

Missing Data UCI Lists Guidelines for AOD Outcomes (ASI)

Franklin County Alcohol, Drug and Mental Health Board

OUTCOME DATA SUBMISSION

Contract Language:

7.6.2. The Provider shall provide outcomes and client satisfaction–related information to the ADAMH Board in accordance with the ADAMH Board’s Outcomes Procedural Manual and Guidelines. The ADAMH Board shall monitor the Provider’s Outcomes data submission compliance, in the prior year, in accordance with Attachments 3 and 6 of this Contract. The Provider shall be in compliance if it maintains:

- a. A 80% Intake and/or Follow–Up Record Submission Rate, and
- b. A 50% Follow-Up to Intake Received (or other two-point outcomes) submission rate, and
- c. 60 Day Error Correction Response.

7.6.3. Provider shall provide a plan of correction or reasonable cause for variance within 14 days upon receipt of a letter of concern relating to lack of due diligence on Behavioral Health or Outcomes production. The Provider may avoid payment withholds by submitting and enacting a corrective action plan or by obtaining variance[s] from the Board.

Dashboard Scoring:

Min Range	Max Range	Index Score
0	0.3999	1
0.4	0.4499	2
0.45	0.4999	3
0.5	0.5499	4
0.55	1	5

Missing Data UCI Lists

Missing data UCI lists are intended to help providers improve their outcomes compliance, allowing them to place additional focus and efforts on those consumers who are missing an outcome. These lists inform providers about the outcome status on all the consumers for whom an outcome was expected within the one year reporting period. Individual reports are generated for each provider every month for one rolling year, and are grouped by assessment form (i.e., Adult Consumer Form, Ohio Scales Parent Form and ASI Form).

Report Identification

The *provider UPID* and the *one year reporting period* (e.g. 06_2009-05_2010) uniquely identify each report.

Columns

- **Provider** – Provider Name
- **UCI** – All the UCI’s for whom the particular outcome was expected within the one year reporting period
- **First Name** – First name of the consumer
- **Last Name** – Last name of the consumer
- **OC** – Status of the particular outcome within the one year reporting period. ‘Y’ indicates that an outcome was submitted within the reporting period. ‘N’ indicates that an outcome is expected, but missing. This includes those outcomes that were rejected (refer to outcomes error report) and need to be resubmitted after corrections.
- **ASI Type** – Last ASI form received from the provider in the one year reporting period (only for OC status ‘Y’)