

Peer Support

Printed Date: 5/9/2016

Benchmark finalized on 10/1/2009

Report Description:

Measure: Peer Support

This report reflects the number of individuals who received a service from a certified Peer Recovery Support Specialist (PRSS) in the indicated month. For example, if the month of measurement is June 2009, the number of clients who received at least one peer recovery support service between June 01, 2009 and June 30, 2009 is reported. To be included in this report, an individual must receive at least two services from contract sources Community Mental Health (01) or Medicaid Services for which DMHSAS Pays Match, Adults (50) in the measurement month. Peer Support services received up to 30 days prior to admission are counted.

Exclusion:

1. PACT clients
2. Persons under 18 years of age on the date of service
3. The following services are excluded:

308 - PACT Medication Support and Planning	251 - Resource Skills Development (By Peers)
100 - Competency Evaluation	550 - Intensive Outreach
102 - Court Related Evaluation	561 - Prevention Type Activities
109 - Court Related Evaluation	852 - Case Management and Home-based Services (Travel)

4. Non-Outpatient clients and/or services
5. Data that are missing, invalid, or do not fit the criteria

Definitions:

Peer Recovery Support: The following service codes qualify as peer recovery support:

Therapeutic behavioral services provided by a certified peer recovery support specialist (PRSS) - T1027HEHM (ICIS 141)

Group Peer counseling by a certified PRSS - H0038HEHQ (ICIS code 241)

Individual Peer counseling by a certified PRSS - H0038HE (ICIS code 241)

Count: The number of distinct admitted outpatient customers who received peer recovery support services in the month of measurement.

Percent: The number of admitted outpatient customers who received peer recovery support service in the measurement month divided by the number of admitted outpatient customers that received at least two services in the measurement month x 100.

Average: The arithmetic mean of the data. In a data set, the mean is the sum of the data divided by the number of data points.

Standard Deviation: A measure of the dispersion or spread of the data. One standard deviation above and below the average determines the upper and lower limits.

Upper Limit: Average plus one standard deviation.

Lower Limit: Average minus one standard deviation.

Benchmark: A standard by which providers may be measured or judged.

How the Benchmark is Determined:

Due to lack of data, the average and standard deviation have been artificially created for the measure 'Peer Recovery Support'. The benchmarks have been set with the following:

Quarter	Lower Limit	Benchmark	Upper Limit
FY13-1st Quarter	8	9	10
FY13-2nd Quarter	9	10	11
FY13-3rd Quarter	10	11	12
FY13-4th Quarter	11	12	13
FY14-1st Quarter	12	13	14

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Benchmark categories are based on the average and upper and lower limits, as established in this report:

None: No points are awarded to an agency with a percentage below the lower limit.

One Point: An agency will receive one point when its monthly performance percent falls below the average but on or above the lower limit.

Two Points: An agency will receive two points when its monthly performance percent equals or exceeds the average.

Bonus: Bonus points will be awarded to providers whose monthly percentage equals or exceeds the upper limit.

Report Information:

Frequency of update: Claims are updated weekly. CDCs are updated weekly.

Last updated: Last paid claim is through 4/27/2016 12:00:00 AM, CDCs are through 5/3/2016 1:56:51 AM.

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If you believe this report is incomplete or inaccurate, please let us know. We want to make sure this report is useful for all.