severely Mentally Ill ▪ SED – Severe Emotional Disturbance ▪ Adjudicated Amount – Adjudicated amount on claims submitted ▪ DX Code – DSM IV Dx
User Manual	Internal Operations Manual, Internal User Manual, and Provider User Manual exist and are used to submit and process claims.
Quality Assurance	Claims are submitted as accurately as possible. However, when errors are encountered, claims are denied. Providers have the option of resubmitting the claims depending on the type of denials. Basically, errors are corrected in both side of the house.
PROCESS VALIDATION	
Persons Validating	DMH Information Technology Services staff
Date	March 1, 2006
Type	Review of data source, data tables, data fields
Process	Review SQL select statements for verification of extract logic and formula.
Results	Metrics were found to be accurately produced.
Validation Confirmation	Joan Durman, Ph.D., January 25, 2007; revised April 23, 2008 (new SQL statements added); revised February 23, 2010 (MCO data added).