The Company's officers shall consist of a president, vice president, treasurer and secretary. One or more vice presidents and such other officers may be elected as deemed necessary or appropriate. The following are the elected officers serving in their respective position as of December 31, 2009.

Name	Position
Barbara B. Hill	President
Michele D. Alfano	Vice President
Paul M. Rosenberg	Secretary
Edward P. Dunn	Treasurer

A review of the Company's stockholder and board minutes provided to the examiner indicated that in 2008, there was no documentation showing there was an election held for the Company directors. In 2009, the shareholders' minutes indicate an election for the Company officers, but no election for the Company directors.

The Company should adopt procedures to assure the election of directors at the annual shareholders' meeting is properly held pursuant to the Company's bylaws, and the election results are properly recorded. It is also recommended the election of officers is held at the board of directors' meeting and the results of the election properly recorded in the minutes of that meeting.

During the period under examination, there were no amendments to the Company's articles of incorporation; however, there was one amendment to the Company's bylaws. On September 1, 2009, the Company requested and received approval from the KID to amend Article V – *Directors*, Section 2, *Qualification and Number*, of its bylaws to state "The board of directors shall consist of not more than five (5) individuals."

Conflict of Interest

VOI instituted a formal procedure in June 1998, and last revised in December 2008, requiring employees to report to the board any possible conflicts of interest between their activities outside of the Company and their official duties within the Company. Employee training is conducted to make staff aware of their reporting responsibilities and all VOI employees are required to complete a questionnaire. VOKS adopted this policy in 2010. The examiner reviewed the conflict of interest questionnaires completed by the VOKS board without exception.

Three-Year Historical

The following exhibit shows the Member Months, Risk-Based Capital calculation (RBC) and financial growth of the Company (in thousands) for the periods ending December 31, 2007, through December 31, 2009. The financial growth amounts were obtained from annual statements filed by the Company, except for the 2009 amounts, which reflect the results of this examination. The Company is not subject to the RBC requirement pursuant to *K.S.A. 40-2d02(b) – Risk based capital report,* as the Company contracts with the Kansas Department of Social and Rehabilitation Services (KDSRS) to provide services under Title XIX and Title XXI of the Social Security Act. These services represent at least 90% of the premium volume of the health organization.

	2007	2008	2009
Member Months	1,352,659	2,839,340	3,003,000
RBC	-	-	-
Admitted Assets	$ 7,835,627	$ 6,088,859	$ 11,796,566
Liabilities	7,806,326	5,967,792	11,728,461
Capital and Surplus	29,301	121,067	68,105
Net Underwriting Gain/(Loss)	3,812,484	8,535,267	7,596,768
Net Income	28,301	91,766	(42,892)
Net Premiums Written	11,256,203	22,178,252	21,670,892

AFFILIATED COMPANIES

K.S.A. 40-3301 et seq. - *Insurance Holding Companies*, requires a domestic insurer that is part of an insurance holding company system to file appropriate registration statements with the Commissioner of Insurance. The Company has submitted Forms "B" and "C" registration statements to the KID for each of the years under examination. The review of the registration statements indicated the Company is properly reporting items and events as required by statute.

The Company is 100% owned by its parent, ValueOptions, Inc., which in turn is 100% owned by its parent FHC Health Systems, Inc. Robert I. Dozoretz, M.D. is considered the ultimate controlling person as he owns approximately 46% of the outstanding shares of FHC Stock Holdings, LLC. On December 13, 2007, 44.7% of the outstanding stock of FHC Health Systems, Inc. was acquired by VO Acquisitions, LLC. from FHC Stock Holdings, LLC. This transaction did not affect the ownership of ValueOptions, Inc. nor of ValueOptions of Kansas, Inc.

The exhibit below is the organizational chart as of December 31, 2009, indicating the identities and inter-company relationships having a direct bearing on the Company and the percentage of ownership between entities.

Company Organization

FHC Stock Holdings, LLC – 46.23%
Minority Shareholders – 6.80%
VO Acquisition, LLC (Crestview Affiliate) – 44.55%
VO (ERISA) Acquisition, LLC (Crestview Affiliate) – 2.42%
FHC Health Systems, Inc. (f/k/a First Hospital Corporation)
ValueOptions, Inc. (f/k/a Options Healthcare, Inc.) – 100%
ValueOptions of California, Inc – 100%
Value Behavioral Health of Pennsylvania, Inc. – 100%
ValueOptions of Texas, Inc. – 100%
Behavioral Health Administrators, Inc. – 100%
Health Management Strategies International, Inc. – 100%

Value Behavioral Health IPA of New York, Inc. – 100%
CHCS, IPA – 100%
Achieve Solutions, LLC – 100%
Absolute Integrated Solutions, Inc. – 100%
Options Independent Practice Association, Inc. – 100%
Value Behavioral Health of Rhode Island, Inc. – 100%
CBHP, Inc. – 100%
Choice Behavioral Health Partnership – 50%
OPTIONS Health Care, Inc. – 100%
Massachusetts Behavioral Health Partnership – 50%
VO of Arizona, Inc. – 100%
ValueOptions of New Mexico, Inc. – 100%
Value Health Reinsurance, Inc. – 100%
Wellington Life Insurance Company – 100%
ValueOptions of Kansas, Inc. – 100%
ValueOptions of Tennessee, Inc. – 100%

Management Services Agreement

Effective July 1, 2007, VOKS entered into a management agreement with its immediate parent, ValueOptions, Inc., to provide administrative and management services to the Company. Services provided per the agreement are Data Processing and Personnel.

The agreement requires the Company to compensate ValueOptions, Inc. "an amount which is equal to the administrative and profit percentage as allowed in the State Contract". The administrative and profit percentage is equal to 18% of the Substance Abuse Prepaid Inpatient Health Plan revenues, or the risk revenues received from KDSRS.

Tax Allocation Agreement

The Company participates in a tax sharing agreement between FHC Health Systems, Inc. and its subsidiaries. Among other responsibilities in this agreement, FHC Health Systems, Inc. is responsible for preparing and filing all federal and state income annual tax returns and estimated quarterly and final tax payments.

FIDELITY BOND AND OTHER INSURANCE

Pursuant to K.S.A. 40-3225 - *Fiduciary responsibilities; fidelity bond or insurance,* the Company is required to maintain a financial institution bond sufficient to cover all officers and employees who handle funds and securities on behalf of the Company. VOKS is a named insured on a fidelity bond obtained by VOI with a limit of insurance per occurrence of $1,000,000. There is no deductible associated with this coverage. The policy coverage meets the amount required by statute and suggested by the NAIC.

All other insurance coverage is provided at the parent level.

PENSION, STOCK OWNERSHIP AND INSURANCE PLANS

The Company has no employees. Any costs for such plans are allocated to the Company through the management agreement with VOI.

STATUTORY DEPOSITS

K.S.A. 40-3227 – *Deposit requirements* requires a health maintenance organization doing business in the state of Kansas to establish a custodial or controlled account with an organization or trustee acceptable to the Commissioner. This account shall be used to hold cash or securities for the benefit of all enrollees. Pursuant to paragraph (e) of K.S.A. 40-3227, the conditions of this statute shall not apply to any health organization contracting with the KDSRS to provide services under Title XIX and Title XXI of the Social Security Act provided the public benefit contracts represent at least 90% of the premium volume of the health organization. The Company is not required to maintain a deposit with the KID, because 100% of the Company's premium volume is provided under the public benefit contract.

INSURANCE PRODUCTS AND RELATED SERVICES

Through a contract with the KDSRS, VOKS serves as a Substance Abuse Prepaid Inpatient Health Plan contractor providing substance abuse services throughout the state of Kansas for eligible Medical Title XIX enrollees and for those members eligible for Substance Abuse Prevention and Treatment (SAPT) services provided through block grant funding.

Contract Terms

The initial term of the contract with KDSRS was from July 1, 2007 through June 30, 2009, with renewable option years. In March 2009, the second amendment to the contract applied all optional renewal periods; thus, extending the contract period to June 30, 2012.

The Company is required by contract to maintain an accounting system in accordance with generally accepted accounting principles. Costs applicable to Title XIX shall be distinct from the SAPT Block Grant and accounted for separately and be readily ascertainable and auditable.

Eighty-two percent (82%) of the capitated payments are required to be maintained in a Medical Claims Fund for the payment of medical claims. The contract also requires the Company to establish a Community Reinvestment Account (CRA) that shall be separate from all other accounts. The Company shall fund this account in two ways:

1. At the close of each contract year for which claim payments for that year have been paid, all remaining monies in the Medical Claims Fund shall be transferred to the CRA, and
2. All monies assessed by KDSRS as disincentives or liquidated damages shall be paid by the Company to the CRA.

The Company, in cooperation with the KDSRS and CMS, would be allowed to provide additional services to Title XIX beneficiaries with these funds. Upon the expiration or cancellation of the contract, any remaining and unencumbered funds shall be returned to the KDSRS. The KDSRS retains the right to require all funding placed into the CRA be returned to the KDSRS upon its notice. In 2008 and 2009, the Company returned the following CRA funds as requested by the KDSRS:

2008 - $1,924,672.75 and $5,661.22, rate adjustments.
2008 - $5,759,058.00, request for excess 2008 CRA medical claim funds.
2009 - $1,212,492.88, request for excess 2008 CRA medical claim funds.

Substance Abuse Prepaid Inpatient Health Plan

VOKS is responsible for managing the treatment and care of Title XIX and non-Title XIX clients enrolled through the Substance Abuse Prepaid Inpatient Health Plan. Contract funding for this program is provided by a Federal Substance Abuse block grant. This is a risk-based contract for which VOKS is responsible for assuring, monitoring and reimbursing all medically necessary substance abuse services and support for all clients. For all contractually required Title XIX services, VOKS receives a monthly capitated rate as reimbursement for claims paid, administrative costs and management fees. If the costs of services exceed the monthly capitated rate, the Company is at risk of loss. All Title XIX beneficiaries are automatically enrolled for covered services under this contract except for Title XIX beneficiaries who:

a. Reside in nursing facilities or intermediated care facilities for the mentally retarded;
b. Receive services through the S-CHIP program;
c. Have not yet met spend-down requirements;
d. SOBRA eligible for and emergency condition only;
e. Have an eligibility period that is only retroactive;
f. Reside in an adult care home or State institution; or
g. Are being treated in a psychiatric residential treatment facility.

Covered services for Title XIX beneficiaries are:

a. Level I – Outpatient (Individual and Group Counseling);
b. Level II – Intensive Outpatient Treatment/Partial Hospitalization;
c. Level III – Residential/Inpatient Treatment (Reintegration and Intermediate);
d. Level IV – Medically Managed Intensive Inpatient Treatment (Acute Detox and Inpatient Treatment); and
e. Auxiliary Services (Assessment/Referral and Case Management)

Substance Abuse Prevention and Treatment

VOKS is also required to manage substance abuse treatment services funded by SAPT block grant funds. Under this arrangement, VOKS functions as an administrative services only organization whereby it manages substance abuse treatment services for a monthly administrative fee. The Company bears no risk as the cost of treatment is covered by the block grant. Beneficiary eligibility requirements for this grant are:

1. Residency in the State of Kansas.
2. Income at or below 200% of the Federal Poverty Guidelines.

An eligible member may receive both Title XIX and SAPT Block Grant funding provided that:

a. The member is eligible to receive both Title XIX and SAPT Block Grant-funded services and the provider of the service is an approved provider for the funding source;
b. If the medically necessary services are not covered by Title XIX or the setting in which the medically necessary service is not covered by Title XIX.
c. SAPT Block Grant funding is the last resort when the member is eligible for both Title XIX and the Block Grant funding.

VOKS must also insure eligible beneficiaries of block grant funds who receive the following covered serves:

a. Level .5 – Early Intervention/Interim Services (Individual and Group Counseling);
b. Level I – Outpatient (Individual/Group Counseling);
c. Level II – Intensive Outpatient Treatment/Partial Hospitalization: Intensive Outpatient;
d. Level III – Residential/Inpatient Treatment: Reintegration, Therapeutic Community, Intermediate, Social Detoxification;

e. Auxiliary Services – (Assessment/Referral, Person Centered Case Management, Support Services and Dependent Children.)

Territory and Plan of Operation

The Company provides services to all counties within the state of Kansas and to all residents of Kansas.

Treatment of Policyholders

The Company does not maintain a complaint log in accordance with K.S.A. 40-2404(10) – *Failure to maintain complaint handling procedures*. The Company's risk business and ASO business does not form a relationship of policyholder and insurer.

EXCESS OF LOSS COVERAGE

Effective July 1, 2007, the Company had a guarantee from its immediate parent, ValueOptions, Inc., in lieu of an excess of loss policy.

ACCOUNTS AND RECORDS

Trial Balances

A trial balance was prepared from the Company's general ledger for the examination period ending December 31, 2009. While trial balances were obtained for each year under examination, only those amounts for December 31, 2009, were traced to, and reconciled with, a copy of the Company's filed Annual Statement.

UNCLAIMED PROPERTY

A review of Company documents has indicated there are formal procedures in place to manage and report unclaimed property. The Company had no unclaimed funds

to report; therefore, the Company is not required to file reports with the State Treasurer's office.

FINANCIAL STATEMENTS

The following financial statements present the financial condition of the Company as of December 31, 2009, and the results of operations for the year then ended as determined by this examination. Any examination adjustments to the amounts reported by the Company in the annual statement, or comments regarding such, are made in the "Comments on Financial Statements", which follow the "Financial Statements".

There may have been additional differences found during the course of this examination that are not shown in the "Comments on Financial Statements." These differences were determined to be immaterial in relation to the financial statements and therefore were communicated to the Company by memo or management letter, and noted in the work papers for each individual annual statement item.

VALUEOPTIONS OF KANSAS, INC.
ANALYSIS OF ASSETS
LIABILITIES, SURPLUS AND OTHER FUNDS
AS OF DECEMBER 31, 2009

ANALYSIS OF ASSETS

	Assets	Assets Nonadmitted	Net Admitted Assets
Cash and short-term investments	$ 11,356,617		$ 11,356,617
Investment income due & accrued	29		29
Uncollected premiums and agents' balances in the course of collection	239,527		239,527
Net deferred tax asset	1,077	1,077	-
Receivables from parent, subsidiaries and affilates - **(Comments 1 & 2)**	77,371	33,996	43,375
Health care and other amounts receivable	157,018		157,018
Aggregate write-ins for other than invested assets - **(Comment 2)**	-	-	-
Totals	$ 11,831,639	$ 35,073	$ 11,796,566

LIABILITIES, SURPLUS AND OTHER FUNDS

	Covered	Uncovered	Total
Claims unpaid	$ 1,033,395		$ 1,033,395
Unpaid claims adjustment expenses	59,000		59,000
General expenses due or accrued **(Comment 3)**	108,354		108,354
Current federal and foreign income	35,248		35,248
Liability for amounts held under uninsured plans	537,427		537,427
Aggregate write-ins for other liabilities - **(Comment 1, 3 & 4)**	9,955,037		9,955,037
Total liabilities	$ 11,728,461	$ -	$11,728,461
Common capital stock			1,000
Unassigned funds (surplus)			67,105
Total capital and surplus			68,105
Total			$ 11,796,566

VALUEOPTIONS OF KANSAS, INC.
STATEMENT OF REVENUE AND EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2009

	Total
Member months	3,003,000
Net premium income	$ 21,670,892
Total revenue	21,670,892
Hospital and Medical:	
Hospital/medical benefits	4,534,402
Aggregate write-ins for other hospital and medical	5,555,121
Subtotal	10,089,523
Less:	
Total hospital and medical	10,089,523
Claims adjustment expenses	59,000
General administrative expenses - **(Comment 3)**	3,925,601
Increase in reserves for life and accident and health	-
Total underwriting deductions	14,074,124
Net underwriting gain or (loss)	7,596,768
Net investment income earned	17,197
Net realized capital gains (losses)	-
Net investment gains (losses)	17,197
Aggregate write-ins for other income or expense	(7,621,609)
Net income or (loss) after capital gains tax and before all other federal income taxes	(7,644)
Federal and foreign income taxes incurred	35,248
Net income (loss)	$ (42,892)

CAPITAL AND SURPLUS ACCOUNT

Capital and surplus as of December 31, 2008	$ 121,067
Net income	(42,892)
Change in deferred income tax	1,077
Change in nonadmitted assets - **(Comment 1 & 2)**	(11,147)
Aggregate write-ins for gains or (losses) in surplus	-
Net change in capital and surplus	(52,962)
Capital and surplus as of December 31, 2009	$ 68,105

VALUEOPTIONS OF KANSAS, INC.
CAPTIAL AND SURPLUS ACCOUNT
RECONCILIATION OF CAPITAL AND SURPLUS SINCE LAST EXAMINATION

Capital and suplus as of June 30, 2007			$	1,000
Net income	2007	28,301		
	2008	91,766		
	2009	(42,892)	$	77,175
Change in deferred income tax	2007	-		
	2008	-		
	2009	1,077		1,077
Change in nonadmitted assets	2007	-		
	2008	-		
	2009	(11,147)		(11,147)
Net change in capital and surplus				67,105
Capital and surplus as of December 31, 2009				68,105

COMMENTS ON FINANCIAL STATEMENTS

Comment 1 – Receivables from parent, subsidiaries and affiliates **$43,375**

The cost of an audit conducted on a licensed provider was inadvertently charged to the Company and recorded against the liability *Aggregate write-in for other liabilities.* A re-determination was made that the cost of the audit should have been the obligation of the parent. VOI made this correction in 2010. An examination adjustment of $39,775 was made to increase this receivable by $39,775 and to increase the *Aggregate write-in for other liabilities* account by the same amount.

VOKS is recognized as an insurance company within the state of Kansas and is regulated under applicable insurance statutes. As an insurance company, VOKS is subject to a privilege tax as indentified in K.S.A. 40-3213 - *Fees* once the HMO has been in operation three (3) years. As 2009 was the Company's third year of operation, VOKS was assessed and subsequently paid its first privilege taxes in 2010. The Company has also been paying the Kansas Corporate Income Tax. The Kansas

Department of Revenue has acknowledged that because the Company is an insurance entity and is subject to privilege taxes, it is not required to pay corporate income taxes. The Company should file amended returns to seek refunds of the Kansas corporate income taxes previously paid. At the time of the examination, the examiner was provided with copies of the Company's 2007 & 2008 Kansas Corporate Income Tax Returns and the estimated income taxes paid for the third and fourth quarters of 2009. The total Kansas corporate taxes paid, as of December 31, 2009, was $23,926; therefore, the examiner established this amount as a receivable. The receivable was then non-admitted pursuant to the language of SSAP No. 96 - *Settlement Requirements for Intercompany Transactions, An Amendment to SSAP No. 25—Accounting for and Disclosures about Transactions with Affiliates and Other Related Parties*, paragraph 2.

The state income tax overpayment of $6,992 discussed in Comment 2 was reclassified pursuant to the Company's tax allocation agreement. The receivable was then non-admitted pursuant to the language of SSAP No. 96.

The tax sharing agreement between FHC Health Systems, Inc. (FHC), the upstream parent, and the Company contains specific re-payment dates when FHC is owed tax reimbursements from the Company; however, when a tax reimbursement is owed by FHC to the Company, the terms of the agreement allows FHC to apply the amount owed towards future tax amounts FHC will pay on behalf of the Company. SSAP No. 96 states, in part, "The written agreement must provide for timely settlement of amounts owed, with a specified due date...If the due date is not addressed by the written agreement, any uncollected receivable is nonadmitted."

The Company should amend the tax sharing agreement to require FHC to reimburse any amount owed to VOKS within the same timeframe used for the payment of amounts owed by VOKS to FHC.

Comment 2 – Aggregate write-ins for other than invested assets **$0**

As payments and receipts for tax purposes are all paid and received by the parent, VOI, pursuant to the tax allocation agreement, and subsequently paid or received by the Company through the intercompany account, receivables from parent, subsidiaries and affiliates, the amount for the state income tax overpayment of $6,992 should be reported as a receivables from parent, subsidiaries and affiliates. Therefore, this amount has been re-classified to the correct annual statement line.

Comment 3 – General expenses due or accrued **$108,354**

The 2009 Kansas privilege taxes paid in 2010 were recognized by the examiner as an accrued expense in the financial statements.

Comment 4 – Aggregate write-in for other liabilities **$9,955,037**
Return of premium to state

An additional increase of $39,775 to *Aggregate write-in for other liabilities* was made to reverse the cost of an audit that was recorded against this account. A detailed explanation is provided in **Comment 1**.

SUBSEQUENT EVENTS

The Company paid privilege taxes in 2010 in the amount of $108,354 for net premium income of $21,670,892.

CAPITAL AND SURPLUS

As determined by this examination, VOKS' capital and surplus as of December 31, 2009, was $68,105, which is $115,346 less than the amount reported by the Company in its 2009 Annual Statement. A summary of the examination changes and their effect on capital and surplus is provided below.

Comments	Per Annual Stmt.	Per Exam	Surplus Increase (Decrease)
Assets:			
(1) Receivable from parent, subsidiaries and affiliates	$ 3,600	$ 43,375	$ 39,775
(2) Aggregate write-ins for other than invested assets	6,992	0	(6,992)
Liabilities:			
(3) General expenses due or accrued	0	108,354	(108,354)
(4) Aggregate write-ins for other liabilities	9,915,262		
Unpaid Medical Reinvestment due to the State		9,955,037	(39,775)
Net decrease to surplus			(115,346)
Surplus per 2009 Annual Statement			183,451
Total surplus per examination			$ 68,105

The accompanying comments are an integral part of the financial statements.

CONCLUSION

The assistance and cooperation by VOI's staff during the course of this examination is hereby acknowledged and appreciated.

Respectfully submitted,

Tony O. Florez, AFE
Insurance Company Examiner
Examiner-In-Charge

VALUEOPTIONS
NEW MEXICO

Allocation Spreadsheet by Fund Source (Exclusive of Implementation Costs)
Year to Date December 2005

		15%	7%	0%	0%	12%	4%	4%	15%	0%	0%	
Allowed Admin Percentage		HSD MC	HSD FFS	HSD IBHS MC	HSD IBHS FFS	DOH	CYFD	Corrections	HSD-ISD TANF	MFA	Aging	Totals
Revenues Available												
Administrative Revenues Available		12,979,819	2,162,560	-	-	1,957,456	147,098	80,194	60,000	-	-	17,387,127
Medical Revenues Available		73,552,306	20,769,726	445,818	1,607,616	13,534,711	3,530,349	1,924,664	340,000	57,824	24,891	115,787,905
Total Revenues		86,532,125	22,932,286	445,818	1,607,616	15,492,167	3,677,447	2,004,859	400,000	57,824	24,891	133,175,032
Allocation Percentage based on Medical Revenues		63.52%	17.94%	0.39%	1.39%	11.89%	3.05%	1.69%	0.29%	0.05%	0.02%	100.00%

ValueOptions Revenue/Expense Summary	Service Center	HSD MC	HSD FFS	HSD IBHS MC	HSD IBHS FFS	DOH	CYFD	Corrections	HSD-ISD TANF	MFA	Aging	Totals
Administrative Revenues		$ 12,979,819	$ 2,162,560	$ -	$ -	$ 1,957,456	$ 147,098	$ 80,194	$ 60,000	$ -	$ -	$ 17,387,127
Medical Revenues		$ 73,552,306		$ 445,818								
	$ 91,385,251	$ 86,532,125	$ 2,162,560	$ 445,818	$ -	$ 1,957,456	$ 147,098	$ 80,194	$ 60,000	$ -	$ -	$ 91,385,251
Medical Expense												
Inpatient Medical Expense	$ 21,899,273	$ 21,899,273										$ 21,899,273
RTC Expense	$ 14,680,007	$ 14,680,007										$ 14,680,007
Partial Hospitalization Expense	$ 162,225	$ 162,225										$ 162,225
Outpatient Medical Expense	$ 17,465,390	$ 17,465,390										$ 17,465,390
TFC Expense	$ 8,982,959	$ 8,982,959										$ 8,982,959
Other Medical	$ 950,000	$ 950,000										$ 950,000
Pharmacy Expense	$ 11,514,531	$ 11,514,531										$ 11,514,531
Total Medical Expense	$ 75,654,385	$ 75,654,385	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 75,654,385
Medical Savings Reinvestment (cost overrun)	$ 2,720,962	$ 2,720,962										$ 2,720,962
Gross Receipts Tax	$ 297,493	$ -	$ 145,973	$ -	$ -	$ 132,128	$ 9,929	$ 5,413	$ 4,050	$ -	$ -	$ 297,493
Premium Tax	$ 2,944,299	$ 2,944,299	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,944,299
Interest Income	$ 450,442	$ 286,136	$ 80,799	$ 1,734	$ 6,254	$ 52,653	$ 13,734	$ 7,487	$ 1,323	$ 225	$ 97	$ 450,442
Salaries	$ 4,009,538	$ 2,546,991	$ 719,220	$ 15,438	$ 55,669	$ 468,684	$ 122,250	$ 66,648	$ 11,774	$ 2,002	$ 862	$ 4,009,538
Benefits	$ 459,628	$ 291,971	$ 82,447	$ 1,770	$ 6,382	$ 53,727	$ 14,014	$ 7,640	$ 1,350	$ 230	$ 99	$ 459,628
Professional Services	$ 496,391	$ 315,324	$ 89,041	$ 1,911	$ 6,892	$ 58,024	$ 15,135	$ 8,251	$ 1,458	$ 248	$ 107	$ 496,391
Supplies	$ 108,135	$ 68,691	$ 19,397	$ 416	$ 1,501	$ 12,640	$ 3,297	$ 1,797	$ 318	$ 54	$ 23	$ 108,135
Plant (includes rent)	$ 408,758	$ 259,657	$ 73,322	$ 1,574	$ 5,675	$ 47,781	$ 12,463	$ 6,795	$ 1,200	$ 204	$ 88	$ 408,758
Travel	$ 873,456	$ 554,848	$ 156,678	$ 3,363	$ 12,127	$ 102,100	$ 26,631	$ 14,519	$ 2,565	$ 436	$ 188	$ 873,456
Training	$ (641,147)	$ (407,278)	$ (115,007)	$ (2,469)	$ (8,902)	$ (74,945)	$ (19,548)	$ (10,657)	$ (1,883)	$ (320)	$ (138)	$ (641,147)
Postage	$ (134,954)	$ (85,727)	$ (24,208)	$ (520)	$ (1,874)	$ (15,775)	$ (4,115)	$ (2,243)	$ (396)	$ (67)	$ (29)	$ (134,954)
Corporate Office Expense	$ 1,574,154	$ 1,063,484	$ 300,307	$ 6,446	$ 23,244	$ 195,697	$ 51,045	$ 27,828	$ 4,916	$ 836	$ 360	$ 1,674,164
Other	$ (158,712)	$ (100,819)	$ (28,469)	$ (611)	$ (2,204)	$ (18,552)	$ (4,839)	$ (2,638)	$ (466)	$ (79)	$ (34)	$ (158,712)
Total Operating Expenses	$ 7,095,257	$ 4,507,142	$ 1,272,728	$ 27,319	$ 98,512	$ 829,381	$ 216,333	$ 117,940	$ 20,835	$ 3,543	$ 1,525	$ 7,095,257
Profit (Loss)	$ 3,123,297	$ 991,473	$ 824,658	$ 420,233	$ (92,258)	$ 1,048,600	$ (65,430)	$ (35,671)	$ 36,438	$ (3,318)	$ (1,428)	$ 3,123,297

VALUEOPTIONS
NEW MEXICO

Allocation Spreadsheet by NM HSD Funding

	HSD - MAD				HSD - ISD	
	Managed Care	Coordinated Services	I.H.S. Managed Care	I.H.S. Coordinated Services	TANF	Totals
Revenues Available						
Administrative Revenues Available	12,979,819	2,162,560	-	-	60,000	15,202,379
Medical Revenues Available	73,552,306	20,769,726	445,818	1,607,616	340,000	96,715,466
Total Revenues	86,532,125	22,932,286	445,818	1,607,616	400,000	111,917,845
Allocation Percentage based on Medical Revenues	76.05%	21.48%	0.46%	1.66%	0.35%	100.00%

Value Options Revenue/Expense Summary

	Managed Care	Coordinated Services	I.H.S. Managed Care	I.H.S. Coordinated Services	TANF	Totals
Administrative Revenues	12,979,819	2,162,560	-	-	60,000	15,202,379
Medical Revenues	73,552,306	-	445,818	-	-	73,998,124
	86,532,125	2,162,560	445,818	-	60,000	89,200,503
Medical Expense	75,654,385	-	-	-	-	75,654,385
Medical Savings Reinvestment (cost overrun)	2,720,962	-	-	-	-	2,720,962
Gross Receipts Tax	-	145,973	-	-	4,050	150,023
Premium Tax	2,944,299	-	-	-	-	2,944,299
Interest Income	286,136	80,799	1,734	6,254	1,323	376,246
Salaries	2,546,991	719,220	15,438	55,669	11,774	3,349,092
Benefits	291,971	82,447	1,770	6,382	1,350	383,919
Professional Services	315,324	89,041	1,911	6,892	1,458	414,626
Supplies	68,691	19,397	416	1,501	318	90,323
Plant (includes rent)	259,657	73,322	1,574	5,675	1,200	341,428
Travel	554,848	156,678	3,363	12,127	2,565	729,581
Training	(407,278)	(115,007)	(2,469)	(8,902)	(1,883)	(535,538)
Postage	(85,727)	(24,208)	(520)	(1,874)	(396)	(112,725)
Corporate Office Expense	1,063,484	300,307	6,446	23,244	4,916	1,398,398
Other	(100,819)	(28,469)	(611)	(2,204)	(466)	(132,569)
Total expenses	4,507,142	1,272,728	27,319	98,512	20,835	5,926,535
Profit (Loss)	991,473	824,658	420,233	(92,258)	36,438	2,180,545

VALUEOPTIONS
NEW MEXICO

Allocation Spreadsheet by Dept of Health Funding

	State General Fund									Federal Block Grant				
	Mental Health Substance Abuse	Native American	School Based	Rape Crisis	SB-100 Taos/Colfax/Union County	SB 190 Taipa	SB 190 BH Dona Ana County	SB 190 MH Dona Ana County	SB 190 Farmington	CMHS/SAPT	School Based CMHS/SAPT	Native American SAPT	Rape Crisis PHS	Totals
Revenues Available														
Administrative Revenues Available	1,931,614	-	-	25,842	-	-	-	-	-	-	-	-	-	1,957,4
Medical Revenues Available	12,438,346	691,030	119,165	54,607	3,958	13,854	116,750	15,833	79,167	-	-	-	-	13,534,7
Total Revenues	14,369,960	691,030	119,165	80,449	3,958	13,854	116,750	15,833	79,167	-	-	-	-	15,492,2
Allocation Percentage based on Medical Revenues	91.90%	5.11%	0.88%	0.40%	0.03%	0.10%	0.88%	0.12%	0.58%	0.00%	0.00%	0.00%	0.00%	100.0

Value Options Revenue/Expense Summary	Service Center	Mental Health Substance Abuse	Native American	School Based	Rape Crisis	SB-100 Taos/Colfax/Union County	SB 190 Taipa	SB 190 BH Dona Ana County	SB 190 MH Dona Ana County	SB 190 Farmington	CMHS/SAPT	School Based CMHS/SAPT	Native American SAPT	Rape Crisis PHS	Totals
Administrative Revenues		1,931,614	-	-	25,842	-	-	-	-	-	-	-	-	-	1,957,4
Medical Revenues															
		1,931,614	-	-	25,842	-	-	-	-	-	-	-	-	-	1,957,4
Medical Expense															
Medical Savings Reinvestment (cost overrun)															1,957,4
Gross Receipts Tax															
Premium Tax															
Interest Income	52,653														132,1
Salaries	468,584	48,388	2,688	464	212	15	54	462	62	308	-	-	-		52,6
Benefits	93,727	430,719	23,929	4,126	1,891	137	480	4,112	548	2,741	-	-	-	-	468,6
Professional Services	58,024	49,375	2,743	473	217	16	55	471	63	314	-	-	-	-	53,7
Supplies	12,540	53,324	2,962	511	234	17	59	509	68	339	-	-	-	-	58,0
Plant (includes rent)	47,781	11,616	645	111	51	4	13	111	15	74	-	-	-	-	12,6
Travel	102,100	43,910	2,439	421	193	14	49	419	56	279	-	-	-	-	47,7
Training	(74,045)	93,830	5,213	899	412	30	105	896	119	597	-	-	-	-	102,1
Postage	(15,775)	(68,674)	(3,826)	(660)	(302)	(22)	(77)	(658)	(88)	(438)	-	-	-	-	(74,9
Corporate Office Expense	195,697	(14,497)	(805)	(139)	(64)	(5)	(16)	(138)	(18)	(92)	-	-	-	-	(15,7
Other	(18,552)	179,845	9,992	1,723	790	57	200	1,717	229	1,145	-	-	-	-	195,6
Total expenses	829,381	(17,049)	(947)	(163)	(75)	(5)	(19)	(163)	(22)	(109)	-	-	-	-	(18,5
		762,198	42,345	7,302	3,348	243	849	7,277	970	4,851	-	-	-	-	829,3
Profit (Loss)		1,217,804	(39,657)	(6,839)	22,708	(227)	(795)	(6,815)	(909)	(4,543)	-	-	-	-	1,048,6

VALUEOPTIONS
NEW MEXICO

Allocation Spreadsheet by CYFD Funding

	State General Fund			Federal	CYFD Direct	
	Children's Behavioral Services	Wrap-Around Services	Substance Abuse Special Initiative	MST Services	School Based Health	Totals
Revenues Available						
Administrative Revenues Available	118,158	21,060	2,100	3,440	2,340	147,098
Medical Revenues Available	2,835,792	505,440	50,400	82,558	56,160	3,530,350
Total Revenues	2,953,950	526,500	52,500	85,998	58,500	3,677,448
Allocation Percentage based on Medical Revenues	80.33%	14.32%	1.43%	2.34%	1.59%	100.00%

Value Options Revenue/Expense Summary	Service Center	Children's Behavioral Services	Wrap-Around Services	Substance Abuse Special Initiative	MST Services	School Based Health	Totals
Administrative Revenues		118,158	21,060	2,100	3,440	2,340	147,098
Medical Revenues		[redacted]					-
		118,158	21,060	2,100	3,440	2,340	147,098
Medical Expense		[redacted]					-
Medical Savings Reinvestment (cost overrun)							-
Gross Receipts Tax		[redacted]					9,929
Premium Tax							-
Interest Revenue	13,734	11,032	1,966	196	321	218	13,734
Salaries	122,250	98,199	17,503	1,745	2,859	1,945	122,250
Benefits	14,014	11,257	2,006	200	328	223	14,014
Professional Services	15,135	12,157	2,167	216	354	241	15,135
Supplies	3,297	2,648	472	47	77	52	3,297
Plant (includes rent)	12,463	10,011	1,784	178	291	198	12,463
Travel	26,631	21,392	3,813	380	623	424	26,631
Training	(19,548)	(15,702)	(2,799)	(279)	(457)	(311)	(19,548)
Postage	(4,115)	(3,305)	(589)	(59)	(96)	(65)	(4,115)
Corporate Office Expense	51,045	41,002	7,308	729	1,194	812	51,045
Other	(4,839)	(3,887)	(693)	(69)	(113)	(77)	(4,839)
Total expenses	216,333	173,772	30,972	3,088	5,059	3,441	216,333
Profit (Loss)		(44,582)	(7,946)	(792)	(1,298)	(883)	(65,430)

VALUEOPTIONS
NEW MEXICO

Allocation Spreadsheet by NMCD Funding

	State General Fund		Federal		
	Community Corrections	Parole and Probation Department (PPD)	TFC Services (DOH funding)	Other	Totals
Revenues Available					
Administrative Revenues Available	35,976	26,318	17,000	900	80,195
Medical Revenues Available	863,430	631,636	408,004	21,600	1,924,669
Total Revenues	899,406	657,954	425,004	22,500	2,004,864
Allocation Percentage based on Medical Revenues	44.86%	32.82%	21.20%	1.12%	100.00%

Value Options Revenue/Expense Summary	Service Center	Community Corrections	Parole and Probation Department (PPD)	TFC Services (DOH funding)	Other	Totals
Administrative Revenues		35,976	26,318	17,000	900	80,195
Medical Revenues		[redacted]				-
		35,976	26,318	17,000	900	80,195
Medical Expense		[redacted]				-
Medical Savings Reinvestment (cost overrun)						-
Gross Receipts Tax		[redacted]				5,413
Premium Tax						-
Interest Revenue	7,487	3,359	2,457	1,587	84	7,487
Salaries	66,648	29,899	21,872	14,128	748	66,648
Benefits	7,640	3,427	2,507	1,620	86	7,640
Professional Services	8,251	3,702	2,708	1,749	93	8,251
Supplies	1,797	806	590	381	20	1,797
Plant (includes rent)	6,795	3,048	2,230	1,440	76	6,795
Travel	14,519	6,513	4,765	3,078	163	14,519
Training	(10,657)	(4,781)	(3,498)	(2,259)	(120)	(10,657)
Postage	(2,243)	(1,006)	(736)	(476)	(25)	(2,243)
Corporate Office Expense	27,828	12,484	9,133	5,899	312	27,828
Other	(2,638)	(1,184)	(866)	(559)	(30)	(2,638)
Total expenses	117,940	52,909	38,705	25,002	1,324	117,940
Profit (Loss)		(13,574)	(9,930)	(6,414)	(340)	(35,671)

Greene County Division of Value Behavioral Health of Pennsylvania, Inc.

Report 2 - Primary Contractor Summary of Transactions

For Period Ending: December 31, 2009
County: Greene County
Reported By: VBH-PA

Revenues/Expenses	TANF	Healthy Beginnings	SSI and Healthy Horizons w/ Medicare	SSI and Healthy Horizons w/o Medicare	Federal GA	Categorically Needy State Only GA	Medically Needy State Only GA	TOTAL
1) Beginning Balance	-	-	-	-	-	-	-	-
Revenue:								
a) Capitation Revenue	2,605,870	517,586	449,527	4,465,231	415,598	291,918	21,073	8,766,802
b) Investment Revenue	8	2	2	17	2	0	0	31
c) Other (Identify)	-	-	-	-	-	-	-	-
2) Revenue Total	2,605,878	517,587	449,529	4,465,248	415,599	291,918	21,073	8,766,832
Distributions:								
Distributions to Subcontractor:								
a) Medical Services	-	-	-	-	-	-	-	-
b) Administration	-	-	-	-	-	-	-	-
c) Profit	-	-	-	-	-	-	-	-
d) Reinvestment	-	-	-	-	-	-	-	-
e) Other (Identify)	-	-	-	-	-	-	-	-
3) Total Distributions to Subcontractor	-	-	-	-	-	-	-	-

☑ Revised report, see examination adjustment list
☐ Original report without examination adjustments

Greene County Division of Value Behavioral Health of Pennsylvania, Inc.

Report 2 - Primary Contractor Summary of Transactions

For Period Ending: December 31, 2009
County: Greene County
Reported By: VBH-PA

Revenues/Expenses	TANF	Healthy Beginnings	SSI and Healthy Horizons w/ Medicare	SSI and Healthy Horizons w/o Medicare	Federal GA	Categorically Needy State Only GA	Medically Needy State Only GA	TOTAL
Distributions for:								
4) Reserves	-	-	-	-	-	-	-	-
5) Reinvestment	-	-	-	-	-	-	-	-
6) Incentive/Risk Pools	-	-	-	-	-	-	-	-
7) Medical Expenses	2,347,000	458,759	614,222	3,873,638	361,989	295,799	13,673	7,965,081
8) Other (Identify)	-	-	-	-	-	-	-	-
Administrative Expenses:								
a) Compensation	47,892	9,513	8,258	82,065	7,638	5,366	387	161,121
b) Interest Expense	13	3	2	22	2	1	-	43
c) Occupancy, Depreciation, & Amortization	7,990	1,587	1,378	13,692	1,274	895	65	26,881
d) MCO Assessment/GRT	146,205	29,161	25,145	250,285	23,352	16,418	1,186	491,751
e) Distributions to Management Corporation/ASO	-	-	-	-	-	-	-	-
f) Clinical Care/Medical Management	93,606	18,588	16,151	160,406	14,928	10,485	757	314,920
g) Other (Identify)	172,215	34,197	29,714	295,113	27,463	19,289	1,392	579,385
9) Administrative Expense Total	467,922	93,048	80,647	801,582	74,658	52,455	3,787	1,574,100
10) Total Distributions (Lines 3 through 9)	2,945,299	582,720	692,056	4,646,236	457,248	376,170	14,452	9,714,181
Balance (Line 1 + Line 2 - Line 10)	(339,422)	(65,133)	(242,527)	(180,988)	(41,649)	(84,252)	6,621	(947,349)

☐ 100% actual amounts

☑ Allocated amounts have been attributed to one or more of the seven rating groups as described in Note 1 of the Financial Schedules

VALUEOPTIONS®

240 Corporate Boulevard
Norfolk, VA 23502

Invoice - Outpatient

VENDOR NUMBER	DATE	PAGE
100168167	5/9/2011	1 OF 1
CONTRACT NUMBER	OUR REFERENCE	CUSTOMER
4600019321	Apr-11	

Bill TO:
State of Arkansas Department of Human Services
Division of Medical Services
P.O. Box 1437 Slot S416
Little Rock, AR 72203-1437
ATTENTION: SHARON JORDAN

REMIT TO
ValueOptions, Inc.
P.O. Box 534367
Atlanta GA 30353-4367

LINE NO.	DESCRIPTIONS		ITEM COUNT	RATE USD	AMOUNT USD	PROJECTED ANNUAL AMOUNT UNITS	PROJECTED ANNUAL AMOUNT $	REMAINDER UNITS	REMAINDER $
1	PROSPECTIVE REVIEWS		98	$16.42	$ 1,609.16	8,000	$ 131,360.00	7,162	$ 117,600.04
2	PRIOR AUTHORIZATION REVIEWS		3,005	$23.45	$ 70,467.25	60,000	$ 1,407,000.00	3,159	$ 74,078.59
3	EXTENSION OF BENEFIT REVIEWS		7,638	$18.59	$ 141,990.42	40,000	$ 743,600.00	8,745	$ 162,569.55
4	RETROSPECTIVE CASE REVIEWS		-	$44.24	$ -	1,000	$ 44,240.00	1,000	$ 44,240.00
5	INSPECTION OF CARE (IOC) REVIEWS		33	$2,537.17	$ 83,726.61	350	$ 888,009.50	137	$ 347,592.29
6	AD HOC PROFESSIONAL CONSULTATION FEES		-	$0.00	$ -	-	$ 102,143.38	-	$ 102,143.38
7	PROVIDER RELATIONS		1	$26,506.92	$ 26,506.92	12	$ 318,083.08	2	$ 53,013.88
							$ 3,634,435.96		$ 901,237.72

SPECIAL INSTRUCTIONS

Authorized DMS Signature: _____

TOTAL USD $ 324,300.36

VALUEOPTIONS®

240 Corporate Boulevard
Norfolk, VA 23502

Invoice - Inpatient

VENDOR NUMBER	DATE	PAGE
100168167	5/9/2011	1 OF 1
CONTRACT NUMBER	OUR REFERENCE	CUSTOMER
4600019322	Apr-11	

Bill TO:
State of Arkansas Department of Human Services
Division of Medical Services
P.O. Box 1437 Slot S416
Little Rock, AR 72203-1437
ATTENTION: SHARON JORDAN

REMIT TO
ValueOptions, Inc.
P.O. Box 534367
Atlanta GA 30353-4367

LINE NO.	DESCRIPTIONS		ITEM COUNT	RATE USD	AMOUNT USD	PROJECTED ANNUAL AMOUNT UNITS	PROJECTED ANNUAL AMOUNT $	REMAINDER UNITS	REMAINDER $
1	CERTIFICATION OF NEED, INITIAL PRIOR AUTHORIZATION		801	$44.56	$ 35,692.56	8,500	$ 378,760.00	484	$ 21,567.0
2	CONTINUED STAY REVIEWS		1,115	$27.93	$ 31,141.95	10,000	$ 279,300.00	(29)	$ (799.9
3	RETROSPECTIVE CASE REVIEWS		-	$44.34	$ -	1,000	$ 44,340.00	1,000	$ 44,340.0
4	INSPECTION OF CARE (IOC) REVIEWS		3	$2,389.00	$ 7,167.00	40	$ 95,560.00	14	$ 33,446.0
5	CARE COORDINATION		79	$617.72	$ 48,799.88	1,000	$ 617,720.00	330	$ 203,847.6
6	AD HOC PROFESSIONAL CONSULTATION FEES		-	$0.00	$ -	-	$ 34,396.28	-	$ 34,396.2
7	PROVIDER RELATIONS		1	$14,272.74	$ 14,272.74	12	$ 171,272.92	2	$ 28,545.5
							$ 1,621,349.20		$ 365,342.4

SPECIAL INSTRUCTIONS

Authorized DMS Signature: _____

TOTAL USD $ 137,074.13

May 3, 2011

PROVIDER NAME	PROVIDER	VENDOR	LOCATION	Data ALLOCATION	PAYMENT	REMAINING	PREPAID	UTILIZATION	Change In Payment from last report
PREFERRED FAMILY HEALTHCARE	301464			$ 74,638.40	$ 54,856.20	$ 19,782.20	$ -	73.50%	$ 6,973.60
PREFERRED FAMILY HEALTHCARE Total				$ 74,638.40	$ 54,856.20	$ 19,782.20	$ -	73.50%	$ 6,973.60
ASHBY HOUSE LTD	560152	A878921	SALINA	$ 278,046.47	$ 278,046.47	$ -	$ 47,211.93	117.10%	$ 48,858.00
ASHBY HOUSE LTD Total				$ 278,046.47	$ 278,046.47	$ -	$ 47,211.93	117.10%	$ 48,858.00
ASSOCIATED YOUTH SERVICES INC	326655	A878964	KANSAS CITY	$ 24,819.20	$ 17,639.45	$ 7,179.75	$ -	71.07%	$ 3,428.25
ASSOCIATED YOUTH SERVICES INC Total				$ 24,819.20	$ 17,639.45	$ 7,179.75	$ -	71.07%	$ 3,428.25
CENTRAL KANSAS FOUNDATION	120671			$ 528,819.16	$ 525,714.00	$ 3,105.16	$ -	99.41%	$ 49,837.00
CENTRAL KANSAS FOUNDATION Total				$ 528,819.16	$ 525,714.00	$ 3,105.16	$ -	99.41%	$ 49,837.00
COMCARE OF SEDGWICK COUNTY	324718	A788483	WICHITA	$ 408,456.61	$ 371,469.96	$ 36,986.65	$ -	90.94%	$ 38,554.90
COMCARE OF SEDGWICK COUNTY Total				$ 408,456.61	$ 371,469.96	$ 36,986.65	$ -	90.94%	$ 38,554.90
CORNER HOUSE INC		D086471	EMPORIA	$ 133,414.40	$ 95,807.00	$ 37,607.40	$ -	71.81%	$ 10,368.00
CORNER HOUSE INC Total				$ 133,414.40	$ 95,807.00	$ 37,607.40	$ -	71.81%	$ 10,368.00
COUNTY OF CRAWFORD	325231			$ 669,605.99	$ 613,483.68	$ 78,122.11	$ -	83.95%	$ 62,668.24
		A877329	PITTSBURG	$ 205,168.99	$ 138,118.00	$ 67,068.99	$ -	67.31%	$ 16,394.00
COUNTY OF CRAWFORD Total				$ 894,792.98	$ 751,601.68	$ 143,191.10	$ -	84.00%	$ 79,062.24
COWLEY COUNTY MENTAL HEALTH	300176	A114024	WINFIELD	$ 40,020.00	$ 18,751.41	$ 21,268.59	$ -	46.86%	$ 1,406.00
COWLEY COUNTY MENTAL HEALTH Total				$ 40,020.00	$ 18,751.41	$ 21,268.59	$ -	46.86%	$ 1,406.00
CYPRESS RECOVERY INC	335843	A346573	OLATHE	$ 180,908.00	$ 131,544.00	$ 49,364.00	$ -	72.71%	$ 15,643.00
CYPRESS RECOVERY INC Total				$ 180,908.00	$ 131,544.00	$ 49,364.00	$ -	72.71%	$ 15,643.00
DCCCA INC	327218	A107220	WICHITA	$ 784,722.77	$ 638,528.67	$ 156,194.10	$ -	81.39%	$ 70,075.50
				$ 1,089,262.08	$ 819,825.26	$ 269,436.82	$ -	75.26%	$ 110,161.39
		D152049	LENEXA	$ 45,000.00	$ 14,181.00	$ 30,819.00	$ -	31.51%	$ 3,669.00
		A901739	LAWRENCE	$ 631,635.93	$ 521,708.75	$ 109,929.23	$ -	82.60%	$ 54,932.25
DCCCA INC Total				$ 2,550,620.83	$ 1,994,241.68	$ 566,379.15	$ -	77.68%	$ 238,068.14
EAGLE RECOVERY SERVICES CONSULTATIO	590257	A874302	LOUISBURG	$ 46,881.60	$ 42,409.75	$ 4,271.85	$ -	90.45%	$ 2,425.00
EAGLE RECOVERY SERVICES CONSULTATIO Total				$ 46,881.60	$ 42,409.75	$ 4,271.85	$ -	90.45%	$ 2,425.00
FAMILY LIFE CENTER	590276			$ 34,908.75	$ 33,929.00	$ 979.75	$ -	97.19%	$ 4,835.00
FAMILY LIFE CENTER Total				$ 34,908.75	$ 33,929.00	$ 979.75	$ -	97.19%	$ 4,835.00
FOUR COUNTY MENTAL HEALTH CENTER	289316	A874581	INDEPENDENCE	$ 118,228.75	$ 118,228.75	$ -	$ 6,257.73	105.39%	$ 6,945.27
FOUR COUNTY MENTAL HEALTH CENTER Total				$ 118,228.75	$ 118,228.75	$ -	$ 6,257.73	105.39%	$ 6,945.27
HIGHER GROUND	326978	A874268	WICHITA	$ 165,060.00	$ 164,900.00	$ 160.00	$ 9,025.60	104.78%	$ 31,187.50
HIGHER GROUND Total				$ 165,060.00	$ 164,900.00	$ 160.00	$ 9,025.60	104.78%	$ 31,187.50
JOHNSON COUNTY MENTAL HEALTH	100463			$ 752,620.60	$ 608,800.00	$ 143,820.60	$ -	80.89%	$ 73,511.00
JOHNSON COUNTY MENTAL HEALTH Total				$ 752,620.60	$ 608,800.00	$ 143,820.60	$ -	80.89%	$ 73,511.00
KERRS COUNSELING	693122	A878226	CONCORDIA	$ 28,134.40	$ 27,901.80	$ 232.60	$ -	99.17%	$ 1,120.70
KERRS COUNSELING Total				$ 28,134.40	$ 27,901.80	$ 232.60	$ -	99.17%	$ 1,120.70
KINGS ALCOHOL AND TREATMENT CENTER	622045	D088401	WINFIELD	$ 119,161.61	$ 106,341.00	$ 12,820.61	$ 73,333.68	150.78%	$ 57,439.00
KINGS ALCOHOL AND TREATMENT CENTER Total				$ 119,161.61	$ 106,341.00	$ 12,820.61	$ 73,333.68	150.78%	$ 57,439.00
KNOX CENTER INC	590176	A878629	WICHITA	$ 95,603.20	$ 91,687.00	$ 3,916.20	$ -	95.90%	$ 17,305.00
KNOX CENTER INC Total				$ 95,603.20	$ 91,687.00	$ 3,916.20	$ -	95.90%	$ 17,305.00
LABETTE CENTER FOR MENTAL HEALTH SE	289478	A180533	PARSONS	$ 22,400.00	$ 15,110.00	$ 7,290.00	$ -	67.46%	$ 2,318.00
LABETTE CENTER FOR MENTAL HEALTH SE Total				$ 22,400.00	$ 15,110.00	$ 7,290.00	$ -	67.46%	$ 2,318.00
MENTAL HEALTH CENTEROF EAST CENTRAL	673568	A183337	EMPORIA	$ 108,206.25	$ 33,947.00	$ 74,259.25	$ -	31.37%	$ 4,141.00
MENTAL HEALTH CENTEROF EAST CENTRAL Total				$ 108,206.25	$ 33,947.00	$ 74,259.25	$ -	31.37%	$ 4,141.00
MIRACLES INCORPORATED	590189	A876057	WICHITA	$ 90,783.43	$ 76,264.45	$ 14,528.98	$ -	84.00%	$ 9,767.90
		A803558	WICHITA	$ 328,821.30	$ 297,738.60	$ 31,082.69	$ -	90.55%	$ 29,402.61
MIRACLES INCORPORATED Total				$ 419,604.73	$ 373,992.95	$ 45,611.78	$ -	89.13%	$ 39,170.71
MIRROR INC	132162	A880443	NEWTON	$ 248,262.92	$ 206,898.00	$ 41,364.92	$ -	83.34%	$ 37,402.00
				$ 995,187.68	$ 810,568.64	$ 184,601.24	$ -	81.45%	$ 178,969.00
MIRROR INC Total				$ 1,243,450.60	$ 1,017,464.64	$ 225,966.16	$ -	81.83%	$ 216,371.00
NEW CHANCE INC	132146	A107190	DODGE CITY	$ 756,131.40	$ 556,838.00	$ 199,298.40	$ -	73.64%	$ 40,011.00
NEW CHANCE INC Total				$ 756,131.40	$ 556,838.00	$ 199,298.40	$ -	73.64%	$ 40,011.00
NEW DAWN WELLNESS AND RECOVERY CTR	659920	A999118	TOPEKA	$ 34,256.25	$ 34,256.25	$ -	$ 77,984.63	327.65%	$ -
NEW DAWN WELLNESS AND RECOVERY CTR Total				$ 34,256.25	$ 34,256.25	$ -	$ 77,984.63	327.65%	$ -
PARALLAX PROGRAM INC	156331			$ 320,741.28	$ 179,778.50	$ 140,962.78	$ -	56.06%	$ -
PARALLAX PROGRAM INC Total				$ 320,741.28	$ 179,778.50	$ 140,962.78	$ -	56.06%	$ -
PAWNEE MENTAL HEALTH SERVICES	137653			$ 58,460.68	$ 51,008.25	$ 7,452.43	$ -	87.25%	$ 6,017.00
PAWNEE MENTAL HEALTH SERVICES Total				$ 58,460.68	$ 51,008.25	$ 7,452.43	$ -	87.25%	$ 6,017.00
PRAIRIE VIEW INC	90186			$ 172,087.24	$ 124,019.01	$ 48,068.23	$ -	72.07%	$ 9,445.75
PRAIRIE VIEW INC Total				$ 172,087.24	$ 124,019.01	$ 48,068.23	$ -	72.07%	$ 9,445.75
PROFESSIONAL TREATMENT SERVICES LLC	597654	D099103	LAWRENCE	$ 44,716.00	$ 44,716.00	$ -	$ 13,660.00	130.55%	$ -
PROFESSIONAL TREATMENT SERVICES LLC Total				$ 44,716.00	$ 44,716.00	$ -	$ 13,660.00	130.55%	$ -
PROJECT DREAM INC	590160	A878363	HAYS	$ 110,644.00	$ 91,981.00	$ 18,663.00	$ -	83.21%	$ 11,607.00
PROJECT DREAM INC Total				$ 110,644.00	$ 91,981.00	$ 18,663.00	$ -	83.21%	$ 11,607.00
RECOVERY CONCEPTS INC	590226	A878667	WICHITA	$ 103,656.25	$ 103,656.25	$ -	$ 1,019.75	100.99%	$ 4,878.25
RECOVERY CONCEPTS INC Total				$ 103,656.25	$ 103,656.25	$ -	$ 1,019.75	100.99%	$ 4,878.25
RESTORATION CENTER INC	590291			$ 85,793.75	$ 80,481.00	$ 15,332.75	$ -	78.70%	$ 5,601.00
RESTORATION CENTER INC Total				$ 85,793.75	$ 80,481.00	$ 15,332.75	$ -	78.70%	$ 5,601.00
SALVATION ARMY	335077			$ 519,110.40	$ 413,998.00	$ 105,112.40	$ -	79.75%	$ 47,099.00
SALVATION ARMY Total				$ 519,110.40	$ 413,998.00	$ 105,112.40	$ -	79.75%	$ 47,099.00
SIMS KEMPER CORPORATION	324593	A880165	TOPEKA	$ 79,822.50	$ 79,822.50	$ -	$ 20,328.00	125.47%	$ -
SIMS KEMPER CORPORATION Total				$ 79,822.50	$ 79,822.50	$ -	$ 20,328.00	125.47%	$ -
SMOKEY HILLS FOUNDATION FOR CHEMICA	329188			$ 116,097.18	$ 85,753.25	$ 30,203.93	$ -	73.85%	$ 11,127.81
SMOKEY HILLS FOUNDATION FOR CHEMICA Total				$ 116,097.18	$ 85,753.25	$ 30,203.93	$ -	73.85%	$ 11,127.81
SOUTH CENTRAL KANSASFOUNDATION ON	326959	A333637	PRATT	$ 42,195.00	$ 23,917.77	$ 18,277.23	$ -	56.68%	$ 2,120.39
SOUTH CENTRAL KANSASFOUNDATION ON Total				$ 42,195.00	$ 23,917.77	$ 18,277.23	$ -	56.68%	$ 2,120.39
SOUTHEAST KANSAS MENTAL HEALTH CTR	592274			$ 26,100.00	$ 26,100.00	$ -	$ 6,582.00	126.37%	$ -
SOUTHEAST KANSAS MENTAL HEALTH CTR Total				$ 26,100.00	$ 26,100.00	$ -	$ 6,582.00	126.37%	$ -
CITY ON A HILL	619477	D089299	MARIENTHAL	$ 37,500.00	$ 37,500.00	$ -	$ 10,965.00	129.25%	$ -
		D089992	GARDEN CITY	$ 12,500.00	$ 12,368.00	$ 132.00	$ -	98.91%	$ 1,386.00
CITY ON A HILL Total				$ 50,000.00	$ 49,868.00	$ 132.00	$ 10,965.00	121.71%	$ 1,386.00
SUMNER MENTAL HEALTH CENTER	300493	A183045	WELLINGTON	$ 33,621.93	$ 32,052.00	$ 1,569.93	$ -	95.62%	$ 2,458.00
SUMNER MENTAL HEALTH CENTER Total				$ 33,621.93	$ 32,052.00	$ 1,569.93	$ -	95.62%	$ 2,458.00
SUNRISE INCORPORATED	590218	A874299	LARNED	$ 329,222.25	$ 235,198.00	$ 94,024.25	$ -	71.44%	$ 42,377.00
SUNRISE INCORPORATED Total				$ 329,222.25	$ 235,198.00	$ 94,024.25	$ -	71.44%	$ 42,377.00
THE GUIDANCE CENTER	465517			$ 66,337.50	$ 60,917.22	$ 5,420.28	$ -	91.83%	$ 4,418.22
THE GUIDANCE CENTER Total				$ 66,337.50	$ 60,917.22	$ 5,420.28	$ -	91.83%	$ 4,418.22
THERAPY SERVICES	592916	D091956	BURLINGTON	$ 26,969.60	$ 16,807.35	$ 10,162.25	$ -	62.32%	$ 2,968.30
THERAPY SERVICES Total				$ 26,969.60	$ 16,807.35	$ 10,162.25	$ -	62.32%	$ 2,968.30
THOMAS CNTY ALCOHOL AND DRUG ABUSE	590271			$ 77,610.57	$ 57,677.40	$ 19,933.17	$ -	74.32%	$ 4,048.00
THOMAS CNTY ALCOHOL AND DRUG ABUSE Total				$ 77,610.57	$ 57,677.40	$ 19,933.17	$ -	74.32%	$ 4,048.00
VALEO BEHAVIORAL HEALTH CARE INC	131738			$ 1,262,688.02	$ 1,077,601.00	$ 185,085.02	$ -	85.34%	$ 62,544.00
VALEO BEHAVIORAL HEALTH CARE INC Total				$ 1,262,688.02	$ 1,077,601.00	$ 185,085.02	$ -	85.34%	$ 62,544.00
WICHITA TREATMENT CENTER INC	525117	A561532		$ 7,668.00	$ 7,668.00	$ -	$ -	100.00%	$ -
WICHITA TREATMENT CENTER INC		D159158		$ -	$ -	$ -	$ -	#DIV/0!	$ -
WICHITA TREATMENT CENTER INC		D173715		$ 77,332.00	$ 54,653.00	$ 22,679.00	$ -	70.67%	$ 5,315.00
WICHITA TREATMENT CENTER INC Total				$ 85,000.00	$ 62,321.00	$ 22,679.00	$ -	73.32%	$ 5,315.00
CHAUTAUQUA COUNSELING CENTER INC	590341	A880171		$ 60,000.00	$ 32,796.00	$ 27,204.00	$ -	54.66%	$ 7,666.00
CHAUTAUQUA COUNSELING CENTER INC Total				$ 60,000.00	$ 32,796.00	$ 27,204.00	$ -	54.66%	$ 7,666.00
Heartland	590160	A873147		$ 593,212.85	$ 476,060.00	$ 115,122.80	$ -	80.59%	$ 81,760.00
SAACK	590306	A878370		$ 296,017.28	$ 284,800.00	$ 10,217.28	$ -	96.64%	$ 27,630.00
ARC	590158	A873133		$ 60,135.19	$ 32,210.00	$ 27,925.19	$ -	53.56%	$ -
FFS Grand Total				$13,604,064.69	$11,180,215.72	$ 2,603,848.97	$ 266,689.30	83.85%	$ 1,319,664.03

RADAC overall Status (Includes fixed payments)									
Heartland	590160	A873147		$ 741,516.00	$ 589,307.40	$ 152,208.60	$ -	79.47%	$ 81,760.00
SAACK	590306	A878370		$ 421,453.28	$ 379,629.97	$ 41,823.29	$ -	90.08%	$ 27,630.00
ARC	590158	A873133		$ 115,168.95	$ 73,485.35	$ 41,683.63	$ -	63.81%	$ -
RADAC Totals				$ 1,278,138.24	$ 1,042,419.72	$ 235,718.52	$ -	81.56%	$ 109,420.00

CKF overall Status (Includes fixed payments for Recovery Program)									
CENTRAL KANSAS FOUNDATION	120671			$ 763,619.16	$ 663,214.00	$ 3,105.16	$ -	90.63%	$ 49,837.00

Based on best knowledge, information and belief, VO attests to the accuracy, completeness and truthfulness of the accumulator claims data submitted to the state agency in this document.

Kenneth Meyer, CFO
ValueOptions of Kansas, Inc

MOE Summary
FY11
May 3, 2011

[redacted] Under

AAPS funds

PROVIDER NAME	PROVIDER	VENDOR	LOCATION	Data ALLOCATION	PAYMENT	REMAINING	PREPAID
ASHBY HOUSE LTD	590162	A878921	SALINA	$ 276,046.47	$ 276,046.47	$ -	$ 47,211.93
ASHBY HOUSE LTD Total				$ 276,046.47	$ 276,046.47	$ -	$ 47,211.93
COUNTY OF CRAWFORD	325234	A877329	PITTSBURG	$ 205,186.99	$ 138,118.00	$ 67,068.99	$ -
COUNTY OF CRAWFORD Total				$ 205,186.99	$ 138,118.00	$ 67,068.99	$ -
DCCCA INC	327216	A107220	WICHITA	$ 794,722.77	$ 638,528.67	$ 156,194.10	$ -
		D152040	LENEXA	$ 45,000.00	$ 14,181.00	$ 30,819.00	$ -
		A901739	LAWRENCE	$ 631,635.98	$ 521,706.75	$ 109,929.23	$ -
DCCCA INC Total				$ 1,471,358.75	$ 1,174,416.42	$ 296,942.33	$ -
MIRACLES INCORPORATED	590189	A879257	WICHITA	$ 90,783.43	$ 76,254.45	$ 14,528.98	$ -
		A935598	WICHITA	$ 328,821.30	$ 297,738.50	$ 31,082.80	$ -
MIRACLES INCORPORATED Total				$ 419,604.73	$ 373,992.95	$ 45,611.78	$ -
MIRROR INC	132162	A880443	NEWTON	$ 248,262.92	$ 206,898.00	$ 41,364.92	$ -
MIRROR INC Total				$ 248,262.92	$ 206,898.00	$ 41,364.92	$ -
CITY ON A HILL	619477	D089298	MARIENTHAL	$ 37,500.00	$ 37,500.00	$ -	$ 10,985.00
		D089292	GARDEN CITY	$ 12,500.00	$ 12,368.00	$ 132.00	$ -
CITY ON A HILL Total				$ 50,000.00	$ 49,868.00	$ 132.00	$ 10,985.00
Grand Total				$ 2,670,459.86	$ 2,219,339.84	$ 451,120.02	$ 58,196.93

Medicaid funds (only showing 30% of total as estimate of state portion only)

PROVIDER NAME	PROVIDER	VENDOR	LOCATION	PAYMENT
ASHBY HOUSE LTD	590162	A878921	SALINA	$ 31,891.20
ASHBY HOUSE LTD Total				$ 31,891.20
COUNTY OF CRAWFORD	325234	A877329	PITTSBURG	$ 5,244.30
COUNTY OF CRAWFORD Total				$ 5,244.30
DCCCA INC	327216	A107220	WICHITA	$ 8.40
		A901739	LAWRENCE	$ 135,833.48
DCCCA INC Total				$ 135,841.88
MIRACLES INCORPORATED	590189	A879257	WICHITA	$ 1,834.32
		A935598	WICHITA	$ 47,646.42
MIRACLES INCORPORATED Total				$ 49,480.74
MIRROR INC	132162	A880443	NEWTON	$ 59.40
MIRROR INC Total				$ 59.40
CITY ON A HILL	619477	D089298	MARIENTHAL	$ 20,863.67
CITY ON A HILL Total				$ 20,863.67
Grand Total				$ 243,381.19

Totals with AAPS and Medicaid funds	$ 2,462,721.03
MOE TARGET	$ 2,616,806.00

Based on best knowledge, information and belief, VO attests to the accuracy, completeness and truthfulness of the accumulator claims data submitted to the state agency in this document.

Kenneth Meyer, CFO
ValueOptions of Kansas, Inc.

			Data			
PROVIDER NAME	Provider	Vendor	Sum of ALLOCATION	Sum of PAYMENT	Sum of REMAINING	Sum of PREPAID
th JUDICIAL DISTRICT COMMUNITY CORRECTIONS	593116	A879575	$ 10,500.00	$ 6,188.50	$ 4,311.50	$ -
	593116 Total		$ 10,500.00	$ 6,188.50	$ 4,311.50	$ -
25th JUDICIAL DISTRICT COMMUNITY CORRECTIONS- REHABILITATIVE SERV			$ 10,500.00	$ 6,188.50	$ 4,311.50	$ -
ASHBY HOUSE LTD	590162	A878921	$ 1,500.00	$ -	$ 1,500.00	$ -
	590162 Total		$ 1,500.00	$ -	$ 1,500.00	$ -
ASHBY HOUSE LTD Total			$ 1,500.00	$ -	$ 1,500.00	$ -
AVENUES TO RECOVERY, INC.	590266	A875026	$ 29,000.00	$ 17,588.00	$ 11,412.00	$ -
	590266 Total		$ 29,000.00	$ 17,588.00	$ 11,412.00	$ -
AVENUES TO RECOVERY, INC. Total			$ 29,000.00	$ 17,588.00	$ 11,412.00	$ -
CENTRAL KANSAS FOUNDATION	129671	A174170	$ 10,000.00	$ 7,321.00	$ 2,679.00	$ -
		A878897	$ 3,000.00	$ 2,494.00	$ 506.00	$ -
		A878907	$ 19,000.00	$ 14,153.50	$ 4,846.50	$ -
		A878911	$ 15,000.00	$ 12,479.00	$ 2,521.00	$ -
		D095633	$ -	$ -	$ -	$ -
	129671 Total		$ 47,000.00	$ 36,447.50	$ 10,552.50	$ -
CENTRAL KANSAS FOUNDATION Total			$ 47,000.00	$ 36,447.50	$ 10,552.50	$ -
CHAUTAUQUA COUNSELING CENTER	590341	A880171	$ 4,000.00	$ 3,397.50	$ 602.50	$ -
		A882119	$ 44,500.00	$ 44,254.00	$ 246.00	$ -
	590341 Total		$ 48,500.00	$ 47,651.50	$ 848.50	$ -
CHAUTAUQUA COUNSELING CENTER Total			$ 48,500.00	$ 47,651.50	$ 848.50	$ -
COMCARE OF SEDGWICK COUNTY	324716	A788483	$ 2,500.00	$ 2,213.00	$ 287.00	$ -
	324716 Total		$ 2,500.00	$ 2,213.00	$ 287.00	$ -
COMCARE OF SEDGWICK COUNTY Total			$ 2,500.00	$ 2,213.00	$ 287.00	$ -
CORNER HOUSE INC	590155	D056471	$ 4,000.00	$ 2,070.50	$ 1,929.50	$ -
	590155 Total		$ 4,000.00	$ 2,070.50	$ 1,929.50	$ -
CORNER HOUSE INC Total			$ 4,000.00	$ 2,070.50	$ 1,929.50	$ -
COUNTY OF CRAWFORD	325234	A331076	$ -	$ -	$ -	$ -
		A877324	$ 6,250.00	$ 4,396.00	$ 1,854.00	$ -
		A885973	$ -	$ -	$ -	$ -
		D050199	$ 6,250.00	$ 4,431.50	$ 1,818.50	$ -
	325234 Total		$ 12,500.00	$ 8,827.50	$ 3,672.50	$ -
COUNTY OF CRAWFORD Total			$ 12,500.00	$ 8,827.50	$ 3,672.50	$ -
COWLEY COUNTY MENTALHEALTH	300176	A114024	$ 2,500.00	$ 88.00	$ 2,412.00	$ -
	300176 Total		$ 2,500.00	$ 88.00	$ 2,412.00	$ -
OWLEY COUNTY MENTALHEALTH Total			$ 2,500.00	$ 88.00	$ 2,412.00	$ -
DCCCA INC	327216	A881153	$ 2,500.00	$ 772.00	$ 1,728.00	$ -
	327216 Total		$ 2,500.00	$ 772.00	$ 1,728.00	$ -
DCCCA INC Total			$ 2,500.00	$ 772.00	$ 1,728.00	$ -
EAGLE RECOVERY SERVICES CONSULTATIO	590257	A874302	$ 13,000.00	$ 9,234.00	$ 3,766.00	$ -
	590257 Total		$ 13,000.00	$ 9,234.00	$ 3,766.00	$ -
EAGLE RECOVERY SERVICES CONSULTATIO Total			$ 13,000.00	$ 9,234.00	$ 3,766.00	$ -
FOUR COUNTY MENTAL HEALTH CENTER	289315	A874581	$ 3,000.00	$ 1,775.00	$ 1,225.00	$ -
	289315 Total		$ 3,000.00	$ 1,775.00	$ 1,225.00	$ -
FOUR COUNTY MENTAL HEALTH CENTER Total			$ 3,000.00	$ 1,775.00	$ 1,225.00	$ -
HIGHER GROUND	326976	A874268	$ 89,000.00	$ 88,115.00	$ 885.00	$ -
	326976 Total		$ 89,000.00	$ 88,115.00	$ 885.00	$ -
HIGHER GROUND Total			$ 89,000.00	$ 88,115.00	$ 885.00	$ -
JOHNSON COUNTY MENTAL HEALTH	106463	A335981	$ 8,000.00	$ 2,200.50	$ 5,799.50	$ -
		A335982	$ 10,000.00	$ 8,928.00	$ 1,072.00	$ -
	106463 Total		$ 18,000.00	$ 11,128.50	$ 6,871.50	$ -
JOHNSON COUNTY MENTAL HEALTH Total			$ 18,000.00	$ 11,128.50	$ 6,871.50	$ -
KERRS COUNSELING	593122	A879226	$ 5,000.00	$ 4,320.50	$ 679.50	$ -
	593122 Total		$ 5,000.00	$ 4,320.50	$ 679.50	$ -
KERRS COUNSELING Total			$ 5,000.00	$ 4,320.50	$ 679.50	$ -
KINGS ALCOHOL AND TREATMENT CENTER	522045	D088401	$ 30,000.00	$ 27,908.00	$ 2,092.00	$ -
	522045 Total		$ 30,000.00	$ 27,908.00	$ 2,092.00	$ -
KINGS ALCOHOL AND TREATMENT CENTER Total			$ 30,000.00	$ 27,908.00	$ 2,092.00	$ -
KNOX CENTER INC	590175	A879529	$ 12,000.00	$ 6,865.00	$ 5,135.00	$ -
	590175 Total		$ 12,000.00	$ 6,865.00	$ 5,135.00	$ -
KNOX CENTER INC Total			$ 12,000.00	$ 6,865.00	$ 5,135.00	$ -
LABETTE CENTER FOR MENTAL HEALTH SE	289476	A160533	$ 3,000.00	$ 1,322.00	$ 1,678.00	$ -
	289476 Total		$ 3,000.00	$ 1,322.00	$ 1,678.00	$ -
LABETTE CENTER FOR MENTAL HEALTH SE Total			$ 3,000.00	$ 1,322.00	$ 1,678.00	$ -
MENTAL HEALTH CENTEROF EAST CENTRAL	573688	A163437	$ 12,500.00	$ 6,265.50	$ 6,234.50	$ -
	573688 Total		$ 12,500.00	$ 6,265.50	$ 6,234.50	$ -
MENTAL HEALTH CENTEROF EAST CENTRAL Total			$ 12,500.00	$ 6,265.50	$ 6,234.50	$ -
RACLES INCORPORATED	590189	A935598	$ 12,000.00	$ 6,366.80	$ 5,633.20	$ -
	590189 Total		$ 12,000.00	$ 6,366.80	$ 5,633.20	$ -
MIRACLES INCORPORATED Total			$ 12,000.00	$ 6,366.80	$ 5,633.20	$ -
MIRROR INC	132162	A880440	$ 17,500.00	$ 12,391.00	$ 5,109.00	$ -
		A880448	$ 12,500.00	$ 8,569.00	$ 3,931.00	$ -
		A881109	$ 2,500.00	$ 1,275.00	$ 1,225.00	$ -
		A881118	$ 2,500.00	$ 1,751.00	$ 749.00	$ -
		A881120	$ 2,500.00	$ 1,308.00	$ 1,192.00	$ -
		A881123	$ 2,500.00	$ 924.00	$ 1,576.00	$ -

DOJ claims
FY11
April 26, 2011

PROVIDER NAME	Provider	Vendor	Data Sum of ALLOCATION	Sum of PAYMENT	Sum of REMAINING	Sum of PREPAID
RROR INC	132162	D029680	$ 14,000.00	$ 8,742.00	$ 5,258.00	$ -
		D101518	$ 75,500.00	$ 75,296.00	$ 204.00	$ -
		D163483	$ 8,000.00	$ 7,155.83	$ 844.17	$ -
	132162 Total		$ 137,500.00	$ 117,411.83	$ 20,088.17	$ -
MIRROR INC Total			$ 137,500.00	$ 117,411.83	$ 20,088.17	$ -
NEW CHANCE INC	132146	A107190	$ 20,000.00	$ 12,450.00	$ 7,550.00	$ -
	132146 Total		$ 20,000.00	$ 12,450.00	$ 7,550.00	$ -
NEW CHANCE INC Total			$ 20,000.00	$ 12,450.00	$ 7,550.00	$ -
NEW DAWN WELLNESS AND RECOVERY CTR	559920	A999118	$ 90,000.00	$ 86,837.39	$ 3,162.61	$ -
	559920 Total		$ 90,000.00	$ 86,837.39	$ 3,162.61	$ -
NEW DAWN WELLNESS AND RECOVERY CTR Total			$ 90,000.00	$ 86,837.39	$ 3,162.61	$ -
PARALLAX PROGRAM INC	156331	A139191	$ 1,139.00	$ 1,139.00	$ -	$ -
		A879230	$ 35,370.00	$ 35,370.00	$ -	$ -
	156331 Total		$ 36,509.00	$ 36,509.00	$ -	$ -
PARALLAX PROGRAM INC Total			$ 36,509.00	$ 36,509.00	$ -	$ -
PRAIRIE VIEW INC	90186	A969672	$ 10,000.00	$ 6,357.00	$ 3,643.00	$ -
	90186 Total		$ 10,000.00	$ 6,357.00	$ 3,643.00	$ -
PRAIRIE VIEW INC Total			$ 10,000.00	$ 6,357.00	$ 3,643.00	$ -
PREFERRED FAMILY HEALTHCARE	301484	D096684	$ 30,000.00	$ 21,240.30	$ 8,759.70	$ -
		D096693	$ 25,000.00	$ 15,498.40	$ 9,501.60	$ -
		D096704	$ 15,000.00	$ 12,455.80	$ 2,544.20	$ -
	301484 Total		$ 70,000.00	$ 49,194.50	$ 20,805.50	$ -
PREFERRED FAMILY HEALTHCARE Total			$ 70,000.00	$ 49,194.50	$ 20,805.50	$ -
PROFESSIONAL TREATMENT SERVICES LLC	597554	D099193	$ 18,000.00	$ 15,651.50	$ 2,348.50	$ -
	597554 Total		$ 18,000.00	$ 15,651.50	$ 2,348.50	$ -
PROFESSIONAL TREATMENT SERVICES LLC Total			$ 18,000.00	$ 15,651.50	$ 2,348.50	$ -
RECOVERY SERVICES CENTER	634159	D105561	$ 12,000.00	$ 9,720.00	$ 2,280.00	$ -
	634159 Total		$ 12,000.00	$ 9,720.00	$ 2,280.00	$ -
RECOVERY SERVICES CENTER Total			$ 12,000.00	$ 9,720.00	$ 2,280.00	$ -
RESTORATION CENTER INC	590261	A891987	$ 6,250.00	$ 858.00	$ 5,392.00	$ -
		A891994	$ 6,250.00	$ 854.20	$ 5,395.80	$ -
	590261 Total		$ 12,500.00	$ 1,712.20	$ 10,787.80	$ -
RESTORATION CENTER INC Total			$ 12,500.00	$ 1,712.20	$ 10,787.80	$ -
FE HARBOR INC	575136	D126822	$ 4,000.00	$ 1,425.00	$ 2,575.00	$ -
	575136 Total		$ 4,000.00	$ 1,425.00	$ 2,575.00	$ -
SAFE HARBOR INC Total			$ 4,000.00	$ 1,425.00	$ 2,575.00	$ -
SALVATION ARMY	335077	D037222	$ 6,300.00	$ 2,674.00	$ 3,626.00	$ -
	335077 Total		$ 6,300.00	$ 2,674.00	$ 3,626.00	$ -
SALVATION ARMY Total			$ 6,300.00	$ 2,674.00	$ 3,626.00	$ -
SIMS KEMPER CORPORATION	324593	A860165	$ 3,000.00	$ 1,258.00	$ 1,742.00	$ -
	324593 Total		$ 3,000.00	$ 1,258.00	$ 1,742.00	$ -
SIMS KEMPER CORPORATION Total			$ 3,000.00	$ 1,258.00	$ 1,742.00	$ -
SMOKEY HILLS FOUNDATION FOR CHEMICA	329188	A915003	$ 12,500.00	$ 4,730.00	$ 7,770.00	$ -
	329188 Total		$ 12,500.00	$ 4,730.00	$ 7,770.00	$ -
SMOKEY HILLS FOUNDATION FOR CHEMICA Total			$ 12,500.00	$ 4,730.00	$ 7,770.00	$ -
THE GUIDANCE CENTER	465517	A872842	$ 1,500.00	$ 398.00	$ 1,102.00	$ -
		A997296	$ 1,500.00	$ 661.50	$ 838.50	$ -
		D144631	$ 10,500.00	$ 4,851.50	$ 5,648.50	$ -
	465517 Total		$ 13,500.00	$ 5,911.00	$ 7,589.00	$ -
THE GUIDANCE CENTER Total			$ 13,500.00	$ 5,911.00	$ 7,589.00	$ -
THOMAS CNTY ALCOHOL AND DRUG ABUSE	590271	D066385	$ 5,000.00	$ 4,532.00	$ 468.00	$ -
	590271 Total		$ 5,000.00	$ 4,532.00	$ 468.00	$ -
THOMAS CNTY ALCOHOL AND DRUG ABUSE Total			$ 5,000.00	$ 4,532.00	$ 468.00	$ -
VALEO BEHAVIORAL HEALTH CARE INC	131736	A107189	$ 10,000.00	$ 5,865.00	$ 4,135.00	$ -
		A873117	$ 17,000.00	$ 15,381.50	$ 1,618.50	$ -
	131736 Total		$ 27,000.00	$ 21,246.50	$ 5,753.50	$ -
VALEO BEHAVIORAL HEALTH CARE INC Total			$ 27,000.00	$ 21,246.50	$ 5,753.50	$ -
PAWNEE	137653	A882975	$ 500.00	$ 184.00	$ 316.00	$ -
	137653 Total		$ 500.00	$ 184.00	$ 316.00	$ -
PAWNEE Total			$ 500.00	$ 184.00	$ 316.00	$ -
INDIAN ALCOHOLISM	590226	A879567	$ 2,000.00	$ 1,800.00	$ 200.00	$ -
	590226 Total		$ 2,000.00	$ 1,800.00	$ 200.00	$ -
INDIAN ALCOHOLISM Total			$ 2,000.00	$ 1,800.00	$ 200.00	$ -
Grand Total			$ 838,309.00	$ 664,750.72	$ 173,558.28	$ -

To be Completed Upon
Contract Award

CONTRACTOR	STATE OF LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
CONTRACTOR	
SIGNATURE DATE	DHH Secretary or designee DATE
NAME	
TITLE	

To be Completed
Upon Contract Award

Attachment III
(Rev. 1/04)

HIPAA Business Associate Addendum:

This Business Associate Addendum is hereby made a part of this contract in its entirety as Attachment __ to the contract.

1. The U. S. Department of Health and Human Services has issued final regulations, pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), governing the privacy of individually identifiable health information. See 45 CFR Parts 160 and 164 (the "HIPAA Privacy Rule"). DHH-OBH of Health and Hospitals, ("DHH"), as a "Covered Entity" as defined by HIPAA, is a provider of health care, a health plan, or otherwise has possession, custody or control of health care information or records.
2. "*Protected health information*" ("PHI") means individually identifiable health information including all information, data, documentation and records, including but not limited to demographic, medical and financial information that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual or payment for health care provided to an individual; and that identifies the individual or which DHH believes could be used to identify the individual.

   "*Electronic protected health information*" means PHI that is transmitted by electronic media or maintained in electronic media.

   "*Security incident*" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
3. Contractor is considered a Business Associate of DHH, as contractor either: (A) performs certain functions on behalf of or for DHH involving the use or disclosure of protected individually identifiable health information by DHH to contractor, or the creation or receipt of PHI by contractor on behalf of DHH; or (B) provides legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, financial or social services for DHH involving the disclosure of PHI.
4. Contractor agrees that all PHI obtained as a result of this contractual agreement shall be kept confidential by contractor, its agents, employees, successors and assigns as required by HIPAA law and regulations and by this contract and addendum.
5. Contractor agrees to use or disclose PHI solely (A) for meeting its obligations under this contract, or (B) as required by law, rule or regulation or as otherwise permitted under this contract or the HIPAA Privacy Rule.
6. Contractor agrees that at termination of the contract, or upon request of DHH, whichever occurs first, contractor will return or destroy (at the option of DHH) all PHI received or created by contractor that contractor still maintains in any form and retain no copies of such information; or if such return or destruction is not feasible, contractor will extend the confidentiality protections of the contract to the information and limit further uses and disclosure to those purposes that make the return or destruction of the information infeasible.
7. Contractor will ensure that its agents, employees, subcontractors or others to whom it provides PHI received by or created by contractor on behalf of DHH agree to the same restrictions and conditions that apply to contractor with respect to such information. Contractor also agrees to take all reasonable steps to ensure that its employees', agents' or subcontractors' actions or omissions do not cause contractor to breach the terms of this Addendum. Contractor will use all appropriate safeguards to prevent the use or disclosure of PHI other than pursuant to the terms and conditions of this contract and Addendum.
8. Contractor shall, within 3 days of becoming aware of any use or disclosure of PHI, other than as permitted by this contract and Addendum, report such disclosure in writing to the person(s) named in section 14 (Terms of Payment), page 1 of the CF-1.
9. Contractor shall make available such information in its possession which is required for DHH to

provide an accounting of disclosures in accordance with 45 CFR 164.528. In the event that a request for accounting is made directly to contractor, contractor shall forward such request to DHH within two (2) days of such receipt. Contractor shall implement an appropriate record keeping process to enable it to comply with the requirements of this provision. Contractor shall maintain data on all disclosures of PHI for which accounting is required by 45 CFR 164.528 for at least six (6) years after the date of the last such disclosure.

10. Contractor shall make PHI available to DHH upon request in accordance with 45 CFR 164.524.
11. Contractor shall make PHI available to DHH upon request for amendment and shall incorporate any amendments to PHI in accordance with 45 CFR 164.526.
12. Contractor shall make its internal practices, books, and records relating to the use and disclosure of PHI received from or created or received by contractor on behalf of DHH available to the Secretary of the U. S. DHHS for purposes of determining DHH's compliance with the HIPAA Privacy Rule.
13. Compliance with Security Regulations:

    In addition to the other provisions of this Addendum, if Contractor creates, receives, maintains, or transmits electronic PHI on DHH's behalf, Contractor shall, no later than April 20, 2005:

    (A) Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits on behalf of DHH;

    (B) Ensure that any agent, including a subcontractor, to whom it provides such information agrees to implement reasonable and appropriate safeguards to protect it; and

    (C) Report to DHH any security incident of which it becomes aware.
14. Contractor agrees to indemnify and hold DHH harmless from and against all liability and costs, including attorneys' fees, created by a breach of this Addendum by contractor, its agents, employees or subcontractors, without regard to any limitation or exclusion of damages provision otherwise set forth in the contract.
15. Notwithstanding any other provision of the contract, DHH shall have the right to terminate the contract immediately if DHH determines that contractor has violated any material term of this Addendum.

PLEASE SEE COST PROPOSAL

Attachment IV
Cost Template

Cost Template

1. **Annual Administrative and Care Management Expenses.** The Proposer shall include all anticipated costs of successful implementation of all deliverables outlined in the RFP. An item by item breakdown of costs shall be included in the proposal. The cost submission should be submitted separately and should include costs broken down in the detail contained in the table below for each year of the contract separately. The cost portion should also include any administrative and professional services subcontractor costs associated with any subcontractors proposed in the technical portion (a breakout of these costs is required).

   Please note: Table 1 below is for informational purposes only. The Proposer should complete the cost proposal in an excel spreadsheet utilizing the format below, with separate tabs for Year 1 and Year 2. Table 1 details the expected administrative and care management expenses of the Proposer on an annual basis. This information will be used to ensure the Proposer's per member per month (PMPM) cost proposal is reasonable.

Table 1: Hourly Rates and Total Annual Expenses

Year XX	Estimated Hourly Rate	Total Annual Expenses
Administrative Staff including technical staff, salary and benefits (list by position)		
Member Services Staff including salary and benefits (list by position)		
Care Management /Utilization Management Staff including salary and benefits (list by position)		
Network Management Staff including salary and benefits (list by position)		
Quality Management Staff including salary and benefits (list by position)		
Contracted Staff (list by position)		
Information technology related expenditures and depreciation and amortization	Provide annual expenses only	
Total Staffing Costs		
Operating Costs:		
Rent		
Utilities		

PLEASE SEE COST PROPOSAL

Year XX	Estimated Hourly Rate	Total Annual Expenses
Telephone		
Insurance		
Office Supplies		
Other Costs (List):		
Administrative and Professional Services Subcontractors (List)		
Corporate Overhead Allocations (List)		
Depreciation and Amortization (Non-Information Technology related)		
Information technology related expenditures and depreciation and amortization		
Total Annual Expenses		

2. **PMPM Proposal for Children.** The Proposer must submit its cost proposal for the administrative and care management expenses for Title XIX Children and Children in the CSoC program regardless of payer source, on a per member per month (PMPM) basis for each year of the contract in a format as outlined in Table 2 below. This information will be utilized for the cost evaluation of the proposal for administrative and care management services for children.

Table 2: PMPM Administrative and Care Management Proposal for Children

Title XIX Category	Year 1 Administrative and Care Management $PMPM proposal	Year 2 Administrative and Care Management $PMPM proposal
Children in 1915(b) Medicaid waiver only		
Children in CSoC program regardless of funding source		

3. **Administrative Services Cost Proposal for Non Title XIX Populations**
In the event of an award, the Contractor will be required to perform administrative services for populations that are not covered by Medicaid (Children in OJJ/DCFS/OBH, but not in the CSoC, and Adults receiving services through OBH for behavioral health including the SAPT and MHBG).

The Contractor will receive a reimbursement for the administrative services performed for OJJ and DCFS Non Title XIX children on the basis of a percentage of the medical claims payments associated with these Members. This amount will be set at 8% of medical claims payments. The Proposer must acknowledge that it will accept payment of administrative expenses for these Non Title XIX Members on this basis. The administrative services for these populations include claims payment.

For OBH Non-Title XIX children not enrolled in the CSoC and for adults, the Contractor shall propose costs for the administrative services outlined in the RFP exclusive of claims payment. OBH will continue to pay providers directly for Non-Title XIX members that receive Clinic

services and for Non-Title XIX members that receive specific OBH contract services. (Refer to the Procurement Library for information on Clinic services and OBH contracted services for Non-Title XIX members.)

The proposer must submit a cost proposal for providing administrative services exclusive of claims payment for Non Title XIX OBH members. The cost proposal should be based upon a percentage of the cost of services authorized for Non-Title XIX eligibles.

Table 3: Administrative Fees for Non-Title XIX Eligibles

Administrative Fee for DCFS/OJJ Non-Title XIX Eligibles Percentage of Medical Claims payments	Administrative Fee for OBH Non-Title XIX Eligibles (Adults and Non CSoC Children) Percentage of Cost of Services Authorized
8% (Pre-established)	To be proposed by Contractor

4. Adult Services At-Risk $PMPM Proposal. Proposer must submit a cost proposal for the monthly capitation rate by rate cell in a format similar to Table 4 below. Refer to the Adult Services Data Book available in the Procurement Library to assist with calculation of the cost proposal for adult services. Information from Table 3 below will be utilized for the cost evaluation of the proposal for the capitated adult services. Please note that all Title XIX adult expenses (medical, administrative and care management) will be paid as part of the overall capitated rate. The at-risk $PMPM proposal for Adult rate cells is for year 1 only. The year 2 rate will be recalculated based upon actuarial analysis.

Table 4: PMPM Proposal for Adults

Adult Rate Cell	Year 1 At-Risk $PMPM proposal
Non-Disabled Adults, Ages 21-64	
Disabled Adults, Ages 21-64	
Aged Adults, Ages 65+	

CERTIFICATION OF COMPLIANCE WITH PRO-CHILDREN ACT OF 1994

Contractors must comply with Public Law 103-227, Part C Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act). This Act requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by an entity used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans or loan guarantees, and contracts. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities (other than clinics) where WIC coupons are redeemed.

The Contractor further agrees that the above language will be included in any subawards that contain provisions for children's services and that all sub grantees shall certify compliance accordingly. Failure to comply with the provisions of this law may result in the imposition of a civil monetary penalty of up to $1000 per day.

Signature: Paul M. Rosenberg

Paul Rosenberg

Title: Secretary

Organization: ValueOptions of Louisiana, Inc.

Date: August 10, 2011

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS

By signing and submitting this proposal, the proposer is providing the certification set out below:

1. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the proposer knowingly rendered an erroneous certification, in addition to other remedies available to the federal government the Contracting Agencies may pursue available remedies, including suspension and/or debarment.

2. The proposer shall provide immediate written notice to the person to whom this proposal is submitted if at any time the proposer learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

3. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principle, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

4. The proposer agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Contracting agencies.

5. The proposer further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

6. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. A participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.

7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

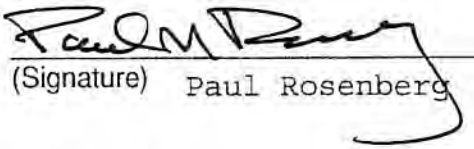
8. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a

person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the Contracting Agencies may pursue available remedies, including suspension and/or debarment.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AN VOLUNTARY EXCLUSION--LOWER TIER COVERED TRANSACTIONS

(1) The proposer certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

(2) Where the proposer is unable to certify to any of the statements in this certification, such proposer shall attach an explanation to this Proposal.



(Signature) Paul Rosenberg

Secretary

(Title)

ValueOptions of Louisiana, Inc.

(Company Name)

CERTIFICATION REGARDING LOBBYING

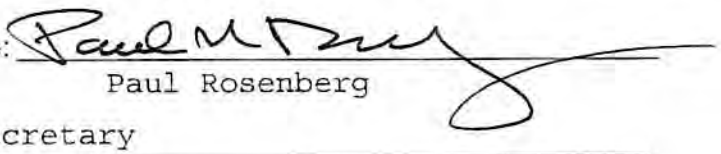
The undersigned certifies, to the best of his or her knowledge and belief, that:

A. No federal appropriated funds have been paid or will be paid on behalf of the Contractor to any person for influencing or attempting to influence an officer or employee of any federal agency, a member of the Congress, an officer or employee of the Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant loan or cooperative agreement.

B. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any federal agency, a member of the Congress, or an employee of a member of Congress in connection with this Contract, grant, loan, or cooperative agreement, the applicant shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

C. The Contractor shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C.A. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature: 

Paul Rosenberg

Title: Secretary

Organization: ValueOptions of Louisiana, Inc.

Date: August 10, 2011

Provider Map

LA Map View

August 9, 2011

LOI FACS

209 providers at 208 locations

- ■ Single Providers (198)
- ✕ Multiple Providers (10)
- ☐ 10 mile radius

LOI PRACS

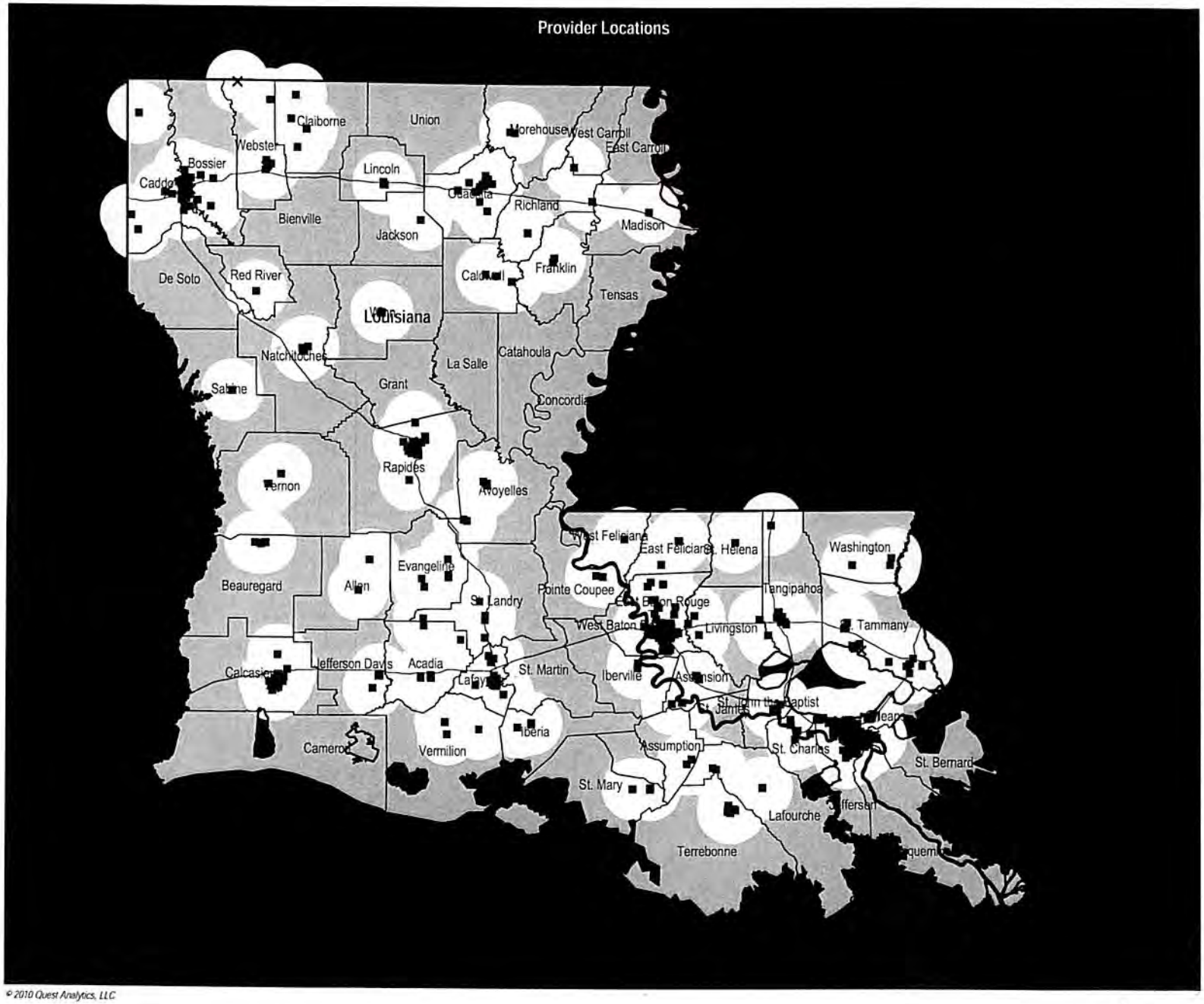
256 providers at 230 locations

- ■ Single Providers (213)
- ✕ Multiple Providers (17)
- ☐ 10 mile radius

Service Areas

- ☐ LA Service Area

1 in. = 47.03 miles



Provider Map

LA Map View

August 9, 2011

COMMERCIAL FACS

60 providers at 60 locations

- ◆ Single Providers (60)
- ◇ Multiple Providers (0)
- ■ 10 mile radius

COMMERCIAL PRACS

726 providers at 724 locations

- ◆ Single Providers (722)
- ◇ Multiple Providers (2)
- ■ 10 mile radius

LOI FACS

209 providers at 208 locations

- ■ Single Providers (198)
- ✕ Multiple Providers (10)
- □ 10 mile radius

LOI PRACS

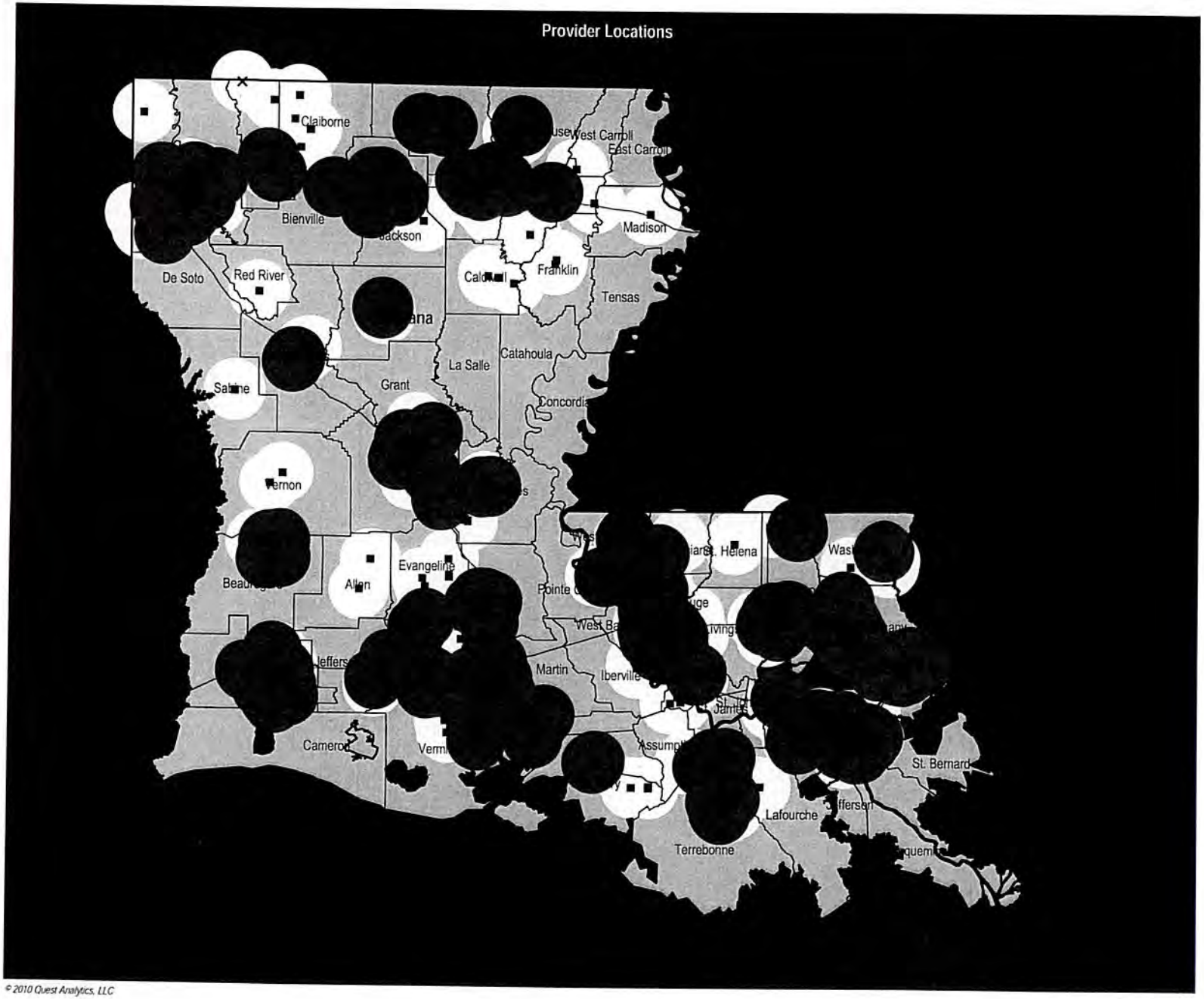
256 providers at 230 locations

- ■ Single Providers (213)
- ✕ Multiple Providers (17)
- □ 10 mile radius

Service Areas

- □ LA Service Area

1 in. = 47.03 miles



Provider Analysis Report

Report 27

Date of Visit: September 10, 2010

Quarterly Date Range: April 1, 2010-June 30, 2010

ValueOptions, Inc.

Provider Analysis Report

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•Big 8:

•Unless otherwise specified, Average Length of Stay (ALOS)= Total number of days associated with discharged cases ***divided by*** the total number of discharged cases.

•Unless otherwise specified, in graphs representing ALOS: The vertical axis reflects the ALOS in days. The horizontal axis represents the quarter being reported. (N) represents the number of discharged cases.

•Unless otherwise specified, all data within this report is based on discharges in the quarter; therefore days included in the stay may have occured in previous quarters.

•Data run date throughout this report reflects run date of Q2 2010 data only.

ValueOptions, Inc.

Provider Analysis Report

Date Range: April 1, 2010-June 30, 2010

Demographics- Provider 1

DCF

	# Male	# Female	Total #
Bridgeport	2	2	4
Danbury	0	0	0
Milford	5	2	7
Hartford	3	0	3
Manchester	0	0	0
Meriden	1	0	1
Middletown	0	1	1
New Britain	1	1	2
New Haven	8	6	14
Norwalk	0	0	0
Norwich	0	1	1
Other	0	0	0
Stamford	0	0	0
Torrington	1	0	1
Waterbury	0	0	0
Willimantic	0	1	1
DCF Total	**21**	**14**	**35**
Provider 1 Total			**132**
Percent DCF			**26.5%**

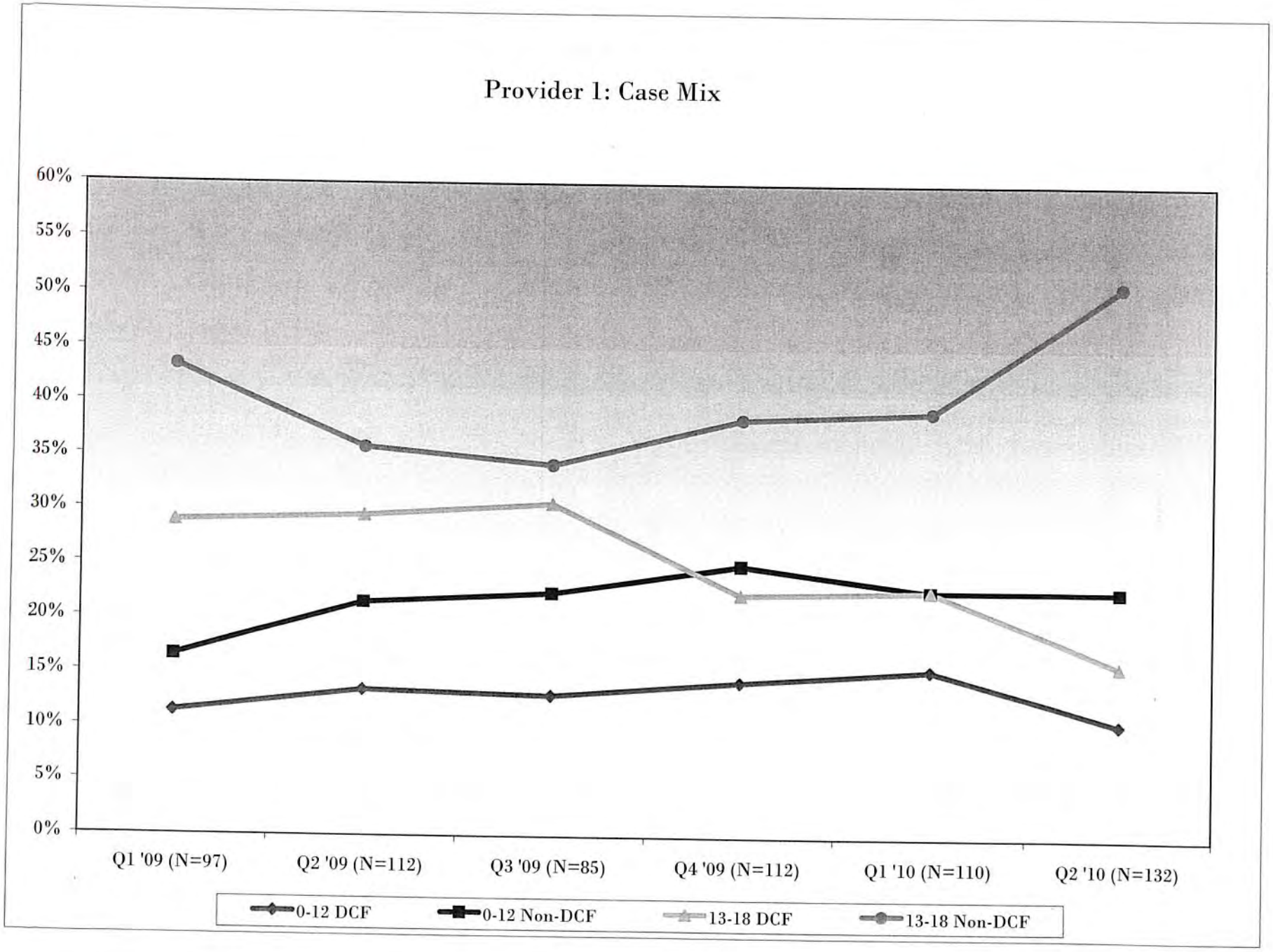
Non- DCF

	# Male	# Female	Total #
Bridgeport	3	0	3
Danbury	0	1	1
Milford	22	17	39
Hartford	0	0	0
Manchester	1	2	3
Meriden	3	2	5
Middletown	3	0	3
New Britain	1	1	2
New Haven	19	13	32
Norwalk	2	0	2
Norwich	0	0	0
Other	0	0	0
Stamford	1	0	1
Torrington	0	2	2
Waterbury	3	1	4
Willimantic	0	0	0
Non-DCF Total	**58**	**39**	**97**
Provider 1 Total			**132**
Percent Non-DCF			**73.5%**

TOTAL

% by Area
5.3%
0.8%
34.8%
2.3%
2.3%
4.5%
3.0%
3.0%
34.8%
1.5%
0.8%
0.0%
0.8%
2.3%
3.0%
0.8%
100.0%

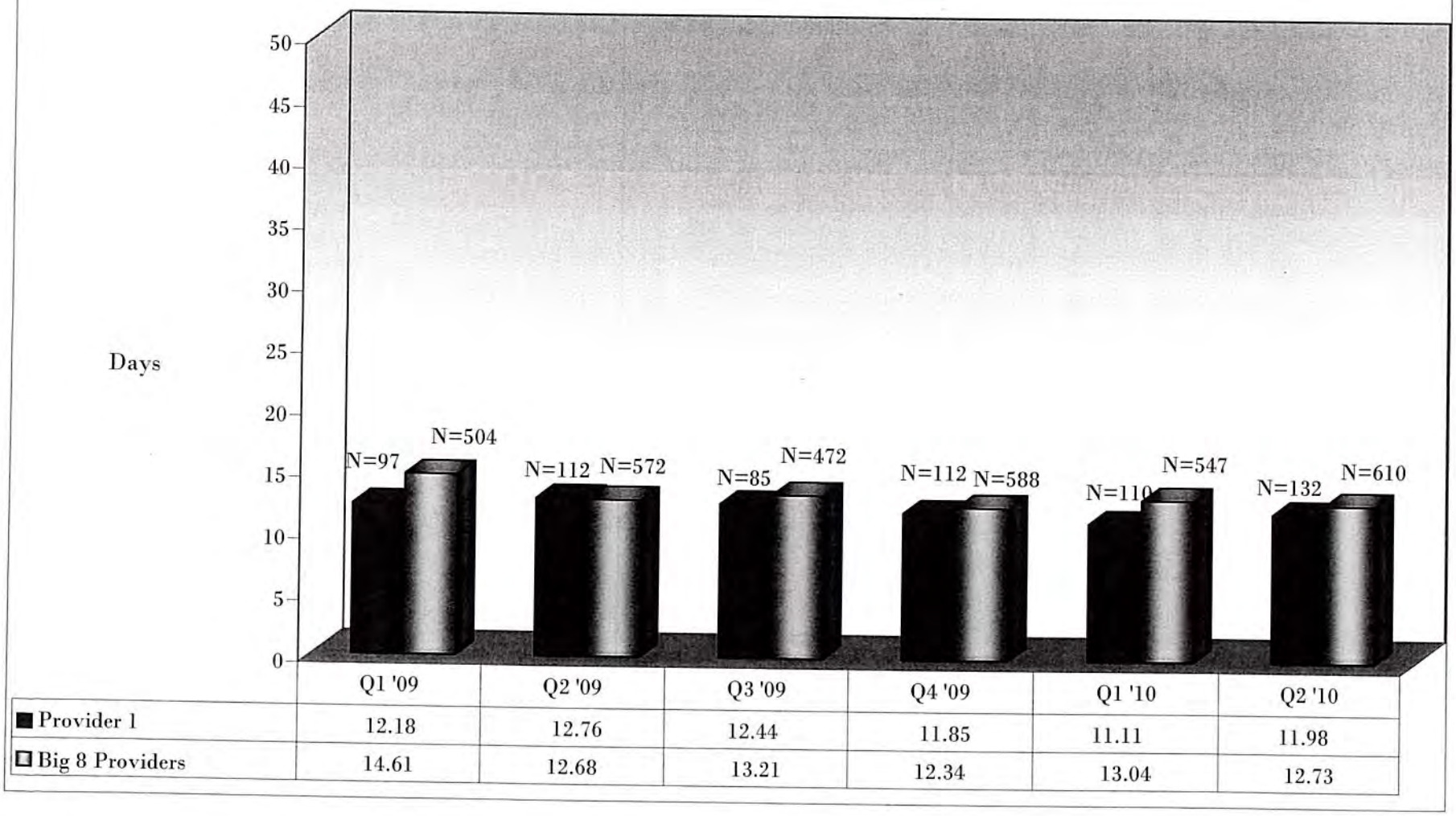
Provider 1:
Percent of all Children discharged from inpatient for the reporting period:
132 of 610 or 21.6%


Provider 1: Case Mix
60%
55%
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
Q1 '09 (N=97)
Q2 '09 (N=112)
Q3 '09 (N=85)
Q4 '09 (N=112)
Q1 '10 (N=110)
Q2 '10 (N=132)
0-12 DCF
0-12 Non-DCF
13-18 DCF
13-18 Non-DCF

ValueOptions, Inc.

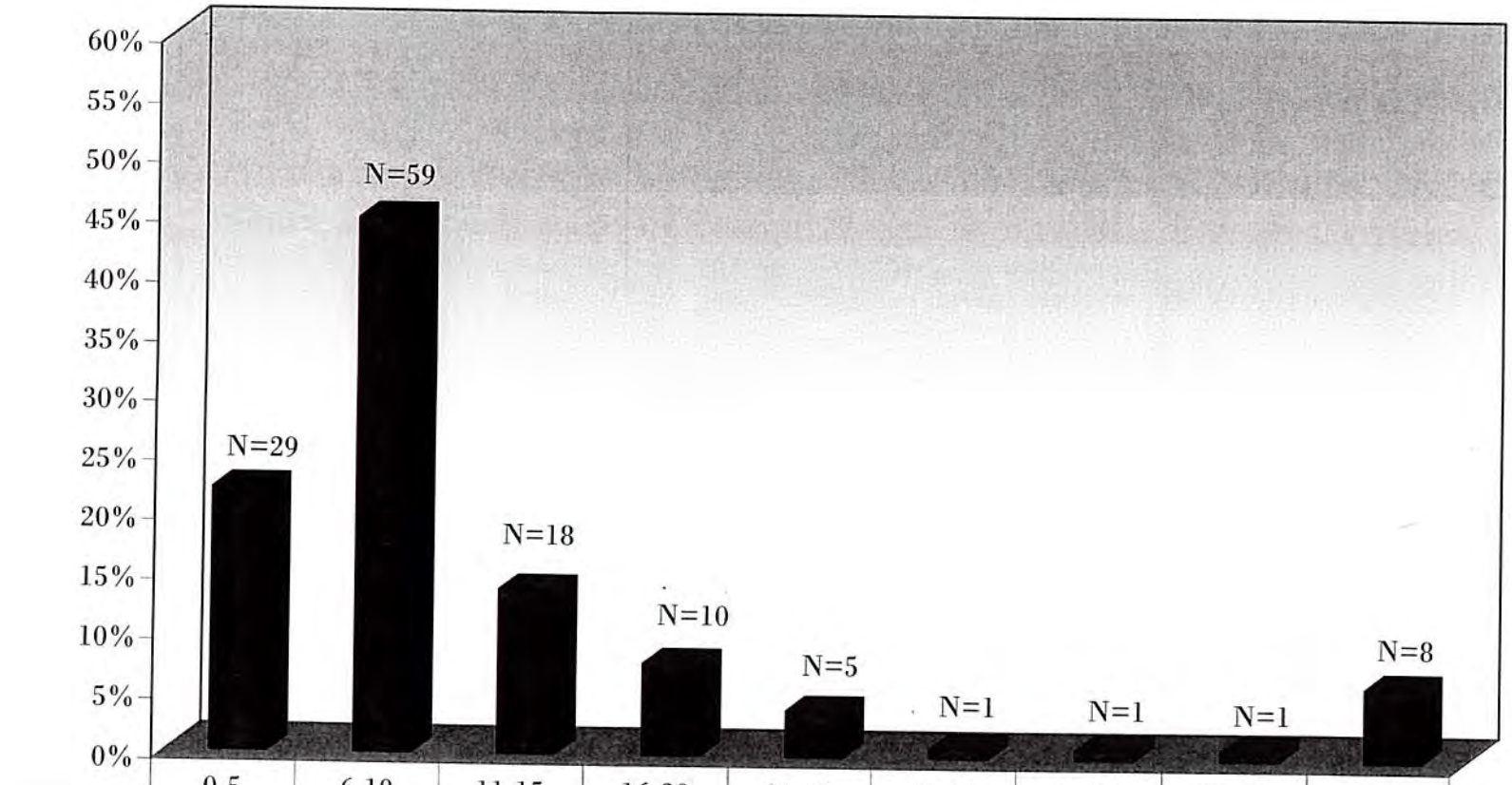
Provider 1 vs. Big 8 Providers: Average Length of Stay by Quarter

All Children; Age 0-18



	Q1 '09	Q2 '09	Q3 '09	Q4 '09	Q1 '10	Q2 '10
Provider 1	12.18	12.76	12.44	11.85	11.11	11.98
Big 8 Providers	14.61	12.68	13.21	12.34	13.04	12.73

Provider 1: Length of Stay Frequency Distribution
Q2 '10



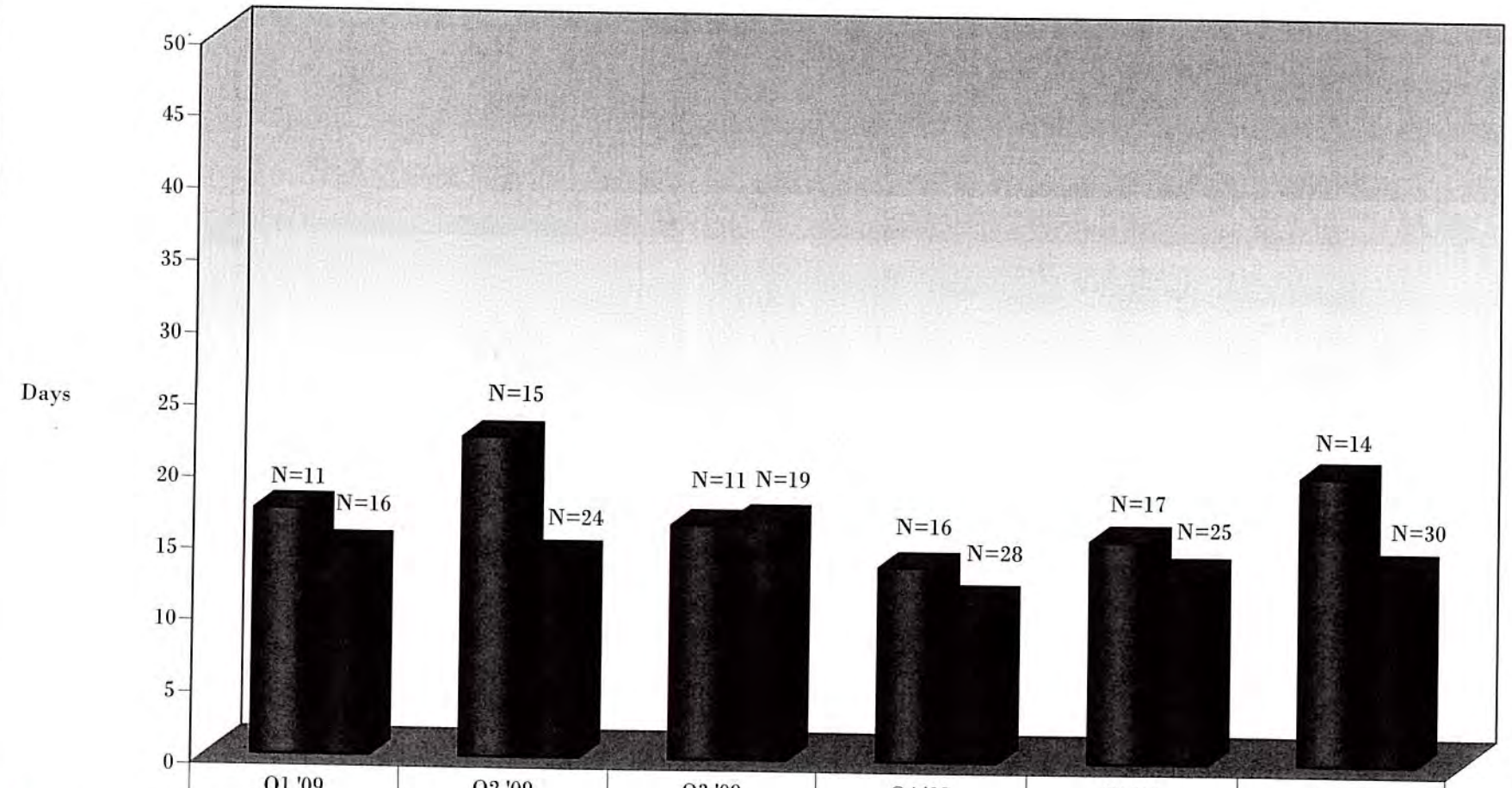
	0-5	6-10	11-15	16-20	21-25	26-30	31-35	36-40	41+
% Days	22.0%	44.7%	13.6%	7.6%	3.8%	0.8%	0.8%	0.8%	6.1%

Days

ValueOptions, Inc.

Provider 1: Average Length of Stay by Quarter

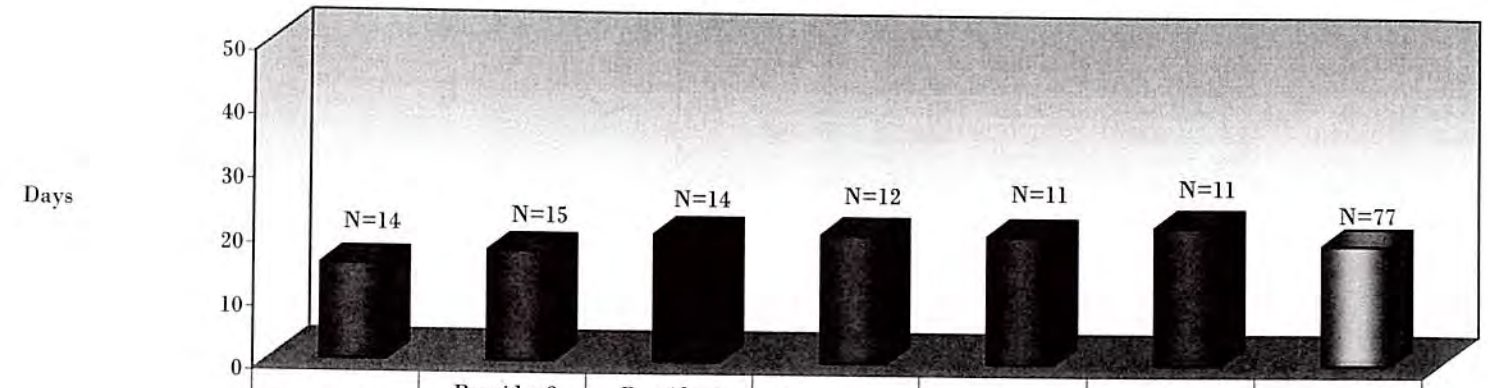
DCF vs. Non-DCF: Age 0-12



	Q1 '09	Q2 '09	Q3 '09	Q4 '09	Q1 '10	Q2 '10
DCF 0-12	17.09	22.27	16.27	13.50	15.47	20.00
Non-DCF 0-12	14.44	14.00	16.68	11.25	13.28	13.67

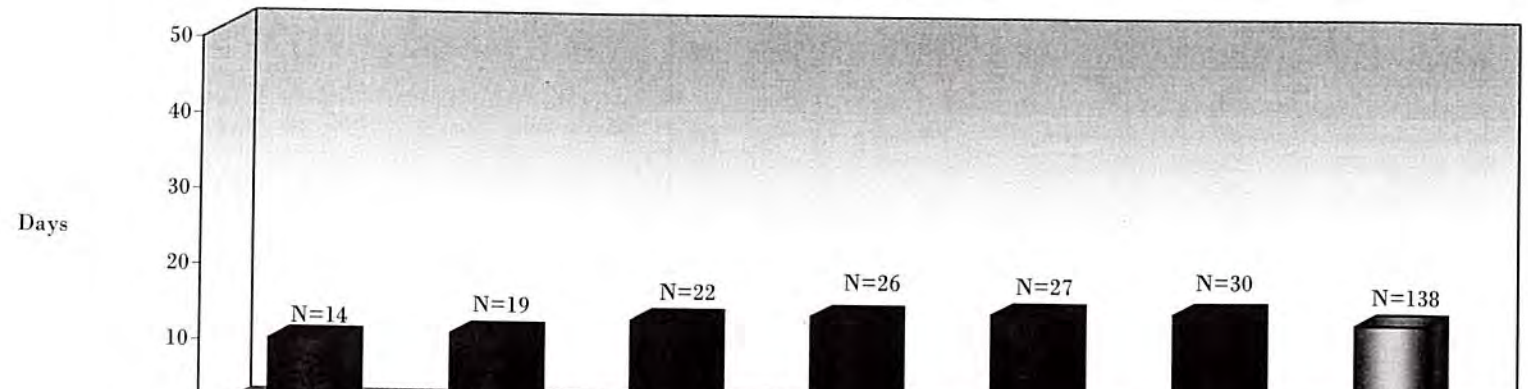
Provider 1: Average Length of Stay Comparison

Q2 '10: DCF; Age 0-12



	Provider 2	Provider 3	Provider 1	Provider 4	Provider 5	Provider 6	Big 8
Q2 '10	15.07	17.33	20.00	20.08	20.09	21.64	18.84

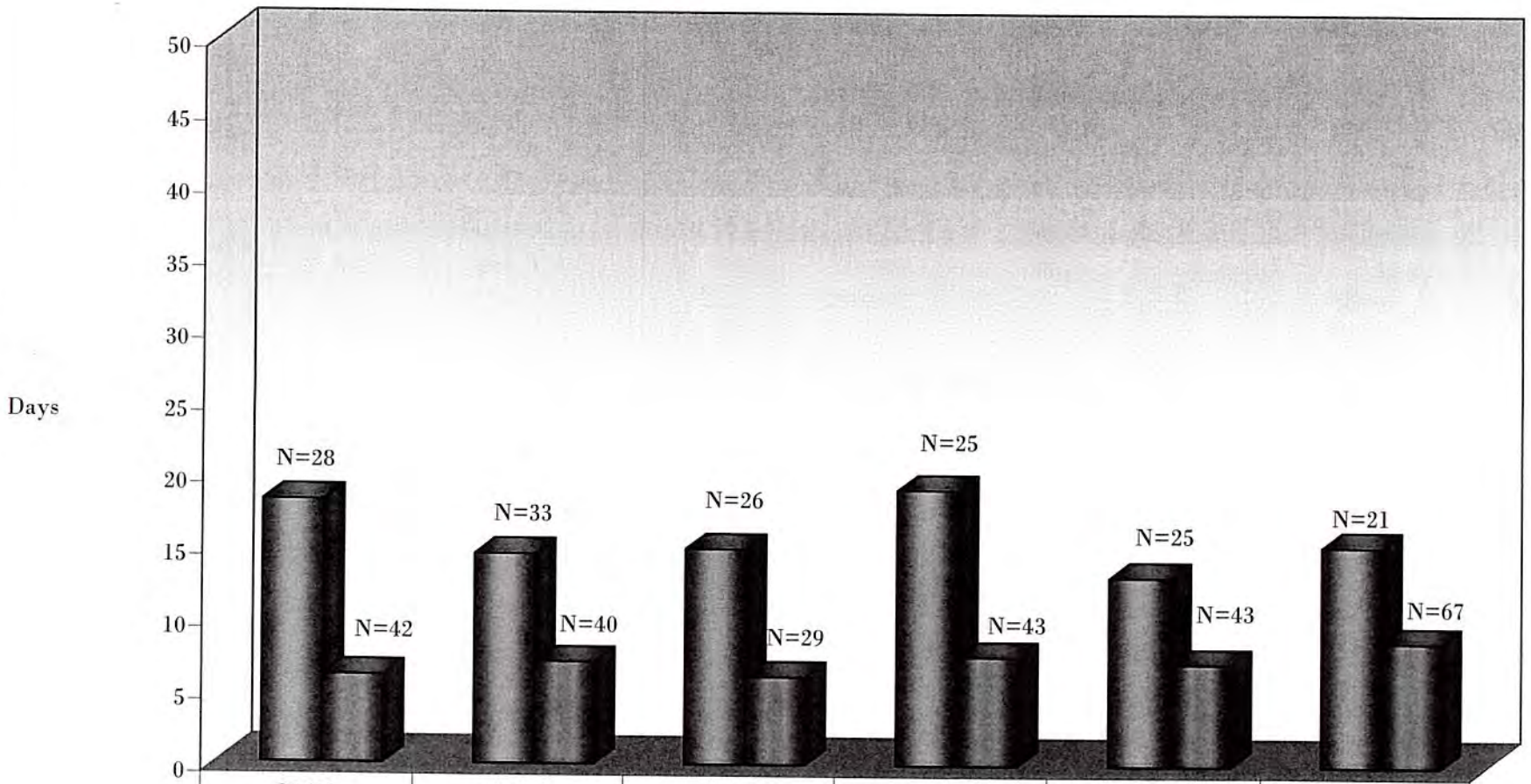
Q2 '10: Non-DCF; Age 0-12



	Provider 4	Provider 6	Provider 3	Provider 5	Provider 2	Provider 1	Big 8
Q2 '10	9.21	10.21	12.23	13.00	13.52	13.67	12.36

Provider 1: Average Length of Stay by Quarter

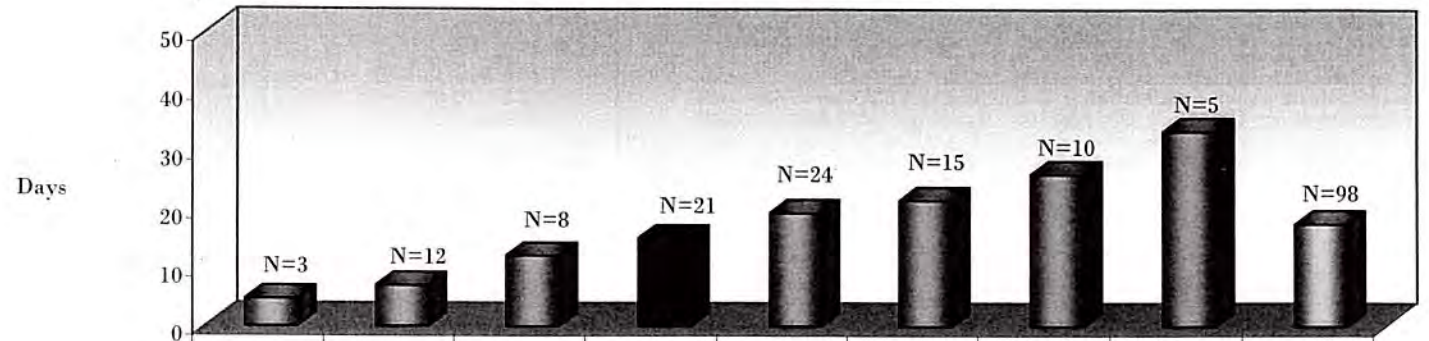
DCF vs. Non-DCF; Age 13-18



	Q1 '09	Q2 '09	Q3 '09	Q4 '09	Q1 '10	Q2 '10
DCF 13-18	18.14	14.48	14.85	19.00	13.00	15.14
Non-DCF 13-18	6.05	7.03	6.03	7.47	7.02	8.57

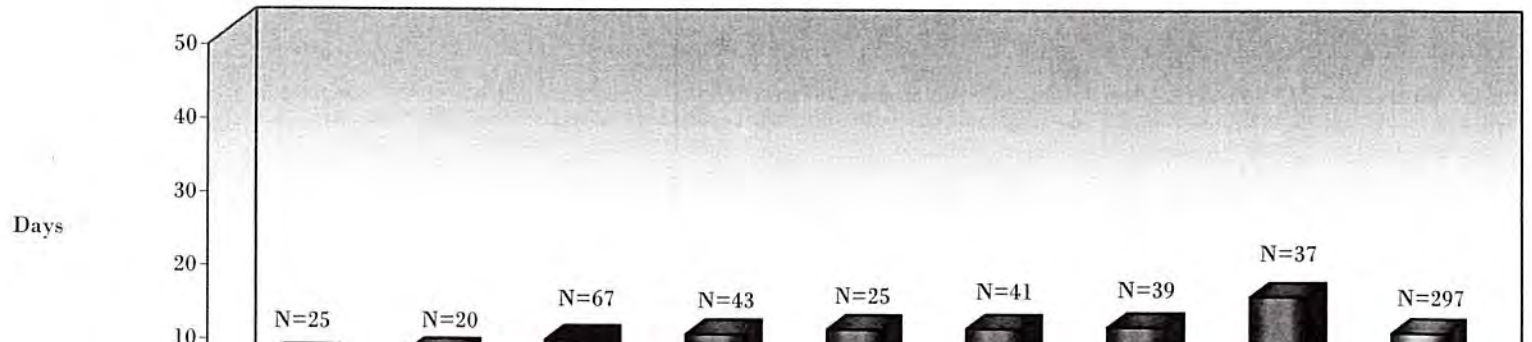
Provider 1: Average Length of Stay Comparison

Q2 '10; DCF; Age 13-18

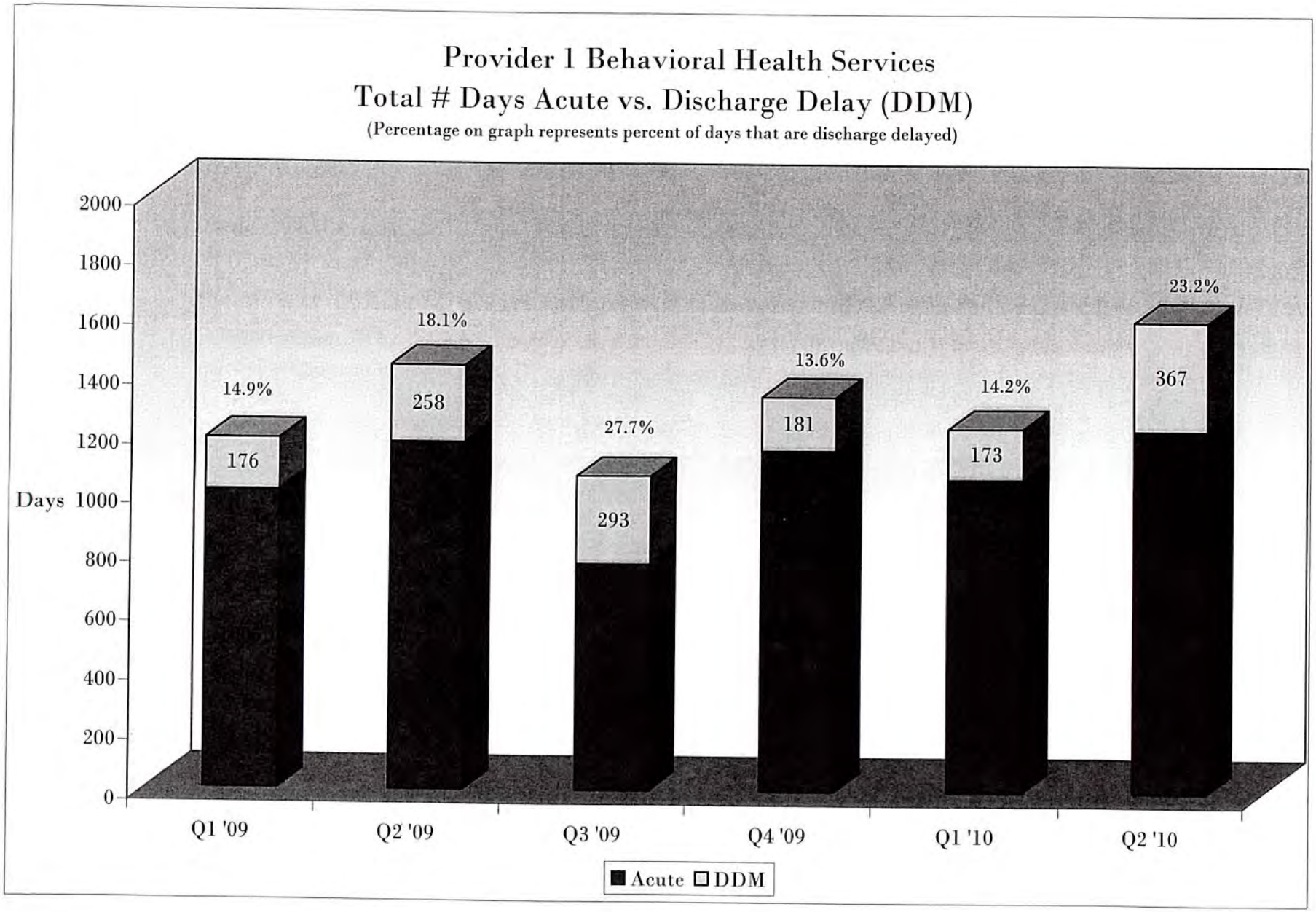


	Provider 7	Provider 8	Prov 2	Provider 1	Provider 3	Provider 5	Provider 4	Provider 6	Big 8
Q2 '10	4.67	7.00	12.13	15.14	19.54	21.67	26.10	33.40	17.70

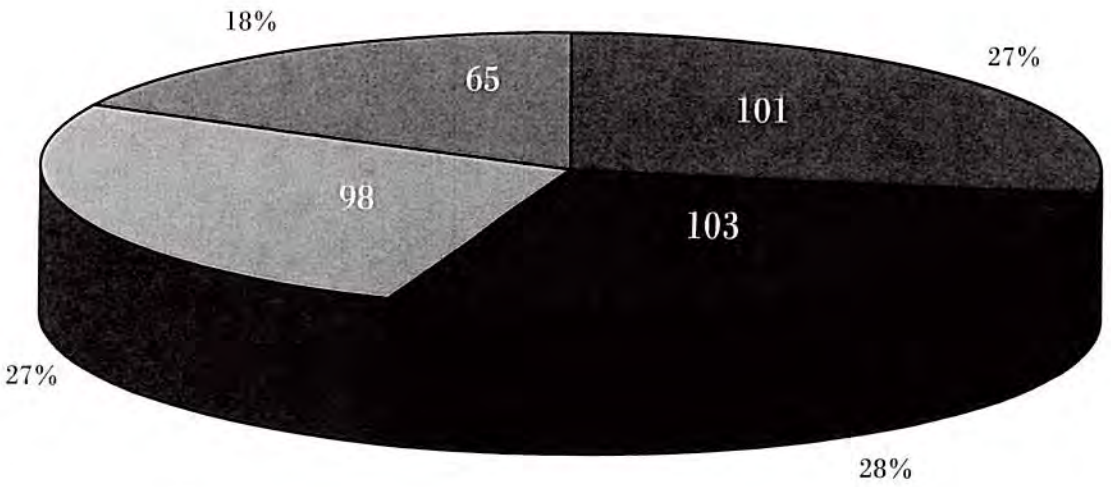
Q2 '10; Non-DCF; Age 13-18

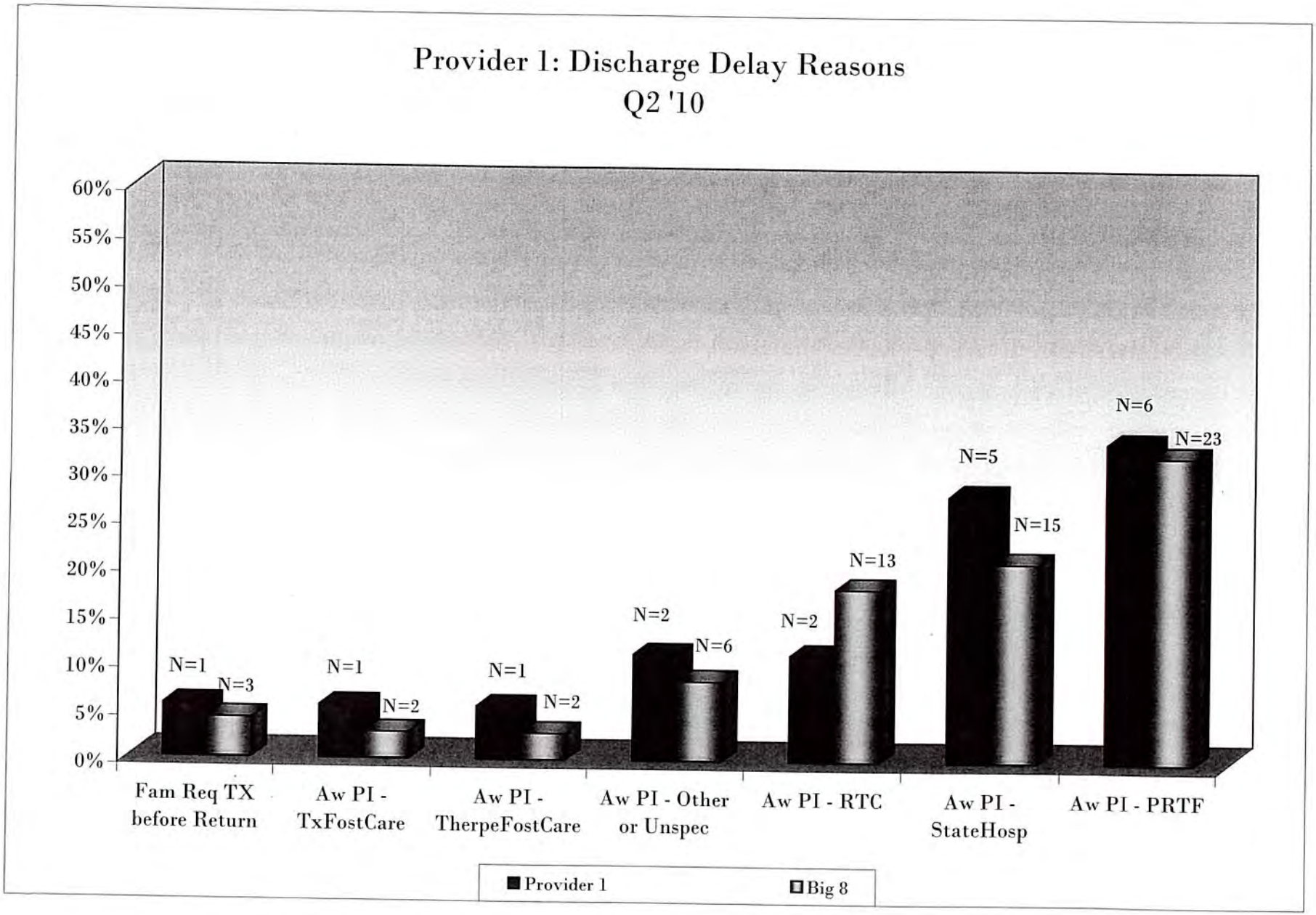


	Provider 8	Provider 7	Provider 1	Provider 3	Prov 2	Provider 5	Provider 4	Provider 6	Big 8
Q2 '10	5.84	6.75	8.57	9.35	10.04	10.2	10.46	14.62	9.68


Provider 1 Behavioral Health Services
Total # Days Acute vs. Discharge Delay (DDM)
(Percentage on graph represents percent of days that are discharge delayed)
Days
2000
1800
1600
1400
1200
1000
800
600
400
200
0
14.9%
176
18.1%
258
27.7%
293
13.6%
181
14.2%
173
23.2%
367
Q1 '09
Q2 '09
Q3 '09
Q4 '09
Q1 '10
Q2 '10
Acute
DDM

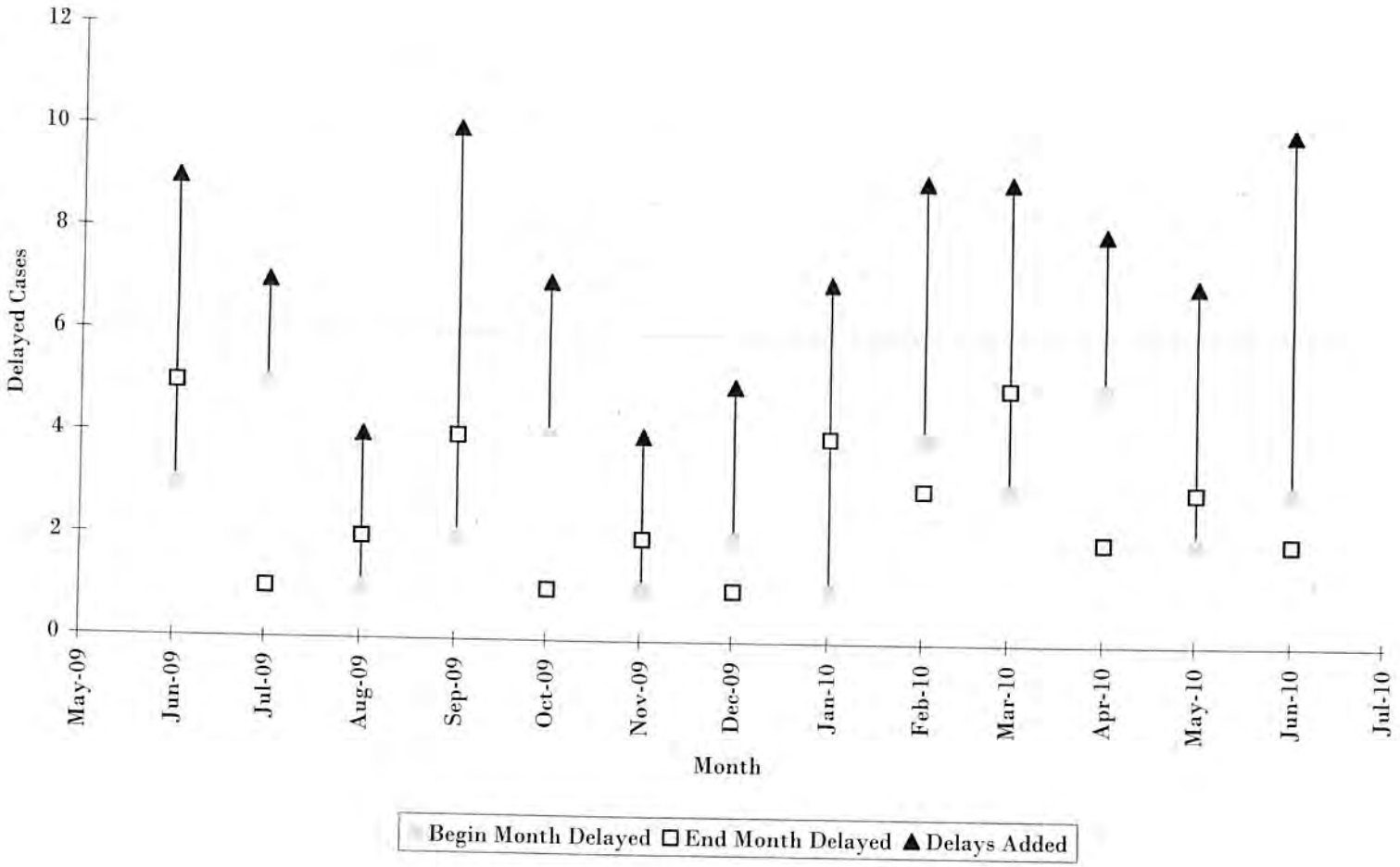
Provider 1: Percent of Days in DDM by DCF Status and Age Q2 '10

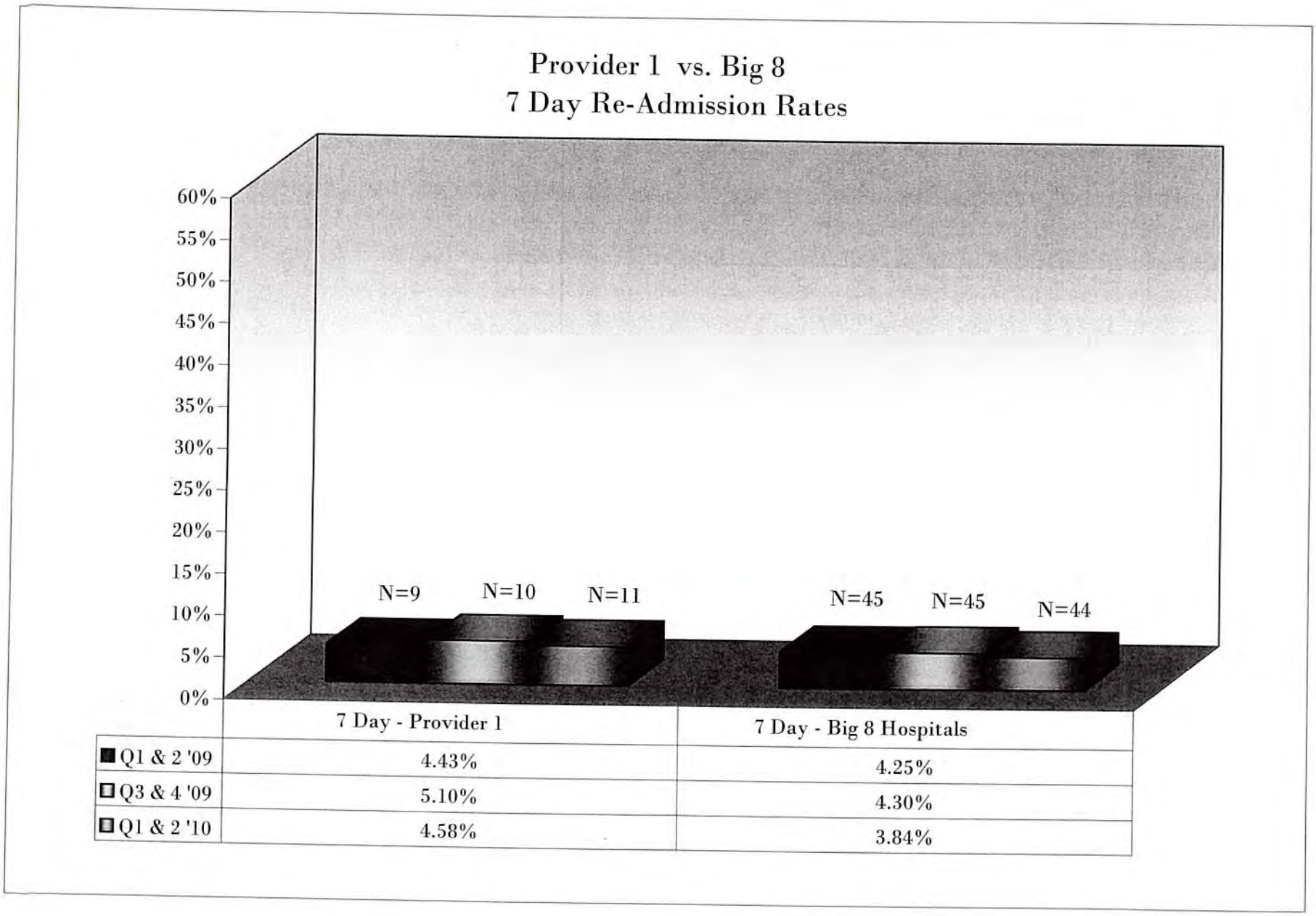



Provider 1: Discharge Delay Reasons
Q2 '10
60%
55%
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
N=1
N=3
N=1
N=2
N=1
N=2
N=2
N=6
N=2
N=13
N=5
N=15
N=6
N=23
Fam Req TX before Return
Aw PI - TxFostCare
Aw PI - TherpeFostCare
Aw PI - Other or Unspec
Aw PI - RTC
Aw PI - StateHosp
Aw PI - PRTF
Provider 1
Big 8

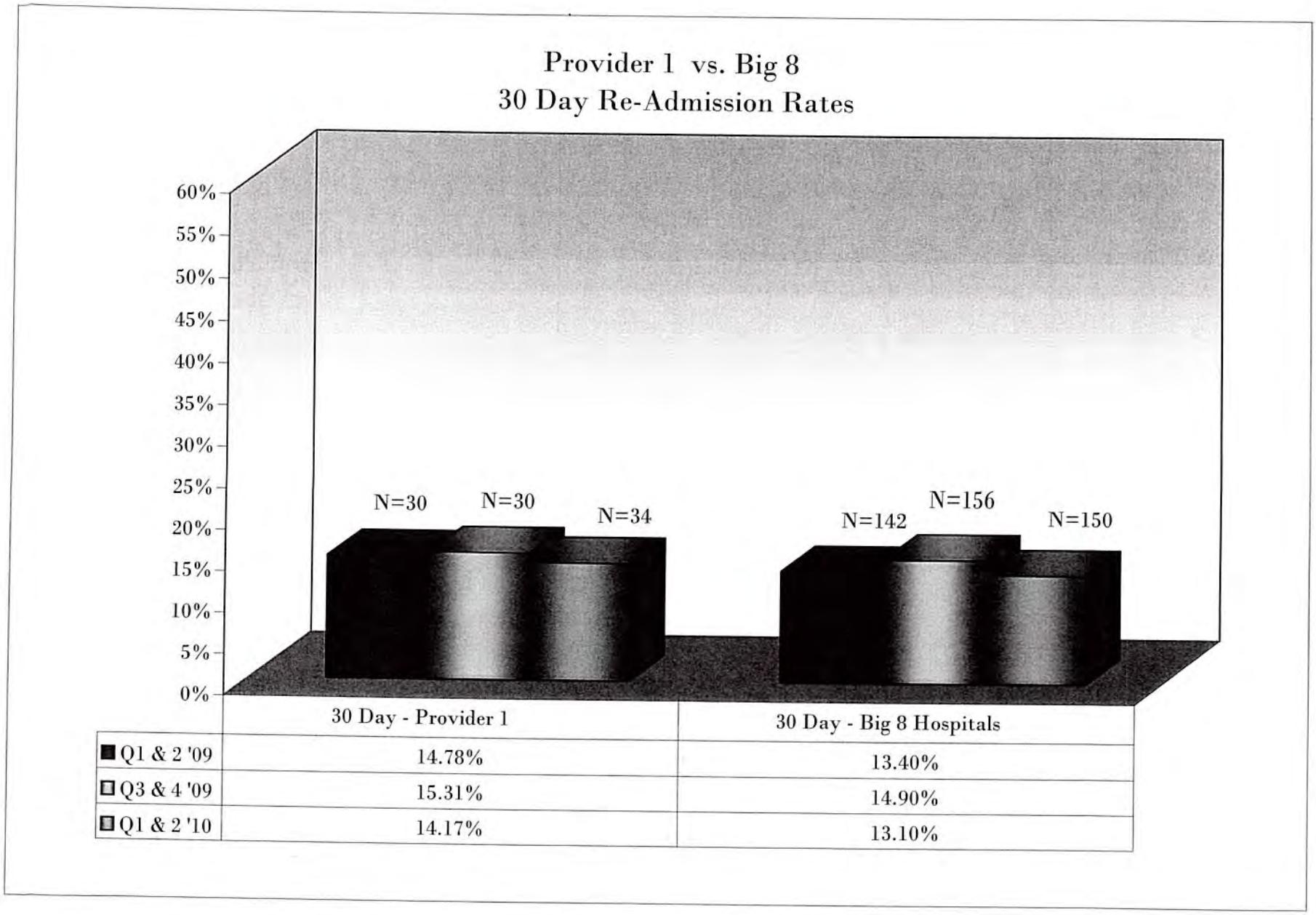
ValueOptions, Inc.

Connecticut Behavioral Health Partnership
Provider 1Behavioral Health Services Only
Discharge Delayed Cases
(IPF)





	7 Day - Provider 1	7 Day - Big 8 Hospitals
Q1 & 2 '09	4.43%	4.25%
Q3 & 4 '09	5.10%	4.30%
Q1 & 2 '10	4.58%	3.84%



	30 Day - Provider 1	30 Day - Big 8 Hospitals
Q1 & 2 '09	14.78%	13.40%
Q3 & 4 '09	15.31%	14.90%
Q1 & 2 '10	14.17%	13.10%

Connecticut Behavioral Health Partnership

Sample Provider Profiling Screenprints

Part II – Provider Analysis and Reporting

Demographics

Provider Analysis Report

Date Range: April 1, 2010-June 30, 2010

Demographics- ABC Hospital

DCF

	# Male	# Female	Total #
Bridgeport	0	0	0
Danbury	0	1	1
Milford	0	1	1
Hartford	5	2	7
Manchester	2	2	4
Meriden	0	0	0
Middletown	0	1	1
New Britain	2	2	4
New Haven	1	1	2
Norwalk	0	0	0
Norwich	1	0	1
Other	0	0	0
Stamford	0	0	0
Torrington	1	0	1
Waterbury	0	1	1
Willimantic	2	1	3
DCF Total	**14**	**12**	**26**
ABC Hospital Total			**93**
Percent DCF			**28.0%**

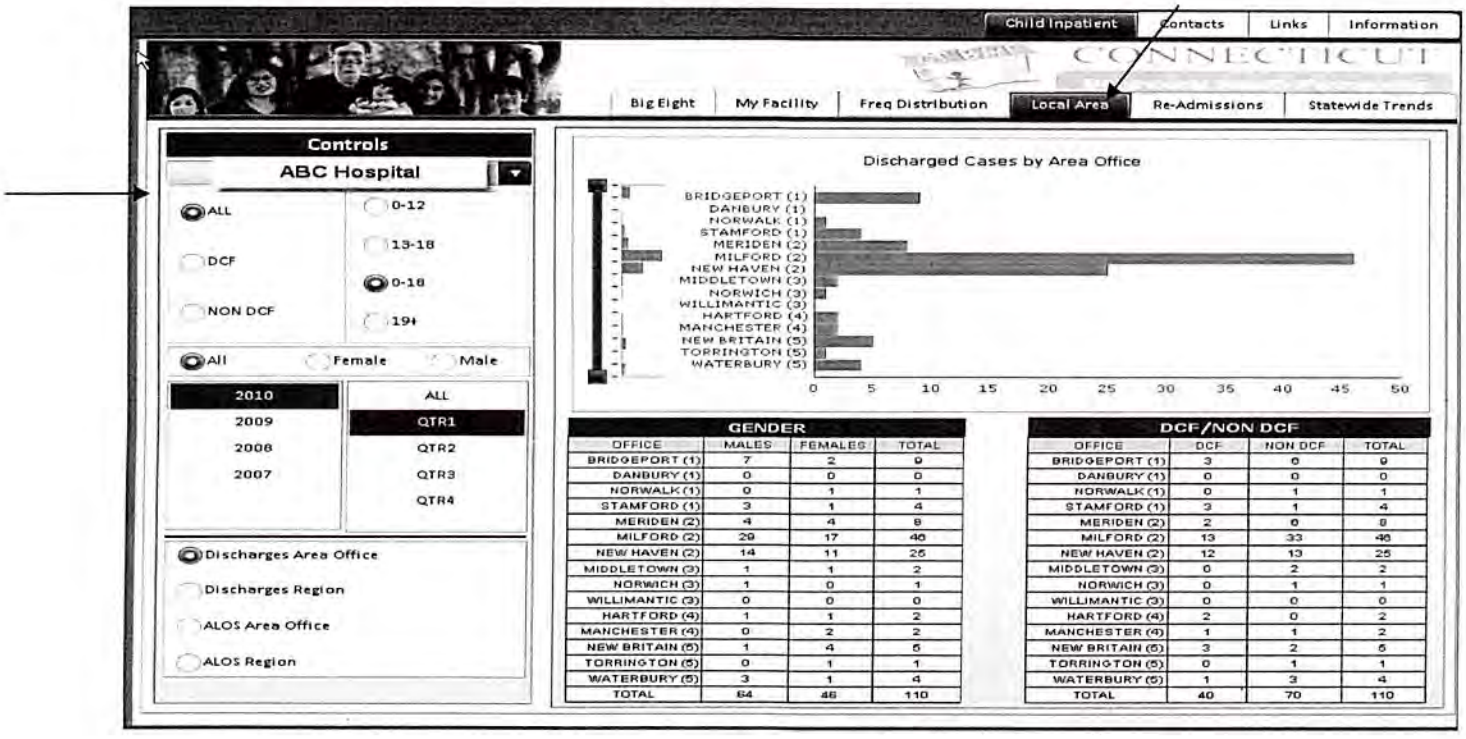
Non- DCF

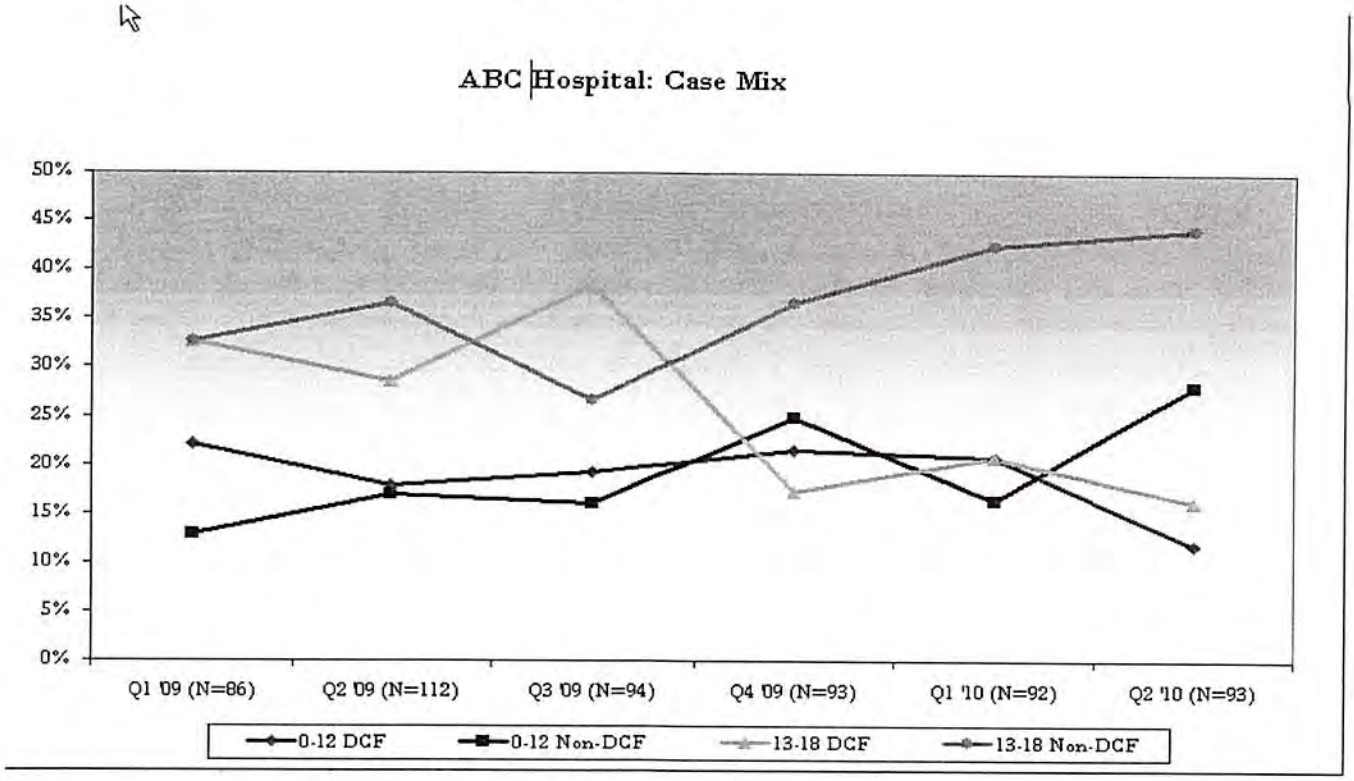
	# Male	# Female	Total #
Bridgeport	0	0	0
Danbury	0	0	0
Milford	0	0	0
Hartford	14	13	27
Manchester	8	5	13
Meriden	2	1	3
Middletown	1	0	1
New Britain	8	7	15
New Haven	0	0	0
Norwalk	0	0	0
Norwich	0	0	0
Other	0	0	0
Stamford	0	0	0
Torrington	0	3	3
Waterbury	2	0	2
Willimantic	2	1	3
Non-DCF Total	**37**	**30**	**67**
ABC Hospital Total			**93**
Percent Non-DCF			**72.0%**

TOTAL

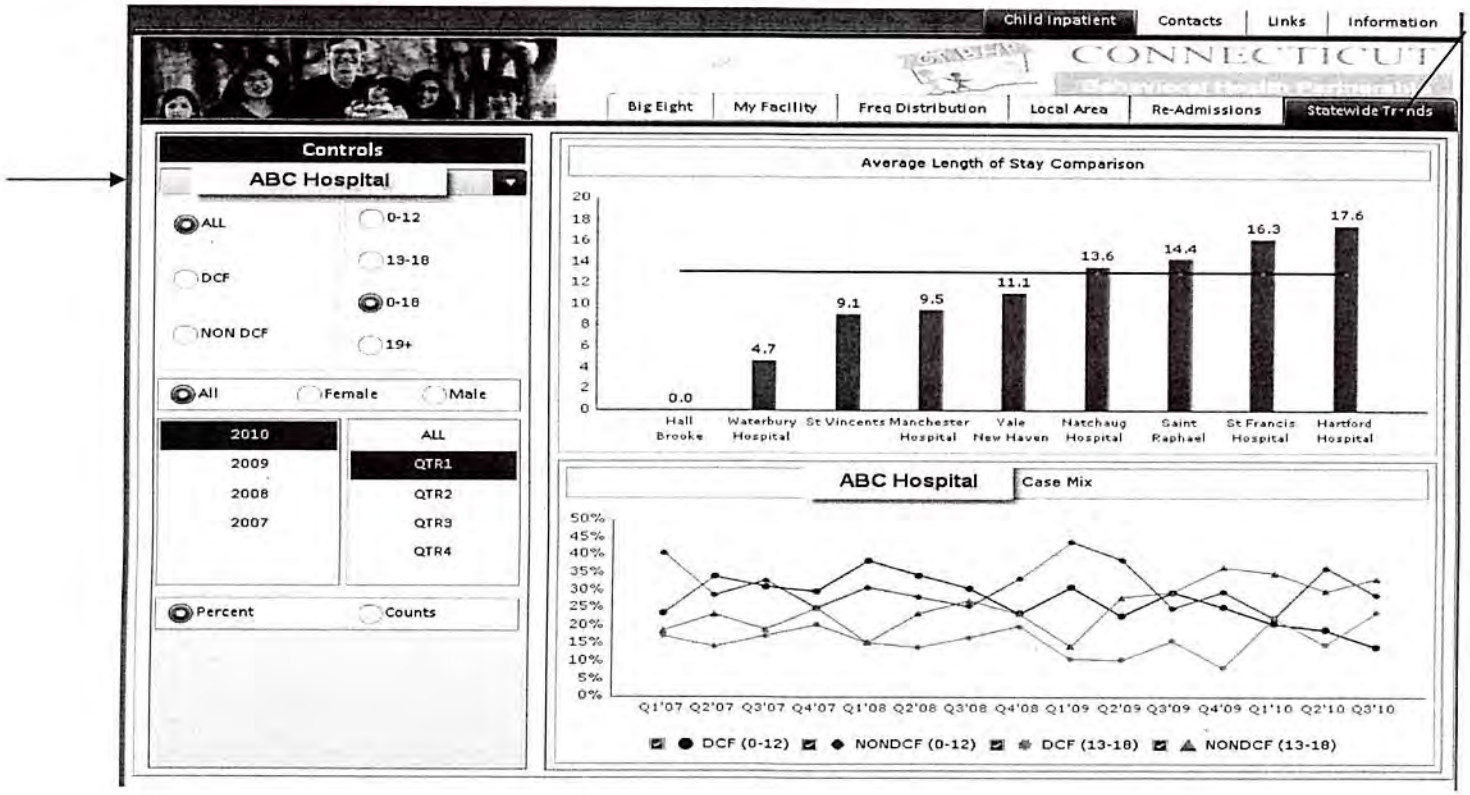
% by Area
0.0%
1.1%
1.1%
36.6%
18.3%
3.2%
2.2%
20.4%
2.2%
0.0%
1.1%
0.0%
0.0%
4.3%
3.2%
6.5%
100.0%

- Click on **Local Area** Tab
- Select your Facility
- Select **All**
- Select Ages **0-18**
- Select **Year and Quarter**



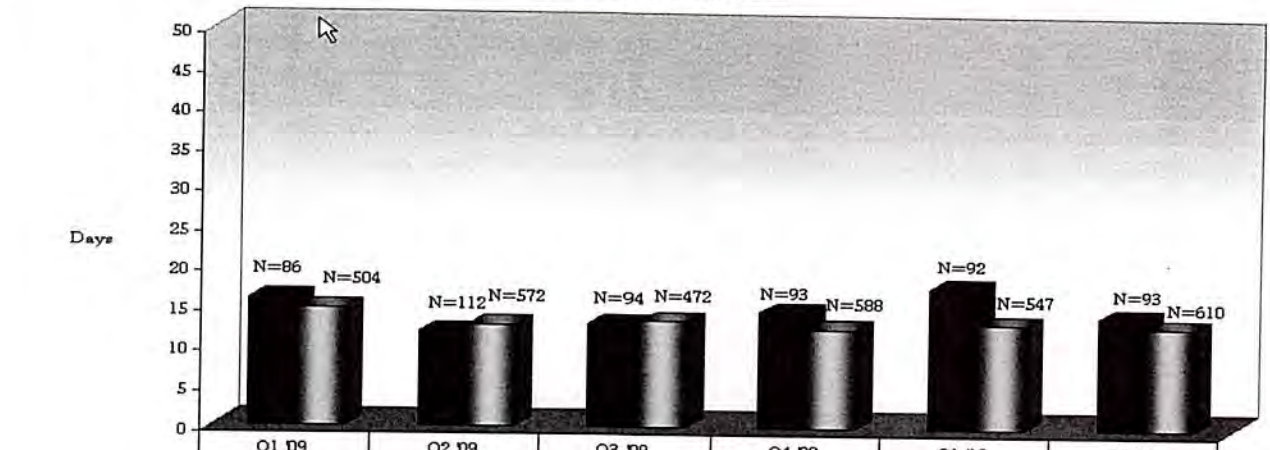


- Click on **Statewide Trends** Tab
- Select your Facility
- Select **All**
- Select ages **0-18**
- Select **Year and Quarter**



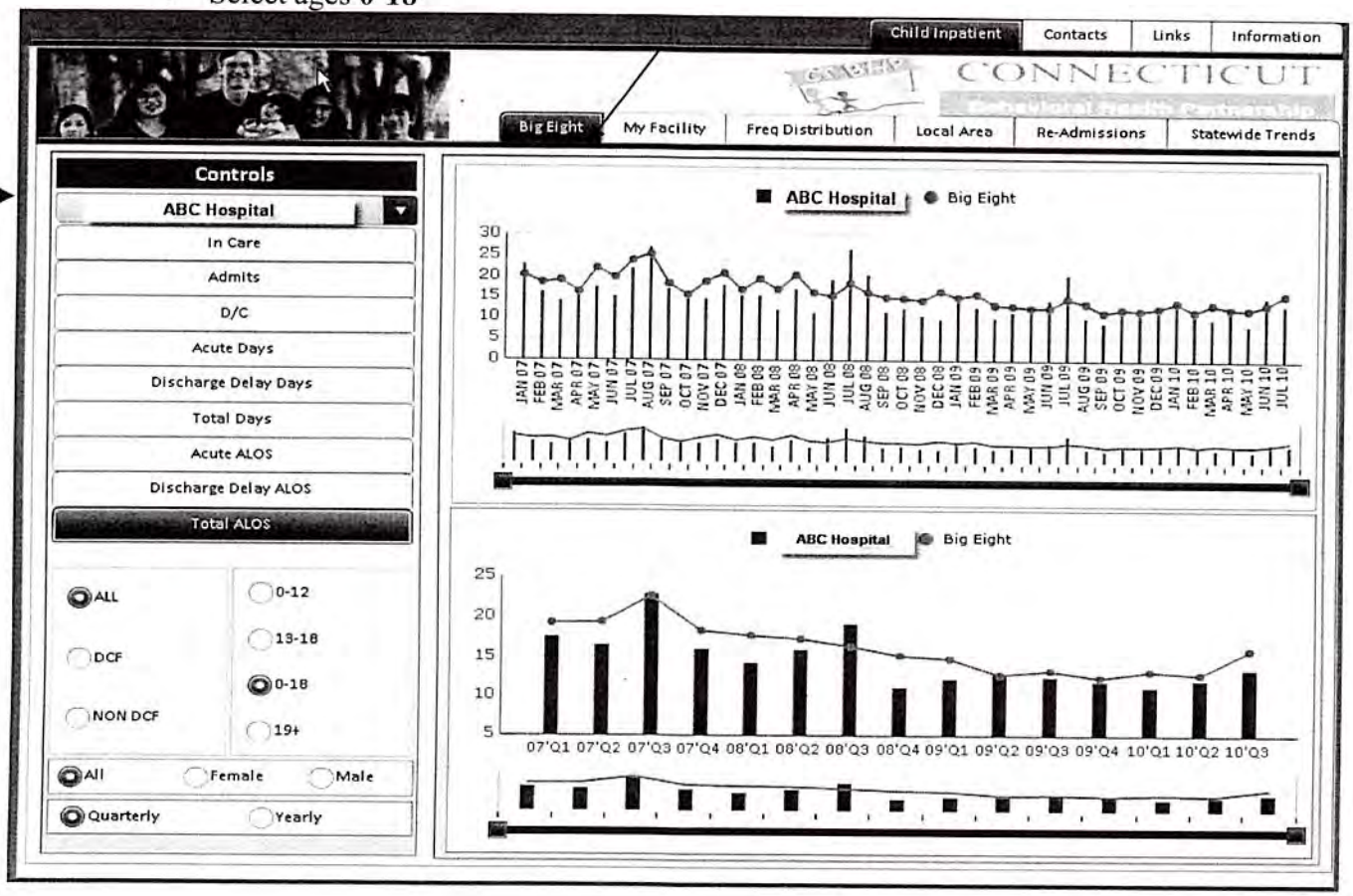
ABC Hospital vs. Big 8 Providers: Average Length of Stay by Quarter

All Children: Age 0-18



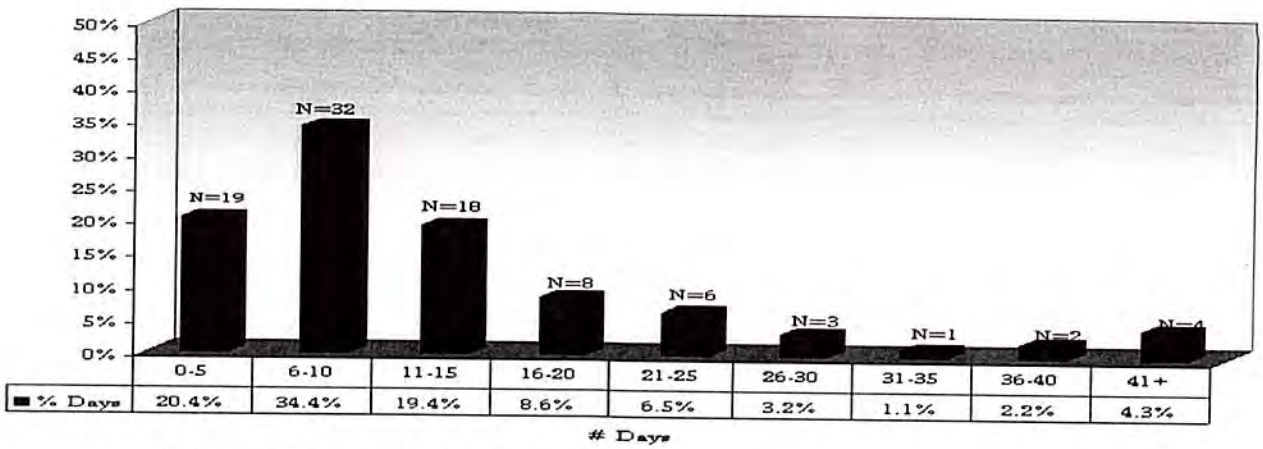
	Q1 '09	Q2 '09	Q3 '09	Q4 '09	Q1 '10	Q2 '10
[redacted] Hospital	15.80	11.76	12.82	14.45	17.58	14.00
Big 8 Providers	14.61	12.68	13.21	12.34	13.04	12.73

- Click on **Big Eight** Tab
- Select your Facility
- Select **Total ALOS**
- Select **All**
- Select ages **0-18**

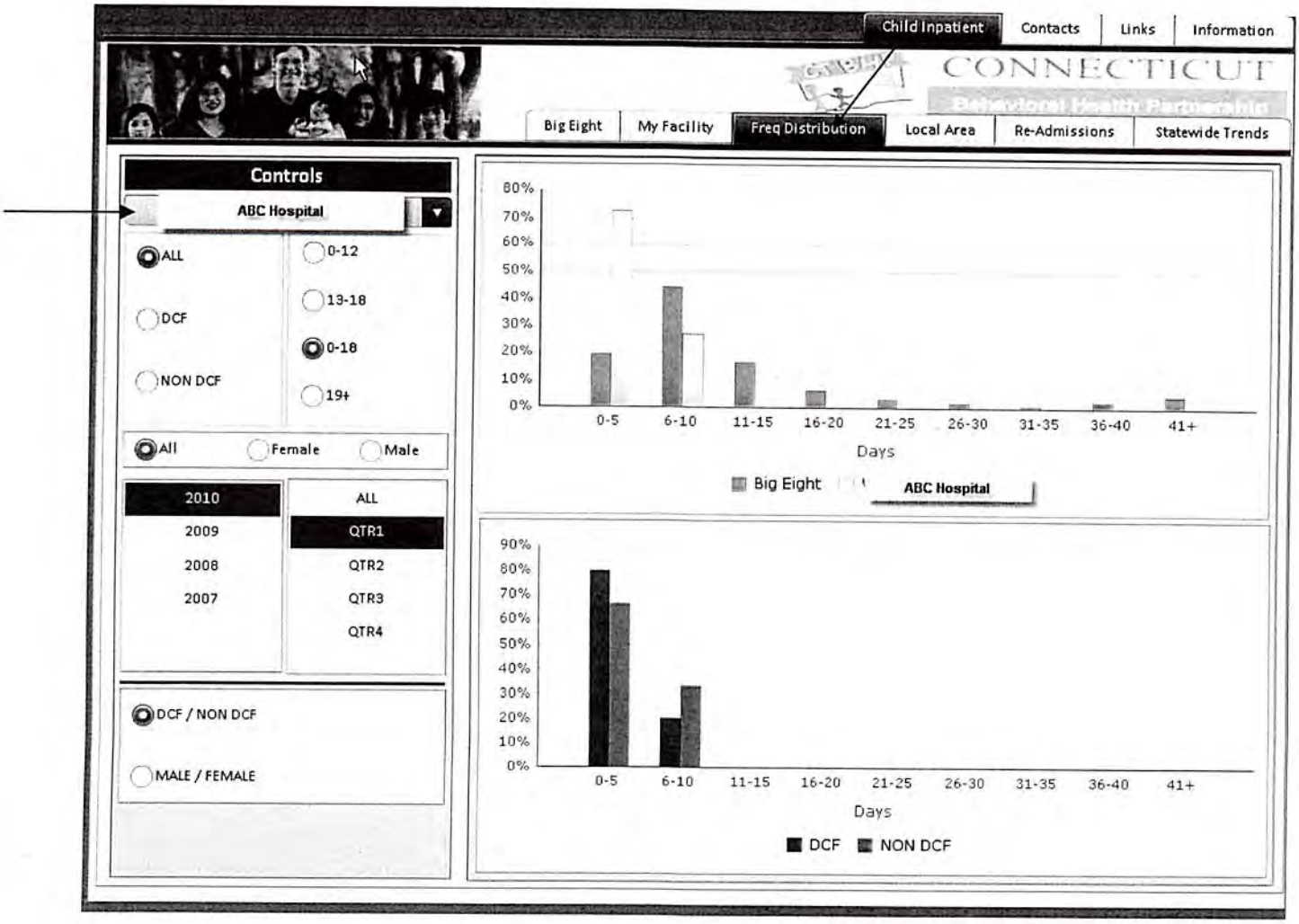


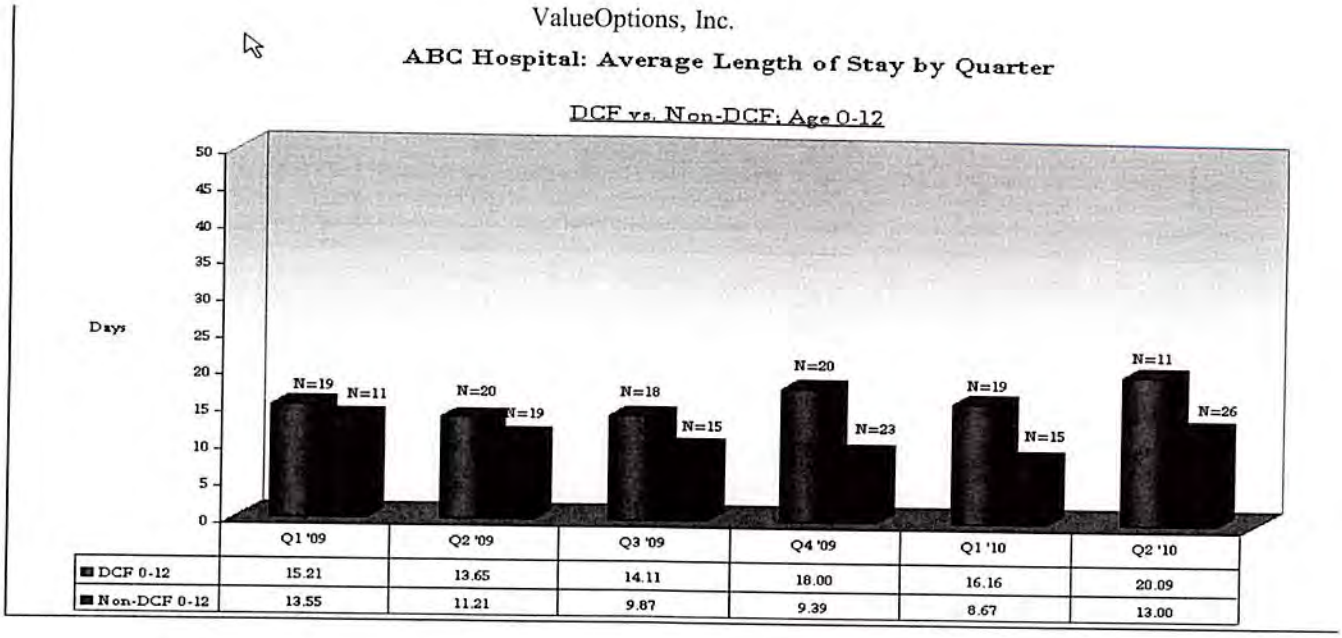
ValueOptions, Inc.

ABC Hospital: Length of Stay Frequency Distribution
Q2 '10

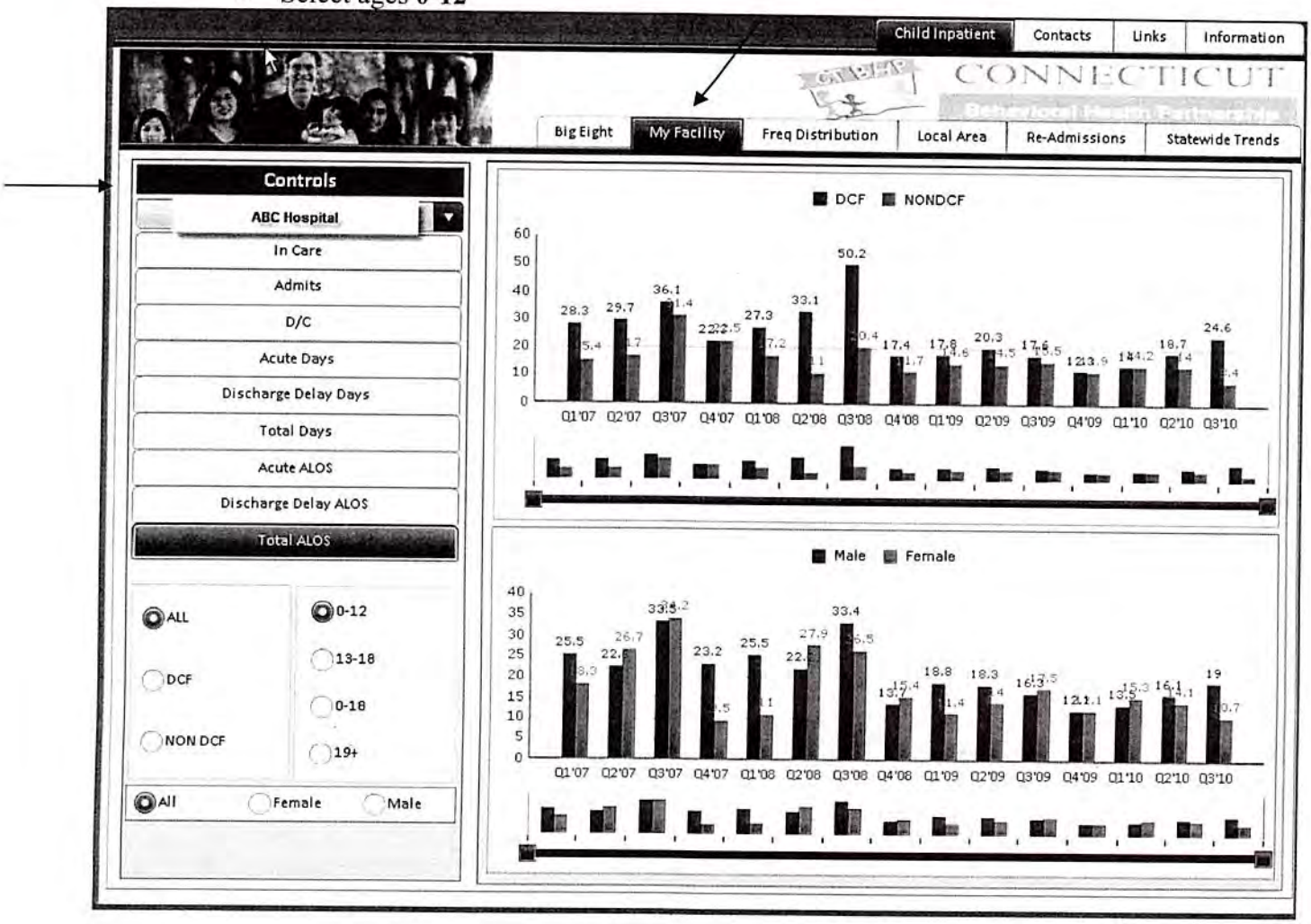


- Click on **Frequency Distribution** Tab
- Select your Facility
- Select **All**
- Select ages **0-18**
- Select **Year and Quarter**





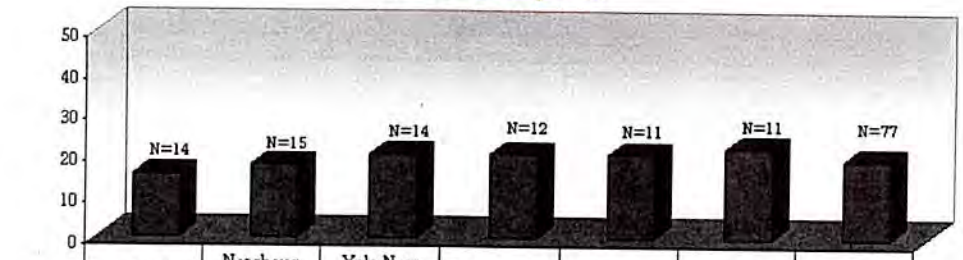
- Click on **My Facility** Tab
- Select your Facility
- Select **Total ALOS**
- Select **All**
- Select ages **0-12**



ValueOptions, Inc.

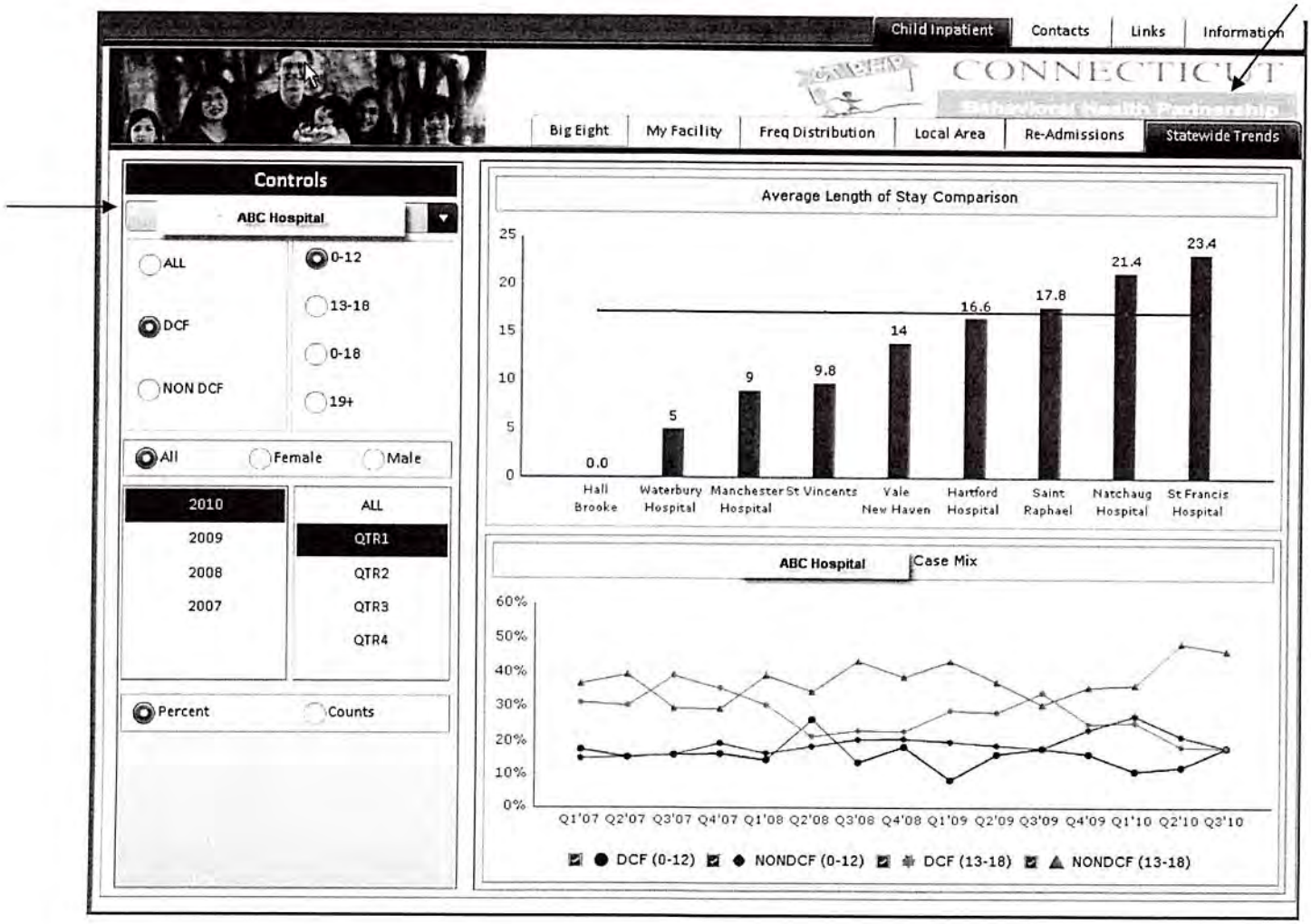
ABC Hospital: Average Length of Stay Comparison

Q2 '10; DCF; Age 0-12



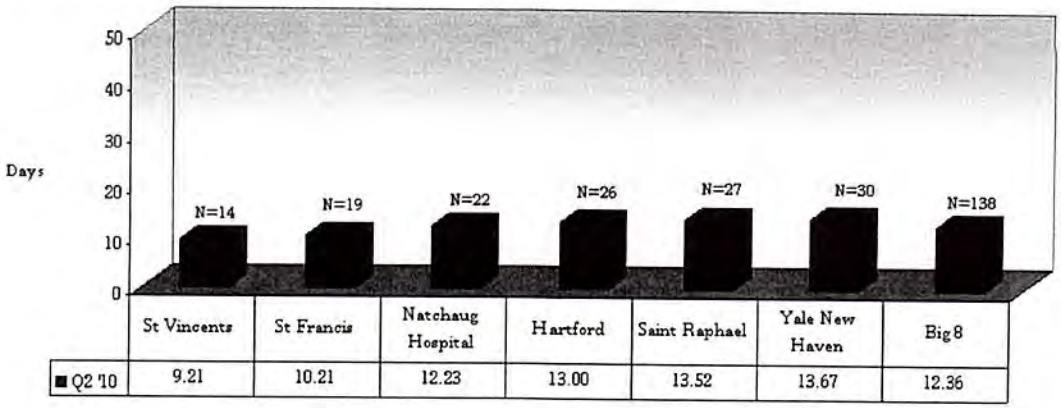
	Saint Raphael	Natchaug Hospital	Yale New Haven	St Vincents	Hartford	St Francis	Big 8
Q2 '10	15.07	17.33	20.00	20.08	20.09	21.64	18.84

- Click on **Statewide Trend** Tab
- Select your Facility
- Select **DCF**
- Select **Year and Quarter**
- Select ages **0 - 12**



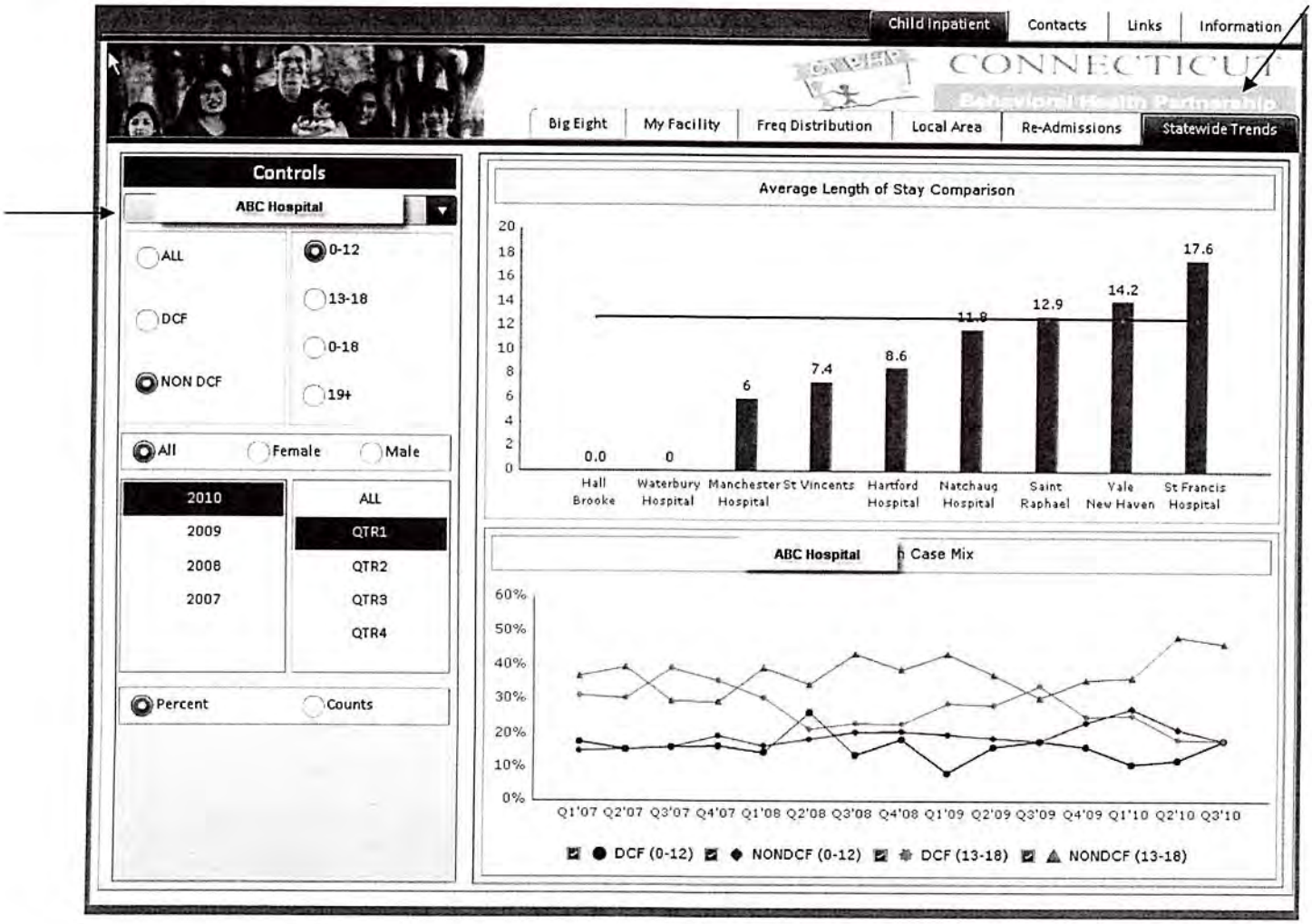
ValueOptions, Inc.

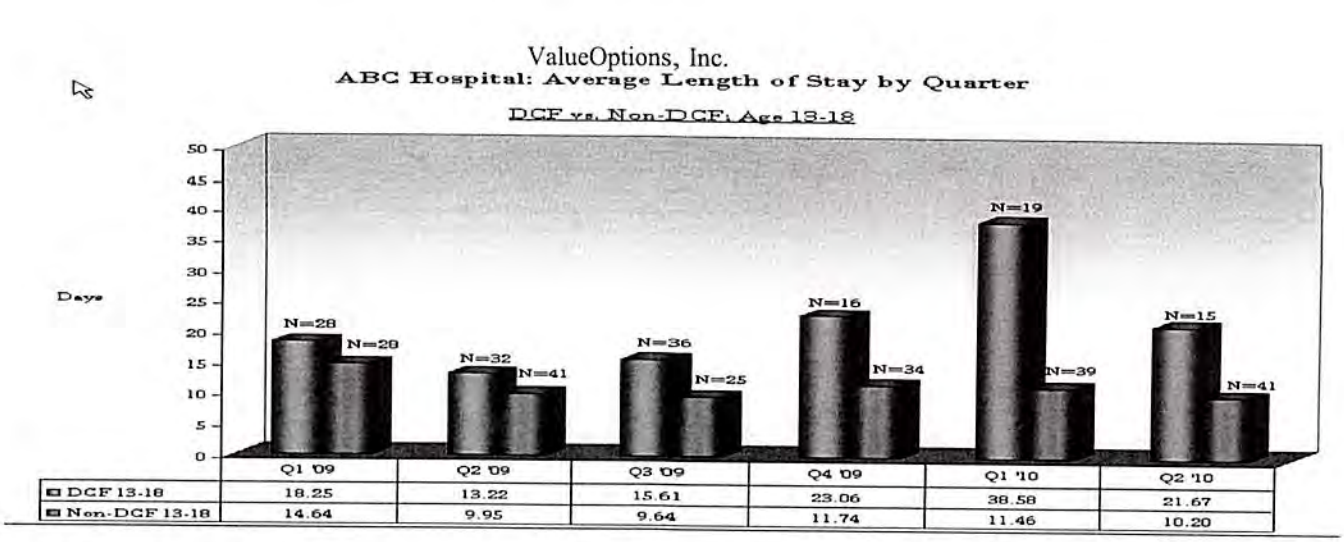
Q2 '10: Non-DCF: Age 0-12



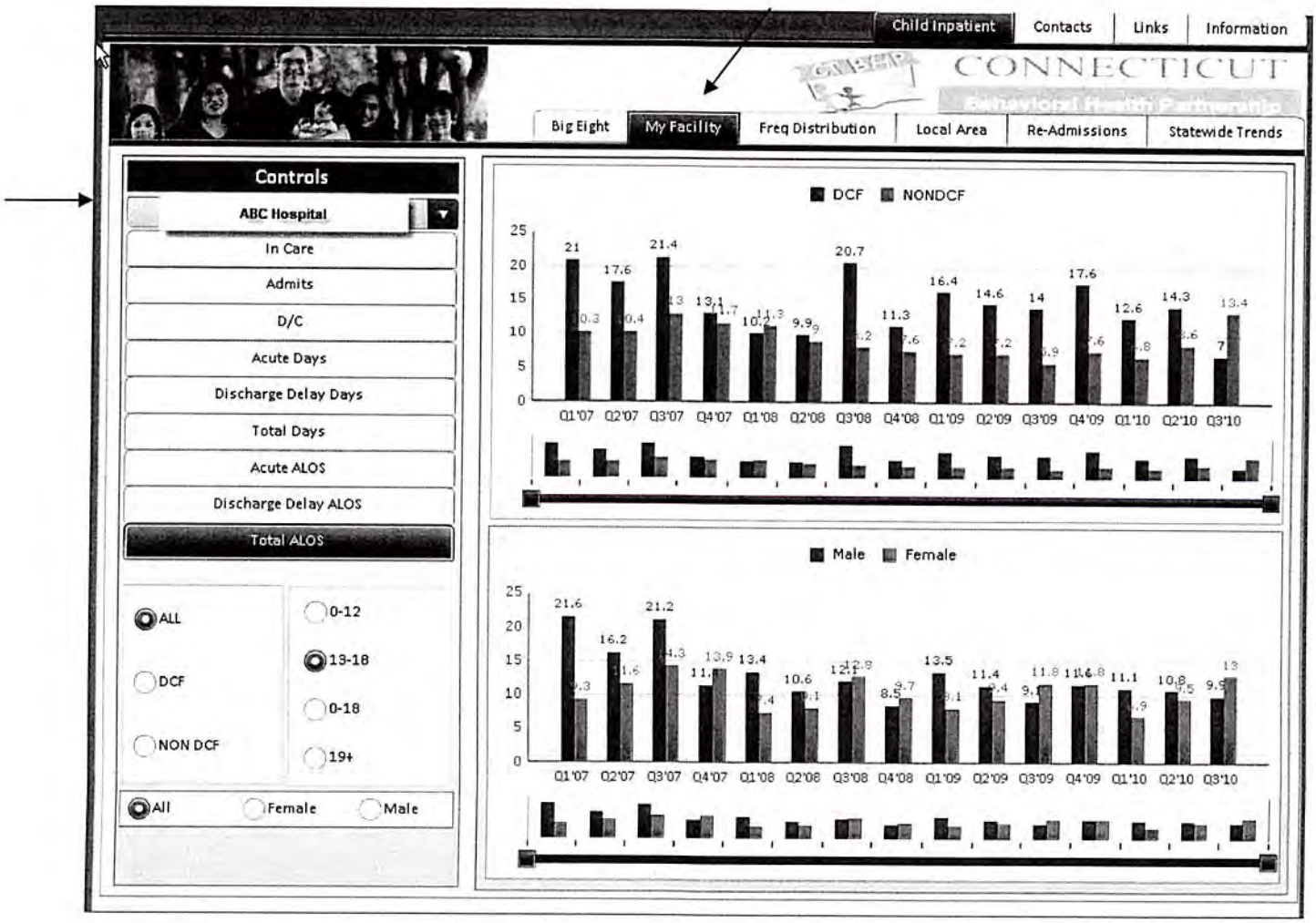
	St Vincents	St Francis	Natchaug Hospital	Hartford	Saint Raphael	Yale New Haven	Big 8
Q2 '10	9.21	10.21	12.23	13.00	13.52	13.67	12.36

- Click on **Statewide Trends** Tab
- Select your Facility
- Select **Non-DCF**
- Select ages **0-12**
- Select **Year and Quarter**



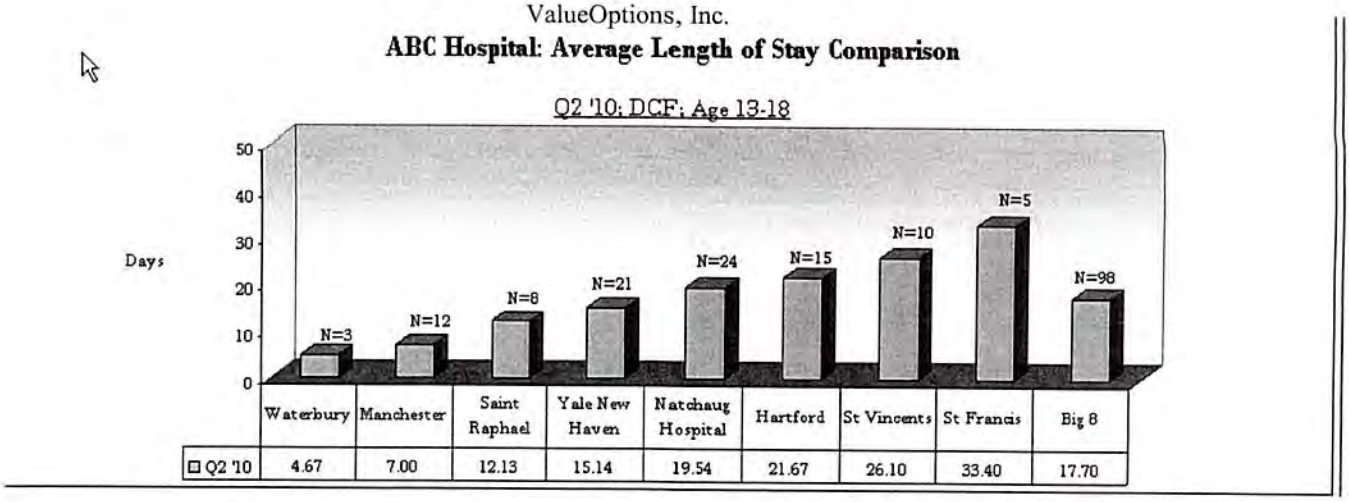


- Click on **My Facility** Tab
- Select your Facility
- Select **Total ALOS**
- Select **All**
- Select ages **13-18**

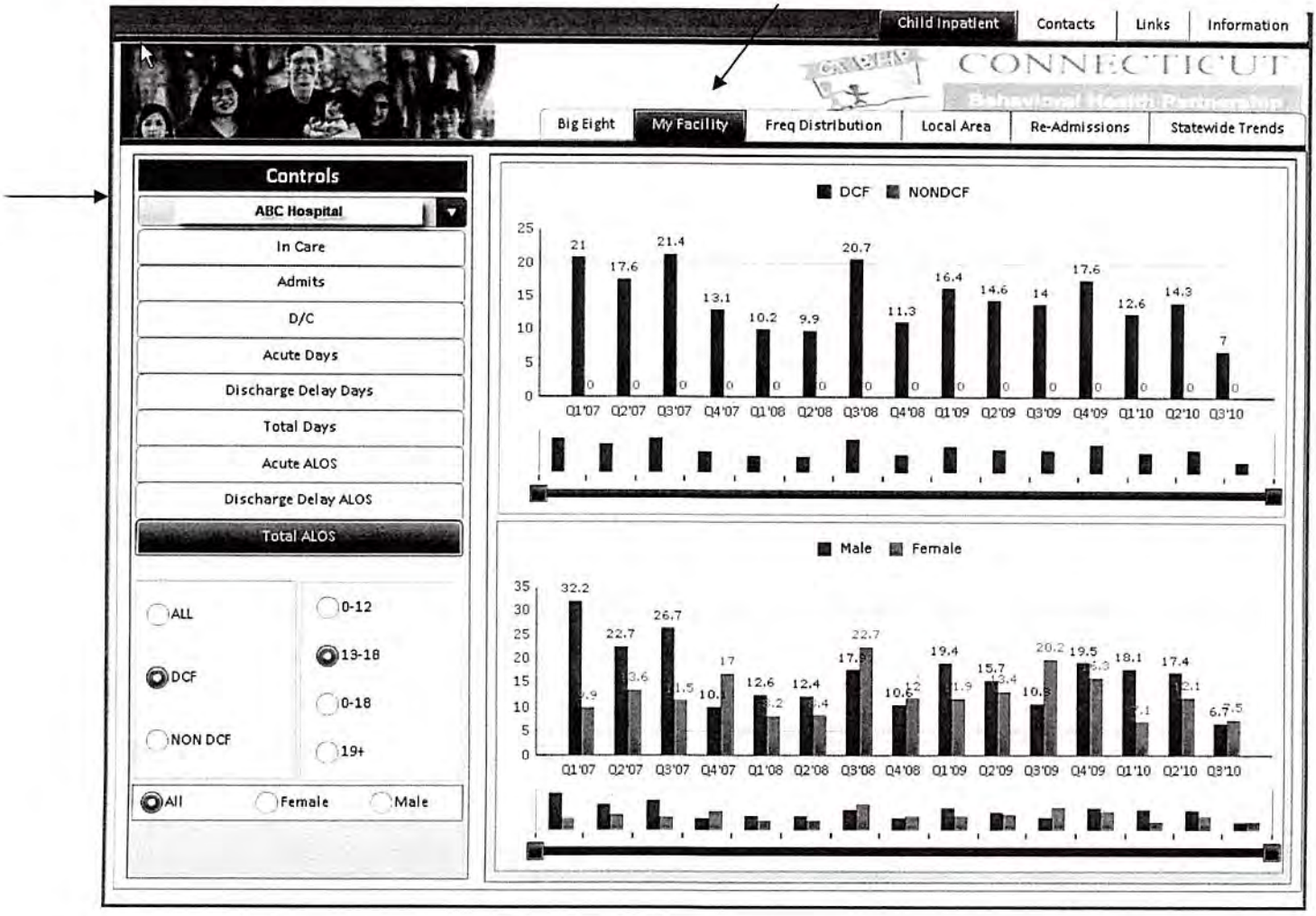


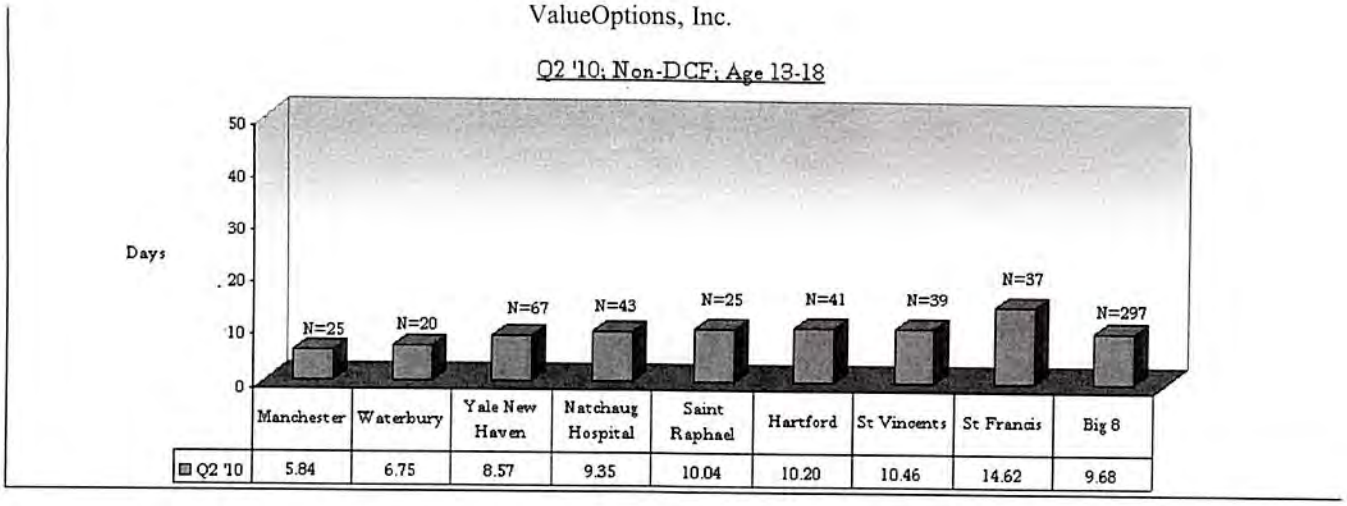
ValueOptions, Inc.

ABC Hospital: Average Length of Stay Comparison



- Click on **My Facility** Tab
- Select your Facility
- Select **Total ALOS**
- Select **DCF**
- Select ages **13-18**





- Click on **My Facility** Tab
- Select your Facility
- Select **Total ALOS**
- Select **Non-DCF**
- Select ages **13-18**

PROVIDER PROFILING 2009
(PEPS Standard 99)

OVERVIEW OF ACTIVITY: Provider profiling is one method of evaluating the quality and performance of the VBH-PA provider network. Provider profiling is used to examine patterns and trends and to identify outlier providers.

POPULATION/SAMPLE: High volume providers for each level of care profiled are included. **Five levels of care were profiled in 2009:**

- Inpatient
- BHRS
- Residential Treatment Facilities (RTF)
- Outpatient Mental Health
- Family Based Mental Health Services (FBMHS)

QUANTIFIABLE MEASURE: Specific indicators are identified for each level of care. These generally include average cost per member, average units per member, and average length of stay (for residential levels of care).

METHODOLOGY: All five profiles produced in 2009 include data from all 14 counties for 2008 with the fiscal year profiles including 2009 data also. The BHRS profile report time period ranges from April 1, 2008 to March 31, 2009. **The FBMHS and Outpatient Mental Health profiles encompass fiscal year July 1, 2008 to June 30, 2009.** Indicators for each level of care are identified at the VBH-PA Data Integrity Meeting. Claims data are the primary data source utilized for provider profile reports. For some indicators, authorization data are used. For peer reviews, grievances and complaint data, a database is used.

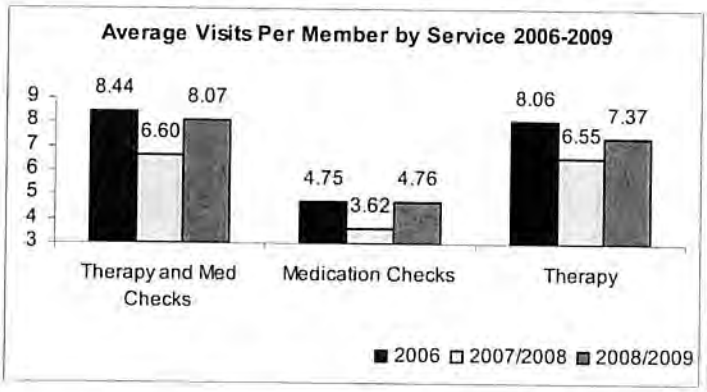
PERFORMANCE GOAL: For key indicators, outliers to the VBH-PA mean are identified.

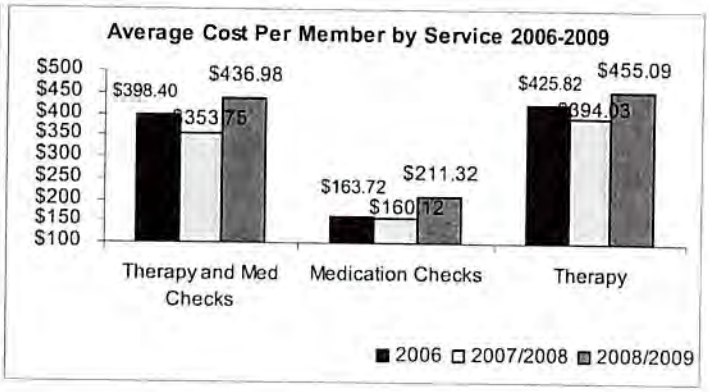
ANALYSIS/BARRIERS & RESULTS: Outlier providers are reviewed and action plans are developed at an internal Provider Profiling Advisory Committee.

SUMMARY OF QUALITY IMPROVEMENTS: Identification of outlier providers is useful for targeting areas for improvement and also to identify potential best practices which could be used by other providers to improve processes or quality of care. **The following pages summarize each level of care profiled including action plans recommended by the Provider Profiling Advisory Committee.** For 2010, VBH-PA will profile the levels of care, BCM, BHRS, MST, RTF, and FBMHS, for all 14 counties.

PROVIDER PROFILING MENTAL HEALTH OUTPATIENT SERVICES
July 2008 - June 2009
(PEPS Standard 99)

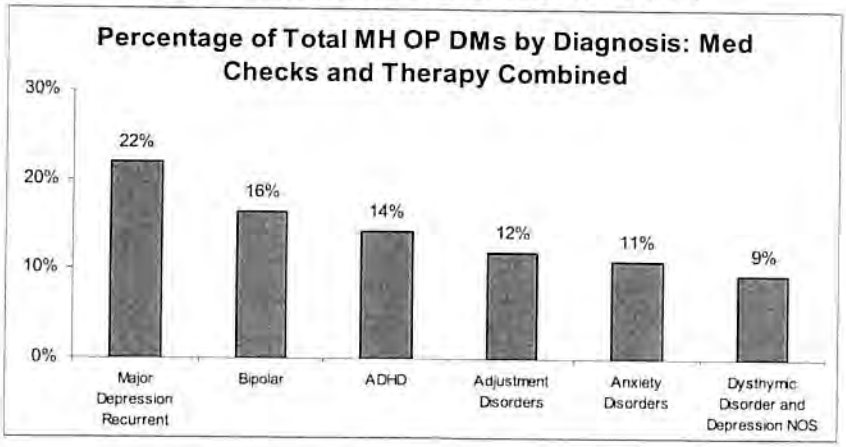
OVERVIEW OF ACTIVITY: The 2008/2009 *Mental Health Outpatient Services Provider Profiling Report* assesses health care delivery and patterns and trends in care among VBH-PA network providers of mental health outpatient services. Providers were included in this report if they served 145 or more distinct members from July 1, 2008 through June 30, 2009. **The 2008/2009 report represented 46,213 distinct members and 60 providers, compared to 30,883 distinct members and 47 providers in the 2007/2008 report. This report represents all 14 counties.** Medication checks and therapy were separated for some tables in this profiling report.





The average number of visits per member and the average cost per member both increased from 2007/2008 to 2008/2009:

Top Six Diagnoses by Distinct Members:



SUMMARY OF QUALITY IMPROVEMENTS: There was a 22% increase in Average Visits Per Member (AVPM) for Med Checks and Therapy combined. There was a 31% increase in AVPM for Med Checks and a 13% increase for Therapy.

ACTION PLANS: An internal Provider Profiling Advisory Committee reviews outlier providers and develops action plans. The Committee will meet in 2010. After the Committee meets, the Mental Health Outpatient Provider Profile and any action plans will be presented at the QMC Meetings.

PROVIDER PROFILING
MENTAL HEALTH INPATIENT 2008
(PEPS Standard 99)

OVERVIEW OF ACTIVITY: A comprehensive provider profiling system serves as a quality management tool to support administrative and clinical processes, particularly when opportunities for improvement are identified. Provider profiling can further be described as the process of identifying those providers who consistently meet established VBH-PA clinical and administrative standards based upon performance indicators and routine data analysis.

POPULATION/SAMPLE: Twenty (20) network providers that had 100 or more discharges in 2008 were included in the MH inpatient provider profile; five of these providers were from VBH-PA's 'new' counties. There were a total of 6,951 discharges from these providers in 2008.

QUANTIFIABLE MEASURES: Mental Health inpatient providers were profiled for calendar year 2008. The following indicators were included in the profile:

- **Length of stay:** Overall average length of stay (ALOS) with outlier analysis; ALOS by age group, gender and diagnostic group; and length of stay by diagnosis outliers
- **Top 5 diagnostic categories:** Top five diagnostic groups as a percent of total discharges and length of stay for top five diagnostic groups
- **Readmission rates within 30 days of discharge:** Overall and by age group
- **Involuntary admission rates:** Overall and by provider
- **Follow-up after discharge:** Number/percent of discharges with outpatient follow-up within 7 days
- **Cost per discharge & administrative days:** Average cost per discharge and outlier analysis; number of administrative days by county and by state hospital in 2008; and average cost per discharge for administrative days
- **Complaints, peer reviews, and grievances:** Number/percent of member level I and level II complaints overall and per provider; number/percent pended to peer review and percent non-certified; and number of level I and level II grievances and percent upheld
- **Critical incidents:** Number of reported critical incidents and rate per 100 discharges
- **Consumer/Family Satisfaction Team results**

METHODOLOGY: Data used in the MH inpatient provider profile are based on authorization data; claims data (for costs); and a database that tracks peer reviews, complaints, and grievances for all discharges or admissions (voluntary/involuntary) occurring in the year 2008. The term "VBH-PA average" or "VBH-PA rate" refers to the 20 providers included in the profile. Methodology and analysis for specific indicators are discussed in each section. Outlier analyses identify providers as above or below the VBH-PA average. The outlier analysis is based on the calculation of the distance from the average by standard deviation of the normalized data. A provider is identified as an outlier above or below the mean if they are one or more standard deviations from the average.

ANALYSIS/RESULTS: The following indicators represent 20 mental health inpatient providers that had 100 or more discharges in 2008 (Table 1).

Table 1: Summary of overall findings		
Length of Stay		**Average LOS (days)**
	Overall	6.2
Age group:	Age 17 or under	6.9
	Age 18 and above	6
Gender:	Female	6.4
	Male	6.1
Diagnosis:	Major Depression	5.5
	Other Depression	5
	Bipolar Disorder	6.3
	Schizophrenia/ Psychosis	9.2
	Child and Adolescent Disorders	6.8

Diagnosis at Discharge	# of discharges	% of discharges
Major Depression	2,276	33%
Other Depression	1,527	22%
Bipolar Disorder	1,252	18%
Schizophrenia / Psychosis	884	13%
Child and Adolescent Disorders	409	6%
Other Diagnoses	606	9%

Other Indicators	
Overall readmission rate	13.4%
Involuntary rate	17.4%
Follow-up after hospitalization within 7 days after discharge	60%
Average cost per discharge	$4,076
Administrative days /discharge	18.8 days
Member Level I complaint rate	0.4%
Inpatient cases sent for peer review	4%
Percentage of providers reporting critical incidents	95%

Table 2 shows the inpatient providers that were outliers in several indicators in 2008. Administrative data were analyzed to determine which providers were outliers for the following performance indicators: readmission rate; average length of stay; average cost per discharge; and follow-up after discharge rate.

Table 2: Inpatient provider outliers 2008					
		Indicators			
Provider #	Discharges	Readmission rate	Average length of stay (days)	Average cost / discharge	Follow-up rate
1	676	13.5%	5.4	$4,665	54.1%
19	524	12.0%	7.7	$4,136	65.8%
5	524	10.3%	6.3	$4,512	53.4%
8	491	11.0%	4.6	$2,511	63.5%
15	467	13.5%	7.3	$5,024	70.0%
10	459	13.5%	5.3	$3,751	61.2%
9	413	14.0%	6.7	$5,430	41.2%
4	400	17.5%	5.9	$3,601	47.0%
11	336	13.4%	5.5	$3,217	58.6%
3	313	18.2%	5.8	$4,171	58.5%
16	303	13.5%	6.0	$3,606	47.9%
13	302	11.6%	5.7	$3,557	62.6%
14	302	10.6%	4.5	$2,511	49.3%
2	251	11.2%	5.5	$3,343	99.6%
17	246	22.4%	13.4	$7,985	73.6%
18	232	14.2%	6.7	$3,779	76.7%
6	225	8.0%	4.6	$3,603	53.8%
20	193	16.6%	5.8	$2,789	38.3%
7	171	13.5%	5.0	$2,953	59.1%
12	123	14.6%	9.6	$6,655	81.3%
VBH-PA	**6,951**	**13.4%**	**6.2**	**$4,076**	**59.5%**
		Indicates outlier above VBH-PA mean			
		Indicates outlier below VBH-PA mean			

Aggregate results from **224 Consumer/Family Satisfaction Team (C/FST) surveys in 2008 regarding 18 profiled hospitals** were analyzed. The results for three selected questions are shown in Table 3.

Table 3: Selected C/FST survey results (N = 224)	
Question	% Yes
Overall, are you satisfied with the service you received?	82%
Were your medications and their possible side effects explained clearly by your doctor or nurse?	72%
Did your provider make you aware of the support services available in your community?	84%

SUMMARY OF QUALITY IMPROVEMENTS: Several indicators have been targeted over the past few years for improvement, such as the overall follow-up after discharge rate, length of stay, and the number of providers reporting critical incidents.

- **Follow-up after discharge:** The follow-up after discharge rate is tracked quarterly and annually by VBH-PA and IPRO, Pennsylvania's external quality review (EQR) organization. Interventions and action plans to increase the follow-up after discharge rates have been implemented and analyzed. **The follow-up after discharge rate among inpatient providers included in the provider profiles increased from 44% in the 2006 profile to 45% in 2007; this rate increased even more in 2008, to 59.5%.** New interventions and action plans will be put into place among VBH-PA's 14 counties as a result of the state's Performance Improvement Project (PIP) that will run from 2009 through 2013.
- **Length of stay:** The Value Select Providers (VSP) program, also known as Facility Management, is based on hospitals' average length of stay (ALOS) and consists of granting an authorization for 5 days at the time of the pre-authorization review, which eliminates the need for the concurrent routine review at day three and is a cost saver to the facility. The program also includes the monitoring of performance and certain parameters that need to be met during its implementation. Data from the inpatient provider profiles are used to identify hospitals with ALOS at or below the VBH-PA average to be considered for the VSP program. One hospital (the first facility to participate in the VSP program) has been able to keep its ALOS (4.6 days) below the VBH-PA average (6.2 days) in 2008.
- **Reporting of crucial incidents:** When appropriate, letters are sent to providers by the QM department reminding them of their contractual requirement to report critical incidents to VBH-PA. **The number of providers who did not report critical incidents was 10 in 2006; this decreased to four providers in 2007. In the 2008 profile, this number decreased further—only one inpatient provider did not report critical incidents during this year.**

ACTION PLAN: Data from the Mental Health Inpatient Provider Profile 2008 were reviewed by VBH-PA's Provider Profiling Advisory Committee for development of performance improvement plans. The following action plans were discussed:

- Two providers were the two highest outliers in LOS and costs. One of these providers tends to serve more complex, severely mentally ill members and has several specialty units, which help to explain the higher LOS and costs; because of this, no action plan was considered necessary for this hospital. At the other provider, problems with the doctor have been identified. For this provider, interventions are currently in place, including a new psychiatrist who is more crisis-oriented; and opening up more beds to more county residents.
- One provider was above the VBH-PA average LOS in several diagnoses. In addition, the Clinical Department has noticed some odd medication patterns for some members at this provider. These issues, along with several others, were discussed at a meeting between hospital staff and VBH-PA's Medical Director and Clinical Department staff that was held in September 2009.
- One provider had high LOS for children and also by diagnosis. The LOS issue was discussed at a meeting in July 2009 between hospital, VBH-PA, and county staff. The hospital staff indicated that their awareness of the length of stay problems. At this meeting, several barriers and possible interventions were discussed.
- One provider did not report critical incidents in 2008. A letter was sent to this provider to remind them of the requirement to report critical incidents by their contract with VBH-PA and the requirement by OMHSAS. A sample critical incident log and the table of incidents were included with the letter.
- Results of the 2008 inpatient provider profile were used to identify five possible hospitals to add to VBH-PA's Value Select Providers (VSP) project (previously known as Facility Management).

FAMILY BASED PROVIDER PROFILING
FISCAL YEAR 2008/2009
(PEPS Standard 99)

OVERVIEW OF ACTIVITY: A comprehensive provider profiling system serves as a quality management tool to support administrative and clinical processes, particularly when opportunities for improvement are identified. Provider profiling can further be described as the process of identifying those providers who consistently meet established VBH-PA clinical and administrative standards based upon performance indicators and routine data analysis.

Family Based Mental Health Services (FBMHS) for children and adolescents are designed to integrate mental health treatment, family support services and casework so that families may continue to care for their children at home. This service should reduce the need for psychiatric hospitalization and out-of-home placement by allowing parents/guardians to maintain their role as the primary caregivers for their children.

POPULATION/SAMPLE: The FY 2008/2009 FBHMS provider profile included providers from all of VBH-PA's 14 counties. **Twenty-two (22) providers who served 15 or more distinct members in FY 08/09 were included in this profile. The total number of distinct members served in FY 08/09 was 1,265.**

QUANTIFIABLE MEASURES: Profile information for Family Based Mental Health Services providers has been compiled for Fiscal Year 2008/2009. The following indicators are included in this profile:

- **Diagnostic categories:** Percentage of eight diagnostic categories by cost; average cost per member
- **Demographic information:** Percentage of members by gender and age group; total costs by gender and age group; average cost per distinct member by gender and age group
- **Costs:** Total cost per provider; average cost per distinct member by provider and outlier analysis; total units per provider
- **Service delivery / hours and weeks:** Total and average hours per week per distinct member by provider; total and average weeks per distinct member by provider; number/percentage of distinct members receiving over 32 weeks of service by provider
- **Inpatient hospitalization rates:** Inpatient admission rate per provider; number of inpatient admissions per provider
- **Follow-up levels of care:** 30- and 90-day follow-up rates per level of care; 30- and 90-day follow-up rates per provider
- **Complaints, peer reviews and grievances:** Number of Member Level I complaints; number of peer reviews; number of Level I and Level II grievances
- **Consumer/Family Satisfaction Team (C/FST) results**
- **FBMHS Provider Chart Audit 2009 results** – Results of a chart audit completed in 2009 of 24 family based providers at 27 provider locations. Five charts from each provider were audited, for a total of 135 charts audited.

METHODOLOGY: Data used are based on claims by service date for all Family Based Mental Health Services (FBMHS) providers for VBH-PA HealthChoices members. All 14 of VBH-PA's counties are included. Distinct members with less than 28 days of service were excluded. Providers who served less than 15 distinct members were excluded. Outlier analyses identify providers as above or below the VBH-PA average. The outlier analysis is based on the calculation of the distance from the average by standard

deviation of the normalized data. A provider is identified as an outlier above or below the mean if they are one or more standard deviations from the average.

ANALYSIS/RESULTS: The overall VBH-PA average cost per member for the 22 family based providers included in this profile was **$13,326, a 7% increase from last fiscal year** ($12,478). **Table 1** shows that increases from FY 07/08 to FY 08/09 were also found in the total number of distinct members (18% increase), total costs (26% increase), and total units (23% increase).

Table 1: Percent increases in DMs, costs, and units, FY 07/08 to FY 08/09

	FY 07/08	FY 08/09	Percent change
Distinct members	1,075	**1,265**	18%
Total costs	$13,413,406	**$16,857,889**	26%
Average costs	$12,478	**$13,326**	7%
Total units	493,839	**608,405**	23%

Table 2 provides an overview of the results of the FY 08/09 FBMHS provider profile.

Table 2: Summary of overall findings

Diagnosis / Costs	# DM	Paid Amount	% Diagnostic Cost	Avg Cost / DM
Mood Disorders	430	$5,530,731	33%	$12,862
Attention Deficit Hyperactivity Disorder	291	$4,095,617	24%	$14,074
Disruptive Behavior Disorder	245	$3,016,434	18%	$12,312
Adjustment Disorder	120	$1,627,540	10%	$13,563
Anxiety Disorders	86	$1,151,736	7%	$13,392
Pervasive Developmental Disorder	52	$709,894	4%	$13,652
Schizophrenia/Psychotic Disorder	16	$214,715	1%	$13,420
Other	33	$511,222	3%	$15,492
VBH-PA Totals	**1,265**	**$16,857,889**		**$13,326**

OTHER INDICATORS	VBH-PA	
Average hours per week per DM	4.6	
Average weeks per DM	26	
% DM receiving services over 32 weeks	31%	
Inpatient admission rate	12%	
Follow-up rate	**30-day:** 68%	**90-day:** 79%
FBMHS chart audit score	85.8%	

SUMMARY OF QUALITY IMPROVEMENTS: There was an 18% increase in the overall number of distinct members served from FY 07/08 to FY 08/09. Corresponding increases were seen in several indicators, such as total costs, average costs, and units. **Other indicators remained about equal to the previous year's profile, even with the increase in distinct members served**; these indicators included the average hours per week, the average weeks per DM, and the inpatient admission rate. **There was a slight decrease in the overall percentage of DM's with extensions past the 32-week standard of care, from 33% in FY 07/08 to 31% in FY 08/09.**

ACTION PLANS: Action plans from the **2008/2009 Family Based Provider Profiling Advisory Committee** included:

- Some providers had higher inpatient admission rates. The committee questioned whether the higher rates had any connection with how crisis services are being utilized. Differences in handling after-hours calls will be investigated for the providers with the highest and lowest inpatient admission rates.
- The higher-volume providers in one county had fewer cases that were peer reviewed compared to the county's lower-volume providers. Enhanced medical management will be put into place for the high-volume providers to ensure that medical necessity is being met.
- The BHRS follow-up rate includes Strength-based Treatment (SBT). Follow-up data for BHRS will be re-run in order to separate out SBT follow-up from traditional BHRS.
- The FY 08/09 FBMHS provider profile will be presented at the next Family Based Provider Workgroup meeting. Discharge planning will be targeted for review and discussion.
- The Clinical Department is considering holding a training for all family based providers on how to write crisis plans. At the next Family Based Provider Workgroup meeting, the providers will be asked if they would be interested in such a training.
- For members with case management as a separate service, the Clinical Department is implementing tighter medical management by having the family based reviewers /care managers question the need for continued BCM for family based cases, due to the fact that case management is one of the components of FBMHS.

ValueOptions, Inc.

PROVIDER PROFILING
BEHAVIORAL HEALTH REHABILITATION SERVICES
APRIL 1, 2008 TO MARCH 31, 2009
(PEPS Standard 99)

VBH-PA utilizes a provider profiling system to focus on the assessment of health care delivery and to examine patterns and trends. Profiling serves as a quality management tool to support clinical and administrative processes and identify opportunities for improvement within the provider network. **Each of the providers received a report card** that compares their average cost per member (ACPM) to the VBH-PA average for each diagnosis, an outlier analysis by diagnosis, provider specific complaint and chart audit results when applicable. The data below represents overall network totals.

Table 1: Diagnostic Categories

	DM	Paid Amount	ACPM	2008-09 % of Paid Amount	2007-08 % of Paid Amount
Autism Spectrum Disorder	2,545	$43,859,468	$17,234	48.7%	59.4%
ADHD	1,603	$17,229,747	$10,748	19.1%	15.9%
Disruptive Behavior Disorder NOS	1,171	$13,140,768	$11,222	14.6%	13.0%
Major Depression	568	$5,282,644	$9,300	5.9%	3.3%
Adjustment Disorders	362	$2,444,922	$6,754	2.7%	2.4%
Bipolar	210	$2,333,289	$11,111	2.6%	2.0%
Totals for All Diagnoses 08/09	**6,904**	**$90,107,872**	**$13,052**		
Totals for All Diagnoses 07/08	2,939	$35,749,632	$12,164		

The top six diagnostic categories account for 94% of the total paid amount for BSC, MT and TSS served by VBH-PA providers for members living in the fourteen counties. While the percentage of the paid amount for ASD has *decreased* with the addition of Cambria, Crawford, Erie, Mercer and Venango counties, the percentages of the paid amount for all other diagnostic categories have *increased.*

Table 2: ASD vs. Non-ASD

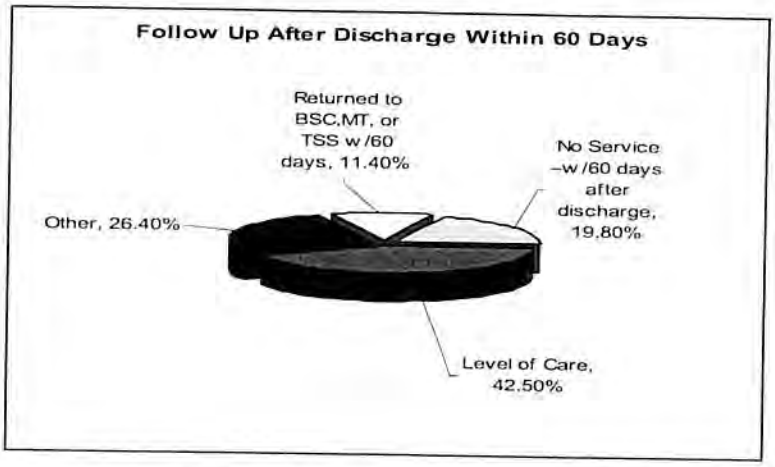
	DM	% of Total DM	ACPM	AUPM 08-09	AUPM 07-08
Non ASD	4,402	64%	$10,506	1,247	1,070
ASD	2,545	37%	$17,234	2,052	1,739

On average, a member diagnosed with ASD received 64.5% more units of BHRS service than a non-ASD member. There was a 17% increase in the AUPM for the ASD population, a 117% increase in paid amount and an 86% increase in the number of distinct members for the 12 month period. This year there are 37 high volume Autism providers as compared to 18 from 2007-08. Eleven of the 17 profiled ASD providers from last year had AUPM increases.

There was a 26% increase in the AUPM for ADHD from last year. Six of the 17 profiled ADHD providers from last year had AUPM increases.

Aggregate and provider specific Consumer / Family satisfaction data were analyzed. There was a total of 730 BHRS surveys conducted during this 12 month period. The question, "Has your provider made you aware of the support services available in your community?" scored below 85% for 4 providers and 88% for all BHRS surveys. This is addressed in the action plan.

Almost sixty-nine percent of members discharged from traditional BHRS received a subsequent service within 60 days. An additional 11.4% returned to BHRS (BSC, MT, TSS). Almost twenty percent of those discharged received no level of care or other types of services including BHRS within 60 days after discharge. Further analysis is recommended in the action plan.



SUMMARY OF QUALITY IMPROVEMENT: There was a 10% decrease in the average cost per member for the Adjustment Disorder diagnosis when compared with the 2007-08 profile. There was a decrease in the percentage of member's filing a complaint from 0.90% to 0.78%.

ACTION PLAN: The results of the profile were presented to the Profile Advisory Committee for review. These items were targeted for the action plan in 2009-10:

- Through the efforts of the CAC workgroup there will be a meeting for Summer Therapeutic Activities Program providers in January 2010 to review and implement the Best Practices for STAP.
- CFST Question #11 scored below 85% for 4 providers. "Has your provider made you aware of support services available in your community?" Beaver County has initiated a pilot project requiring 25% of the interventions in a BHRS treatment plan to be natural supports. The results of this pilot will be shared with all VBH-PA counties.
- Follow up after discharge from BHRS: It was determined that 19.8% of those discharged from BHRS had no further follow up service. VBH-PA will drill down to determine the age and county for these members at discharge. This information will be reported back to the Profile Advisory Committee for further input.
- A claims audit will be completed based on the volume of distinct members for a high outlier provider to determine any inappropriate billing practices.
- In this year's profile, a large number of providers submitted claims with a primary diagnosis of Adjustment Disorder with a total cost of over 2.39 million dollars. VBH-PA will notify the profiled providers by letter of the VBH-PA expectation to use the most clinically significant diagnosis on the claim. The diagnosis given for the authorization process should mirror the diagnosis submitted for claims payment and should be updated as treatment progresses. An article in the provider newsletter will also be distributed in December 2009 to make providers in all levels of care aware of this issue.

PROVIDER PROFILING
RESIDENTIAL TREATMENT FACILITIES
JANUARY 1, 2008 – DECEMBER 31, 2008
(PEPS Standard 99)

OVERVIEW OF ACTIVITY: For the year 2008, provider profiling information is reported for Residential Treatment Facilities (RTF's) including the following indicators:

- Average Length of Stay (ALOS)
- Inpatient Hospitalization Rate
- Demographic Information (Gender, Age)
- Average Cost per Discharge for JCAHO and Non-JCAHO
- Diagnostic Categories by Cost for JCAHO and Non-JCAHO
- Peer Review, Grievance Level I, Grievance Level II, Complaints, and Critical Incidents
- Follow-up Levels of Care

METHODOLOGY: Data used for the Average Length of Stay (ALOS) analysis and average cost per discharge are based on the first paid claim date to the last paid claim date from the claims data for all discharges occurring in the year 2008 for VBH-PA HealthChoices members. Data are also based on an RTF stay of 7 days or longer and continuous enrollment in the health plan during the entire period of RTF (successive encounters more than two days apart are counted as different discharges except for inpatient hospitalization). **All 14-county members** (Armstrong, Beaver, Butler, Cambria, Crawford, Erie, Fayette, Greene, Indiana, Lawrence, Mercer, Venango, Washington, and Westmoreland) with discharges in 2008 are included in the profile. The low number of discharges may, for some providers, inflate percentages so for the purposes of analysis, only facilities that had 5 or more discharges were used for comparisons. **Fourteen (14) providers were included for 2008.**

ANALYSIS/ BARRIERS & RESULTS:

- 14 Providers with 5 or more Discharges in 2008 - 10 JCAHO, 4 Non-JCAHO
- 2008 Discharges = 289
- Overall Average Length of Stay = 186 days
- Overall Inpatient Hospitalization Rate = 16%
- Average Cost Per Discharge for JCAHO = $50,955.43
- Average Cost Per Discharge for Non-JCAHO = $34,358.52

The RTF provider profile was shared with county and state representatives and the profiled providers. "Report cards" were included in the profile, which show the results for each provider compared to the VBH-PA averages for certain indicators. After the profiles were distributed, an internal VBH-PA interdepartmental committee (Provider Profiling Advisory Committee) met to review the profile and to discuss action plans based on the results. Providers are targeted for action plans when they are outliers in certain indicators.

Below are the Provider Profiling Advisory Committee Action Items mentioned in the 2008 RTF provider profile:

- A site visit was conducted at the provider with the highest ALOS in 2007. Issues discussed were the behavioral level system, education about continuum of care, and family involvement and transportation assistance to home. **The 2008 ALOS was 158 compared to 296 in 2007 for this provider.** This provider also had the highest average cost per discharge in 2007. **For 2008, this provider was below the VBH JCAHO amount for average cost per discharge.**
- The high outlier for the inpatient hospitalization rate for 2007 had been previously identified in a drill down of 2007 members resulting from an action plan of the RTF 2006 Provider Profiling Advisory Committee. A site visit occurred in January 2008, and it was learned that there is new management at this facility who will be looking at staffing patterns and trainings targeted. The

2007 rates did not reflect this action plan since it would not have been initiated for this time frame. **The 2008 rate, as expected, has decreased by 50% (50% in 2007 to 25% in 2008.)** A site visit also occurred in December 2008 as a follow-up to new management and discontinuation of PTSD program.

The Provider Profiling Advisory Committee Action Items as a result of the 2008 RTF Provider Profile are as follows:

- A letter was sent to the one provider who discharged a member with an Adjustment D/O which is not an appropriate discharge diagnosis for this level of care.
- A letter will be mailed to the provider who did not report any critical incident in this profile reminding them of the requirement to report by their contract with VBH-PA and the requirement by OMHSAS. A sample critical incident log and the table of incidents were included.
- A letter was sent to four providers who had a 75% or lower follow up rate for services requesting these members' discharge plans and any barriers provider is aware of to impede followed up with treatment. **100% of these providers complied with this request with the majority of these members showing involvement with the CYS/JPO system upon discharge; along with Group Homes and Private School. Also action items were implemented to ensure follow-up documentation is captured.**

SUMMARY OF QUALITY IMPROVEMENTS: The overall **ALOS for 2008 was 186 days or approximately 6.2 months, a 22% decrease from the 2007 RTF ALOS of 239 days.**

The overall 2008 inpatient hospitalization rate is 16%, a decrease from the 18% in 2007.

JCAHO and Non-JCAHO facilities have different payment methodologies so with regard to cost-related data, they must be broken out separately. The overall 2008 VBH-PA average cost per discharge was $50,955.43 for the JCAHO facilities. **The 2008 VBH-PA JCAHO average cost per discharge has shown an 18% decrease from 2007 and is impacted by the action plans to more stringently medically manage the members in RTF and to focus on supplying alternative levels of care, such as therapeutic foster homes, to allow the member to progress along the continuum of care. The 2008 VBH-PA Non-JCAHO average cost per discharge has shown a 22% decrease from 2007** and is also impacted by the reasons mentioned above.

The 2007 Advisory Committee recommended a site visit to be conducted with the provider who had the second highest 2007 IP rate of 36%. Visit occurred on December 2008 and it was identified that an autistic unit was opened at the end of 2006 and staff needed acclimated. There was a change in leadership at one site in 2007 resulting in identifying kids who would be successful there and cutting down in their census. Several kids had multiple inpatient stays being attributed to their high acuity of care. **The 2008 rate decreased from 36% in 2007 to 17% in 2008.**

The 2006 RTF Provider Profiling Advisory Committee developed an action plan of mailing letters to the providers using Adjustment Disorder since this is not an appropriate diagnosis for this level of care. **The use of Adjustment Disorder continues to drastically decrease with only one provider in the 2008 profile submitting final claims with this diagnosis**. This provider was not included in the original mailing.

On recommendation from the 2007 Committee, a site visit was conducted at the provider with the lowest follow-up rate (63%) in 2007 of the profiled providers. This resulted in an improvement project on their part. They intended to begin discharge planning earlier and bring the outpatient provider in for transition the month prior to discharge. **Their 2008 follow-up rate increased to 75% and is a quality improvement.**

PROVIDER PROFILING
INDEPENDENT PRESCRIBER (NWBHP)
(PEPS Standard 99)

OVERVIEW OF ACTIVITY: The purpose of the independent prescriber model is to provide comprehensive psychological evaluations for children and adolescents with a goal of ensuring coordination of care and cross-system communication and the development of treatment recommendations leading to effective care. A panel of independent prescribers was established to provide these evaluations for children and adolescents. The independent prescriber (IP) model was started in three of Value Behavioral Health of Pennsylvania's (VBH-PA) counties—**Crawford, Mercer and Venango**, also known as the Northwest Behavioral Health Partnership (NWBHP)—in the summer of 2007.

QUANTIFIABLE MEASURES: County administrators requested that VBH-PA begin a monitoring process of the IP model in order to assure that the practice expectations of the model were being fulfilled. The indicators to be monitored were discussed and decided upon in NWBHP Quality Management Committee (QMC) meetings. **The following indicators were presented in an annual report card format for each of the independent prescribers.** Aggregate VBH-PA data was used for comparison:

- Number and percentage of initial and re-evaluations completed by provider;
- Number of initial evaluations meeting the 7-day access standard;
- Reasons for not meeting the 7-day standard (prescriber not available, family choice, or reason not indicated);
- Levels of care recommended at the initial evaluation
- Complaint, peer review and grievance information
- The three most recent (CCASBE-LD) scores. (The CCASBE-LD is a best practice for evaluations)

METHODOLOGY: The 7 day access information on the Independent Prescriber Registration Form is entered into an independent prescriber database. Queries were run from this database and were analyzed for level of care recommendations and access information. Additional databases for complaint, peer review, grievance and CCASBE information were queried and analyzed for each provider. Data for these indicators were gathered for each prescriber and reported in a report card format. These report cards were distributed to the providers in March 2009.

ANALYSIS & RESULTS:

Each prescriber received a report card with their specific data and the VBH-PA aggregate data for comparison. The Provider profile advisory committee met to review the results. The committee identified several target areas and developed action plans for 2009. The following items were reviewed:

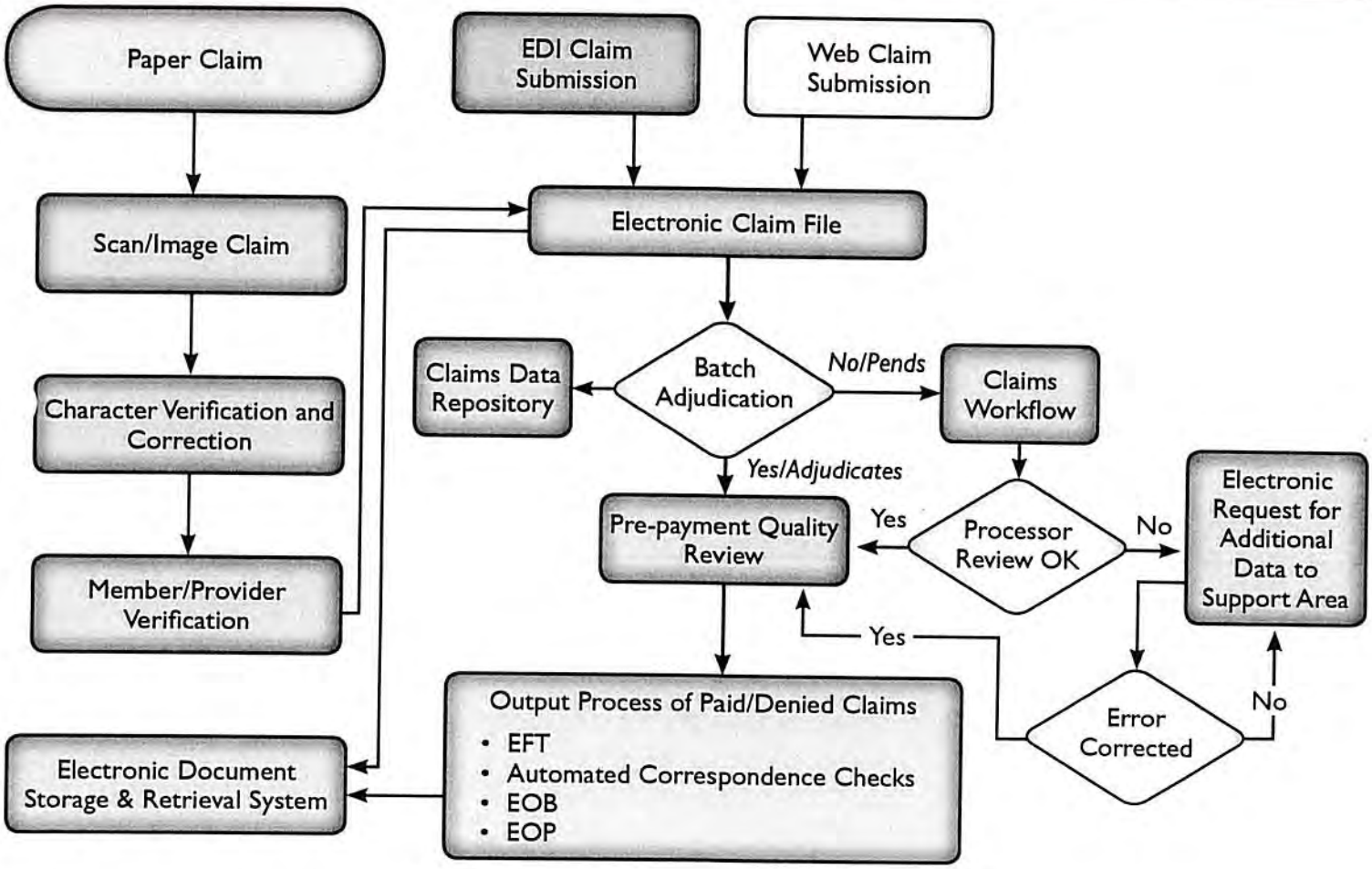
- For 2008, of the 693 initial evaluations completed, **67% met the 7 day access standard**.
  The reason for not meeting the access standard was documented 78% of the time.
  Action: Continue provider education and discussion of barriers regarding access. This will be done at the quarterly IP meetings
- The prescriber **level of care recommendations at the initial evaluation was BHRS 66%.**
  Nine of the 15 IP's had a high percentage of cases sent to peer review.
  Action: Continue education at the quarterly IP meetings regarding appropriate recommendations for levels of care.
- Six of the IP had CCASBE scores below 85%
  Action: **Networks department contacted the six IP with low scores and offered coaching sessions with a peer advisor.**

- Aggregate Consumer Family Satisfaction data was available. **Overall satisfaction with the IP process to obtain services was 87%. Overall satisfaction with the results of the IP evaluation was 91%.**
  Action: Develop ways to increase the number of IP satisfaction surveys with the Quality Management Committee members.

SUMMARY OF QUALITY IMPROVEMENTS: This was the first year these report cards were completed and the provider specific and aggregate results are considered baseline data. In early 2010, data for calendar year 2009 will be analyzed and compared to the 2008 findings to identify trends and further opportunities for quality improvement efforts. Consumer satisfaction data are collected on an on-going basis. Provider specific consumer satisfaction data will be available when sufficient surveys have been collected for the analysis.

Attachment 13 – Implementation Workflows (with the exception of Life of a Claim) were redacted.

Life Cycle of a Claim



ValueOptions of Louisiana Statewide Management Organization All Hazards Plan

Draft
August 2011

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Executive Summary

It is the policy of ValueOptions, Inc., (ValueOptions) to ensure ongoing operations are effectively managed during emergent situations so that service disruption is minimized, and enrollee and employee safety is assured. This plan applies to:

- all operating units within the Louisiana Service Center
- all mission critical IT and communication systems
- all national systems and locations providing support to the Louisiana Service Center
- all contracted Network Providers

In the event of an emergency or disaster, the ValueOptions of Louisiana (VO-LA) Statewide Management Organization (SMO) All Hazards Plan will operate in accordance in all Louisiana and Department of Health and Hospitals (DHH) specific requirements. This Plan will be guided by ValueOptions' National Crisis Response Plan that delineates the actions to be taken on a corporate and regional level in response to a large disaster.

ValueOptions' National Crisis Response Team will support regional operations to meet all components of our Plan. The National Crisis Response Team is comprised of clinical, IT, network, and administrative experts who shall be available immediately via cellular phone or other communications channel. The Crisis Response Plan protocol in place for disaster response includes notification, mobilization of resources, coordination with local and federal agencies, and communications.

Regional Crisis Response Team members within Louisiana shall remain in contact throughout the catastrophic event. To bypass regional service interruptions, a variety of communication methods are used to remain in contact. Communications channels include e-mail, Web-based technologies, cellular telephones, and travel, when possible. The notification and response plan is tested regularly to ensure that ValueOptions' response to a catastrophic event is immediate.

In addition, ValueOptions' comprehensive Disaster Recovery plan ensures continuity of IT and telephony systems in the event of a disaster. The Disaster Recovery Plan ensures that ValueOptions' staff is available 24-hours a day, seven days a week, regardless of interruptions in regional services. This disaster recovery meets the continuous access needs of our customers and employees, and extends to the safety and recovery of all confidential information.

All components of this plan shall conform to the requirements established by DHH.

Procedure

I. ValueOptions of Louisiana Service Center Requirements

A. General Planning and Communication

In the event of an emergency, business disruption or impending natural disaster, the senior manager present within the ValueOptions Louisiana (VO-LA) Service Center shall assume the role of Manager in Charge (MIC).

1. The MIC (in consultation with other Service Center unit leads) shall assess the potential threats to enrollee services, continuity of care, and employee safety of each situation, and identify necessary actions.

2. The MIC shall inform the following individuals (should they not be present in the Service Center), of the situation/impending threat:

   - VO-LA CEO
   - VO-LA CMO
   - VO-LA COO/Adult System Administrator
   - VO-LA Medical Administrator
   - VO-LA Child System Administrator
   - VO-LA Regional Intensive Case Manager
   - VO-LA Network Development Administrator
   - VO-LA Member Services Administrator
   - VO-LA Information Systems (IS) Administrator
   - ValueOptions National CEO
   - ValueOptions National COO (responsible for provider network, call center operations)
   - ValueOptions National CIO (responsible for IS services)
   - ValueOptions National Public Sector Division President
   - ValueOptions National Risk Manager
   - ValueOptions National Facilities Director

3. The MIC shall coordinate with the appropriate Louisiana DHH staff, and comply with provisions of applicable DHH emergency plan.

4. The MIC shall, if requested or authorized by DHH, notify appropriate state and federal representatives.

5. Upon request by DHH ValueOptions shall provide timely (i.e. hourly) updates to DHH by electronic communication, telephone or other available means.

B. Continuity of Care

ValueOptions will take the following steps to ensure continuity of behavioral health care during an emergency, business disruption, impending threat or other situation. The VO-LA COO (or designee) with support from the ValueOptions National COO, shall oversee and coordinate all actions needed to prepare for or manage continuity of care.

Mobilization of Resources

Through the coordination with national internal resources, VO-LA and ValueOptions staff shall provide assistance, in accordance with this plan and under the direction of DHH and other governing organizations. Services shall be provided across the state regardless of whether the catastrophic incident is regional or national in scope.

Within hours of a regional or national catastrophic event, designated staff shall coordinate with DDH, Office of Community Preparedness. VO-LA shall work with the Designated Regional

Coordinators (DRCs) in each of the impacted areas to respond immediately with on-site support. Additional support shall include:

- consultation with internal crisis response teams 24 hours a day
- timely information and resource materials for distribution
- update the Achieve Solutions website and the special Emergency page with information and additional materials

Coordination with Local and Federal Agencies

Upon authorization from DHH, ValueOptions will establish communications with local and federal agencies to ensure that the needs of the affected community are met. VO-LA will coordinate with Federal Emergency Management Agency (FEMA), the American Red Cross, local community mental health centers, and other providers to provide immediate and on-going on-site support.

Communications

The ValueOptions Crisis Response Team will work in concert with the VO-LA CEO to ensure DHH and members have open access to ValueOptions' services. We will coordinate with DHH and other stakeholders to:

- identify resources and needs
- provide management consultation to organizational leadership regarding recommendations on handling the incident
- implement the catastrophic disaster management plan

1. Vulnerable Members

    a. The CMO and Medical Administrator (or designee) shall instruct all Care Managers within the Service Center, and regionally-based staff to review Intensive Care Management or other caseloads to identify any members who may be particularly vulnerable during a weather-related or man-caused disaster event.

    b. Care Managers shall take any clinically appropriate actions to assist vulnerable members, such as contacting primary behavioral health providers to coordinate care.

2. Inpatient Facilities

    a. All ValueOptions contracted facilities are required to maintain plan(s) to assure the safety and care of enrollees within their facilities during disasters or emergencies.

    b. The CMO and Medical Administrator (or designee) shall contact all facilities providing inpatient psychiatric services within the affected area to determine:

        - the anticipated availability of inpatient services/beds
        - the status of enrolled members residing within those facilities
        - the facility's plan for continuity of care during the anticipated event/emergency, including any need to transfer inpatient enrollees to other facilities

c. This communication may be via telephone, electronic communication or fax as applicable.

3. Psychotropic Medications

a. The VO-LA CMO and Medical Administrator (or designee) shall contact the State's PBM (or appropriate state-level representative) to:

- notify of the impending disaster/threat, and discuss contingency plans for continuity of care
- determine the availability of PBM-contracted pharmacy dispensing locations within the service area potentially impacted during the event, and alternative pharmacy locations
- determine the status of the PBM's communications/electronic systems during the event
- prepare instructions for call center staff to assist enrollees with access to psychotropic medication during the event

4. Crisis Services

a. Emergency Crisis Line - A dedicated Emergency Crisis Line be activated and will remain in operation during any event. Should the VO-LA Service Center communications system becomes inoperable as the result of any event, the Emergency Crisis Line will automatically reroute to a designated back-up service center with staff specifically knowledgeable of Louisiana resources and services.

b. Crisis Stabilization Units - In preparation for the event (if known in advance) the CMO and Medical Administrator (or designee) will assess the availability of Crisis Stabilization Units within the affected area, and provide instructions for call center staff so that access may be assured, including to alternative sites, if needed.

The Crisis Stabilization Unit will ensure appropriate notification and communication with Police, Fire or other First Responders in the event of a disaster or emergency.

C. Circumstances Requiring Temporary Louisiana Service Center Closure

During severe weather, or any situation that requires the office to be closed, the following steps will be taken:

1. Information System (IS) staff will arrange for all incoming telephonic lines to be re-routed/retained to/by a designated back-up service center. IS shall have an IT person assigned coverage 24 hours a day, seven days a week. This person, with contact numbers, shall be listed on the after-hours coverage schedule.

2. The MIC will implement appropriate emergency plans.

D. Severe Weather Preparation

1. Tornado Preparation

   a. When a tornado "Watch" is issued, the Manager in Charge (MIC) or their designee will monitor radio, TV, NOAA, other websites and resources for relevant information.

   b. The VO-LA Network Development Administrator will notify all contracted providers within the affected area to activate all necessary plans to protect enrollee safety and ensure continuity of services. This notice shall be sent via electronic communication or fax, or other method as appropriate.

   c. When a tornado "Warning" affecting the VO-LA Service Center area is issued, staff will be assigned by the MIC to visually monitor the sky in all directions for any evidence of a tornado. If a tornado is sighted, an announcement will be made verbally in all parts of the building: "A tornado has been sighted, go to the designated safe area. Note – the designated safe area will be identified within the VO-LA Service Center (location TBD upon facility selection).

   d. Following the announcement, all personnel and visitors in the office must move in a quick, but orderly manner to a designate safe area within the VO-LA Service Center (location TBD upon facility selection). Staff shall be trained to not take time to turn off computers or other equipment. The MIC shall account for all employees.

   e. Staff shall remain in the safe area within the VO-LA Service Center (location TBD upon facility selection) until given further instructions by the MIC. The MIC shall determine when it is safe to leave the safe area.

2. Hurricane or Tropical Storm Preparation

   a. When a Hurricane or Tropical Storm Watch is Issued

   - The VO-LA CEO (or MIC) will monitor tropical storms and hurricanes for potential threat to the service center.
   - The VO-LA CEO (or MIC), in conjunction with the Executive Team, will begin planning for a threat when a hurricane or severe tropical storm "Watch" is issued by the National Weather Service (NWS) for any areas served by the VO-LA Service Center.
   - The VO-LA Network Development Administrator will notify all contracted providers within the network that a severe storm is possible, and that all necessary plans/actions should be undertaken to ensure member safety and continuity of care in the event of a full-blown event. This will occur via electronic communication, fax, or other appropriate means.
   - The VO-LA IS Administrator will notify the ValueOptions Corporate Technology Call Center that a severe storm is possible, and it may be necessary to reroute all VO-LA Service Center calls should a severe storm become imminent.

b. When a Hurricane or Tropical Storm Warning is Issued

- Hurricane preparation shall be conducted in accordance with DHH protocols. Preparation will begin when the NWS issues a hurricane or tropical storm warning for any areas served by the VO-LA Service Center, meaning that a storm may impact the affected areas within 24 hours.
- When a hurricane warning is received, the MIC will convene a meeting of the available Management Team to coordinate implementation of this section.
- The MIC will contact DHH and other appropriate offices and agencies to report any potential disruptions to services or systems anticipated by the storm, and provide information regarding disaster preparations.
- The VO-LA Network Development Administrator will notify all contracted providers within the affected area to activate all business continuity, disaster recovery or emergency management plans.
- Should the impending storm be expected to severely impact the VO-LA Service Center the following steps shall be taken by administrators and staff:
  - Access the VO-LA Service Center hurricane supplies frequently to secure the office. These supplies shall be located in a designated storage area.
  - Remove items from the floor that could be damaged by rising water.
  - Protect items from water leaking from the ceiling.
  - Cover electrical equipment with plastic.
  - Verify phone numbers for the phone tree, including back-up numbers, if the employee does not plan to be at their home.
  - VO-LA CEO shall coordinate with DHH and disaster preparedness agencies to confirm how and when the decision will be made to evacuate the office, and when and how the decision will be made to reopen the office. Contingency plans should assume that communications in the Baton Rouge area will be severely disrupted and that staff may need to contact an off-site location to coordinate service continuation and reopening of the VO-LA Service Center.
  - Assure computer systems are backed up to offsite locations. All important documents shall be backed up to the server-based system ("I Drive" or "H Drive" which are backed up to the central office in Norfolk, Virginia).
  - Place original legal documents in plastic, zip lock bags or plastic tubs.
  - Turn off all electrical equipment prior to departing the building.
  - Coordinate with the Landlord on any additional procedures for securing the office.
  - Coordinate with Designated Regional Coordinators (DRCs) regarding Service Center closure, emergency services during the storm, after storm damage assessments, and service continuation plans.
  - Coordinate with the ValueOptions Public Sector Division President, or designee regarding Service Center closure plans, emergency coverage by the backup Service Centers, after-storm damage assessment, and service continuation plans.
  - Contact ValueOptions Corporate Technology Call Center at 800-947-4108 regarding Service Center closure plans, emergency coverage by the backup Service Centers, after storm damage assessment, and service continuation plans.

c. Follow-up Activities

- Upon the discontinuation of an Official Watch and if members have been relocated, VO-LA staff shall:
  - Contact all providers to have them conduct outreach to all their assigned members.
  - For members assigned to Intensive Case Management, the Intensive Case Manager shall make outreach calls, and collateral contacts to ascertain the member and family member status and shall begin planning for repatriation.
  - VO-LA will work with providers and designated transportation providers to facilitate the member's return to their home community, or make other arrangements as appropriate.
  - VO-LA shall connect families to nonprofit resources to assist with their repatriation in the even they had to evacuation.
  - VO-LA will require a status update from providers not less than every five days for members who evacuated outside of the area and will follow-up to ensure that members receive a stabilization appointment for medication and clinical services upon repatriations.
  - If members return to their home community and their prescribing psychiatrist is not available for a medication update or has not returned, VO-LA will facilitate the member being seen within 48 hours by another psychiatrist.
  - If severe shortage of prescribers is noted, VO-LA will utilize Telepsych services in order for the member to have medication adherence for their illness.

E. System Failure

In the event of a system failure or loss of electrical power that reduces/terminates essential VO-LA operations, the following shall be implemented:

1. Electrical Power Loss

   a. The MIC or designee shall contact the local electric company or property manager for status of power restoration.

   b. Confirm that the toll-free numbers are operational and verify that a test call is answered by a VO-LA Service Center call center representative.

      - If the call is answered in the VO-LA Service Center call center, proceed to step 'd'.
      - If the calls are not routed to the VO-LA Service Center call center, inform the VO-LA IS Administrator On Call of the power outage. The calls shall automatically be routed to a designated back-up service center via ECR.

   c. If the power has been out for more than 20 minutes, staff shall call the IS 'On Call' person who shall perform the following:

- Contact the ValueOptions Technology Call Center at 1-800-947-4108 and inform them of the VO-LA Service Center wide power outage and that the center is in business recovery
- Ensure the UPS system in the I T server room is properly shutting down mission critical servers.

d. When the power is returned or the emergency is over, staff shall call the VO-LA IS 'On Call' person who shall perform the following:

- Inform the IS Administrator on Call that the outage is over.
- Ensure the Avaya phone system has reconnected to the National server and all calls are being routed through ECR to the VO-LA Service Center.
- Power up all mission critical systems and servers.
- Notify the ValueOptions Corporate Technology Call Center of the resumption of operations at the VO-LA Service Center.

2. Computer System Failure in Call Center

a. In the event of a computer system failure when all other systems (i.e.: phones & electric power) are operational, VO-LA IS staff shall be notified, and operations will continue with paper-based documentation.

b. All incoming calls during paper-based operations are to be entered into the system by the end of the first day in which computers are restored.

3. Telephone System Failure

a. Call the Technology Call Center at 1-800-947-4108. Report the problem and let them know you are going to call the Telecom 'On Call' phone.

b. Call the Telecom 'On Call' phone at 1-888-864-8277 and explain that you just opened a ticket for the appropriate problem.

c. If the problem is after working hours call the Telecom 'On Call' phone 1-888-864-8277 first and follow the process.

d. If Business Recover Procedures (BRP) are required, then Corporate Telecom will activate BRP for the service center and make test calls to make sure BRP is working as expected.

F. Fire

1. In the event of fire, employees' safety is the first priority.

2. In the event of fire, RACE will be used to guide our response
R = Remove anyone in immediate danger
A = Alert building occupants and the fire department via 911

C = Contain the fire by closing doors and windows
E = Evacuate the occupants of the building

3. After implementing R, A, C steps, all employees shall evacuate the building by the nearest exit. Exits are identified by lighted exit signs. After exiting the building, employees will immediately gather in a designated area (to be determined once facility is identified). The MIC will assure that all staff and visitors are accounted for.

4. After everyone is accounted for, a member of the VO-LA IS Department shall contact the phone company and the backup service center to arrange for the 800 lines to be re-routed to the backup service center.

5. The Fire Department will determine when it is safe to reenter the building.

6. In the event that the building is not usable, the Management Team will meet to establish and implement a service continuation plan. This plan will be communicated through all employees through the supervisory structure.

G. Bomb or Other Threat to Physical Safety

1. In the event that an item is discovered that appears to be explosive or otherwise creates a threat to employee safety, do not touch it and contact the MIC.

2. If the MIC concurs that the device appears to be a threat to employee safety, the Police will be contacted and the MIC or Police will determine whether evacuation of the building is appropriate.

3. If the VO-LA Service Center is evacuated, the Police shall determine when it is safe to re-occupy the building.

4. In the event of a bomb threat call, alert a co-worker, if possible, of the call and ask that the MIC be contacted.

5. Attempt to obtain as much information from the caller, such as the type of bomb, the location of the bomb, and the time of detonation. Listen for any information the caller may disclose or may be heard in the background. Listen for the gender of the caller, plus the apparent age of caller, race, and any other distinguishing characteristic.

6. At the conclusion of the call, assure that the MIC is notified so that the call can be reported to local Police.

7. Staff should immediately bring any other perceived threat to the physical safety of staff to the attention of the MIC, who will determine the appropriate action to take.

H. Widespread Communications Disruption

1. When any event, such as a hurricane, causes widespread disruption to local communications, staff should contact the corporate office for instructions about work related activities and support.

2. When local communications are initially restored, it is often with sites external to the local community. Thus, if staff cannot reach the VO-LA Service Center or a member of the Service Center management team, they shall contact the Reston Corporate Office at 1-703-390 6800.

II. ValueOptions, Inc., National Business Continuity Disaster Recovery Procedures

ValueOptions ensures that information is safeguarded in the event of a disaster and that appropriate service authorization and data collection continues.

A. Overview

ValueOptions leverages a two scenario recovery contingency plan. Clustered WebSphere Application servers and real time data replication of core application data is at the heart of our primary recovery approach. In this recovery approach, all transactions of the CONNECTS application data is replicated in real time to a fully redundant IBM iSeries application server utilizing third party data replication software. The more likely event of a single server failure is addressed in this primary recovery design.

Our secondary recovery contingency provides support for an unlikely catastrophic disaster involving a total site outage of the National Data Center. ValueOptions has engaged IBM BCRS (Business Continuity and Recovery Services) for hosting and recovery subscription services at their premier BCRS hot site in Sterling Forest, New York. Additional redundancy is built into our WAN connections, which facilitate rerouting of data traffic. ValueOptions' IT staff performs two recovery tests annually with IBM at their BCRS recovery site in Sterling Forest, New York.

B. Data Back-up Process

In support of our Business Continuity Plan, ValueOptions maintains a scrupulous data back-up process. The IT teams conduct traditional incremental data back-ups of all applications on a daily basis and full data back-ups on a weekly basis. All back-up tapes are audited and verified for completeness. Saved media is duplicated daily with the primary copy stored off-site at a secure, vaulted location and the duplicate copy remaining within an IBM 3584 Automated Tape Library (ATL) at the National Data Center.

ValueOptions utilizes two IBM back-up and recovery software products in conjunction with the 3584 ATL to provide an enterprise recovery solution. IBM Tivoli Storage Manager Server software is used for back-up and recovery of all UNIX and Windows based application servers. IBM Backup, Recovery and Media Services (BRMS) is used exclusively at ValueOptions as the iSeries enterprise backup and recovery solution.

ValueOptions' National IT Department is responsible for maintaining and executing the Disaster Recovery or "IT Business Continuity" plan, offering the best IT Business Continuity plan in the mental health care industry. As described below, ValueOptions performs the traditional daily back-ups to tape and storage off-site methodology as a precautionary measure. ValueOptions performs daily system back-ups on all servers to ensure that the content of all ValueOptions' production systems can be recovered in the event of a disaster. These back-ups are performed on both host and local area network systems. Software and production data files are copied to tape. TSM and BRMS verification and audit programs are then used to confirm that the system back-ups are complete and accurate. Copies of the tapes are then created and stored off-site. In the event of a physical disaster, the back-up tapes that are stored off-site can be used to recover and reload the ValueOptions production systems. System back-up tapes are rotated regularly to ensure physical integrity of the tapes and to minimize tape parity error problems. This traditional back-up approach provides a fail-safe for all ValueOptions' data and programs to ensure IT business continuity.

The National Data Center is supported by skilled ValueOptions technology professionals. Well established and enduring partnerships with leading technology vendors, including IBM, Caterpillar, Liebert, Power Ware, Vision Solutions, Oracle, Cisco, Nokia and others, further strengthens the integrity of the total ValueOptions Data Center solution.

C. National Data Center

While Reston, Virginia resides on one of the nation's more stable power grids, auxiliary power to the ValueOptions National Data Center is provided by a Caterpillar 625 kVA generator. A 325 kVA Uninterrupted Power Supply (UPS) supported by Power Ware provides seamless power transition between utility and generator power. Five 20-ton Liebert HVAC units provide cooling and humidification control to our 5,500 sq ft data center. Overhead pre-action dry fire suppression and moisture detection systems provide preventive fire and flood protection.

ValueOptions' core application servers residing in the National Data Center are built utilizing IBM's enterprise class pSeries and iSeries platforms. These systems are designed by IBM and configured in partnership with IBM by ValueOptions' systems engineering staff to provide maximum redundancy and resiliency in both internal power and computing capability. By virtue of their design, the iSeries and pSeries platforms each enjoy industry leading availability ratings. Our newer i5 and p5 models provide 64bit POWER5+ computing power and non-disruptive autonomic CPU and memory failure capabilities. Each platform remains highly scalable with processor and memory CUoD (Capacity Upgrade on Demand) feature capability. CUoD allows additional memory and processing resources to be added without interruption to application availability.

D. Connects Platform

The ValueOptions JAVA-based CONNECTS applications are developed and deployed to the J2EE standard in a two tier configuration utilizing IBM's WebSphere Application Server on pSeries in a clustered configuration. Backend DB2 and Oracle application databases reside on an iSeries i5 570 and two pSeries p5 570's respectively. The ValueOptions i5 and p5's each consist of multiple logical partitions including dedicated production, development, staging, training and load test environments.

E. Mitigating Risk

ValueOptions utilizes Living Disaster Recovery Planning System (LDRPS) Enterprise Edition by SunGard to document disaster recovery procedures and to mitigate the risk of data loss or systems inaccessibility due to an emergency or disaster (such as fire, vandalism, terrorism, system failure, or natural disaster). Managed by IT Systems Technology, this comprehensive disaster recovery plan provides for the timely and well coordinated restoration and recovery of any lost electronic protected health information (ePHI). The Disaster Recovery Plan includes procedures to restore ePHI from data back-ups in the case of data loss, procedures to document and track system outages, failures, and data loss to critical systems and workforce employee training on disaster recovery plan implementation.

F. Hot-Site Recovery

In the event of a man-made or natural disaster affecting the Reston National Data Center, ValueOptions has contracted with IBM to restore recovery within 48 hours at IBM's Business Continuity and Recovery Services (BCRS) site in Sterling Forest, New York, which is included as a node on ValueOptions' wide area network. In the event of a disaster, ValueOptions will send the latest tapes to the IBM New York site, where the data will be restored to a back-up iSeries and pSeries server. Since the IBM site is a node on ValueOptions' wide area network, local IT staff in all service centers will have access and the ability to operate the system without traveling to the hot site. In addition, traffic from all service centers will be automatically rerouted to the IBM Hot Site. In addition to systems that ValueOptions has contracted for with IBM, ValueOptions maintains their own pSeries based WebSphere application servers, DNS and firewall services at the IBM BCRS New York site thus providing users immediate access to the CONNECTS applications once associated databases are fully restored. Maintaining a mix of hosted and subscribed services with IBM allows ValueOptions to provide one of the industry's most rapid recovery solutions.

G. Testing

ValueOptions' IT systems and network engineers conduct a test of the disaster recovery plan twice annually with IBM Recovery Services experts.

H. Procedures

Our Business Continuity Plan covers all systems, including telephony, LAN/WANs, data servers, application servers; help desk processes, and facility power. It also includes specific support activities for each department within ValueOptions (e.g., Finance, Human Resources). The Plan incorporates detailed instructions that cover all phases of the disaster recovery process, including:

- **plan activation procedures**: protocols for first alert procedures, identification of emergency team members, assessment of the severity of an incident, impending regional disaster procedures (e.g., snow storm or hurricane), contingency contact procedures to alert appropriate internal staff
- **response procedures**: activate alternate data processing locations, data center vendor notifications, internal and external notification process, team communication requirements

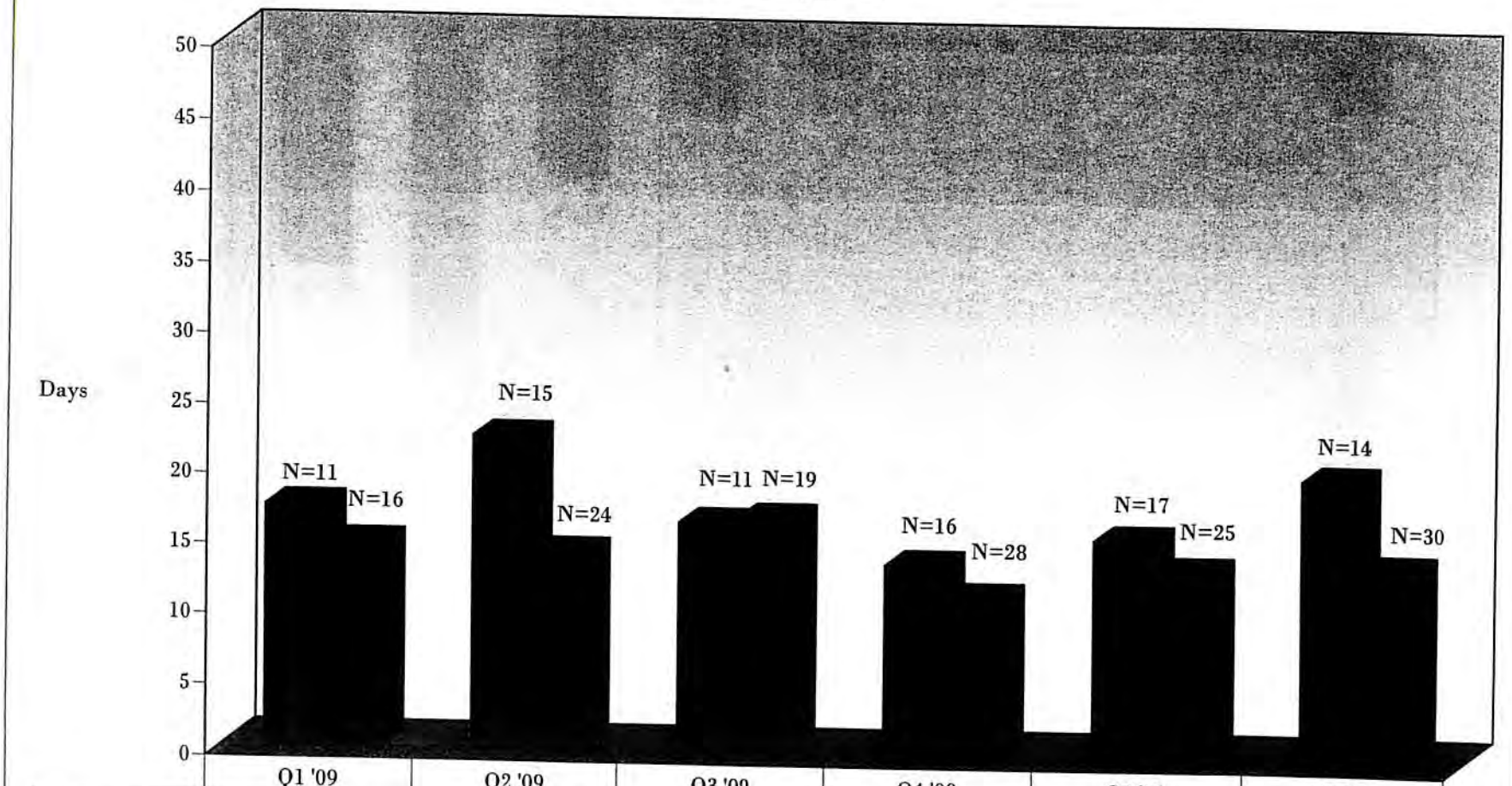
- **recovery procedures**: procedures for recovery operations, monitoring alternate processing operations
- **site restoration procedures**: initial assessment procedures, transitioning services back to the call center
- **administrative procedures**: monitoring and reporting, recordkeeping

ValueOptions' Business Continuity Plans also encompasses telephone service recovery for all ValueOptions Call Centers. A telephony Business Recovery Plan (BRP) can be invoked in the event that a call center is not able to continue to provide call handling service as normal.

Every service center has its own unique BRP plan. The BRP plans are managed 24 hours a day, seven days a week, by the ValueOptions National Telecommunications Group. Our geographically dispersed call centers provide back-up call management services for each other. This ensures the level of service our participants will receive, even when a site may be operating under BRP conditions, is meeting ValueOptions standards and client service level expectations. BRP's are activated by service centers when needed. To activate or de-activate a BRP plan, a service center simply calls or e-mails the Technology Call Center and requests that their center be put into or taken out of Business Recovery. This process can be accommodated within minutes of notification, 24 hours, seven days a week.

Provider 1: Average Length of Stay by Quarter

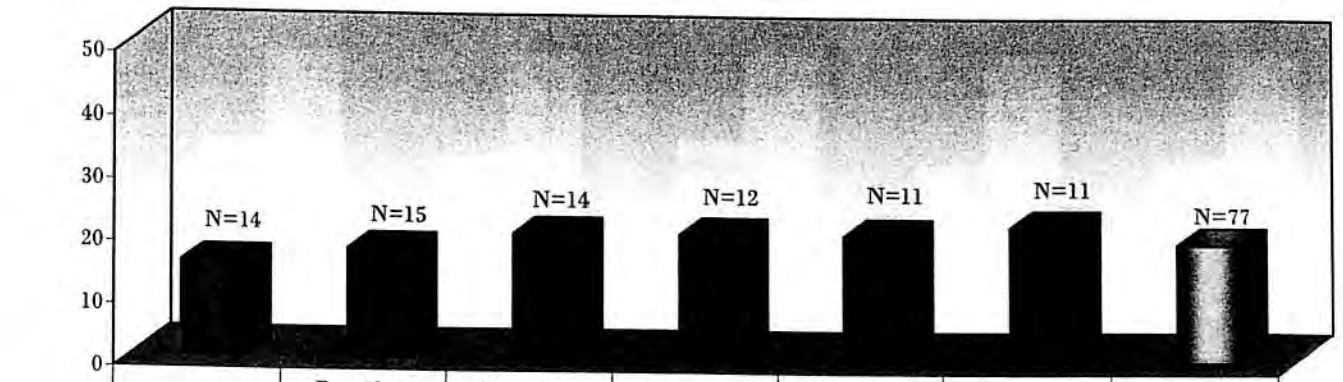
DCF vs. Non-DCF: Age 0-12



	Q1 '09	Q2 '09	Q3 '09	Q4 '09	Q1 '10	Q2 '10
DCF 0-12	17.09	22.27	16.27	13.50	15.47	20.00
Non-DCF 0-12	14.44	14.00	16.68	11.25	13.28	13.67

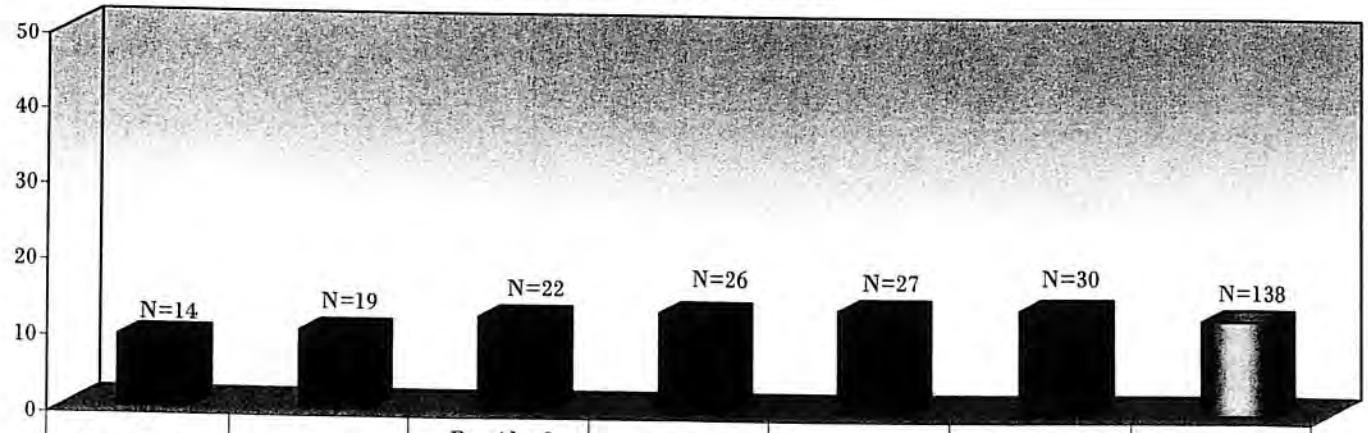
Provider 1: Average Length of Stay Comparison

Q2 '10; DCF; Age 0-12



	Provider 2	Provider 3	Provider 1	Provider 4	Provider 5	Provider 6	Big 8
Q2 '10	15.07	17.33	20.00	20.08	20.09	21.64	18.84

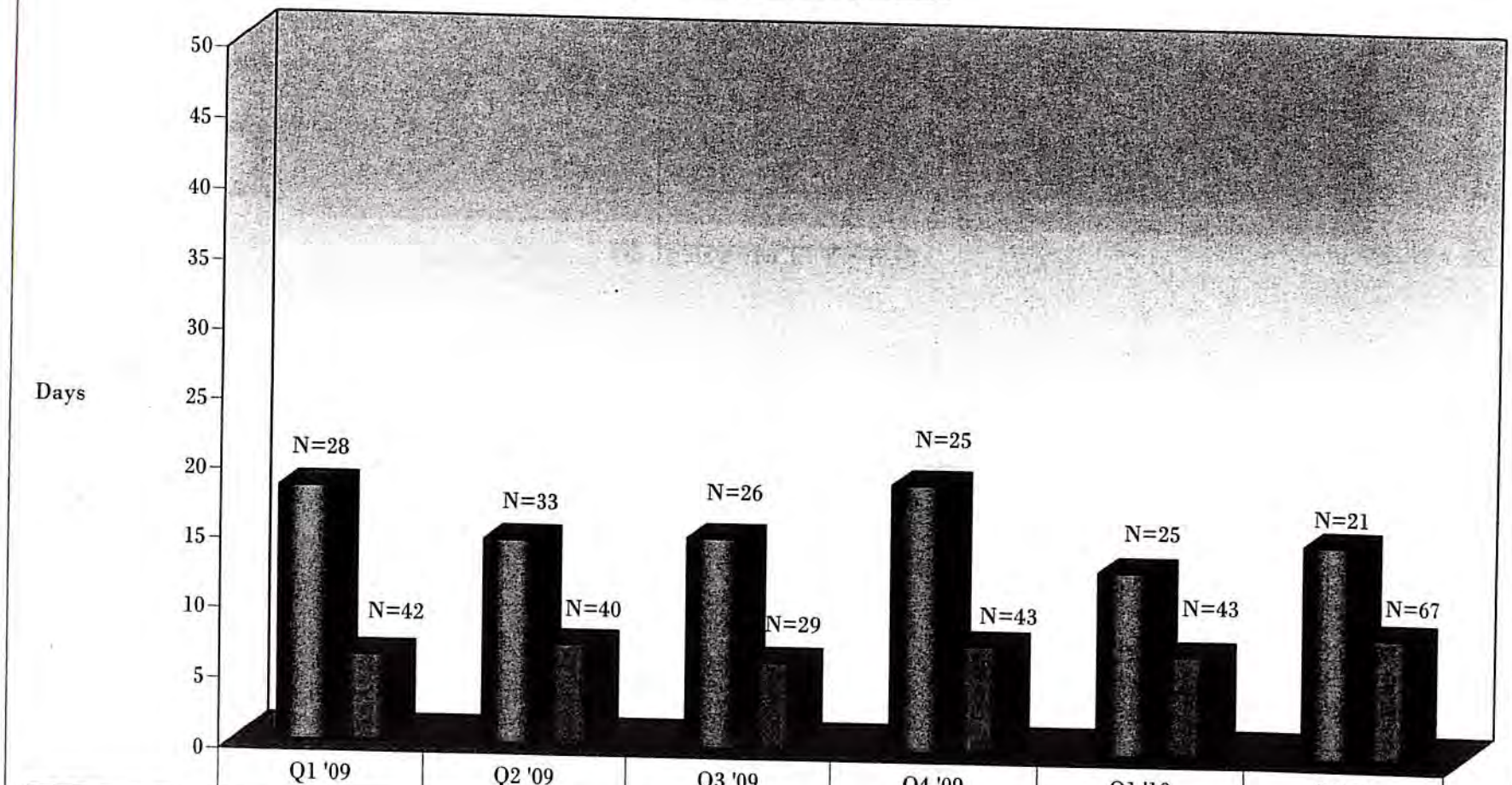
Q2 '10; Non-DCF; Age 0-12



	Provider 4	Provider 6	Provider 3	Provider 5	Provider 2	Provider 1	Big 8
Q2 '10	9.21	10.21	12.23	13.00	13.52	13.67	12.36

Provider 1: Average Length of Stay by Quarter

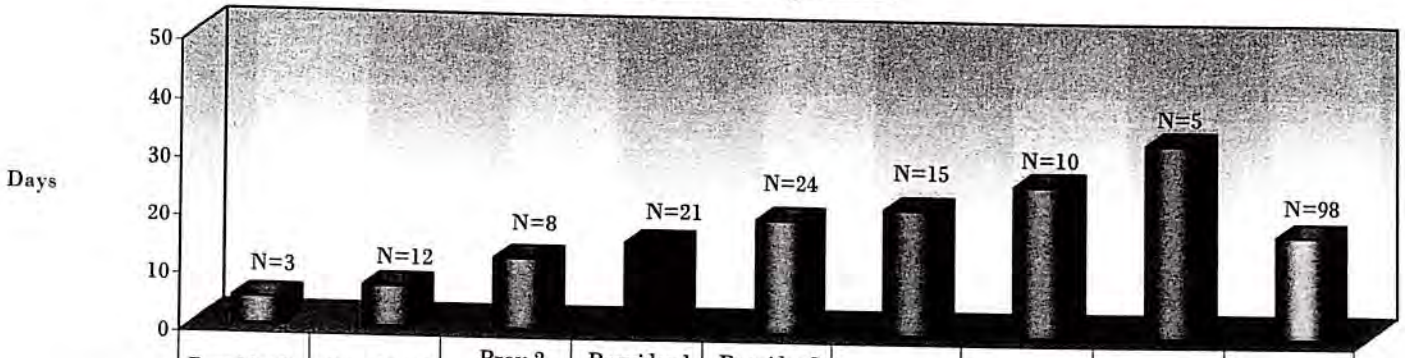
DCF vs. Non-DCF; Age 13-18



	Q1 '09	Q2 '09	Q3 '09	Q4 '09	Q1 '10	Q2 '10
DCF 13-18	18.14	14.48	14.85	19.00	13.00	15.14
Non-DCF 13-18	6.05	7.03	6.03	7.47	7.02	8.57

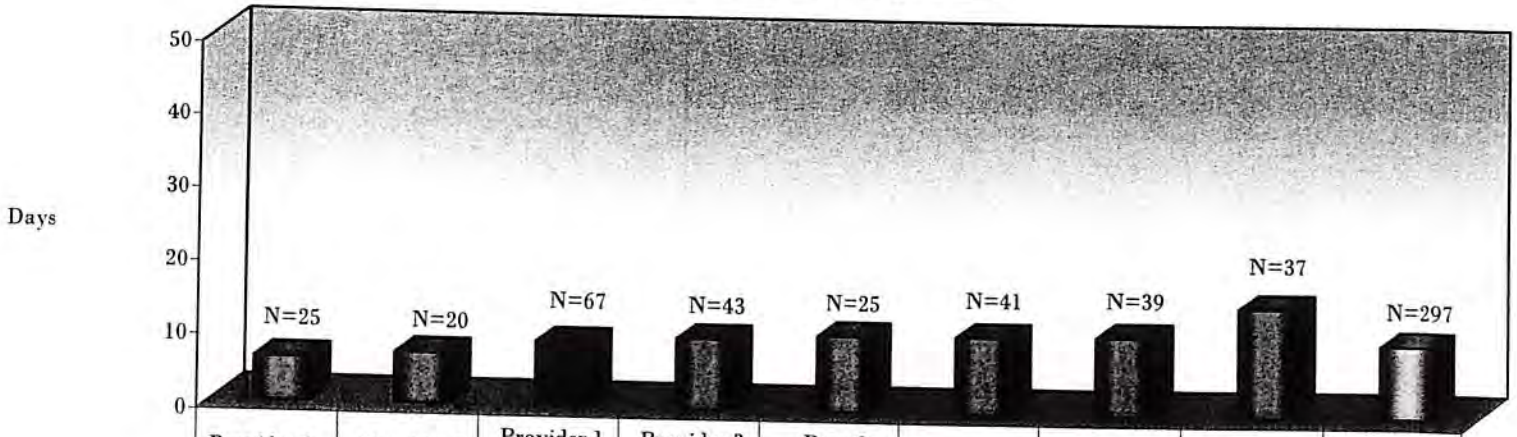
Provider 1: Average Length of Stay Comparison

Q2 '10: DCF; Age 13-18

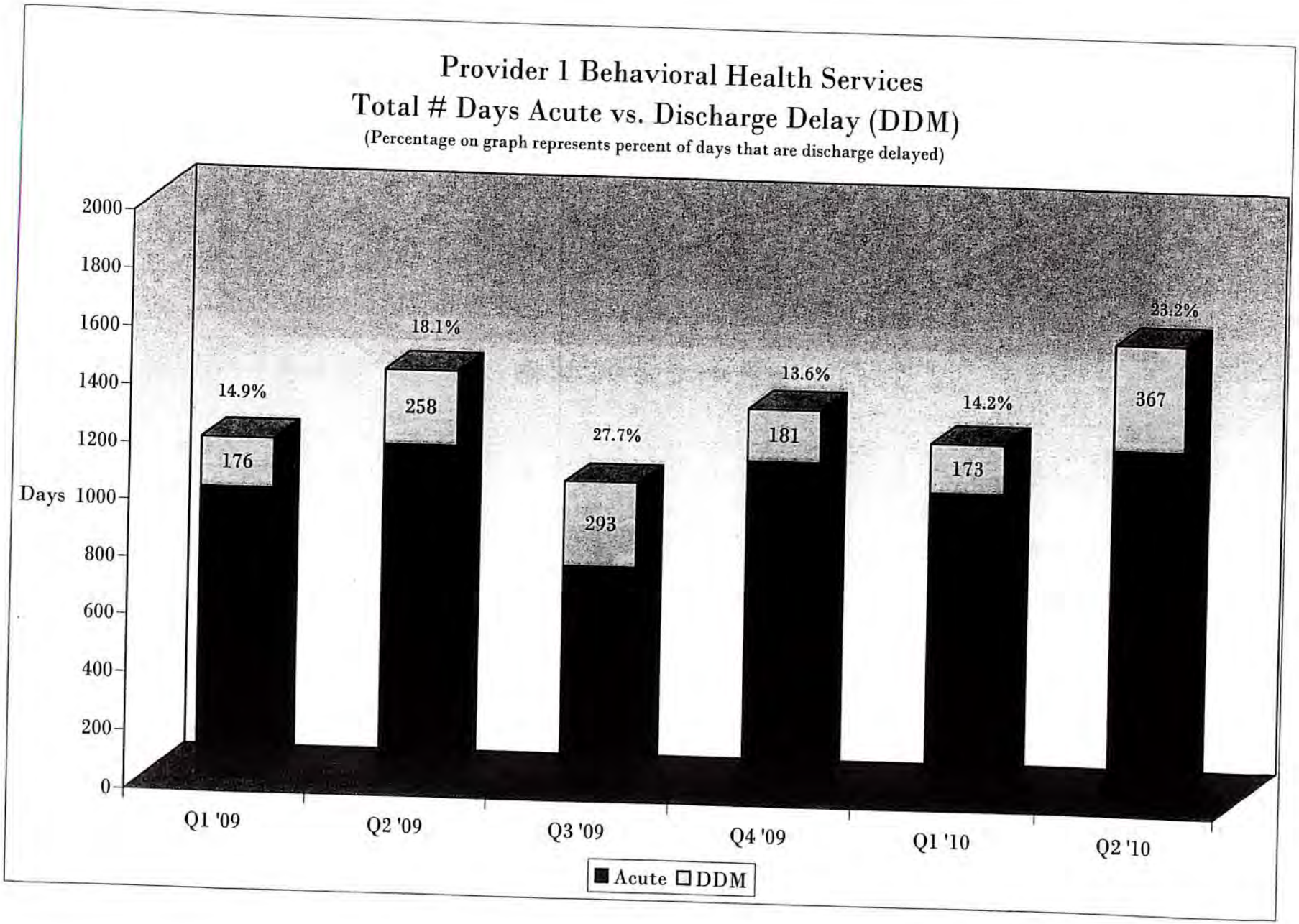


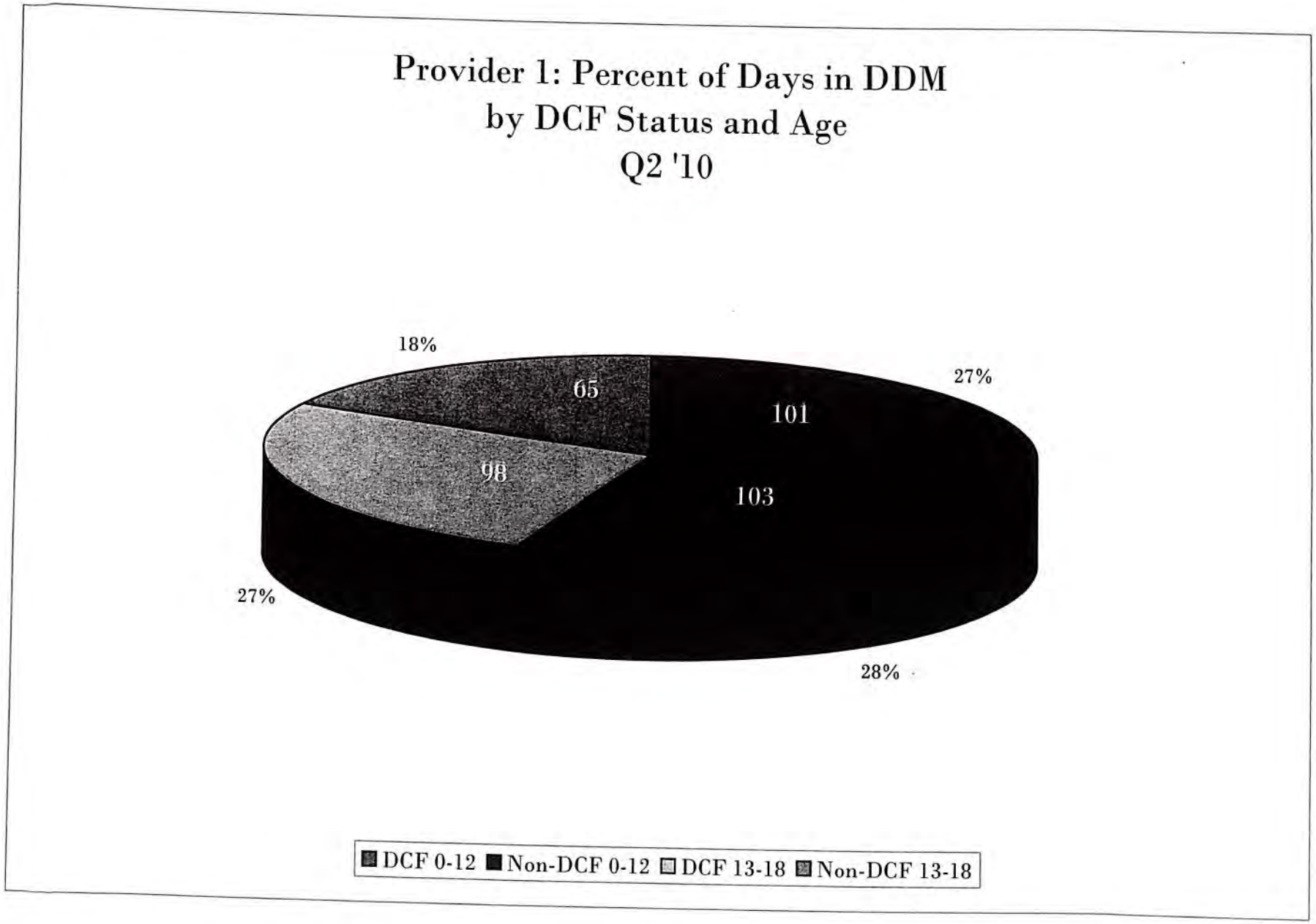
	Provider 7	Provider 8	Prov 2	Provider 1	Provider 3	Provider 5	Provider 4	Provider 6	Big 8
Q2 '10	4.67	7.00	12.13	15.14	19.54	21.67	26.10	33.40	17.70

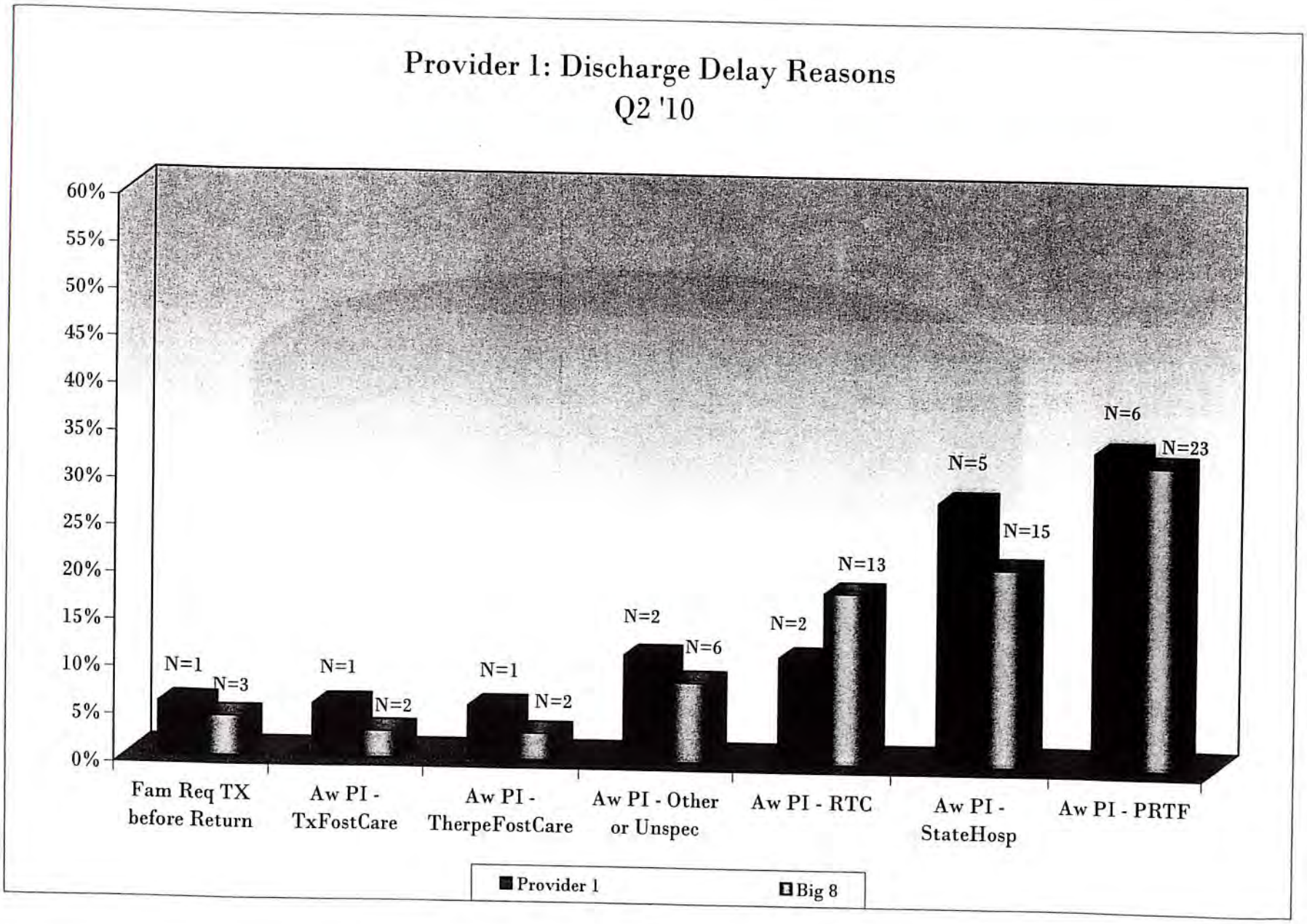
Q2 '10: Non-DCF; Age 13-18



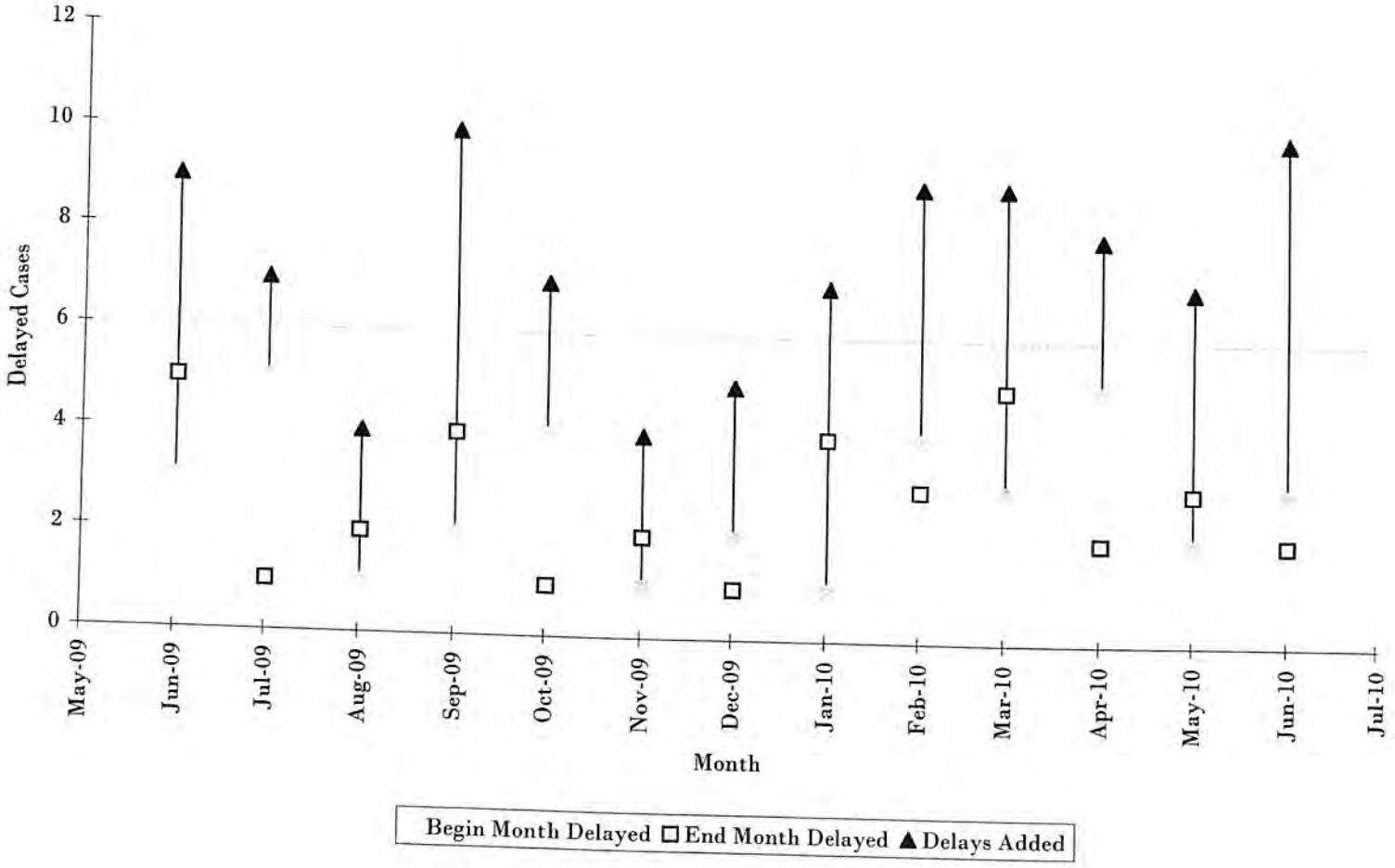
	Provider 8	Provider 7	Provider 1	Provider 3	Prov 2	Provider 5	Provider 4	Provider 6	Big 8
Q2 '10	5.84	6.75	8.57	9.35	10.04	10.2	10.46	14.62	9.68


Provider 1 Behavioral Health Services
Total # Days Acute vs. Discharge Delay (DDM)
(Percentage on graph represents percent of days that are discharge delayed)
Days
2000
1800
1600
1400
1200
1000
800
600
400
200
0
14.9%
176
18.1%
258
27.7%
293
13.6%
181
14.2%
173
23.2%
367
Q1 '09
Q2 '09
Q3 '09
Q4 '09
Q1 '10
Q2 '10
Acute
DDM

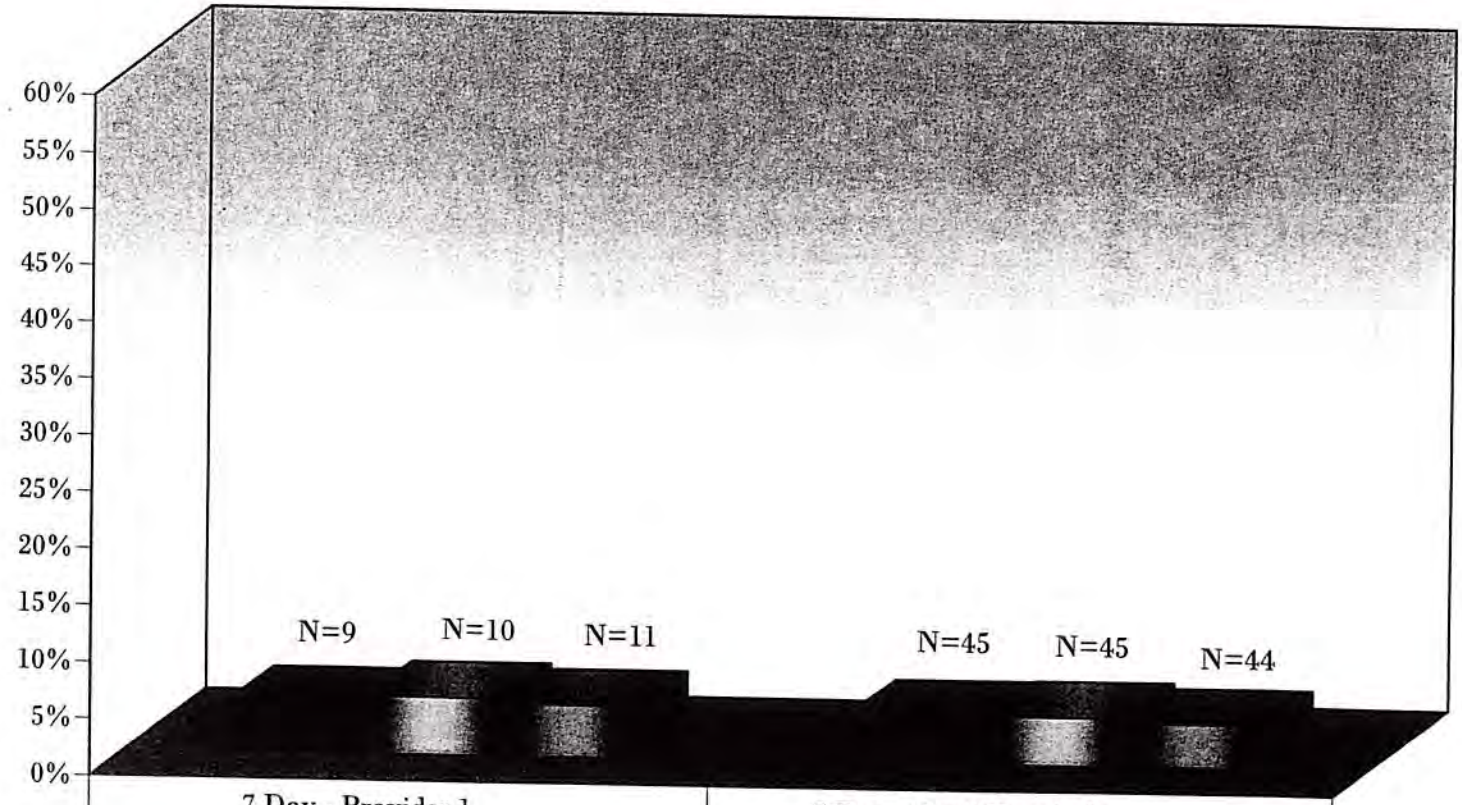

Provider 1: Percent of Days in DDM
by DCF Status and Age
Q2 '10
18%
65
27%
101
98
103
27%
28%
DCF 0-12
Non-DCF 0-12
DCF 13-18
Non-DCF 13-18


Provider 1: Discharge Delay Reasons
Q2 '10
60%
55%
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
N=1
N=3
N=1
N=2
N=1
N=2
N=2
N=6
N=2
N=13
N=5
N=15
N=6
N=23
Fam Req TX before Return
Aw PI - TxFostCare
Aw PI - TherpeFostCare
Aw PI - Other or Unspec
Aw PI - RTC
Aw PI - StateHosp
Aw PI - PRTF
Provider 1
Big 8

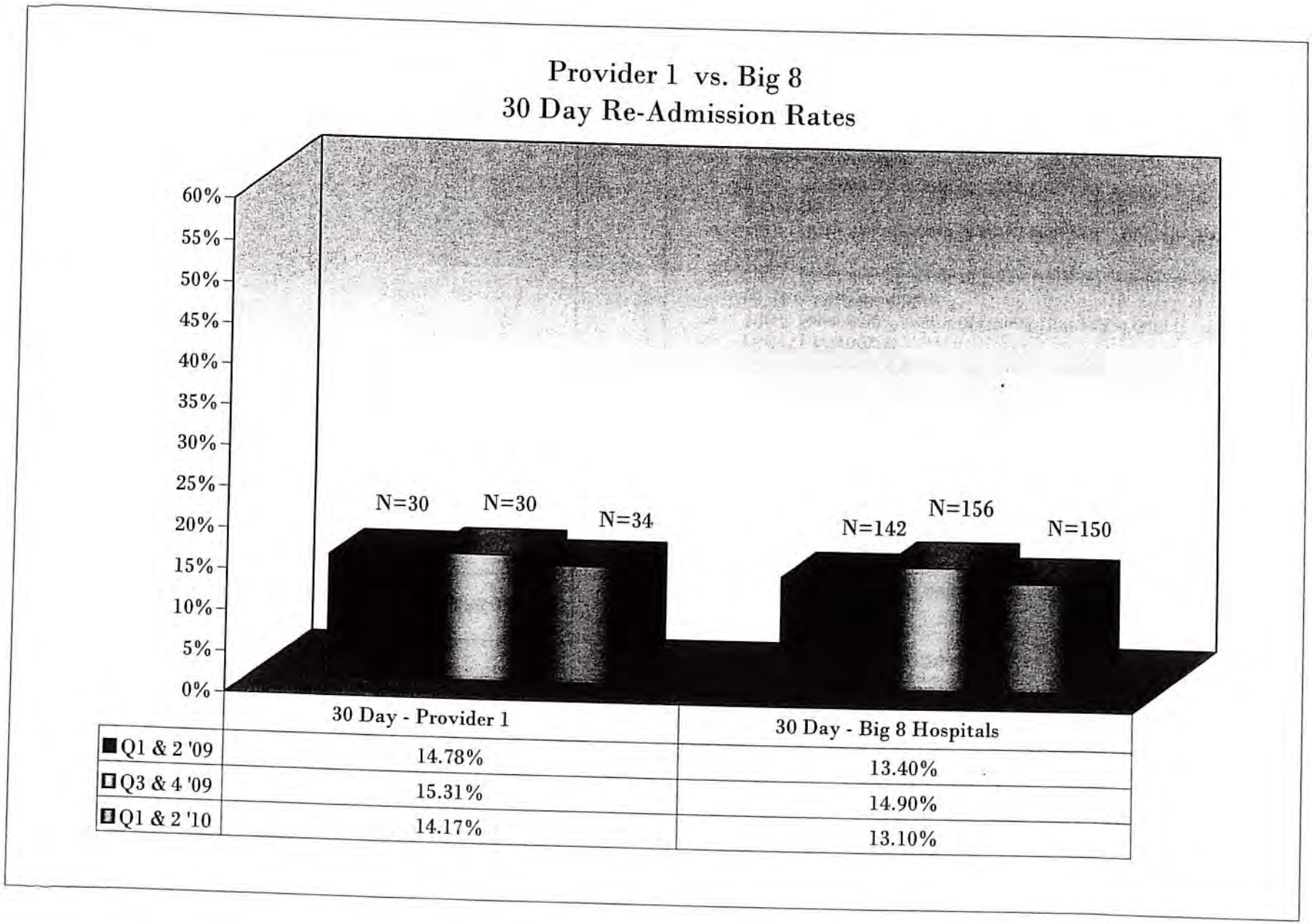
Connecticut Behavioral Health Partnership
Provider 1Behavioral Health Services Only
Discharge Delayed Cases
(IPF)



Provider 1 vs. Big 8
7 Day Re-Admission Rates



	7 Day - Provider 1	7 Day - Big 8 Hospitals
Q1 & 2 '09	4.43%	4.25%
Q3 & 4 '09	5.10%	4.30%
Q1 & 2 '10	4.58%	3.84%



	30 Day - Provider 1	30 Day - Big 8 Hospitals
Q1 & 2 '09	14.78%	13.40%
Q3 & 4 '09	15.31%	14.90%
Q1 & 2 '10	14.17%	13.10%

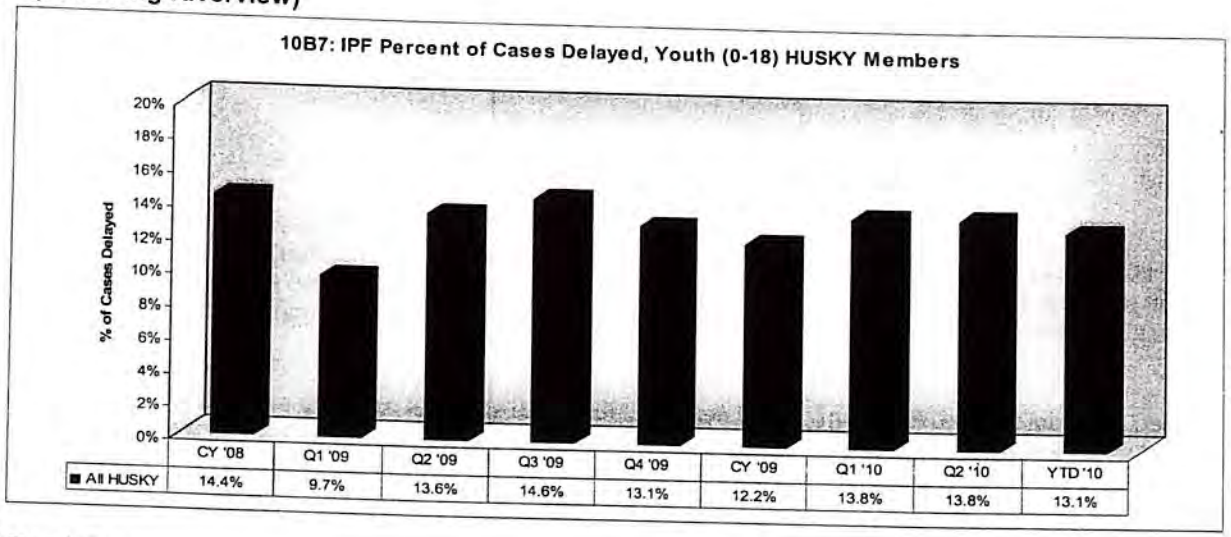
NAME OF REPORT: 12

EXHIBIT E REPORTING MATRIX
Census Analysis Report – IPF Discharge Delays

Date: Quarter 2, 2010

Quality Improvement Activity: N/A	**Supporting Graphs including plotted goals, performance, benchmarks** **Reports:** • CTBH06038_RVW – Census Analysis Report (10B_7) – Discharge Delays By Service Class • CTBH06038_XRV – Census Analysis Report (10B_7) – Discharge Delays By Service Class **Graphs:** • 10B7: IPF Percent of Cases Delayed, Youth (0-18) HUSKY Members • 10B7: IPF Percent of Cases Delayed, Youth (0-18) DCF vs. Non-DCF Members • 10B7: IPF Number of Days Delayed, Youth (0-18) HUSKY Members, Excluding Riverview • 10B7: IPF Percent of Days Delayed, Youth (0-18) HUSKY Members, Excluding Riverview • 10B7: IPF Percent of Days Delayed, Youth (0-18) DCF vs. Non-DCF Members, Excluding Riverview • 10B7: Riverview Percent of Cases Delayed, Youth (0-18) HUSKY Members • 10B7: Riverview Percent of Cases Delayed, Youth (0-18) DCF vs. Non-DCF Members • 10B7: Riverview Number of Days Delayed, Youth (0-18) HUSKY Members • 10B7: Riverview Percent of Days Delayed, Youth (0-18) HUSKY Members • 10B7: Riverview Percent of Days Delayed, Youth (0-18) DCF vs. Non-DCF Members
Reporting Frequency: Quarterly	
Rationale for Performance Measure: This report informs as to the Discharge Delay information by service class. This information is utilized to inform as to the percent of cases that are delayed by levels of care.	
Data Source: rpt_ctbhk_daily_hloc_auth (daily census report table) based on authorization data from AIS	
Goal: Report displaying data regarding discharge delays that occurred during the quarter, by service class.	
Measurement (methodology): Includes only those members who were in discharge delay status, received service for IPF, IPM, PRT, or RTC, and were discharged during the quarter or were still in care at the end of the quarter. IPF and IPM data are combined. Occurrences of discharge delay reason code 36 ("Not Applicable") are ignored.	

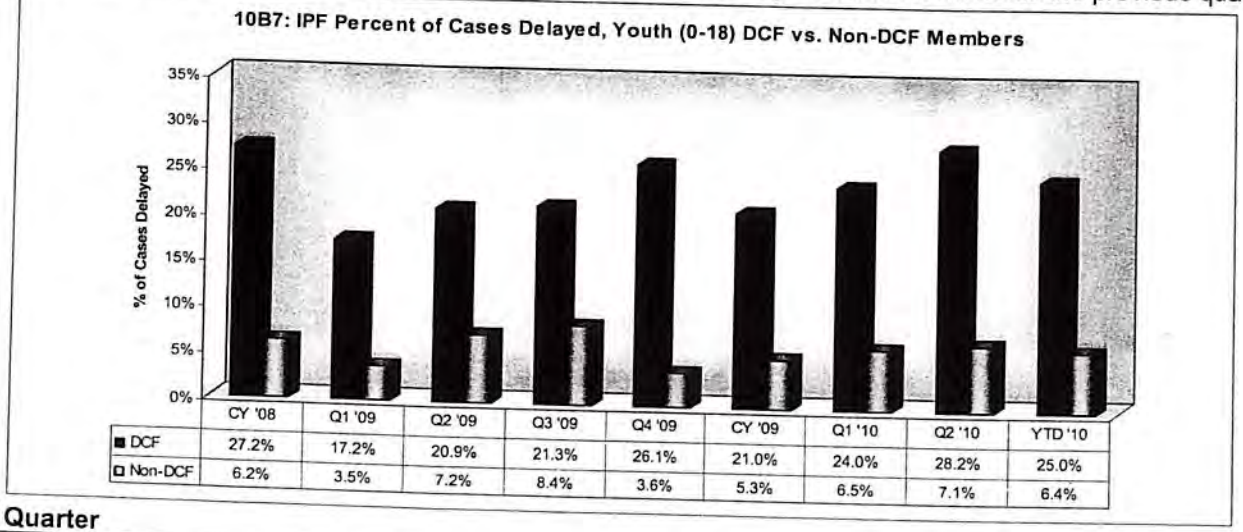
Analysis of Results:
Inpatient Psychiatric (excluding Riverview)



	CY '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	CY '09	Q1 '10	Q2 '10	YTD '10
All HUSKY	14.4%	9.7%	13.6%	14.6%	13.1%	12.2%	13.8%	13.8%	13.1%

New Graphs for 2nd Quarter

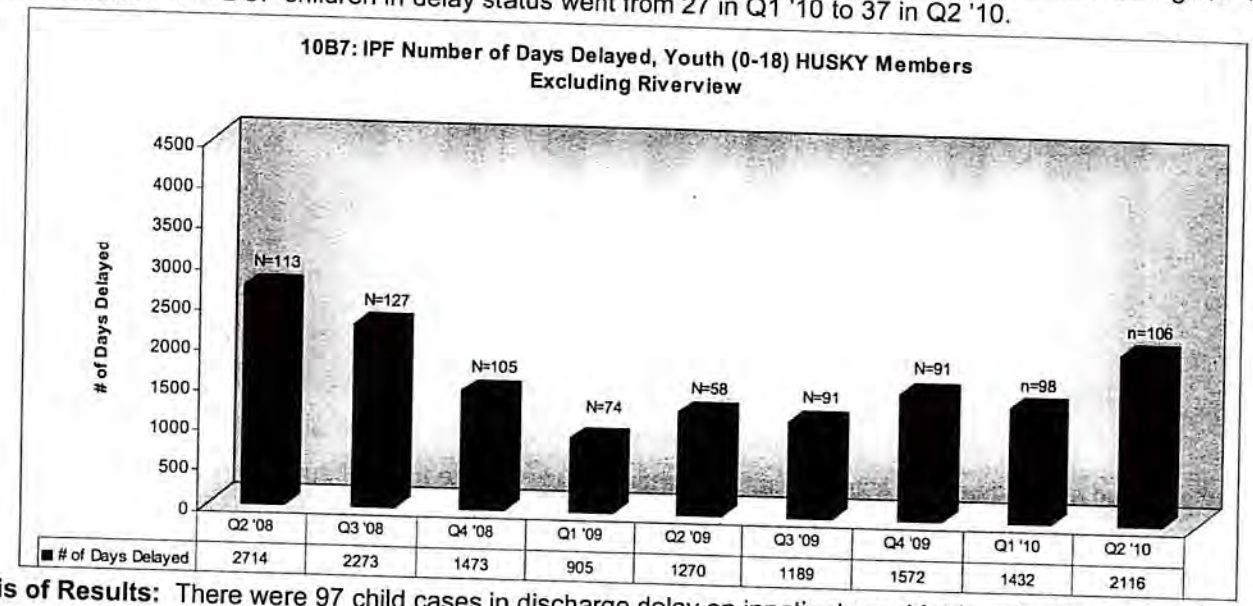
2nd Quarter Analysis of Results: In Q2 '10 the percent of all HUSKY children in delay remains the same as the previous quarter at 13.8%.



	CY '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	CY '09	Q1 '10	Q2 '10	YTD '10
DCF	27.2%	17.2%	20.9%	21.3%	26.1%	21.0%	24.0%	28.2%	25.0%
Non-DCF	6.2%	3.5%	7.2%	8.4%	3.6%	5.3%	6.5%	7.1%	6.4%

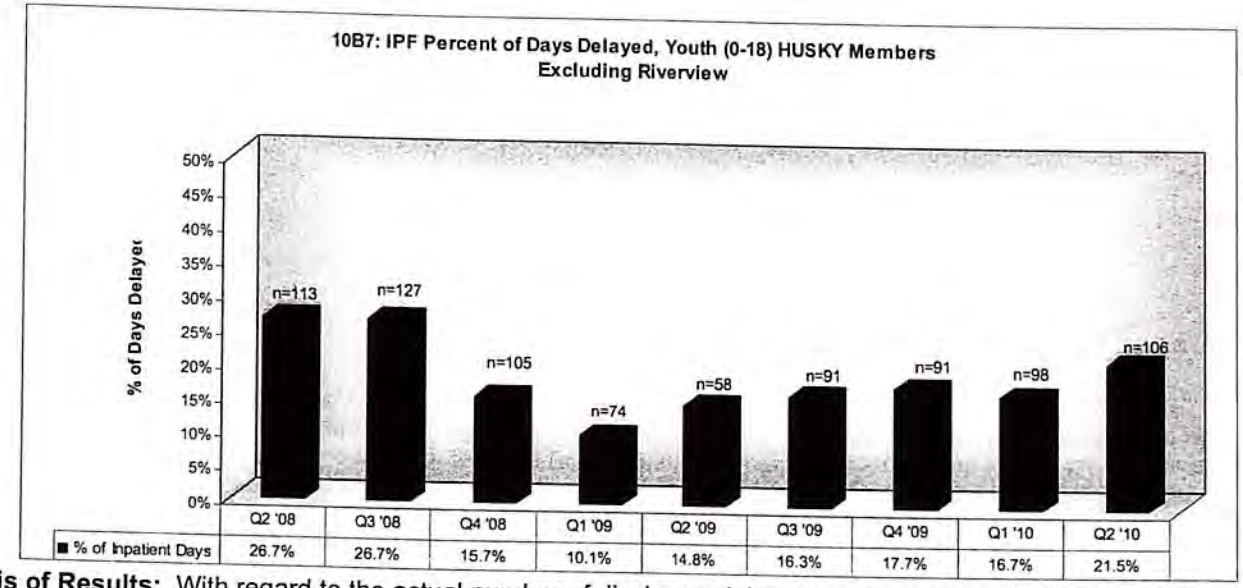
New Graphs for 2nd Quarter

2nd Quarter Analysis of Results: Although the percent of cases delayed for all HUSKY members remains the same from last quarter, when looking more specifically at DCF vs. Non-DCF one can see that the percentage of youth in delay is going up in both categories. The percent of DCF members on delay is showing a greater increase by going from 24.0% in Q1 '10 to 28.2% in Q2 '10. The percent of Non-DCF members on delay went from 6.5% in Q1 '10 to 7.1% in Q2 '10. At the same time, the number of DCF children in care decreased from 296 in Q1 '10 to 245 in Q2 '10 while the number of DCF children in delay status went from 71 to 69. More non-DCF children were in care during Q2 '10 (524) than during Q1 '10 (415) while the number of non-DCF children in delay status went from 27 in Q1 '10 to 37 in Q2 '10.



1st Quarter Analysis of Results: There were 97 child cases in discharge delay on inpatient psychiatric units (excluding Riverview) in Q1 '10. This represents a 4.3% increase in number of cases on discharge delay for inpatient psych (excluding Riverview) when compared to Q4 '09 (93) and a 67.2% (58) increase from Q1 '09. Despite the increase in cases on discharge delay in Q1 '10, the percent of inpatient days in discharge delay went from 17.7% in Q4 '09 to 16.7% in Q1 '10.

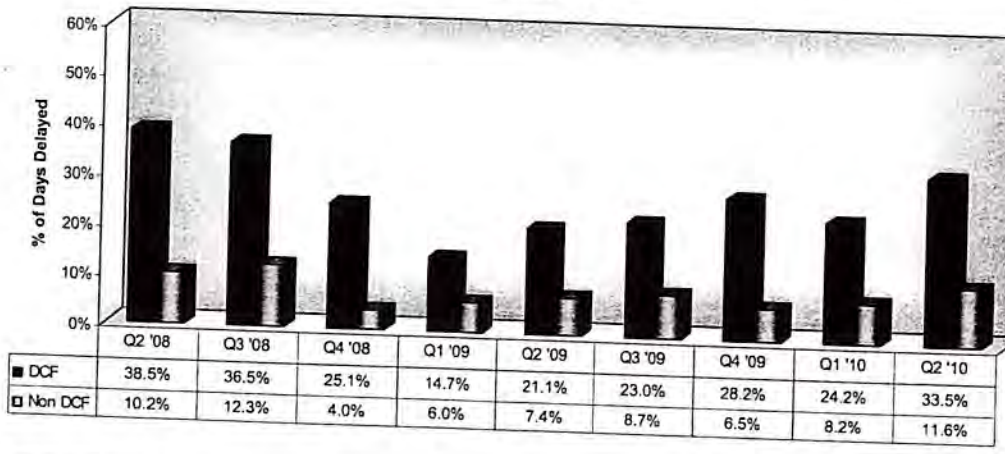
2nd Quarter Analysis of Results: The number of youth on discharge delay has increased from the previous quarter. There were 106 youth on discharge delay on inpatient psychiatric units (excluding Riverview) this quarter where as there were 98 in the previous quarter. This represents an 8.2% increase from the previous quarter. Although there was a slight decrease in the number of days in Q1 '10 this trend was not maintained in Q2 '10 when the number of days delayed increased by 47.8%.



1st Quarter Analysis of Results: With regard to the actual number of discharge delay days, there was a 9.6% decrease in the number of inpatient discharge delay days used in Q1 '10 (1421) when compared to Q4 '09 (1,572) and an increase of 57% when compared to Q1 '09 (905).

2nd Quarter Analysis of Results: Q2 '10 also saw an increase in the percent of inpatient days in delay status from 16.2 % in Q1 '10 to 21.5% in Q2 '10.

10B7: IPF Percent of Days Delayed, Youth (0-18) DCF vs. Non-DCF Members Excluding Riverview

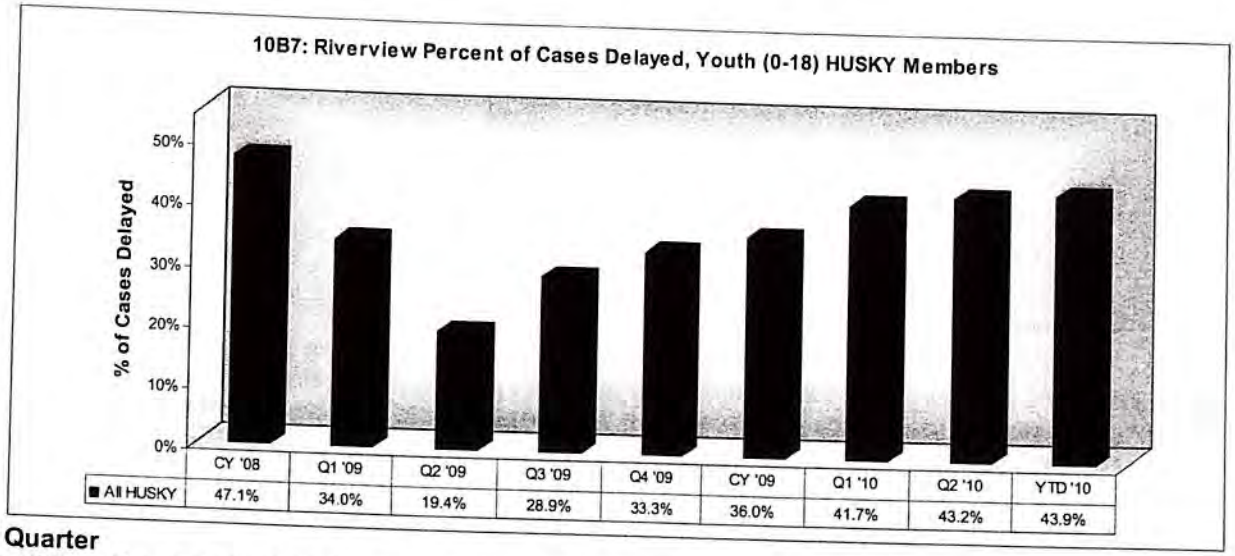


	Q2 '08	Q3 '08	Q4 '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	Q1 '10	Q2 '10
■ DCF	38.5%	36.5%	25.1%	14.7%	21.1%	23.0%	28.2%	24.2%	33.5%
□ Non DCF	10.2%	12.3%	4.0%	6.0%	7.4%	8.7%	6.5%	8.2%	11.6%

1st Quarter Analysis of Results: In Q1 '10 there continues to be a large difference between the percentage of inpatient days delayed for DCF involved members and Non- DCF involved members. In Q1 '10 there was 65.8% difference in DCF discharge delay days (1,059) compared to non-DCF discharge delay days (362) (not graphed). This has remained consistent throughout previous quarters.

2nd Quarter Analysis of Results: In Q2 '10, DCF members continue to account for a larger percent of the days in delay (33.5%) than do the Non-DCF members (11.6%). For DCF members, the total delay days went from 1,105 in Q1 '10 to 1,493 in Q2 '10, an increase of 35.1%. For the Non-DCF membership the increase in the number of days in delay was larger; the total delay days went from 327 to 623 days, an increase of 90.5%. An audit of non-DCF delayed cases found that although designated as Non-DCF many of these children have some form of DCF involvement and are awaiting placement in Riverview, PRTF or RTC level of care.

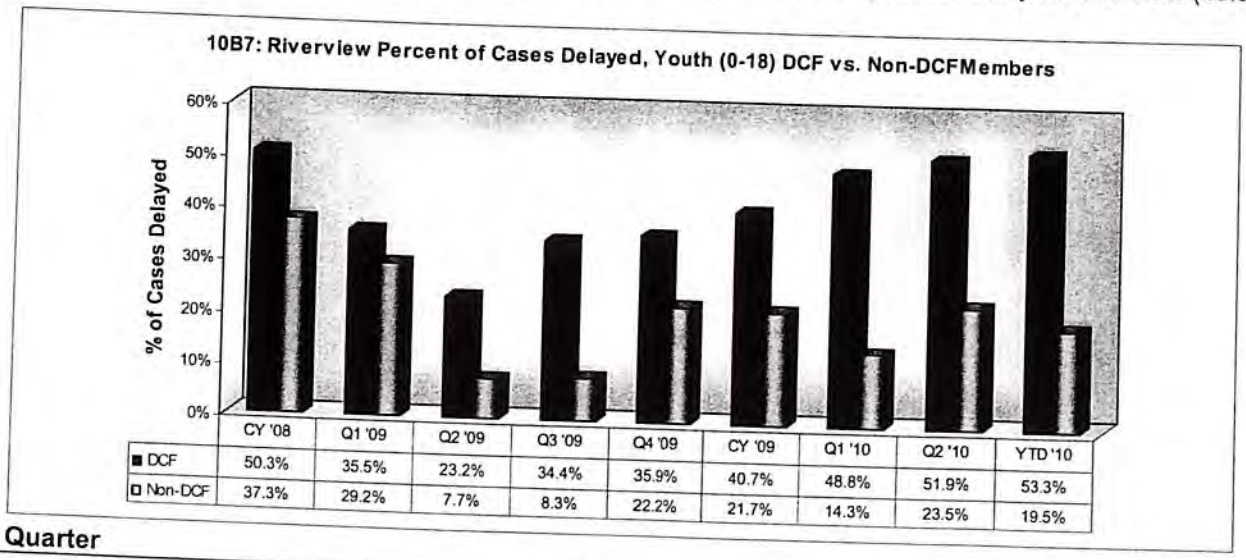
Riverview:



	CY '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	CY '09	Q1 '10	Q2 '10	YTD '10
All HUSKY	47.1%	34.0%	19.4%	28.9%	33.3%	36.0%	41.7%	43.2%	43.9%

New Graphs for 2nd Quarter

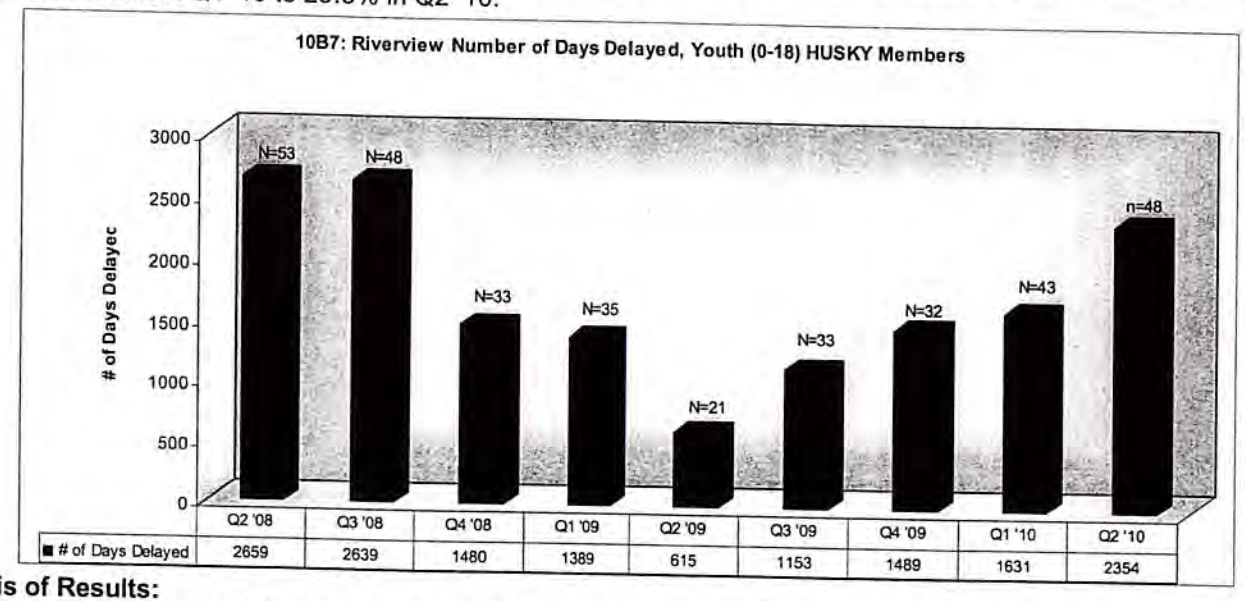
2nd Quarter Analysis of Results: In Q2 '10 there was an increase in the percent of HUSKY youth in delay at Riverview (43.9%) from the previous quarter (41.7%).



	CY '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	CY '09	Q1 '10	Q2 '10	YTD '10
DCF	50.3%	35.5%	23.2%	34.4%	35.9%	40.7%	48.8%	51.9%	53.3%
Non-DCF	37.3%	29.2%	7.7%	8.3%	22.2%	21.7%	14.3%	23.5%	19.5%

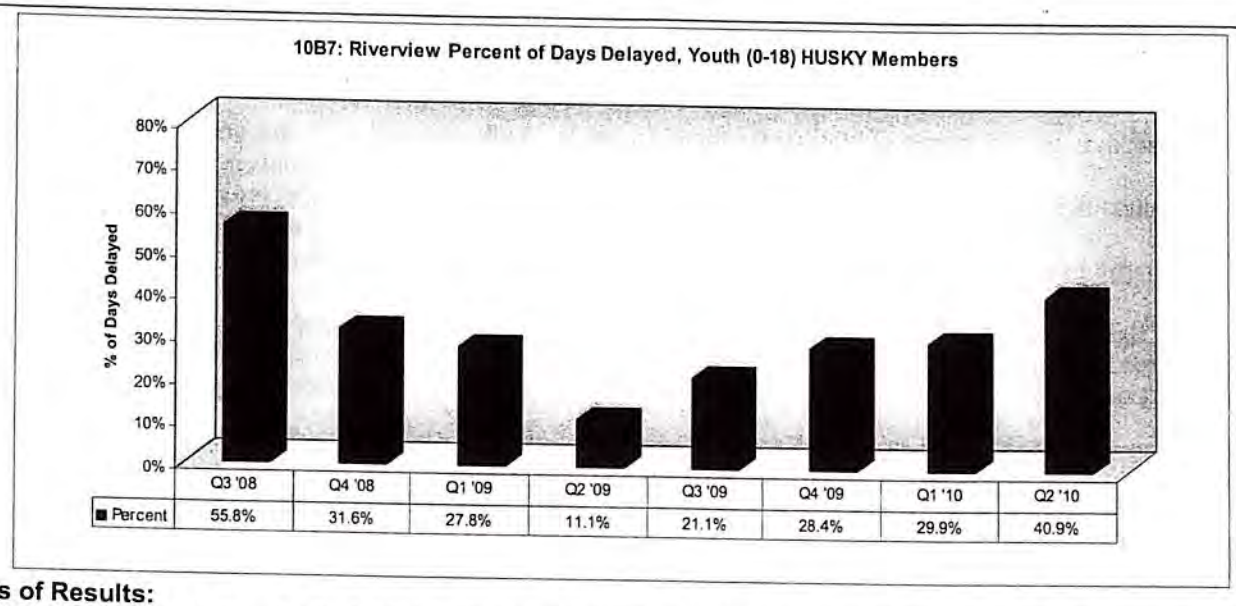
New Graphs for 2nd Quarter

2nd Quarter Analysis of Results: When looking at the two specific categories of DCF vs. Non-DCF, the most notable increase can be seen in the Non-DCF population where the percent of Non-DCF youth on delay went from 14.3% in Q1 '10 to 23.5% Q2 '10. The percentage of DCF youth on delay also increased from 14.3% in Q1 '10 to 23.5% in Q2 '10.



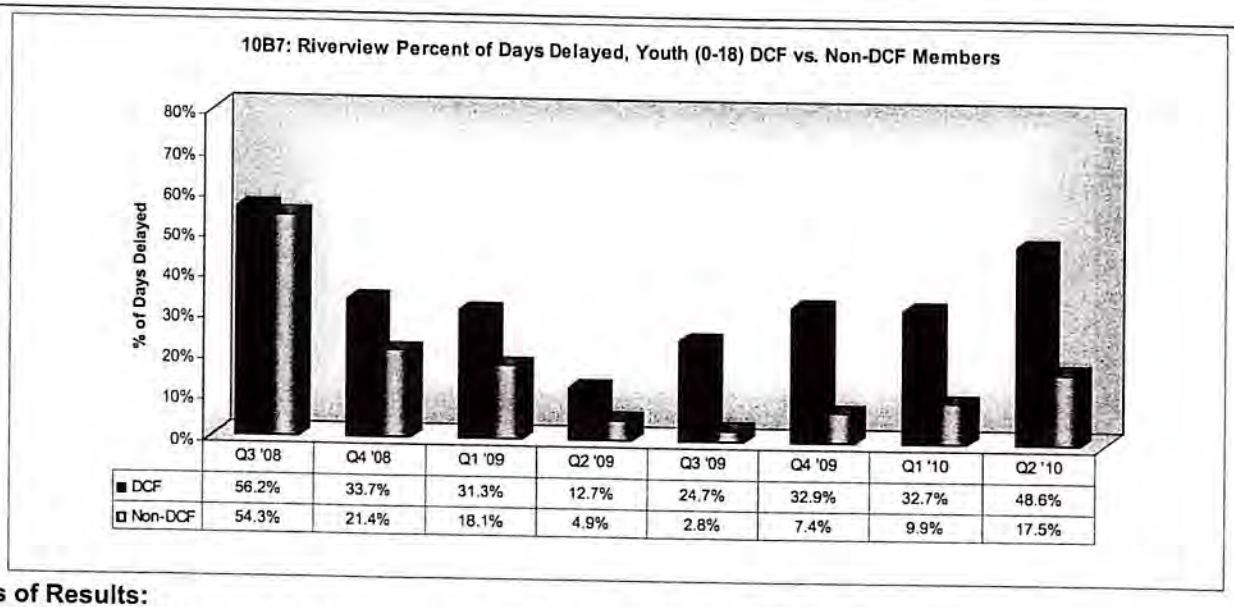
1st Quarter Analysis of Results:
There were 43 total cases on discharge delay at Riverview in Q1 '10. This is a 34.4% (32) increase in cases since Q4 '09 and a 22.9% (35) increase in discharge delay cases since Q1 '09. There was a 9.5% increase in discharge delay days from Q4 '09 (1,489) and a 17.4% increase from Q1 '10 (1,631).

2nd Quarter Analysis of Results:
In Q2 '10, there were a total of 48 cases on discharge delay at Riverview, an increase of 5 cases from the previous quarter. This 11.6% increase is smaller than seen in previous quarters. Although the number of cases did not increase significantly the total number of days delayed did show a more sizeable increase of 44.3% going from 1,631 in Q1 '10 to 2,354 in Q2 '10.



1st Quarter Analysis of Results:
The percentage of Riverview inpatient days in discharge delay has increased over the past four (4) quarters from a low of 11.1% in Q2 '09 to 29.9% in Q1 '10.

2nd Quarter Analysis of Results:
Q2 '10 continues to show the trend of an increasing percentage of days in delay; this began in Q3 '09. In Q1 '10, 29.9% of Riverview inpatient days were spent in delay while in Q2 '10, 40.9% of days at Riverview are in delay.



	Q3 '08	Q4 '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	Q1 '10	Q2 '10
■ DCF	56.2%	33.7%	31.3%	12.7%	24.7%	32.9%	32.7%	48.6%
□ Non-DCF	54.3%	21.4%	18.1%	4.9%	2.8%	7.4%	9.9%	17.5%

1st Quarter Analysis of Results:
For Non-DCF youth, there was an increase in the percentage of days in delay from Q4 '09 (7.4%) to Q1 '10 (21.6%). However, there were only 4 non-DCF cases in Riverview on discharge delay in Q1 '10 (half the amount of Q1 '09 when there were 8) that accounted for 152 delay days while the 39 DCF cases accounted for 1,479 delay days.

2nd Quarter Analysis of Results:
The number of cases on delay in Riverview saw no change for the DCF population; 40 cases during both quarters. Although there was no change in the number of cases there was an increase in the percent of days delayed from 32.7% in Q1 to 48.6% in Q2 '10. The total delay days went from 1,565 to 2,107, which accounts for a 34.6% increase over the previous quarter (Not graphed). The non-DCF population on the other hand saw an increase of five (5) cases between Q1 and Q2 '10. The percent of days delayed went from 9.9% in Q1 '10 to 17.5% in Q2 '10. The total delay days went from 66 in Q1 to 247 in Q2 '10, which accounts for an increase of 274.2%.

1st Quarter Interventions/Activities:
There are a number of improvements at the inpatient level of care. We have restructured our rounds process for more focused and integrated IPF and PRTF discussions. These changes help in honing in on specific issues and provide better coordination with appropriate DCF staff. The following activities highlight some of the work that we believe facilitates movement from inpatient care to the community:

- CTBHP participated in Grand Rounds at RVH to present quarterly data and identify trends and patterns of utilization
- ICM Team Lead attends weekly triage meeting at RVH
- On-site reviews continue at several inpatient programs but are more targeted for initial care planning, case conferencing and discharge planning meetings to better focus attention and resources on these areas
- Discharge Delay rounds continue with DCF participation to assist in identifying barriers to discharge with a focus on early strategies with the Area Offices.

- Bypass Programs for the Big 8 Child/Adolescent Inpatient providers was initiated in 1st Q '10
- An updated Adult Inpatient Bypass program was implemented 1st Q '10
- Data regarding utilization trends are shared in CT BHP Geo-Teams to develop strategies of outreach and support to address and positively impact the trends
- Internal and External training on Focal Treatment Planning continues
- Refinement of our Riverview team that consists of assigned Intensive Care Manager, Clinical Care Manager, Family Peer Specialist and Assistant Medical Director has occurred. The team meets weekly to review members referred, discharge plans and discharge delayed members.

2nd Quarter Interventions/Activities:

There has been significant work undertaken by the Partnership and other stakeholders to assist in understanding the increase in Discharge Delay days for the 2nd Quarter of 2010. While the days have begun to trend up in the 2nd Quarter, we have a better understanding of the stressors in the systems that are contributing factors to the discharge delay increase. The following activities highlight some of the work that we believe facilitates movement from inpatient care to the community:

- On-site reviews continue at several inpatient programs but are more targeted for initial care planning, case conferencing and discharge planning meetings to better focus attention and resources on these areas
- Several hospitals have requested and been accommodated to have ICM clinicians back on site for rounds and planning
- The Area Office ICM assigned clinicians have initiated weekly calls with BHPD's from DCF to facilitate planning and problem solving on cases of concern to either group
- Bypass Programs for the in state Child/Adolescent Inpatient providers has continued for Q2 '10
- The updated Adult Inpatient Bypass program has continued in Q2 '10
- The Substance Abuse Bypass Program has been maintained
- Data regarding utilization and PARs are shared in CT BHP Geo-Teams to develop strategies of outreach and support to address and positively impact the trends
- The RVH team meets weekly to review members referred, discharge plans and discharge delayed members.
- ICMs participation in on site discharge delay planning meetings that facilitate timely access to services and to pro actively identify members who are at risk of becoming discharge delay.
- ICMs continue to participate in weekly MSS meetings with the DCF area offices that continue to utilize this process to work with members with complex needs and multi agency involvement.
- Ongoing coordination with providers during onsite rounds at IPF facilities to immediately identify barriers to discharge.

Report Title: 999999 - 12.A. Connect to Care

Report Period: 2010

Run Date: 01/15/2011

Connect to Care means successful connection to aftercare following an episode of acute/intensive community based services (i.e., including non-inpatient services such as PHP, IOP, adult day treatment, ambulatory detoxification, and MH group home). Summary report of entire population of BH users and high utilizers by episode, by # and percentage of episodes broken out in the following increments, connection within 0-3 days, 4-7 days, 8-14 days, 15-30 days, 31-90 days, Over 90 days and total. Must report by race/ethnicity when requested.

	0 to 3 Days		4 to 7 Days		8 to 14 Days		15 to 30 Days		31 to 90 Days		90+ Days		Overall	
	# Episodes	% Episodes	# Episodes	% Episodes	# Episodes	% Episodes	# Episodes	% Episodes	# Episodes	% Episodes	# Episodes	% Episodes	# Episodes	% Episodes
LIA														
CHILD														
From Inpatient Hospital Psychiatric Unit (IPF)														
ADR: Residential Rehab	7	100.0%											7	22.6%
PRT: Psychiatric Residential Treatment Facility		0.0%	1	50.0%			1	50.0%					2	6.5%
GHA: Group Home - 2.0	4	80.0%	1	20.0%				0.0%					5	16.1%
IOP: Intensive Outpatient	2	40.0%					2	40.0%	1	20.0%			5	16.1%
FST: Family Support Teams (FST)	1	16.7%	2	33.3%	2	33.3%	1	16.7%					6	19.4%
AMD: Ambulatory Detoxification	1	25.0%			1	25.0%		0.0%	1	25.0%	1	25.0%	4	12.9%
MET: Methadone Maintenance	1	50.0%	1	50.0%				0.0%					2	6.5%
TOTALS FOR CONNECTIONS TO CARE	**16**	51.6%	**5**	16.1%	**3**	9.7%	**4**	12.9%	**2**	6.5%	**1**	3.2%	31	100.0%
ADULT														
ADR: Residential Rehab	15	100.0%											15	60.0%
PRT: Psychiatric Residential Treatment Facility	1	50.0%	1	50.0%									2	8.0%
IOP: Intensive Outpatient	1	25.0%	2	50.0%	1	25.0%							4	16.0%
AMD: Ambulatory Detoxification							1	50.0%			1	50.0%	2	8.0%
MET: Methadone Maintenance									1	50.0%	1	50.0%	2	8.0%
TOTALS FOR CONNECTIONS TO CARE	**17**	68.0%	**3**	12.0%	**1**	4.0%	**1**	4.0%	**1**	4.0%	**2**	8.0%	25	100.0%

Report Title 1581.6.04 - Initiation & Engagement of AOD Treatment - current year - MI Only - Multi DX (12B)

Service Center: Yours
Clients: WXYZ
Report Period: 01/01/10 to 03/31/10

This measure calculates two rates using the same population of members with AOD Dependence: Initiation of AOD Dependence and Engagement of AOD Treatment for the MI Services Center only

Table(s): rpt_1581_troy

Member Number	Member Name	DOB	Index Episode Start Date	Discharge Facility/Servicing Provider	Service Code	Primary DX Code	Secondary DX Code	Initiation Treatment Date	Treatment Engaged within 30 Days
WXYZ									
XXXXXXXX	JOHN SMITH	05/22/92	01/20/2010	PARKVIEW MEDICAL CENTER	0128	305.21	305.50	01/20/2010	Y
XXXXXXXX	JOHN SMITH	06/27/93	05/20/2009	PENROSE-ST FRANCIS HEALTH SERVICES	90847	304.80	314.9		N
XXXXXXXX	JOHN SMITH	04/05/94	12/30/2009	KINSLEY TRACY J	90853	304.30			N
XXXXXXXX	JOHN SMITH	07/24/92	06/03/2009	PENROSE-ST FRANCIS HEALTH SERVICES	90847	295.70	305.21	06/03/2009	N
XXXXXXXX	JOHN SMITH	10/18/92	01/02/2010	ASSOC FOR PSYCH & EDUCATION PC	99285	296.90	305.00	01/02/2010	Y
Total for Parent: SAMPLE HEALTH PLAN		**Percent**							
Eligible Members:	5								
Number Initiating Treatment:	3	60.00%							
Number of Members Engaging Treatment within 30 Days:	2	40.00%							
Total for Age Group: 13 - 17 years		Percent							
Eligible Members:	5								
Number Initiating Treatment:	3	60.00%							
Number of Members Engaging Treatment within 30 Days:	2	40.00%							
WXYZ									
XXXXXXXX	JOHN SMITH	07/25/88	01/29/2010	PENROSE-ST FRANCIS HEALTH SERVICES	0126	292.0	304.70	01/29/2010	N
XXXXXXXX	JOHN SMITH	10/02/53	02/26/2010	PENROSE-ST FRANCIS HEALTH SERVICES	0124	296.60	305.00	02/26/2010	N
XXXXXXXX	JOHN SMITH	12/02/58	04/15/2009	VALLEY HOPE ASSOCIATION	0126	303.90		04/15/2009	N
XXXXXXXX	JOHN SMITH	02/24/70	01/08/2010	MARTIN STEVEN D	0126	303.90		01/08/2010	Y
XXXXXXXX	JOHN SMITH	02/28/89	03/06/2010	PENROSE-ST FRANCIS HEALTH SERVICES	0124	296.44	305.90	03/06/2010	N
XXXXXXXX	JOHN SMITH	09/25/59	02/12/2010	PARKVIEW MEDICAL CENTER	0128	291.81	303.91	02/12/2010	N
XXXXXXXX	JOHN SMITH	07/09/89	01/31/2010	CEDAR SPRINGS BEHAVIORAL HLTH SYSM	0124	311	300.00		N
XXXXXXXX	JOHN SMITH	06/23/56	03/24/2010	GREENFIELD ALLAN R	0126	296.33	309.81	03/24/2010	N
XXXXXXXX	JOHN SMITH	01/07/63	08/31/2009	HODSON WILLIAM T	90801	303.90		08/31/2009	Y
XXXXXXXX	JOHN SMITH	01/15/63	02/11/2010	PARKVIEW MEDICAL CENTER	99283	292.0	296.20	02/11/2010	Y
XXXXXXXX	JOHN SMITH	02/19/92	03/29/2010	PARKVIEW MEDICAL CENTER	0124	296.20	305.03		N
XXXXXXXX	JOHN SMITH	02/15/67	03/29/2010	PENROSE-ST FRANCIS HEALTH SERVICES	0124	296.33	V62.84		N
XXXXXXXX	JOHN SMITH	12/07/68	12/04/2009	CASTER DAVID U	90862	305.22	296.32	12/04/2009	Y
XXXXXXXX	JOHN SMITH	05/29/52	03/05/2010	SPANGLER EILEEN M	0126	291.81	303.90	03/05/2010	Y
XXXXXXXX	JOHN SMITH	01/22/49	01/20/2010	CEDAR SPRINGS BEHAVIORAL HLTH SYSM	0124	304.00	296.30	01/20/2010	N
Total for Parent: SAMPLE HEALTH PLAN		Percent							
Eligible Members:	15								
Number Initiating Treatment:	12	80.00%							
Number of Members Engaging Treatment within 30 Days:	5	33.33%							
Total for Age Group: 18+ years		Percent							
Eligible Members:	20								
Number Initiating Treatment:	15	75.00%							
Number of Members Engaging Treatment within 30 Days:	7	35.00%							
Total for Report:		**Percent**							
Eligible Members:	**20**								
Number Initiating Treatment:	**15**	**75.00%**							
Number of Members Engaging Treatment within 30 Days:	7	**35.00%**							

Report #: 1581.6.03

CONNECTICUT
Behavioral Health Partnership

Monthly ED Stuck Report - (12C)

Reporting Month: July 2010
Monday, July 26, 2010 3:08:42 PM

Report Description

Monthly report showing reporting month Stuck ED Activity. Report utilized by CT BHP & DCF to trand stuck ED cases. This report begins April 2008.

AIS #	LAST NAME	FIRST NAME	DOB	AGE	GEN	DCF	DCF_STAT US	AREA OFFICE	CURRENT RESIDENCE/ PLACEMT	REFERRAL SOURCE	REFERRAL SOURCE NAME	ARRIVED BY WITH	ED FACILITY	ADMIT DATE	D/C DATE	LOS	RETURNING HME/ORIG PLAC/MT?	LOC ED RECMENDS	DISP LOC	FACILITY NAME	RETURNI G TO EXISTIN G SERVIC	CURR ENT SVC MBR REDE	MEM BER STUC K (Y/N)	LLOC NOT AVAIL	RSN NOT AVAIL	BARRIERS WHILE IN ED
Membno	Last Name 1	First Name 1	11/16/1992	17	F	Y	All Others	TORRINGTON	STAR	Other	STAR	Ambulance	Provider 4	06/01/2010	06/01/2010	0	Y	o Be Determin	Non-Au	Provider 4	Y	Non-Au	N	Y		Other
Membno	Last Name 2	First Name 2	04/25/2000	10	F	N		TORRINGTON	HOME	Self/Family Member	FAMILY	Family/FosFam	Provider 4	06/01/2010	06/02/2010	1	Y	IPF	PHP	Provider 4	Y	N/A	Y	Y		Other
Membno	Last Name 3	First Name 3	03/04/1998	12	M	Y	All Others	WATERBURY	HOUSE	Other	Provider 16	Ambulance	Provider 16	06/01/2010	06/03/2010	2	Y	IPF	GH	Provider 16	Y	GH	Y	Y		Other
Membno	Last Name 4	First Name 4	08/16/1992	17	M	N		GRNEWHAVEN	HOME	Other	POLICE	Police	Provider 18	06/02/2010	06/03/2010	1	N	IPF	IPF	Provider 18	N	N/A	Y			No Avail. Beds
Membno	Last Name 5	First Name 5	03/30/1998	12	F	Y	All Others	GRNEWHAVEN	KB	RTC	KLINGBERG	Ambulance	Provider 3	06/02/2010	06/03/2010	1	N	IPF	IPF	Provider 3	N	RTC	Y			No Avail. Beds
Membno	Last Name 6	First Name 6	02/07/1998	12	M	Y	All Others	WATERBURY	GH	Other	PALLADIN GH	Ambulance	Provider 16	06/02/2010	06/03/2010	1	Y	IPF	GH	Provider 16	Y	GH	Y	Y		Other
Membno	Last Name 7	First Name 7	12/07/1993	16	F	N		GRNEWHAVEN	HOME	Self/Family Member	MOM AND OUTPT	Ambulance	Provider 16	06/02/2010	06/03/2010	1	N	IPF	IPF	Provider 16	N	Outpt	Y			Other
Membno	Last Name 8	First Name 8	12/07/1993	16	M	N		WATERBURY	HOME	Self/Family Member	FATHER	Ambulance	Provider 16	06/03/2010	06/07/2010	4	N	IPF	IPF	Provider 16	N	IICAPS	Y			No Avail. Beds
Membno	Last Name 9	First Name 9	02/07/1998	12	M	Y	All Others	WATERBURY	GH2	GH 2	PALLIDIN GH2	Ambulance	Provider 16	06/03/2010	06/04/2010	1	N	IPF	IPF	Provider 16	N	GH	Y			No Avail. Beds
Membno	Last Name 10	First Name 10	07/16/1994	16	M	Y	All Others	TORRINGTON	FOSTER HOME	Self/Family Member	FOSTER PARENT	Ambulance	Provider 16	06/03/2010	06/04/2010	1	N	IPF	IPF	Provider 16	N	Outpt	Y			No Avail. Beds
Membno	Last Name 11	First Name 11	03/21/1993	17	M	N		MIDDLETOWN	HOME	School	SCHOOL	Family/FosFam	Provider 18	06/03/2010	06/04/2010	1	Y	IPF	IPF	Provider 18	N	Outpt	Y			No Avail. Beds
Membno	Last Name 12	First Name 12	08/26/1992	17	F	Y	All Others	HARTFORD	HOME	Self/Family Member	POLICE	Ambulance	Provider 3	06/03/2010	06/04/2010	1	N	IPF	IPF	Provider 3	N	Outpt	Y	Y		No Avail. Beds
Membno	Last Name 13	First Name 13	01/02/1993	17	F	Y	All Others	MANCHESTER	GH/NEIGHBOR	ER/ED	CCMC ED	Police	Provider 2	06/04/2010	06/10/2010	6	Y	IICAPS	APS;EA	Provider 2	N	GH	Y	Y		Other
Membno	Last Name 14	First Name 14	06/18/1996	14	M	Y	All Others	NEWHAVMETR	COUNTRY SCH	RTC	WCS	Ambulance	Provider 11	06/04/2010	06/09/2010	5	N	IPF	IPF	Provider 11	N	RTC	Y	Y		No Avail. Beds
Membno	Last Name 15	First Name 15	08/09/1995	14	M	Y	All Others	NEWBRITAIN	HOME	Self/Family Member	MOTHER	Family/FosFam	Provider 9	06/05/2010	06/08/2010	3	N	IPF	IPF	Provider 9	N	Outpt	Y			No Avail. Beds
Membno	Last Name 16	First Name 16	08/10/1993	16	M	N		NEWHAVMETR	HOME	Self/Family Member	JANE KEEFE	Ambulance	Provider 18	06/05/2010	06/07/2010	2	N	IPF	IPF	Provider 18	N	N/A	Y			Medical Issues
Membno	Last Name 17	First Name 17	03/30/1993	17	M	N		WATERBURY	HOME	Self/Family Member	G-MOTHER	Ambulance	Provider 16	06/06/2010	06/10/2010	4	N	her Non-Auth S	Non-Au	Provider 16	N	Non-Au	Y	Y		Assaultive;MR;PDD;Problems with Placement
Membno	Last Name 18	First Name 18	10/21/1992	17	M	N		NEWBRITAIN	HOME	EMPS	EMPS - WHEELER	Ambulance	Provider 3	06/07/2010	06/08/2010	1	N	IPF	IPF	Provider 3	N	N/A	Y			No Avail. Beds
Membno	Last Name 19	First Name 19	07/10/1993	17	F	Y	All Others	GRNEWHAVEN	GROUP HOME	GH 2	Provider 11	Ambulance	Provider 11	06/07/2010	06/08/2010	1	N	IPF	IPF	Provider 11	N	GH	Y			No Avail. Beds
Membno	Last Name 20	First Name 20	02/07/1992	18	F	N		WATERBURY	HOME	Self/Family Member	FAMILY	Ambulance	Provider 16	06/07/2010	06/09/2010	2	N	IPF	IPF	Provider 16	N	N/A	Y			No Avail. Beds
Membno	Last Name 21	First Name 21	09/22/1994	15	F	N		MANCHESTER	HOME	ER/ED	MOM	Family/FosFam	Provider 2	06/07/2010	06/07/2010	0	Y	IICAPS;EMPS	APS;EA	Provider 2	N	N/A	Y	Y		Stabilization
Membno	Last Name 22	First Name 22	12/19/1996	13	M	N		DANBURY	HOME	Relative	MOTHER	Family/FosFam	Provider 5	06/07/2010	06/08/2010	1	N	IPF	IPF	Provider 5	N	tpt;IICA	Y			No Avail. Beds
Membno	Last Name 23	First Name 23	12/23/1994	15	M	Y	All Others	HARTFORD	HOME	ER/ED	GRANDMOTHER	Ambulance	Provider 2	06/07/2010	06/07/2010	0	Y	IICAPS	IICAPS	Provider 2	Y	IICAPS	Y	Y		Stabilization
Membno	Last Name 24	First Name 24	06/04/1996	14	M	Y	All Others	HARTFORD	HOME	ER/ED	CCMC ED	Police	Provider 2	06/07/2010	06/08/2010	1	Y	PHP;FST	HP;FS	Provider 2	Y	utpt;FS	Y	Y		Other
Membno	Last Name 25	First Name 25	12/28/1995	14	F	N		HARTFORD	TEMP PLACEM	ER/ED	CCMC ED	Ambulance	Provider 2	06/07/2010	06/09/2010	2	Y	PHP	PHP	Provider 2	N	N/A	Y	Y		Other
Membno	Last Name 26	First Name 26	01/01/2000	10	F	Y	All Others	HARTFORD	ADOPTIVE HOI	ER/ED	CCMC ED	Ambulance	Provider 2	06/07/2010	06/10/2010	3	Y	EDT;FST	EDT;FS	Provider 2	Y	utpt;FS	Y	Y		Other
Membno	Last Name 27	First Name 27	01/28/1997	13	F	Y	All Others	HARTFORD	HOME	ER/ED	CCMC ED	Ambulance	Provider 2	06/07/2010	06/09/2010	2	Y	PHP;IICAPS	IP;IICA	Provider 2	Y	PHP	Y	Y		Stabilization
Membno	Last Name 28	First Name 28	02/24/1994	16	M	N		MERIDEN	N/A	Other	FRIEND	Ambulance	Provider 13	06/08/2010	06/09/2010	1	N	IPF	IPF	Provider 13	N	N/A	Y			Medical Issues
Membno	Last Name 29	First Name 29	02/13/1993	17	M	N		GRNEWHAVEN	HOME	Other	POLICE	Ambulance	Provider 18	06/09/2010	06/10/2010	1	N	IPF	IPF	Provider 18	N	I/A;Outp	Y			No Avail. Beds
Membno	Last Name 30	First Name 30	09/28/1999	10	M	N		NEWBRITAIN	HOME	ER/ED	CCMC ED	Ambulance	Provider 2	06/09/2010	06/10/2010	1	N	o Be Determin	IPF	Provider 2	N	Outpt	Y			Stabilization
Membno	Last Name 31	First Name 31	08/02/1996	13	F	N		TORRINGTON	HOME	Self/Family Member	HOME	Ambulance	Provider 4	06/09/2010	06/10/2010	1	N	IICAPS	Non-Au	Provider 4	N	IICAPS	Y	Y		Problems with Placement
Membno	Last Name 32	First Name 32	07/27/1993	16	F	N		NEWBRITAIN	HOME	EMPS	WHEELER	Ambulance	Provider 3	06/09/2010	06/10/2010	1	N	IPF	IPF	Provider 3	N	Outpt	Y			No Avail. Beds
Membno	Last Name 33	First Name 33	07/30/1992	17	F	N		HARTFORD	HOME	ER/ED	CCMC ED	Ambulance	Provider 2	06/09/2010	06/11/2010	2	Y	PHP	tpt;EMI	Provider 2	N	N/A	Y	Y		Other
Membno	Last Name 34	First Name 34	06/14/1995	15	M	N		NORWICH	HOME W/ GRA	School	UNCASVILLE	Ambulance	Provider 11	06/10/2010	06/11/2010	1	Y	IPF	IPF	Provider 11	N	PHP	Y			No Avail. Beds
Membno	Last Name 35	First Name 35	03/12/2001	9	M	Y	All Others	MANCHESTER	CHILD AND FA	School	SCHOOL	Police	Provider 5	06/10/2010	06/11/2010	1	N	IPF	IPF	Provider 5	N	GH	Y			No Barriers
Membno	Last Name 36	First Name 36	10/30/1992	17	M	N		WATERBURY	HOME	Self/Family Member	MOTHER	Family/FosFam	Provider 3	06/10/2010	06/14/2010	4	Y	her Non-Auth S	Non-Au	Provider 3	Y	Non-Au	Y	Y		MR;Autism
Membno	Last Name 37	First Name 37	04/02/1995	15	F	N		STAMFORD	HOME	School	SCHOOL SOCIAL \	Ambulance	Provider 6	06/10/2010	06/11/2010	1	N	IPF	IPF	Provider 6	N	N/A	Y			No Avail. Beds
Membno	Last Name 38	First Name 38	01/04/1998	12	M	N		HARTFORD	HOME	ER/ED	CCMC ED	Ambulance	Provider 2	06/10/2010	06/11/2010	1	Y	o Be Determin	PHP	Provider 2	N	Outpt	Y	Y		Stabilization
Membno	Last Name 39	First Name 39	12/08/1996	13	F	N		MERIDEN	IICAPS AND EC	Other	Provider 13	Ambulance	Provider 13	06/10/2010	06/13/2010	3	Y	IPF	IICAPS	Provider 13	Y	3T;IICAI	Y	Y		No Avail. Beds
Membno	Last Name 40	First Name 40	08/29/1993	16	F	Y	Voluntary	NEWBRITAIN	KBP HSE GH2	ER/ED	CCMC ED	Ambulance	Provider 2	06/10/2010	06/14/2010	4	Y	GH	GH	Provider 2	Y	GH	Y	Y		Other
Membno	Last Name 41	First Name 41	12/26/1995	14	F	Y	All Others	DANBURY	FAC	RTC	SPURWINK	Ambulance	OUT OF STA	06/10/2010	06/15/2010	5	N	Respite	IPF	OUT OF STA	N	RTC	Y			No Barriers
Membno	Last Name 42	First Name 42	02/14/1997	13	F	N		HARTFORD	HOME	ER/ED	CCMC ED	Ambulance	Provider 2	06/11/2010	06/11/2010	0	N	o Be Determin	IPF	Provider 2	N	ulpt;FF	Y			Other
Membno	Last Name 43	First Name 43	05/22/1993	17	M	Y	Voluntary	HARTFORD	HOME	ER/ED	CCMC	Ambulance	Provider 2	06/12/2010	06/14/2010	2	Y	Outpt	N/A	Provider 2	N	N/A	Y	Y		Stabilization
Membno	Last Name 44	First Name 44	09/21/1993	16	F	N		MANCHESTER	N/A	Self/Family Member	MOTHER	Ambulance	Provider 15	06/12/2010	06/14/2010	2	N	IPF	IPF	Provider 15	N	N/A	Y			No Avail. Beds
Membno	Last Name 45	First Name 45	12/15/1997	12	F	Y	All Others	NEWBRITAIN	HOUSE	ER/ED	CCMC	Ambulance	Provider 2	06/12/2010	06/14/2010	2	N	RTC	IPF	Provider 2	N	er Non	Y			No Barriers
Membno	Last Name 46	First Name 46	03/09/1974	38	M	N		GRNEWHAVEN	HOSP	ER/ED	ST VS ED	Family/FosFam	Provider 7	06/12/2010	06/14/2010	2	N	IPF	IPF	Provider 7	N	Outpt	Y			Needs Single Rm
Membno	Last Name 47	First Name 47	05/07/1995	15	F	N		HARTFORD	N/A	Self/Family Member	AUNT	Ambulance	Provider 15	06/12/2010	06/14/2010	2	N	IPF	IPF	Provider 15	N	Outpt	Y			No Avail. Beds
Membno	Last Name 48	First Name 48	05/11/1997	13	F	Y	All Others	NEWBRITAIN	KB	ER/ED	CCMC	Ambulance	Provider 2	06/13/2010	06/14/2010	1	Y	PRTF	PRTF	Provider 2	Y	PRTF	Y	Y		No Barriers
Membno	Last Name 49	First Name 49	02/08/1998	14	M	N		NEWBRITAIN	HOME WITH IIC	Other	POLICE/AMBULAN	Ambulance	Provider 9	06/14/2010	06/15/2010	1	N	IPF	IPF	Provider 9	N	tpt;IICA	Y	Y		No Avail. Beds
Membno	Last Name 50	First Name 50	05/01/1995	15	F	Y	All Others	NEWBRITAIN	HOME	Self/Family Member	MOTHER	Ambulance	Provider 9	06/14/2010	06/15/2010	1	N	IPF	IPF	Provider 9	N	N/A	Y	Y		Assaultive;No Avail. Beds

Membno	Last Name 51	First Name 51	06/12/1994	16	F	N		MANCHESTER	OP		ER/ED	EMS	Ambulance	Provider 3	06/15/2010	06/15/2010	1	N	IPF	IPF	Provider 3	N	Outpt	Y		No Avail. Beds
Membno	Last Name 52	First Name 52	10/29/1992	17	M	N		BRIDGEPORT	HOME	Self/Family Member	MBRS MOTHER	Ambulance	Provider 1	06/15/2010	06/17/2010	2	N	IPF	IPF	Provider 1	N	Outpt	Y		No Avail. Beds
Membno	Last Name 53	First Name 53	06/16/1997	13	M	N		HARTFORD	HOME	ER/ED	CCMC ED	Ambulance	Provider 2	06/15/2010	06/15/2010	0	Y	IICAPS;Outpt	APS;Ou	Provider 2	N	Outpt	Y	Y	Stabilization
Membno	Last Name 54	First Name 54	07/09/1995	15	M	N		MANCHESTER	HOME	ER/ED	CCMC	Ambulance	Provider 9	06/16/2010	06/17/2010	1	Y	GH	GH	Provider 9	Y	GH	Y	Y	Not Yet Assessed
Membno	Last Name 55	First Name 55	03/18/1993	17	F	Y	All Others	DANBURY	GH2-ABD		GH 2	Provider 9	Ambulance	Provider 9	06/16/2010	06/17/2010	1	Y	GH	GH	Provider 9	Y	GH	Y	Y	Not Yet Assessed
Membno	Last Name 56	First Name 56	05/11/1997	13	F	Y	All Others	NEWBRITAIN	KB		ER/ED	ED	Ambulance	Provider 3	06/16/2010	06/16/2010	0	N	IPF	IPF	Provider 3	N	IPF	Y		No Avail. Beds
Membno	Last Name 57	First Name 57	12/08/1996	13	F	N		MERIDEN	HOME		Other	EDT	Ambulance	Provider 12	06/16/2010	06/17/2010	1	N	o Be Determine	IPF	Provider 12	N	IICAPS	Y		Not Yet Assessed
Membno	Last Name 58	First Name 58	09/07/1998	11	M	Y	All Others	NEWBRITAIN	HOME WITH IIC	Self/Family Member	MOTHER	Ambulance	Provider 9	06/16/2010	06/18/2010	2	N	IPF	IPF	Provider 9	N	IICAPS	Y		Not Yet Assessed
Membno	Last Name 59	First Name 59	09/30/1997	12	F	Y	Voluntary	MANCHESTER	RTC		Other	Provider 9	Ambulance	Provider 9	06/17/2010	06/18/2010	1	Y	o Be Determine	RTC	Provider 9	Y	RTC	Y	Y	Stabilization
Membno	Last Name 60	First Name 60	07/10/1993	17	F	Y	All Others	GRNEWHAVEN	GH II		GH 2	GRAY FARM	Ambulance	Provider 17	06/17/2010	06/18/2010	1	Y	GH	GH	Provider 17	N	GH	Y	Y	Problems with Placement
Membno	Last Name 61	First Name 61	12/01/1995	14	M	N		MIDDLETOWN	HOME	Self/Family Member	POLICE/FAMILY	Ambulance	Provider 12	06/17/2010	06/18/2010	1	N	IPF	IPF	Provider 12	N	Outpt	Y		No Avail. Beds
Membno	Last Name 62	First Name 62	03/30/1997	13	F	N		NEWBRITAIN	ED		ER/ED	CCMC	Family/FosFam	Provider 2	06/17/2010	06/19/2010	2	Y	o Be Determine	EDT	Provider 2	N	N/A	Y	Y	Stabilization
Membno	Last Name 63	First Name 63	04/28/1993	17	M	N		HARTFORD	HOME		ER/ED	CCMC ED	Ambulance	Provider 2	06/17/2010	06/18/2010	1	Y	Outpt	Outpt	Provider 2	Y	Outpt	Y	Y	Stabilization
Membno	Last Name 64	First Name 64	07/23/2000	10	M	Y	All Others	HARTFORD	GH2		ER/ED	CCMC ED	Ambulance	Provider 2	06/18/2010	06/18/2010	0	N	IPF	IPF	Provider 2	N	GH	Y		No Avail. Beds
Membno	Last Name 65	First Name 65	11/13/1994	15	F	N		NEWBRITAIN	HOME		ER/ED	CCMC ED	Ambulance	Provider 2	06/18/2010	06/19/2010	1	Y	EDT	EDT	Provider 2	Y	EDT	Y	Y	Not Yet Assessed
Membno	Last Name 66	First Name 66	11/13/1998	11	M	N		NORWICH	HOME	Self/Family Member	FAMILY	Family/FosFam	Provider 17	06/18/2010	06/18/2010	0	Y	IPF	Non-Au	Provider 17	Y	Non-Au	Y	Y	Assaultive;PDD
Membno	Last Name 67	First Name 67	12/29/1996	13	M	N		MANCHESTER	HOME		ER/ED	CCMC	Ambulance	Provider 2	06/19/2010	06/22/2010	3	Y	;Other Non-Au	IICAPS	Provider 2	N	Outpt	Y	Y	No Barriers
Membno	Last Name 68	First Name 68	09/16/1998	11	F	N		HARTFORD	HOME		ER/ED	CCMC	Ambulance	Provider 2	06/19/2010	06/22/2010	3	Y	PHP;IICAPS	tP;IICA	Provider 2	N	N/A	Y	Y	No Barriers
Membno	Last Name 69	First Name 69	10/12/1995	14	F	N		HARTFORD	HOME		ER/ED	CCMC	Ambulance	Provider 2	06/20/2010	06/22/2010	2	N	IPF	IPF	Provider 2	N	PHP	Y		No Avail. Beds
Membno	Last Name 70	First Name 70	09/05/1995	14	M	Y	Voluntary	BRIDGEPORT	HOME	Self/Family Member	MOTHER	Ambulance	Provider 1	06/20/2010	06/21/2010	1	Y	IICAPS;Outpt	APS;Ou	Provider 1	Y	tpt;IICA	Y	Y	Not Yet Assessed
Membno	Last Name 71	First Name 71	02/17/1996	14	M	N		HARTFORD	HOME	Self/Family Member	PARENTS	Ambulance	Provider 3	06/20/2010	06/21/2010	1	Y	IPF	Outpt	Provider 3	Y	Outpt	Y	Y	No Avail. Beds
Membno	Last Name 72	First Name 72	09/13/1993	16	M	N		MANCHESTER	HOME	Self/Family Member	PARENT	Ambulance	Provider 3	06/21/2010	06/22/2010	1	N	Crisis Stab	Outpt	Provider 3	N	N/A	Y	Y	Stabilization
Membno	Last Name 73	First Name 73	05/30/1993	17	F	N		NEWBRITAIN	HOME		ER/ED	CCMC ED	Ambulance	Provider 2	06/21/2010	06/22/2010	1	Y	o Be Determine	Outpt	Provider 2	Y	Outpt	Y	Y	Other
Membno	Last Name 74	First Name 74	07/18/1996	14	F	N		HARTFORD	HOME		ER/ED	CCMC ED	Ambulance	Provider 2	06/21/2010	06/22/2010	1	Y	MDFT	MDFT	Provider 2	N	PHP	Y	Y	No Barriers
Membno	Last Name 75	First Name 75	07/14/1993	17	M	N		GRNEWHAVEN	HOME	Self/Family Member	PARENTS	Family/FosFam	Provider 18	06/22/2010	06/23/2010	1	N	IPF	IPF	Provider 18	N	N/A	Y		No Avail. Beds
Membno	Last Name 76	First Name 76	09/13/1993	16	M	N		MANCHESTER	ED		ER/ED	CCMD	Family/FosFam	Provider 2	06/22/2010	06/23/2010	1	Y	Crisis Stab	tpt;EM	Provider 2	Y	N/A	Y	Y	Stabilization
Membno	Last Name 77	First Name 77	06/04/1993	17	M	N		MANCHESTER	HOME	Self/Family Member	PARENTS	Family/FosFam	Provider 10	06/27/2010	06/28/2010	1	Y	Detox	Outpt	Provider 10	Y	Outpt	Y	Y	No Avail. Beds;Problems with Placement
Membno	Last Name 78	First Name 78	02/27/1997	13	F	N		MERIDEN	HOME	Self/Family Member	MOTHER	Family/FosFam	Provider 12	06/28/2010	06/29/2010	1	N	IPF	IPF	Provider 12	N	Outpt	Y		No Avail. Beds
Membno	Last Name 79	First Name 79	05/27/1994	16	M	Y	All Others	NEWBRITAIN	JUVENILE DET		ER/ED	CCMC ED	Ambulance	Provider 2	06/28/2010	06/30/2010	2	N	IPF	IPF	Provider 2	N	Non-Au	Y		No Avail. Beds
Membno	Last Name 80	First Name 80	04/13/1997	13	F	Y	Voluntary	WATERBURY	HOME	Self/Family Member	FAMILY	Ambulance	Provider 16	06/28/2010	06/29/2010	1	N	IPF	IPF	Provider 16	N	IICAPS	Y		No Avail. Beds
Membno	Last Name 81	First Name 81	05/30/1993	17	F	N		NEWBRITAIN	OUTPATIENT/I	Self/Family Member	MOTHER	Family/FosFam	Provider 8	06/28/2010	06/29/2010	1	N	IPF	IPF	Provider 8	N	Outpt	Y		No Barriers
Membno	Last Name 82	First Name 82	03/09/1995	15	M	N		TORRINGTON	HOME	Self/Family Member	MOM	Ambulance	Provider 4	06/29/2010	06/30/2010	1	Y	PHP;IICAPS	tP;IICA	Provider 4	Y	IICAPS	Y	Y	No Barriers

Monthly Summary	
Total Records:	82
Total Male:	42
Total Female:	40
Total DCF:	31
Referral Source RTC or GH:	7
ED Recommends IPF:	44
Final Dispo IPF:	43
Total D/C:	82
Total Returning Home/Placement:	38
# of Cares:	28
IPF Dispo from CARES:	6

CONNECTICUT
Behavioral Health Partnership

CTBH08098 - ED Stuck Report By Facility YTD (12C)

As of: Friday, January 1, 2010
Run Date: Monday, August 9, 2010 8:53:01 AM

Report Description

Monthy Report shows YTD ED Statistics by ED Facility. Analysis to include # of members stuck/YTD, Total LOS and ALOS Total YTD and Disposition Location. Report excludes data where D/C date is missing.

ED Facility	Total # YTD	Total Days Stuck YTD	ALOS	# of cases with IPF dispo	% of cases with IPF disposi	# of cases with Emps on site
Provider 1	14	55	3.9	7	50.0	8
Provider 2	13	14	1.1	7	53.8	6
Provider 3	137	138	1.0	45	32.8	4
Provider 4	34	43	1.3	16	47.1	1
Provider 5	15	19	1.3	14	93.3	1
Provider 6	13	16	1.2	12	92.3	3
Provider 7	14	17	1.2	11	78.6	0
Provider 8	4	5	1.3	4	100.0	0
Provider 9	7	6	0.9	4	57.1	0
Provider 10	33	62	1.9	24	72.7	8
Provider 11	2	2	1.0	2	100.0	1
Provider 12	1	1	1.0	0	0.0	0
Provider 13	13	23	1.8	12	92.3	0
Provider 14	10	12	1.2	9	90.0	1
Provider 15	33	58	1.8	17	51.5	12
Provider 16	10	18	1.8	7	70.0	2
Provider 17	4	11	2.8	2	50.0	0
OUT OF STATE	9	34	3.8	6	66.7	5
Provider 20	6	11	1.8	6	100.0	0
Provider 21	59	110	1.9	40	67.8	57
Provider 22	1	3	3.0	1	100.0	0
Provider 23	2	3	1.5	2	100.0	0
Provider 24	4	4	1.0	4	100.0	0
Provider 25	13	9	0.7	9	69.2	1
Provider 26	3	3	1.0	3	100.0	0
Provider 27	12	12	1.0	12	100.0	0
Monthly Total (excluding Cares)	**466**	**689**	**1.5**	**276**	**59.2**	**110**
CARES	**236**	**781**	**3.3**	**72**	**30.5**	**4**

CONNECTICUT Behavioral Health Partnership

12D

Report Title: CTBH06038_XRV - Census Analysis Report IP - Delay Reason By Local Area

Report Period: 01/01/2010 to 03/31/2010 **Current Quarter:** QTR 1

Run Date: 04/15/2010

Report Description

Quarterly report showing unique case counts of occurrences of discharge delay reasons, by local area across quarters and year to date. Includes members who received service for IPD, IPF or IPM, and were discharged during the quarter or were still in care at the end of the quarter. Occurrences of reason code 36 ("Not Applicable") are ignored. Riverview Hospital Excluded from report.

DCF

Code	Delay Description	Bridgeport	Danbury	Greater NH	Hartford	Manchester	Meriden	Middletown	New Britain	NH Metro	Norwalk	Norwich	Stamford	Torrington	Waterbury	Willimantic	Q1	Q2	Q3	Q4	YTD
01	Fam Req TX before Return	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
02	Family lacks Adeq Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
03	Pending Abuse/Neglect Inv	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	3	0	0	0	3
	Subtotal: Family Issues	0	0	0	0	0	0	0	1	0	0	0	0	1	0	1	3	0	0	0	3
04	Aw PI - StateHosp	1	0	2	1	0	0	1	1	4	1	0	0	1	1	1	14	0	0	0	14
05	Aw PI - PRTF	0	0	2	0	1	1	0	0	0	0	0	2	2	1	1	10	0	0	0	10
06	Aw PI - RTC	2	1	3	2	3	1	2	3	0	0	3	1	1	1	1	24	0	0	0	24
07	Aw PI - GH 2.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1
08	Aw PI - GH 1.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
09	Aw PI - GH 1.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Aw PI - Perm'cy Dx Ctr	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Aw PI - Safe Home	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
12	Aw PI - Shelter	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
13	Aw PI - FosCare,ProffPar	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	2	0	0	0	2
14	Aw PI - TxFostCare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Aw PI - TherpeFostCare	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2
16	Aw PI - RegularFosCare	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	1
17	Aw PI - CHAPS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18	Aw PI - TLAP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Aw PI - RTC w/1:1 parapro	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Aw PI - Other or Unspec	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1
	Subtotal: Awaiting Placement	4	1	9	3	5	2	3	4	5	1	3	3	6	3	5	57	0	0	0	57
21	Aw Comm Serv - Part Hosp	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Aw Comm Serv - IOP	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
23	Aw Comm Serv - EDT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1
24	Aw Comm Serv - IICAPS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Aw Comm Serv - MST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26	Aw Comm Serv - MDFT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	Aw Comm Serv - FFT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Aw Comm Serv - FST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	Aw Comm Serv - Home Hlth	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30	Aw Comm Serv - Outpt Tx	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Aw Comm Serv - Med Mgmt	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
32	Aw Comm Servc - Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Subtotal: Awaiting Community Services	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0	0	0	2
33	Educa Prog Not Determ'nd	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
34	Educa Prog Not Avail	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
	Subtotal: Educational Issues	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2
35	Other	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	2	0	0	0	2
	Subtotal: Other	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	2	0	0	0	2
	Totals	6	1	9	4	5	2	3	6	6	1	3	3	7	3	7	66	0	0	0	66

CONNECTICUT Behavioral Health Partnership 12D

Report Title: CTBH06038_XRV - Census Analysis Report IP - Delay Reason By Local Area (12D)

Report Period: 01/01/2010 to 03/31/2010 **Current Quarter:** QTR 1

Run Date: 04/15/2010

Report Description

Quarterly report showing unique case counts of occurrences of discharge delay reasons, by local area across quarters and year to date. Includes members who received service for IPD, IPF or IPM, and were discharged during the quarter or were still in care at the end of the quarter. Occurrences of reason code 36 ("Not Applicable") are ignored. Riverview Hospital Excluded from report.

NON-DCF

Code	Delay Description	Bridgeport	Danbury	Greater NH	Hartford	Manchester	Meriden	Middletown	New Britain	NH Metro	Norwalk	Norwich	Stamford	Torrington	Waterbury	Willimantic	Q1	Q2	Q3	Q4	YT
01	Fam Req TX before Return	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
02	Family lacks Adeq Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
03	Pending Abuse/Neglect Inv	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Subtotal: Family Issues	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
04	Aw PI - StateHosp	0	0	0	0	0	0	0	0	1	0	0	0	0	2	0	3	0	0	0	3
05	Aw PI - PRTF	0	1	0	0	0	0	0	3	1	0	1	0	0	2	0	8	0	0	0	8
06	Aw PI - RTC	0	0	1	1	1	0	0	0	1	0	0	0	0	1	1	6	0	0	0	6
07	Aw PI - GH 2.0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	1
08	Aw PI - GH 1.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
09	Aw PI - GH 1.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Aw PI - Perm'cy Dx Ctr	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Aw PI - Safe Home	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Aw PI - Shelter	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1
13	Aw PI - FosCare,ProffPar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Aw PI - TxFostCare	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
15	Aw PI - TherpeFostCare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16	Aw PI - RegularFosCare	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2	0	0	0	2
17	Aw PI - CHAPS	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	1
18	Aw PI - TLAP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	Aw PI - RTC w/1:1 parapro	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Aw PI - Other or Unspec	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Subtotal: Awaiting Placement	1	1	1	1	2	0	0	3	4	0	1	0	0	7	2	23	0	0	0	23
21	Aw Comm Serv - Part Hosp	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Aw Comm Serv - IOP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Aw Comm Serv - EDT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	Aw Comm Serv - IICAPS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Aw Comm Serv - MST	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
26	Aw Comm Serv - MDFT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	Aw Comm Serv - FFT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Aw Comm Serv - FST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	Aw Comm Serv - Home Hlth	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
30	Aw Comm Serv - Outpt Tx	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Aw Comm Serv - Med Mgmt	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
32	Aw Comm Servc - Other	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
	Subtotal: Awaiting Community Services	3	0	0	1	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	4
33	Educa Prog Not Determ'nd	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
34	Educa Prog Not Avail	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Subtotal: Educational Issues	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35	Other	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	3	0	0	0	3
	Subtotal: Other	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	3	0	0	0	3
	Totals	4	1	2	2	3	0	0	4	4	0	2	0	0	7	2	31	0	0	0	31

CONNECTICUT Behavioral Health Partnership

12D

Report Title: CTBH06038_XRV - Census Analysis Report

IP - Delay Reason By Local Area

Report Period: 01/01/2010 to 03/31/2010

Current Quarter: QTR 1

Run Date: 04/15/2010

Report Description

Quarterly report showing unique case counts of occurrences of discharge delay reasons, by local area across quarters and year to date. Includes members who received service for IPD, IPF or IPM, and were discharged during the quarter or were still in care at the end of the quarter. Occurrences of reason code 36 ("Not Applicable") are ignored. Riverview Hospital Excluded from report.

All Populations

Code	Delay Description	Bridgeport	Danbury	Greater NH	Hartford	Manchester	Meriden	Middletown	New Britain	NH Metro	Norwalk	Norwich	Stamford	Torrington	Waterbury	Willimantic	Q1	Q2	Q3	Q4	YTD
01	Fam Req TX before Return	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
02	Family lacks Adeq Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
03	Pending Abuse/Neglect Inv	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	1
	Subtotal: Family Issues	0	0	1	0	0	0	0	1	0	0	0	0	1	0	1	2	0	0	0	2
04	Aw PI - StateHosp	1	0	2	1	0	0	1	1	5	1	0	0	1	3	1	17	0	0	0	17
05	Aw PI - PRTF	0	1	2	0	1	1	0	3	1	0	1	2	2	3	1	18	0	0	0	18
06	Aw PI - RTC	2	1	4	3	4	1	2	3	1	0	3	1	1	2	2	30	0	0	0	30
07	Aw PI - GH 2.0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	2	0	0	0	2
08	Aw PI - GH 1.5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
09	Aw PI - GH 1.0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Aw PI - Perm'cy Dx Ctr	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Aw PI - Safe Home	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Aw PI - Shelter	0	0	0	0	2	0	0	0	0	0	0	0	0	0	1	2	0	0	0	2
13	Aw PI - FosCare,ProffPar	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
14	Aw PI - TxFostCare	1	0	0	0	0	0	0	0	1	0	0	0	1	0	0	2	0	0	0	2
15	Aw PI - TherpeFostCare	1	0	1	0	0	0	0	0	0	0	0	0	0	1	0	2	0	0	0	2
16	Aw PI - RegularFosCare	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	2	0	0	0	2
17	Aw PI - CHAPS	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	3	0	0	0	3
18	Aw PI - TLAP	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	1
19	Aw PI - RTC w/1:1 parapro	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
20	Aw PI - Other or Unspec	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Subtotal: Awaiting Placement	5	2	10	4	7	2	3	7	9	1	4	3	6	10	7	80	0	0	0	80
21	Aw Comm Serv - Part Hosp	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
22	Aw Comm Serv - IOP	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
23	Aw Comm Serv - EDT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	1
24	Aw Comm Serv - IICAPS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	Aw Comm Serv - MST	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
26	Aw Comm Serv - MDFT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
27	Aw Comm Serv - FFT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
28	Aw Comm Serv - FST	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
29	Aw Comm Serv - Home Hlth	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
30	Aw Comm Serv - Outpt Tx	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
31	Aw Comm Serv - Med Mgmt	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
32	Aw Comm Servc - Other	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
	Subtotal: Awaiting Community Services	4	0	0	1	0	0	0	0	0	0	0	0	0	0	1	6	0	0	0	6
33	Educa Prog Not Determ'nd	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
34	Educa Prog Not Avail	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
	Subtotal: Educational Issues	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2
35	Other	0	0	0	0	1	0	0	2	1	0	1	0	0	0	0	5	0	0	0	5
	Subtotal: Other	0	0	0	0	1	0	0	2	1	0	1	0	0	0	0	5	0	0	0	5
	Totals	10	2	11	6	8	2	3	10	10	1	5	3	7	10	9	97	0	0	0	97

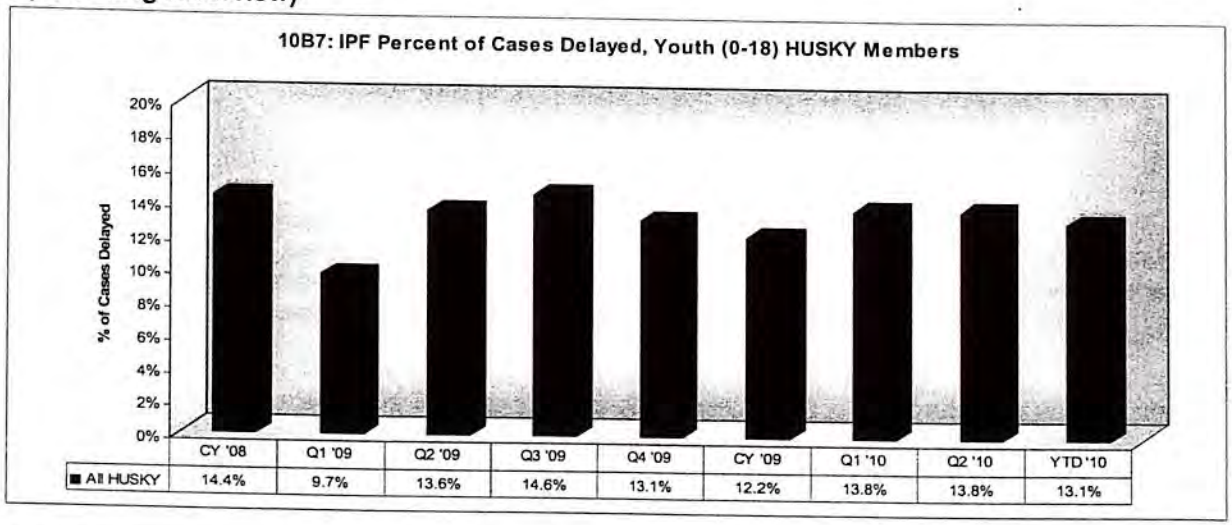
EXHIBIT E REPORTING MATRIX (Data Analysis Sheet 99)

NAME OF REPORT: 10B7: Census Analysis Report – IPF Discharge Delays

Date: Quarter 2, 2010

Quality Improvement Activity: N/A	**Supporting Graphs including plotted goals, performance, benchmarks** **Reports:** • CTBH06038_RVW – Census Analysis Report (10B_7) – Discharge Delays By Service Class • CTBH06038_XRV – Census Analysis Report (10B_7) – Discharge Delays By Service Class **Graphs:** • 10B7: IPF Percent of Cases Delayed, Youth (0-18) HUSKY Members • 10B7: IPF Percent of Cases Delayed, Youth (0-18) DCF vs. Non-DCF Members • 10B7: IPF Number of Days Delayed, Youth (0-18) HUSKY Members, Excluding Riverview • 10B7: IPF Percent of Days Delayed, Youth (0-18) HUSKY Members, Excluding Riverview • 10B7: IPF Percent of Days Delayed, Youth (0-18) DCF vs. Non-DCF Members, Excluding Riverview • 10B7: Riverview Percent of Cases Delayed, Youth (0-18) HUSKY Members • 10B7: Riverview Percent of Cases Delayed, Youth (0-18) DCF vs. Non-DCF Members • 10B7: Riverview Number of Days Delayed, Youth (0-18) HUSKY Members • 10B7: Riverview Percent of Days Delayed, Youth (0-18) HUSKY Members • 10B7: Riverview Percent of Days Delayed, Youth (0-18) DCF vs. Non-DCF Members
Reporting Frequency: Quarterly	
Rationale for Performance Measure: This report informs as to the Discharge Delay information by service class. This information is utilized to inform as to the percent of cases that are delayed by levels of care.	
Data Source: rpt_ctbhk_daily_hloc_auth (daily census report table) based on authorization data from AIS	
Goal: Report displaying data regarding discharge delays that occurred during the quarter, by service class.	
Measurement (methodology): Includes only those members who were in discharge delay status, received service for IPF, IPM, PRT, or RTC, and were discharged during the quarter or were still in care at the end of the quarter. IPF and IPM data are combined. Occurrences of discharge delay reason code 36 ("Not Applicable") are ignored.	

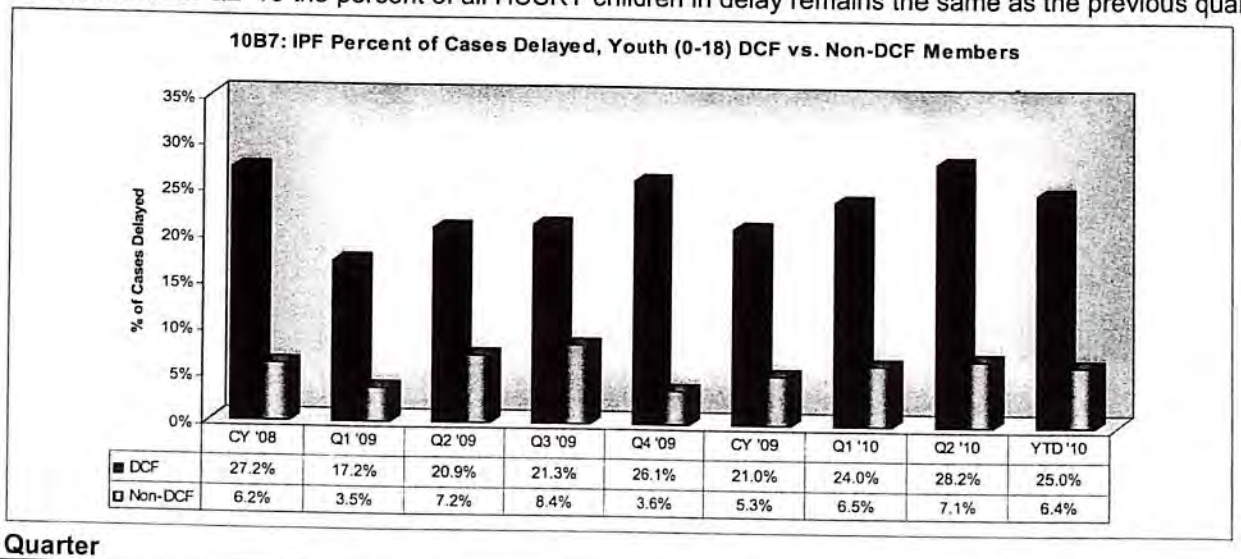
Analysis of Results:
Inpatient Psychiatric (excluding Riverview)



	CY '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	CY '09	Q1 '10	Q2 '10	YTD '10
All HUSKY	14.4%	9.7%	13.6%	14.6%	13.1%	12.2%	13.8%	13.8%	13.1%

New Graphs for 2nd Quarter

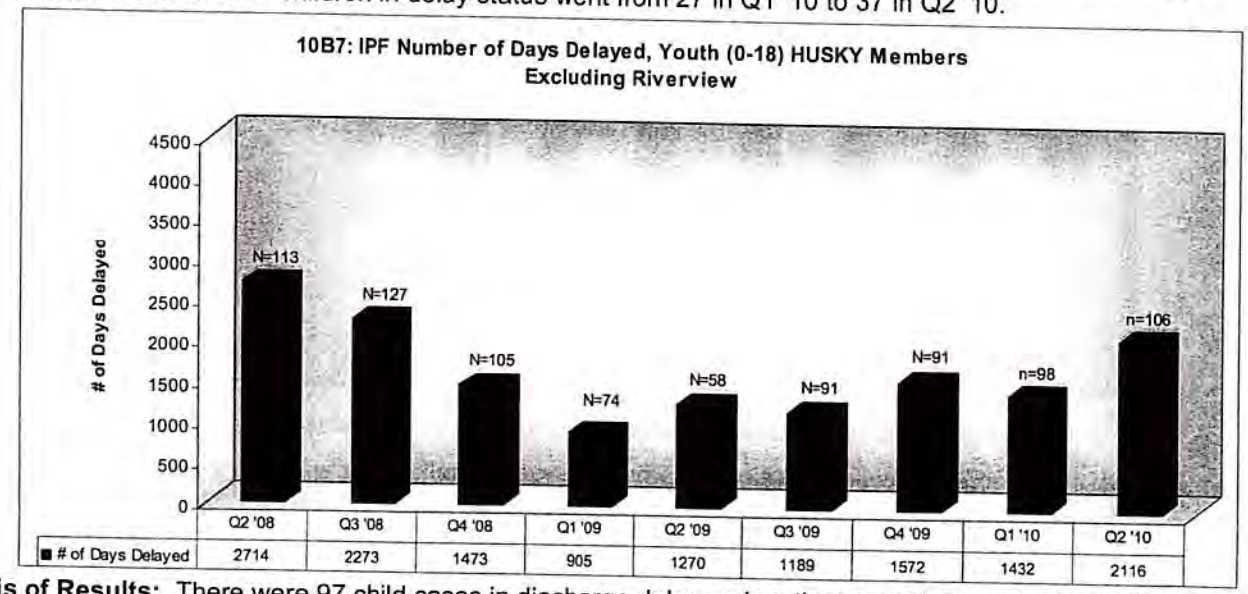
2nd Quarter Analysis of Results: In Q2 '10 the percent of all HUSKY children in delay remains the same as the previous quarter at 13.8%.



	CY '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	CY '09	Q1 '10	Q2 '10	YTD '10
DCF	27.2%	17.2%	20.9%	21.3%	26.1%	21.0%	24.0%	28.2%	25.0%
Non-DCF	6.2%	3.5%	7.2%	8.4%	3.6%	5.3%	6.5%	7.1%	6.4%

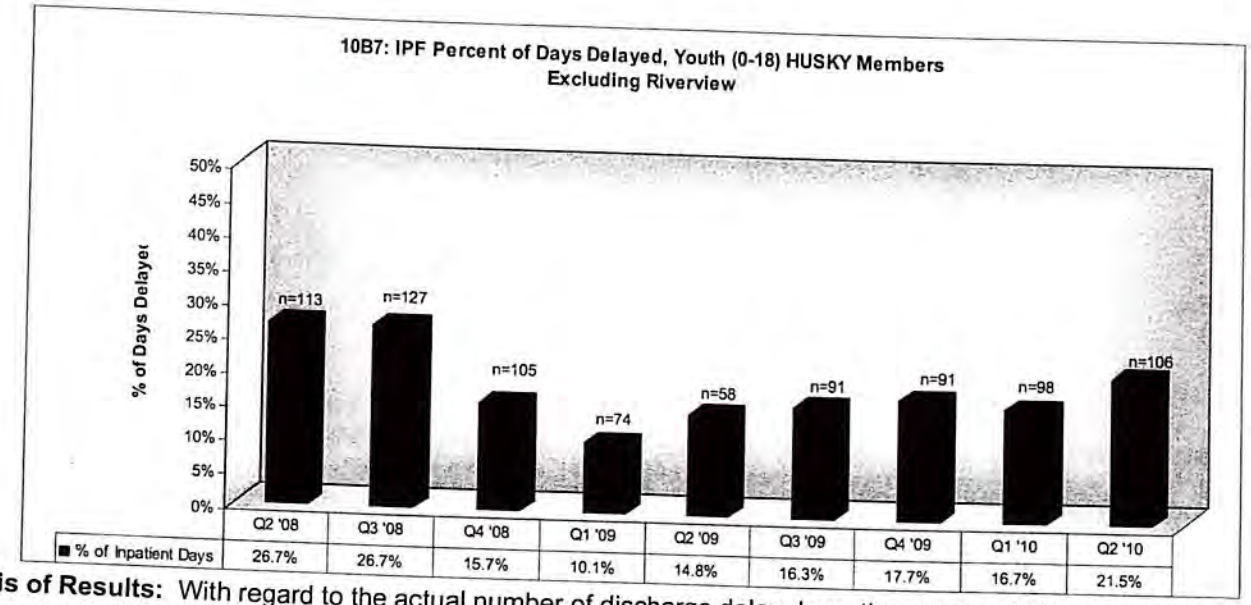
New Graphs for 2nd Quarter

2nd Quarter Analysis of Results: Although the percent of cases delayed for all HUSKY members remains the same from last quarter, when looking more specifically at DCF vs. Non-DCF one can see that the percentage of youth in delay is going up in both categories. The percent of DCF members on delay is showing a greater increase by going from 24.0% in Q1 '10 to 28.2% in Q2 '10. The percent of Non-DCF members on delay went from 6.5% in Q1 '10 to 7.1% in Q2 '10. At the same time, the number of DCF children in care decreased from 296 in Q1 '10 to 245 in Q2 '10 while the number of DCF children in delay status went from 71 to 69. More non-DCF children were in care during Q2 '10 (524) than during Q1 '10 (415) while the number of non-DCF children in delay status went from 27 in Q1 '10 to 37 in Q2 '10.



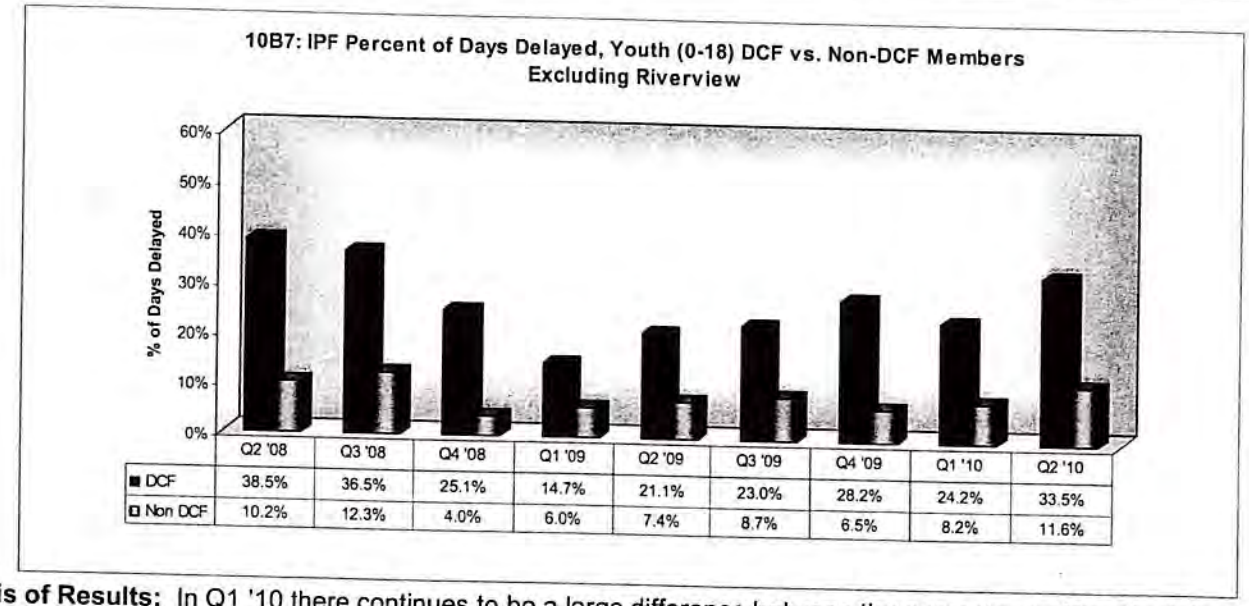
1st Quarter Analysis of Results: There were 97 child cases in discharge delay on inpatient psychiatric units (excluding Riverview) in Q1 '10. This represents a 4.3% increase in number of cases on discharge delay for inpatient psych (excluding Riverview) when compared to Q4 '09 (93) and a 67.2% (58) increase from Q1 '09. Despite the increase in cases on discharge delay in Q1 '10, the percent of inpatient days in discharge delay went from 17.7% in Q4 '09 to 16.7% in Q1 '10.

2nd Quarter Analysis of Results: The number of youth on discharge delay has increased from the previous quarter. There were 106 youth on discharge delay on inpatient psychiatric units (excluding Riverview) this quarter where as there were 98 in the previous quarter. This represents an 8.2% increase from the previous quarter. Although there was a slight decrease in the number of days in Q1 '10 this trend was not maintained in Q2 '10 when the number of days delayed increased by 47.8%.



1st Quarter Analysis of Results: With regard to the actual number of discharge delay days, there was a 9.6% decrease in the number of inpatient discharge delay days used in Q1 '10 (1421) when compared to Q4 '09 (1,572) and an increase of 57% when compared to Q1 '09 (905).

2nd Quarter Analysis of Results: Q2 '10 also saw an increase in the percent of inpatient days in delay status from 16.2 % in Q1 '10 to 21.5% in Q2 '10.

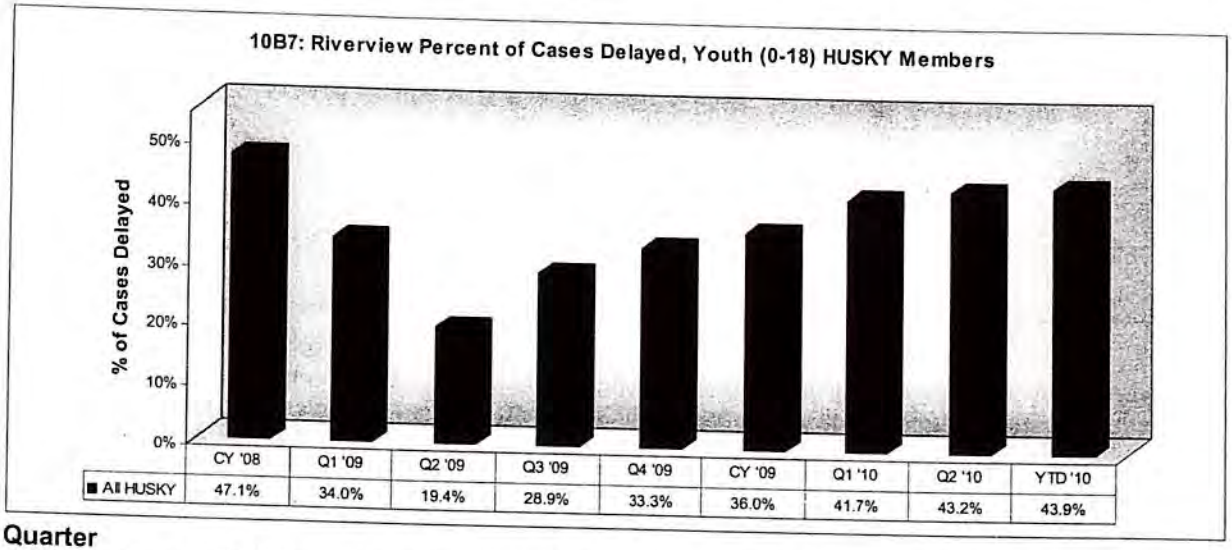


	Q2 '08	Q3 '08	Q4 '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	Q1 '10	Q2 '10
DCF	38.5%	36.5%	25.1%	14.7%	21.1%	23.0%	28.2%	24.2%	33.5%
Non DCF	10.2%	12.3%	4.0%	6.0%	7.4%	8.7%	6.5%	8.2%	11.6%

1st Quarter Analysis of Results: In Q1 '10 there continues to be a large difference between the percentage of inpatient days delayed for DCF involved members and Non- DCF involved members. In Q1 '10 there was 65.8% difference in DCF discharge delay days (1,059) compared to non-DCF discharge delay days (362) (not graphed). This has remained consistent throughout previous quarters.

2nd Quarter Analysis of Results: In Q2 '10, DCF members continue to account for a larger percent of the days in delay (33.5%) than do the Non-DCF members (11.6%). For DCF members, the total delay days went from 1,105 in Q1 '10 to 1,493 in Q2 '10, an increase of 35.1%. For the Non-DCF membership the increase in the number of days in delay was larger; the total delay days went from 327 to 623 days, an increase of 90.5%. An audit of non-DCF delayed cases found that although designated as Non-DCF many of these children have some form of DCF involvement and are awaiting placement in Riverview, PRTF or RTC level of care.

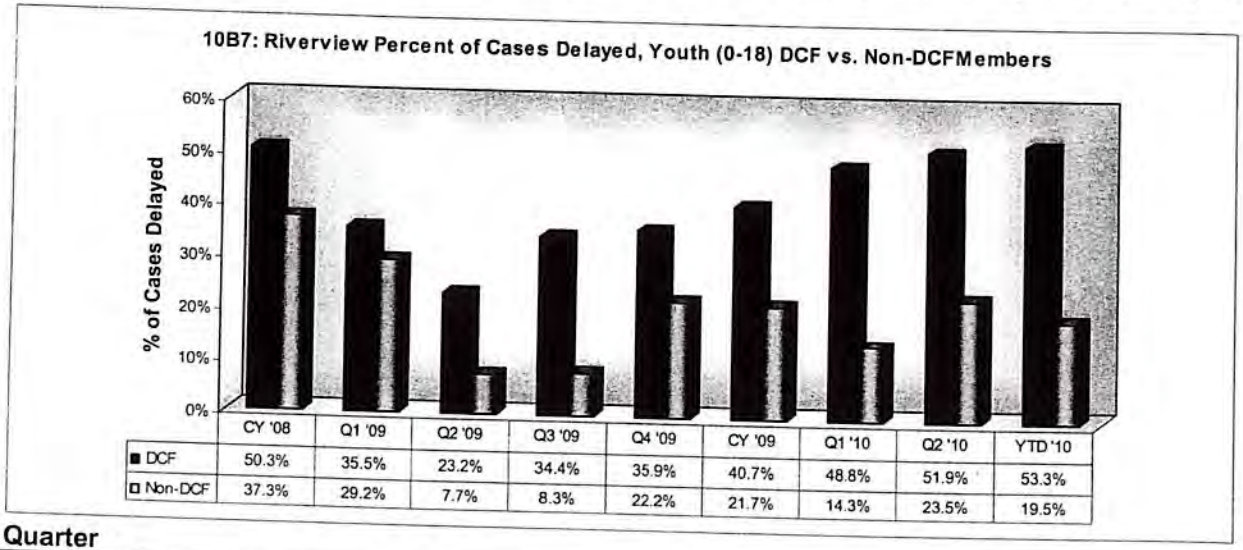
Riverview:



	CY '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	CY '09	Q1 '10	Q2 '10	YTD '10
All HUSKY	47.1%	34.0%	19.4%	28.9%	33.3%	36.0%	41.7%	43.2%	43.9%

New Graphs for 2nd Quarter

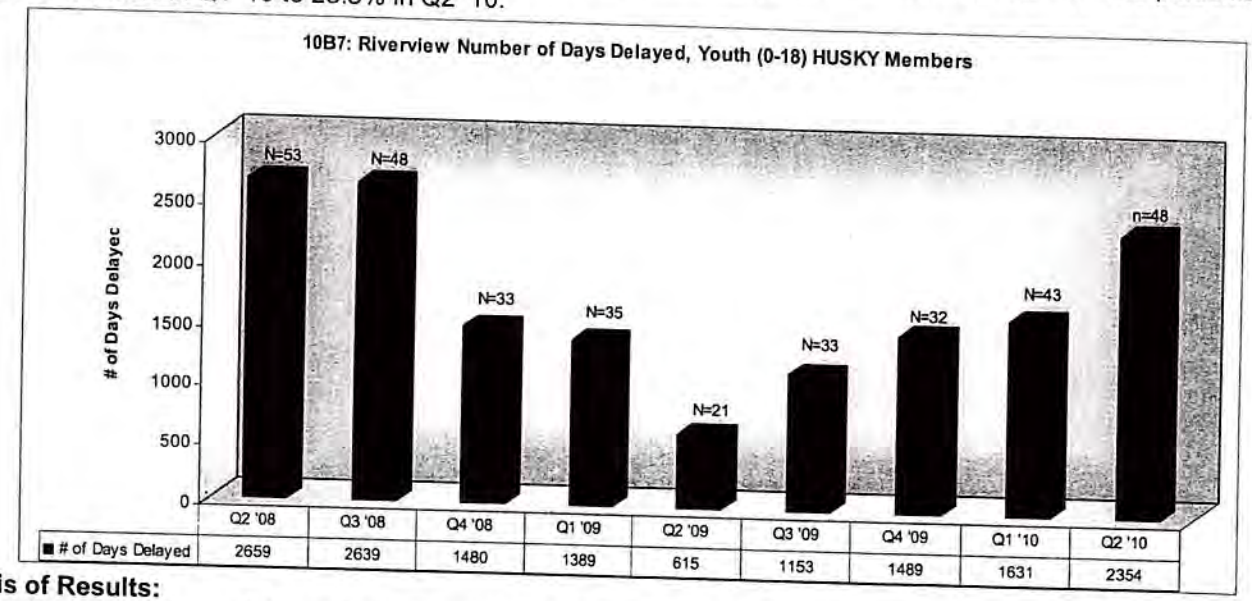
2nd Quarter Analysis of Results: In Q2 '10 there was an increase in the percent of HUSKY youth in delay at Riverview (43.9%) from the previous quarter (41.7%).



	CY '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	CY '09	Q1 '10	Q2 '10	YTD '10
DCF	50.3%	35.5%	23.2%	34.4%	35.9%	40.7%	48.8%	51.9%	53.3%
Non-DCF	37.3%	29.2%	7.7%	8.3%	22.2%	21.7%	14.3%	23.5%	19.5%

New Graphs for 2nd Quarter

2nd Quarter Analysis of Results: When looking at the two specific categories of DCF vs. Non-DCF, the most notable increase can be seen in the Non-DCF population where the percent of Non-DCF youth on delay went from 14.3% in Q1 '10 to 23.5% Q2 '10. The percentage of DCF youth on delay also increased from 14.3% in Q1 '10 to 23.5% in Q2 '10.

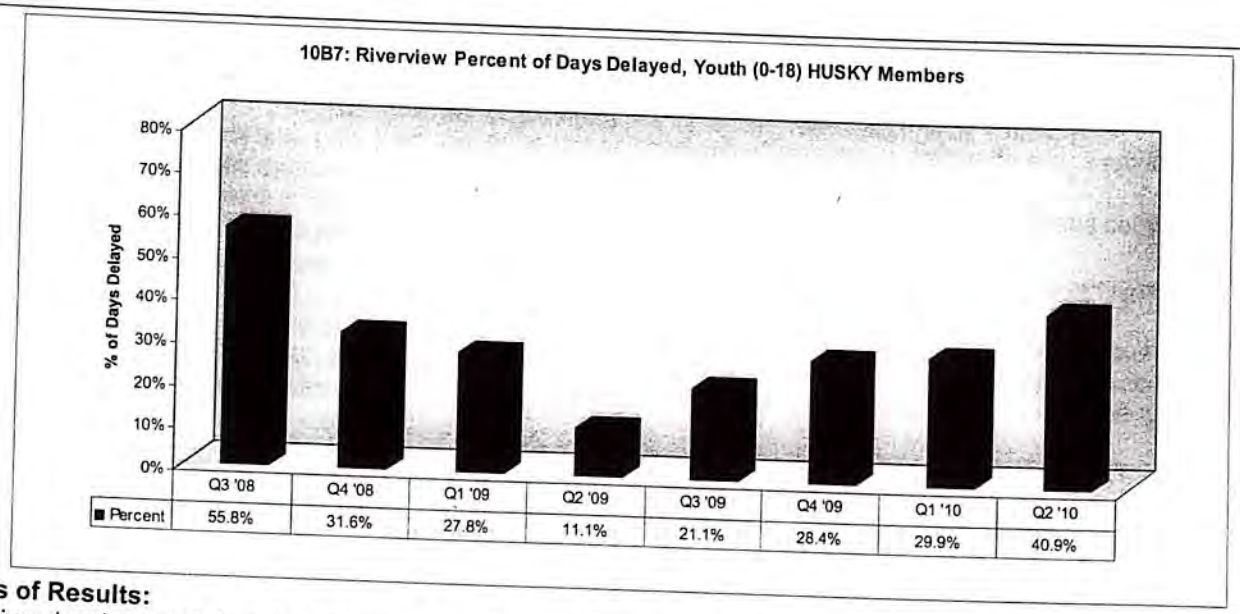


1st Quarter Analysis of Results:

There were 43 total cases on discharge delay at Riverview in Q1 '10. This is a 34.4% (32) increase in cases since Q4 '09 and a 22.9% (35) increase in discharge delay cases since Q1 '09. There was a 9.5% increase in discharge delay days from Q4 '09 (1,489) and a 17.4% increase from Q1 '10 (1,631).

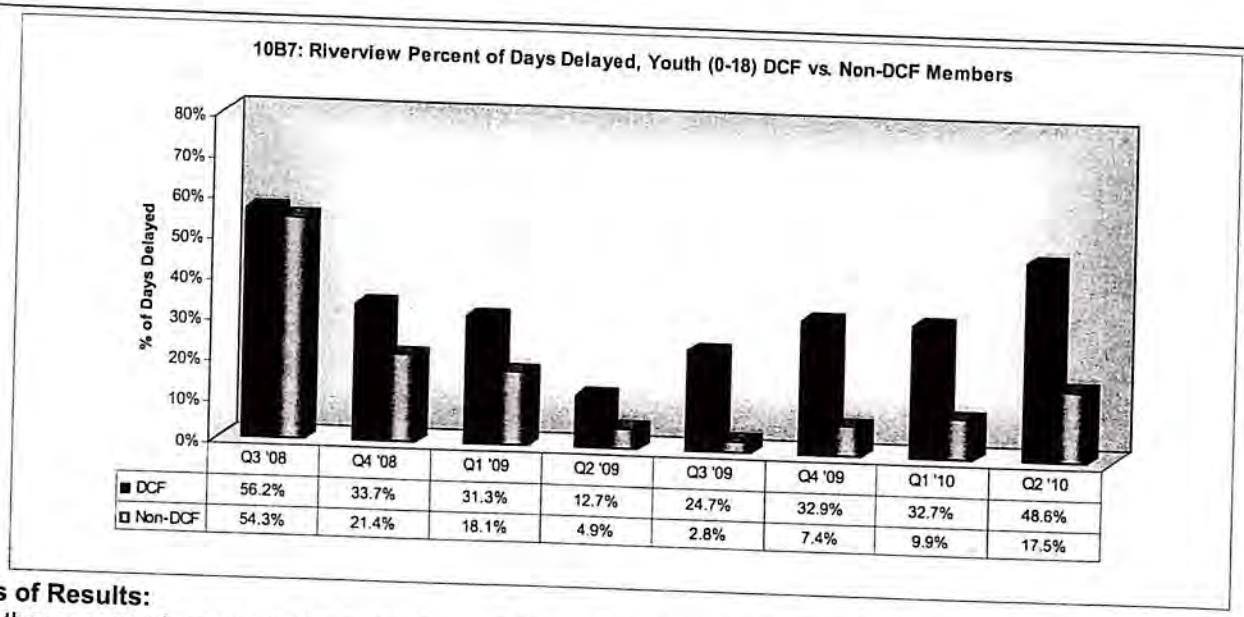
2nd Quarter Analysis of Results:

In Q2 '10, there were a total of 48 cases on discharge delay at Riverview, an increase of 5 cases from the previous quarter. This 11.6% increase is smaller than seen in previous quarters. Although the number of cases did not increase significantly the total number of days delayed did show a more sizeable increase of 44.3% going from 1,631 in Q1 '10 to 2,354 in Q2 '10.



1st Quarter Analysis of Results:
The percentage of Riverview inpatient days in discharge delay has increased over the past four (4) quarters from a low of 11.1% in Q2 '09 to 29.9% in Q1 '10.

2nd Quarter Analysis of Results:
Q2 '10 continues to show the trend of an increasing percentage of days in delay; this began in Q3 '09. In Q1 '10, 29.9% of Riverview inpatient days were spent in delay while in Q2 '10, 40.9% of days at Riverview are in delay.



	Q3 '08	Q4 '08	Q1 '09	Q2 '09	Q3 '09	Q4 '09	Q1 '10	Q2 '10
DCF	56.2%	33.7%	31.3%	12.7%	24.7%	32.9%	32.7%	48.6%
Non-DCF	54.3%	21.4%	18.1%	4.9%	2.8%	7.4%	9.9%	17.5%

1st Quarter Analysis of Results:
For Non-DCF youth, there was an increase in the percentage of days in delay from Q4 '09 (7.4%) to Q1 '10 (21.6%). However, there were only 4 non-DCF cases in Riverview on discharge delay in Q1 '10 (half the amount of Q1 '09 when there were 8) that accounted for 152 delay days while the 39 DCF cases accounted for 1,479 delay days.

2nd Quarter Analysis of Results:
The number of cases on delay in Riverview saw no change for the DCF population; 40 cases during both quarters. Although there was no change in the number of cases there was an increase in the percent of days delayed from 32.7% in Q1 to 48.6% in Q2 '10. The total delay days went from 1,565 to 2,107, which accounts for a 34.6% increase over the previous quarter (Not graphed). The non-DCF population on the other hand saw an increase of five (5) cases between Q1 and Q2 '10. The percent of days delayed went from 9.9% in Q1 '10 to 17.5% in Q2 '10. The total delay days went from 66 in Q1 to 247 in Q2 '10, which accounts for an increase of 274.2%.

1st Quarter Interventions/Activities:
There are a number of improvements at the inpatient level of care. We have restructured our rounds process for more focused and integrated IPF and PRTF discussions. These changes help in honing in on specific issues and provide better coordination with appropriate DCF staff. The following activities highlight some of the work that we believe facilitates movement from inpatient care to the community:

- CTBHP participated in Grand Rounds at RVH to present quarterly data and identify trends and patterns of utilization
- ICM Team Lead attends weekly triage meeting at RVH
- On-site reviews continue at several inpatient programs but are more targeted for initial care planning, case conferencing and discharge planning meetings to better focus attention and resources on these areas
- Discharge Delay rounds continue with DCF participation to assist in identifying barriers to discharge with a focus on early strategies with the Area Offices.

- Bypass Programs for the Big 8 Child/Adolescent Inpatient providers was initiated in 1st Q '10
- An updated Adult Inpatient Bypass program was implemented 1st Q '10
- Data regarding utilization trends are shared in CT BHP Geo-Teams to develop strategies of outreach and support to address and positively impact the trends
- Internal and External training on Focal Treatment Planning continues
- Refinement of our Riverview team that consists of assigned Intensive Care Manager, Clinical Care Manager, Family Peer Specialist and Assistant Medical Director has occurred. The team meets weekly to review members referred, discharge plans and discharge delayed members.

2nd Quarter Interventions/Activities:

There has been significant work undertaken by the Partnership and other stakeholders to assist in understanding the increase in Discharge Delay days for the 2nd Quarter of 2010. While the days have begun to trend up in the 2nd Quarter, we have a better understanding of the stressors in the systems that are contributing factors to the discharge delay increase. The following activities highlight some of the work that we believe facilitates movement from inpatient care to the community:

- On-site reviews continue at several inpatient programs but are more targeted for initial care planning, case conferencing and discharge planning meetings to better focus attention and resources on these areas
- Several hospitals have requested and been accommodated to have ICM clinicians back on site for rounds and planning
- The Area Office ICM assigned clinicians have initiated weekly calls with BHPD's from DCF to facilitate planning and problem solving on cases of concern to either group
- Bypass Programs for the in state Child/Adolescent Inpatient providers has continued for Q2 '10
- The updated Adult Inpatient Bypass program has continued in Q2 '10
- The Substance Abuse Bypass Program has been maintained
- Data regarding utilization and PARs are shared in CT BHP Geo-Teams to develop strategies of outreach and support to address and positively impact the trends
- The RVH team meets weekly to review members referred, discharge plans and discharge delayed members.
- ICMs participation in on site discharge delay planning meetings that facilitate timely access to services and to pro actively identify members who are at risk of becoming discharge delay.
- ICMs continue to participate in weekly MSS meetings with the DCF area offices that continue to utilize this process to work with members with complex needs and multi agency involvement.
- Ongoing coordination with providers during onsite rounds at IPF facilities to immediately identify barriers to discharge.

ILLINOIS
MENTAL HEALTH COLLABORATIVE
FOR ACCESS AND CHOICE

THE ILLINOIS WARM LINE:
PEER AND FAMILY SUPPORT BY TELEPHONE

THIRD ANNUAL REPORT:
FISCAL YEAR 2011

SUBMITTED BY:
BRYCE GOFF, MA, CRSS
DIRECTOR, RECOVERY AND RESILIENCE
JUNE 27, 2011

Introduction

The Illinois Warm Line: Peer and Family Support by Telephone is a progressive, recovery oriented project of the Illinois Mental Health Collaborative for Access and Choice in partnership with the Illinois Department of Human Services/Division of Mental Health (DHS/DMH). While the Warm Line provides an unprecedented and meaningful enhancement to "customer service" in the Illinois public mental health system, it provides much more than that. The Warm Line is making a positive difference in the lives of persons participating in mental health services in Illinois.

Since its inception, the Illinois Warm Line has responded to 11,331 calls for peer and family support by telephone. Calls coming in to the Warm Line are answered instantly. In some cases, it has reportedly eased the workload of mental health center crisis lines by offering proactive support.

The Illinois Warm Line is characterized by a unique blend of caring, empowering service and effective use of reliable, user-friendly technology. Perhaps most compelling though is the continued feedback that the Warm Line receives from persons served as well as providers, for example:

- *Through talking to each of the people on the Warm Line, it has helped me to build my self-esteem and confidence.*
- *It really helps to have someone to talk to who has been through what I'm going through.*
- *The support I am getting through the Warm Line has helped me to identify that I am a real person, not an illness.*
- *Thank God for people like you because I don't know what I would do!*
- *My history with the Warm Line is long. The reasons for that are because of the good advice, understanding, and unbiased help that I have received.*
- *Through the Warm Line, I have learned that I have a huge wellness tool box. I know my triggers for depression, dependency, and risk-behavior and can now set boundaries.*
- *Talking to the people on the Warm Line gives me hope that I will be able to overcome my challenges.*
- *I appreciate this service and will recommend the Warm Line to others.*

This third annual report on the Warm Line features reports and analysis on many aspects of the Warm Line. These include:

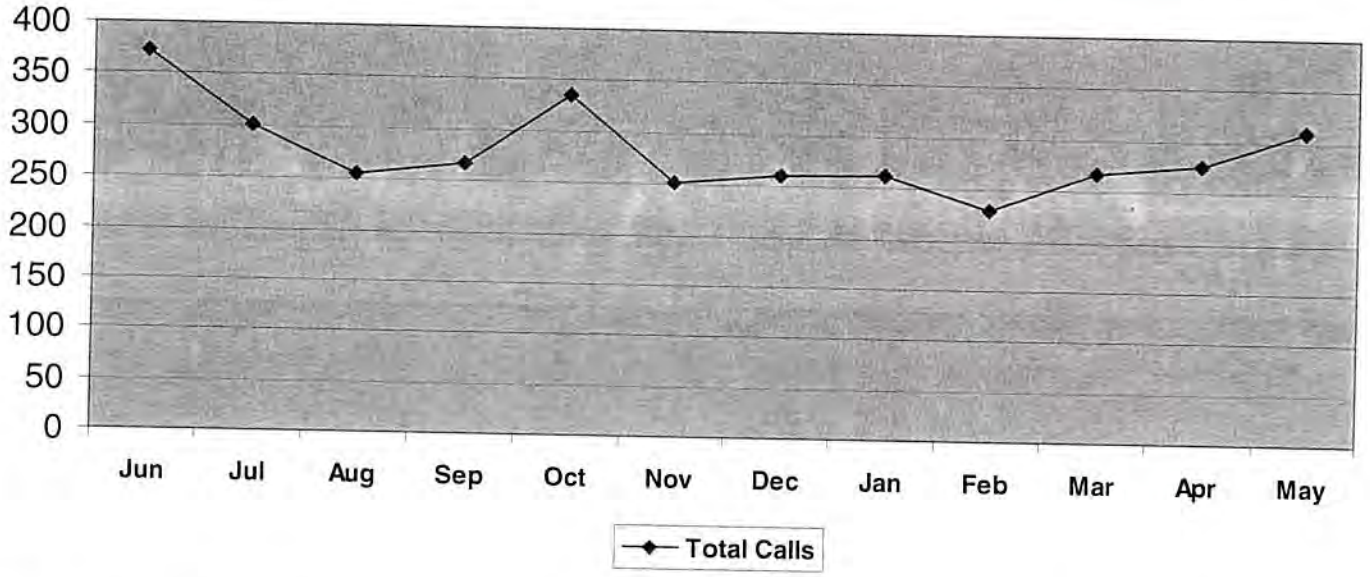
- Call Volume
- Customer Service Logistics
- Support Categories
- Survey Results (new in FY11)

Recommendations have also been made for enhancements that will contribute to the Warm Line's continued success and service in Illinois.

Call Volume Analysis

During its third year of operation, the Warm Line received 3389 calls total. While a greater quantity than the Warm Line's first year, this number represented a decrease in call volume from the second year. The decrease occurred concurrently with a change in policy that capped calls at one per individual per day. Previously, callers were permitted up to two calls per day. The policy was communicated respectfully and was accepted by the vast majority of callers. As always, exceptions were allowed in the case of a mental health crisis. This change in policy was made for three main reasons.

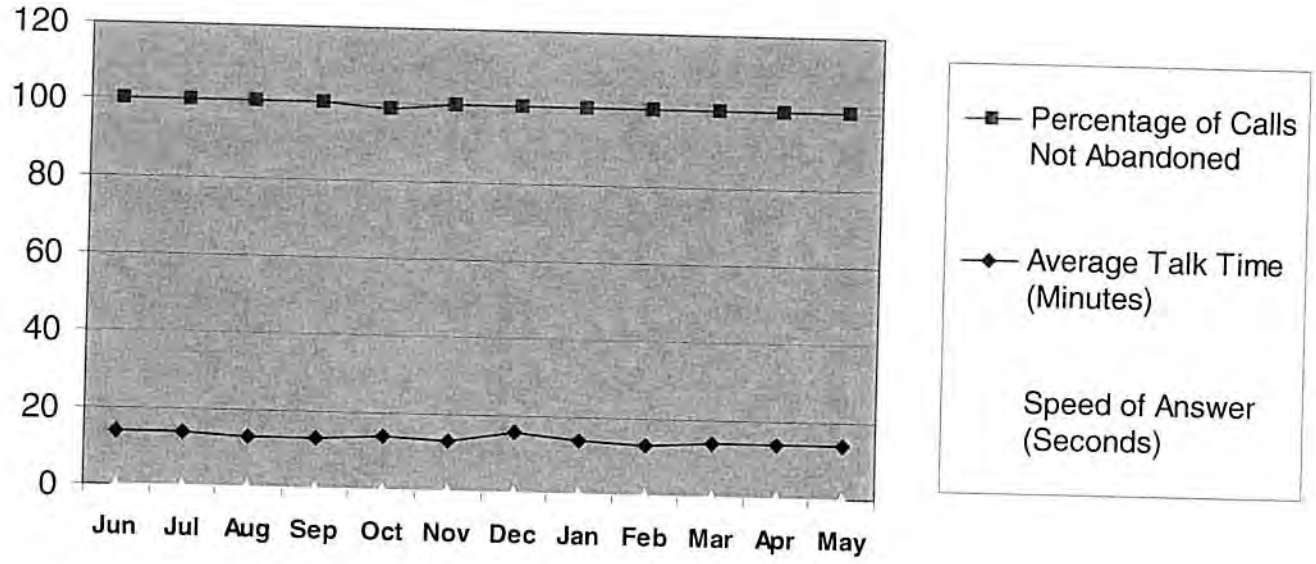
First, this boundary was set to address a small number of callers who used the Warm Line excessively, in a way that was contrary to the spirit of progression from dependence toward interdependence that should be characteristic of recovery oriented services. Second, the RR Team experienced significant staffing reductions in July 2010 related to budgetary constraints and contract changes. Third, a one call per day limit is fairly typical of many warm lines across the United States. While the number of RR staff available for Warm Line calls was reduced by 50%, the call volume only decreased by 27%. Through shared team monitoring of coverage and the outstanding efforts of staff, the team was able to meet this challenge successfully.



Overall, call volume remained fairly steady throughout FY11 with a couple of exceptions. A spike in call volume occurred in October. A spike at this point in the year is often seen amongst mental health support lines. This is generally seen as a result of changes in the weather, leading to greater isolation and increased emotional distress. For many individuals, anticipation of the holiday season also results in stress and a need for greater levels of support. The final three months of FY11 saw a gradual, yet steady increase in calls. The RR Team will monitor this trend in FY12 to see if it continues.

Customer Service Logistics Analysis

The table below demonstrates a tremendous amount of consistency in the quality of logistical customer service provided on the Warm Line.



Over the course of twelve (12) months and a total of 3389 calls, only one (1) call (.02%) was abandoned after more than 20 seconds, the industry standard for measuring abandoned calls.

Average talk time for calls remained consistent and in line with the Warm Line goal of 20 minutes average maximum length. This goal was set in early FY09 and was once again adhered to in every month of FY11. The average talk time on a call for the year was 13.8 minutes, compared to 13.1 minutes in FY10.

Based on our advanced call center technology, Warm Line calls are routed directly to the headset of the first available staff member. Therefore, callers have little to no waiting time for their calls to be answered. The average speed of answer for the Warm Line has also remained consistent and impressive. Every month, the average speed of answer remained at less than one second.

This table is an accurate representation of the consistent quality of logistical customer service provided by the Warm Line staff. Callers benefit from the strengths of our reliable call center technology as well as professional staff that pay close attention to detail.

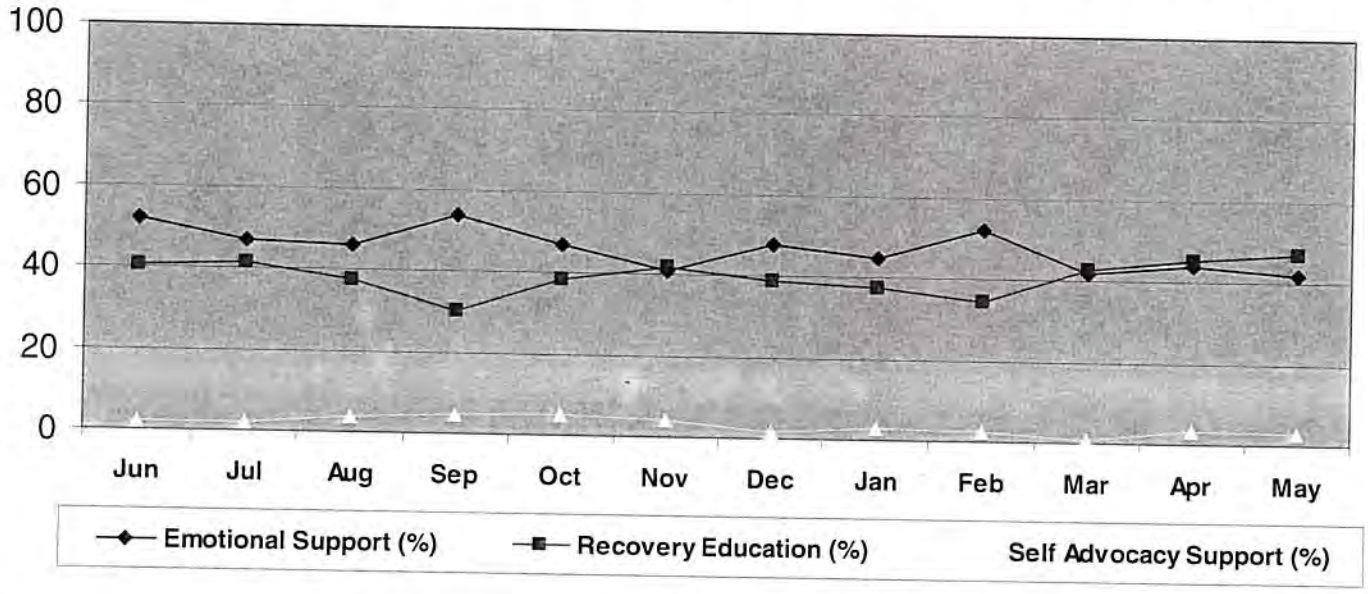
Support Category Analysis

The sophisticated method for tracking calls by the specific category of support offered continued to be available to us throughout FY11. The Recovery and Resilience Team is pleased to report on percentages of each category over the course of the year.

The three (3) primary types of service offered by the Warm Line were identified as:

- Recovery Education
- Emotional Support
- Self Advocacy Support

The following graph illustrates the Warm Line's primary support category trends through FY11:



As illustrated by the charted results, the categories of Emotional Support and Recovery Education are being offered at close to the same percentages. This can be attributed to ongoing Recovery Education training that was provided to the team in the following areas:

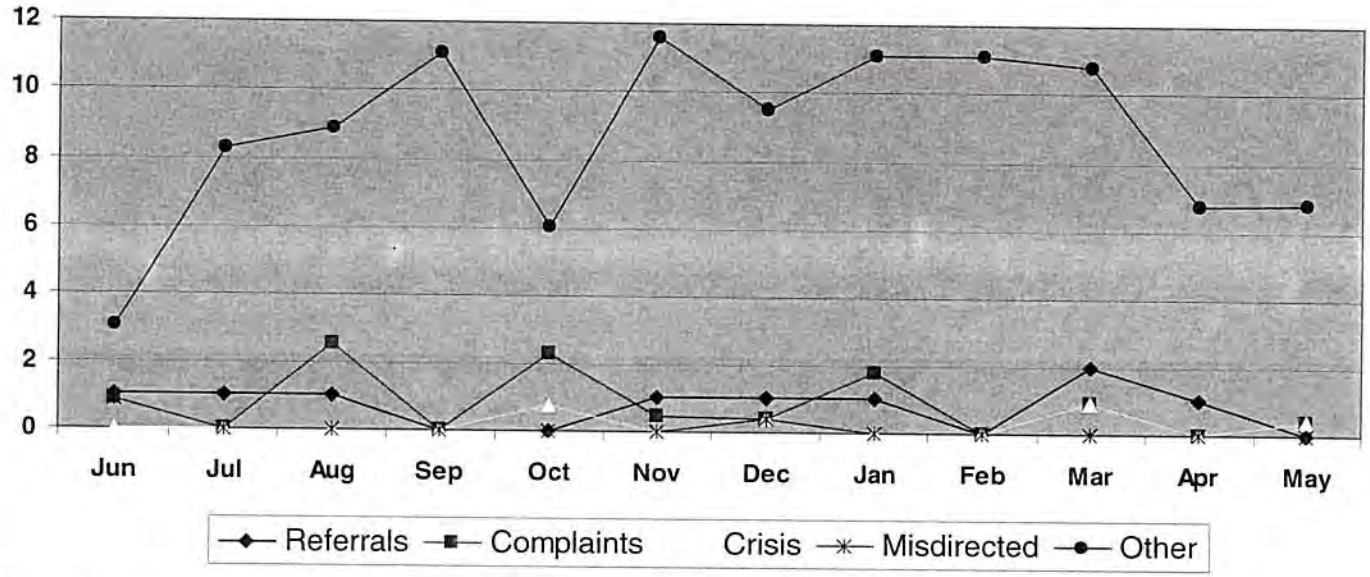
- Wellness Recovery Action Plan (WRAP)
- Effective, ethical self disclosure
- Certified Recovery Support Specialist (CRSS)
- Warm Line Staff Manual

Each team member is now familiar with the Wellness Recovery Action Plan (WRAP) and has written his or her own WRAP. CRSS Training has taught the team how to effectively share self disclosure vignettes as part of an ongoing goal of enhancing the recovery education category of support. The Warm Line Staff Manual, in addition to outlining boundaries and protocols, lists several referrals for resources that staff can provide to callers. The results also illustrate the team's ability to better recognize when they were providing recovery education.

Additional types of support were also identified and measured. Including:

- Referral Requests
- Complaints
- Crisis Calls
- Misdirected Calls
- Other

While these types of support are less central to the Warm Line's vision, they are important types of support nonetheless. The following graph illustrates the Warm Line's secondary support category trends:



Each of the secondary support categories represented well under 10% of the total call volume through FY11, with the exception of (Other). Warm Line staff are also responsible for processing Consumer and Family Handbook orders. The (Other) category includes calls requesting handbooks among other miscellaneous inquiries that do not fit within the remainder of the secondary support categories. Additional examples of calls coded under (Other) may include those that are completely unrelated to mental health recovery.

In FY11, staff were also encouraged to increase our referrals of individuals to sources of support in their communities, including:

- Celebrate Recovery
- Center for Prevention of Abuse
- Depression and Bipolar Support Alliance (DBSA)
- Equip for Equality
- GROW
- Health and Disability Advocates

- National Alliance on Mental Illness (NAMI)
- Wellness Recovery Action Plan (WRAP) Classes
- Work Incentives Planning and Assistance (WIPA) Program

These referrals were not only good practice in providing community oriented peer support by telephone. They have also been important during a year of budgetary constraints. The Warm Line was able to refer individuals to sources of community support at times when traditional mental health services were less available.

Crisis calls dropped from FY10 to less than 1% of total calls in any given month of FY11; with zero occurring in eight out of the twelve months. Two spikes were detected in FY11, similar to those identified in FY10; occurring in October and March signaling patterns consistent with national crisis call trends. There are several possible reasons for the decrease in crisis calls. First, callers have now become aware of the preventative purpose of the Warm Line versus a crisis line. Second, as reported further into this report, responses from the Warm Line Survey indicated the Warm Line has helped callers to cope with challenges and prevent crises. Finally, the Warm Line has helped people to recognize triggers and early warning signs as well as tools to deal with potential crises.

Warm Line Survey

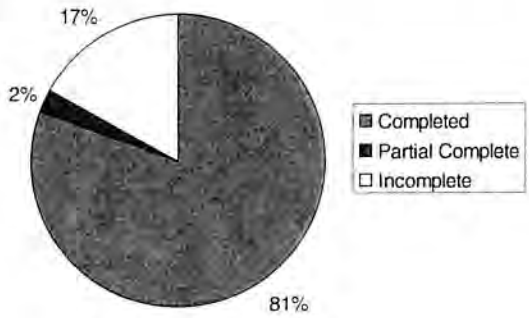
Based on both outstanding scores in customer service logistics and number of calls in FY09 and FY10, it was determined that the next step in the process of evaluating the Warm Line's effectiveness was to develop and implement a survey that would objectively measure caller satisfaction and outcomes. The RR Team, in conjunction with the DHS/DMH, identified the following basic survey requirements when designing and executing the Warm Line Survey.

Need	Recommendation	Notes/Details
Method of Input	Electronic Voice Survey	Outside vendor technology was used to connect callers to an electronic survey at the close of calls. Callers used their touchtone keypad to enter their responses.
Consistent Rating Scale	Likert Scale	Callers scored using numbers 1-5; with 1 representing Strongly Disagree and 5 representing Strongly Agree
Essential Content Areas	The survey should measure both caller satisfaction and recovery oriented outcomes.	Five primary categories were determined: Satisfaction, Prevention, Recovery Support, Empowerment, and Connection to Community Resources
Brevity	10 Questions or Less	Questions were designed to respect callers' time and to encourage full completion of the survey.
Opportunity for open ended feedback	Designated Email Address	The email address ILWarmLine@valueoptions.com was created and monitored daily by a designated Warm Line staffer. Callers were given this email address at the close of the survey. Some of the comments received were incorporated into the Introduction section of this report. Caller feedback was also shared with the Warm Line staff as part of ongoing quality enhancement.

The following challenges were identified early on in the implementation of the Warm Line Survey.

- Prevention of repeat surveys among the same callers
- Callers opting out of taking the voluntary survey
- Callers agreeing to take the survey, but not completing for unknown reasons
- Callers expressing concern for how the survey information might be used
- Callers questioning the anonymity of their answers

In spite of these challenges, caller participation and overall completion rates of surveys were high. Warm Line staff persisted in their efforts to offer the voluntary survey to callers. As a result, 100 surveys were successfully completed out of 124 connections to the survey vendor in FY11. The following pie chart depicts survey completion levels.

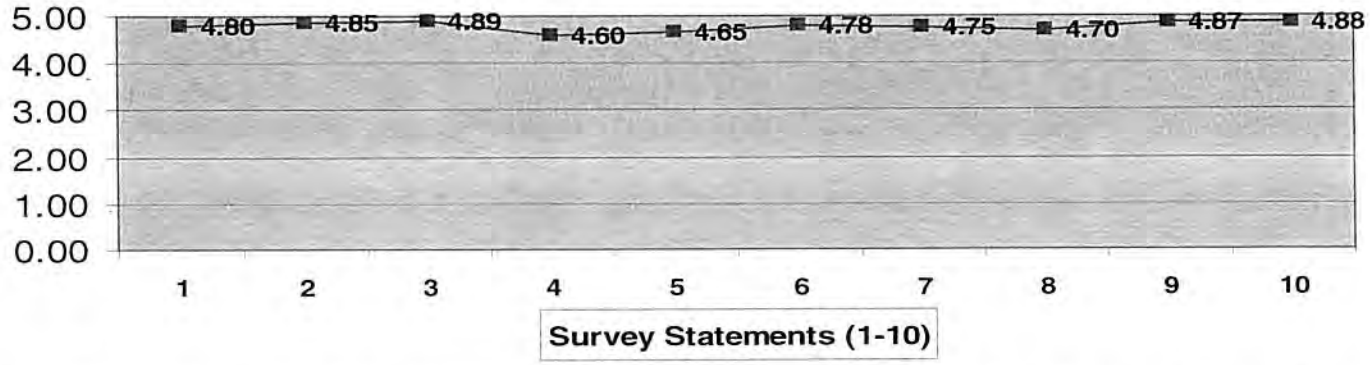


Survey Results

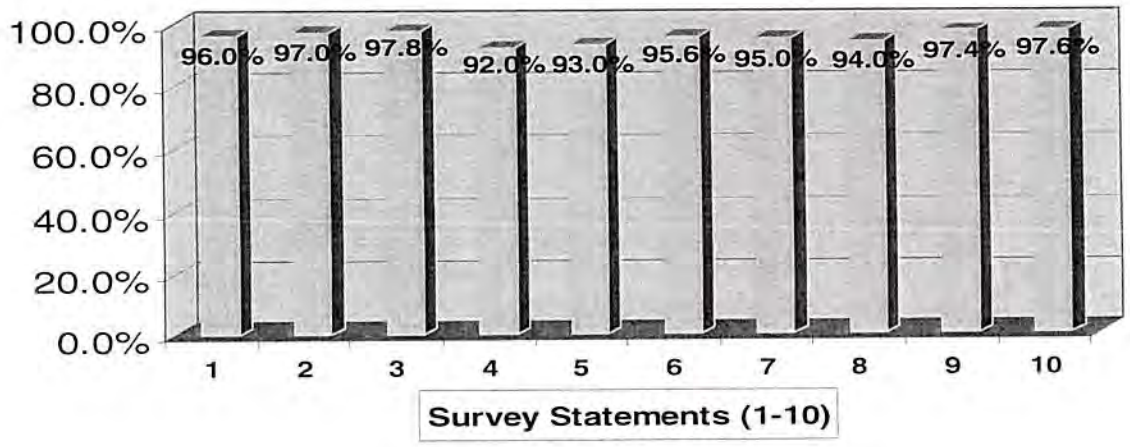
Callers were asked to rate their agreement with the following statements.

1. I am satisfied with the process of reaching a Warm Line staff person.
2. I felt that the Warm Line staff person listened and seemed to understand my situation or concerns.
3. The Warm Line staff person was respectful of my personal experiences.
4. The Warm Line staff person encouraged me to find natural sources of support in my community.
5. The Warm Line has helped me cope with challenges and prevent a crisis.
6. The Warm Line staff person helped me find my own ideas for staying well or improving my life.
7. The Warm Line staff person encouraged me to be involved in or take charge of my own mental health treatment and well being.
8. Today, after talking to the Warm Line staff person, I feel more confident.
9. Overall, I am satisfied with my call to the Warm Line.
10. I would use the Warm Line again.

The following chart depicts the average scores caller gave for each of the ten statements based on the Likert Scale (1-5):



The scores clearly illustrate the positive feedback and opinions of Warm Line callers. Average ratings from the responses to every one of the ten statements were above the 90th percentile as depicted by the following graph.



Survey Results Analysis

The ratings indicate more than just positive feedback from Warm Line callers. Budgetary constraints have challenged individuals to find cost-effective resources that support their mental health recoveries. In turn, fostering callers' abilities to actively participate in their recovery through additional and alternative means indicates the possibility of a reduction in frequency of hospitalizations and use of traditional state funded psychiatric services.

Callers' responses to the Warm Line survey do point to the probability of a reduction in hospitalizations. For example, in survey statement #5, callers gave the Warm Line staff a 93% average rating towards the ability to help them cope with challenges and prevent crises. Responses to survey statements #6 and #7 reveal that callers felt empowered to find their own ideas for staying well and being involved in, or taking charge of, their mental health treatment and overall well being based on average ratings of 95.6% and 95% respectively. These responses also pinpoint areas in which the Warm Line is providing Recovery Education.

The highest average ratings fall within the category of Emotional Support; which corresponds to data presented in the Support Category Analysis. Caller feedback revealed that it is helpful to have someone to talk to who has experienced similar circumstances. Callers gave the Warm Line staff an average rating of 97% when asked to respond to statement #2 regarding how well staff listened and understood callers' situations or concerns. Moreover, callers indicated feeling a high level or respect in their responses to survey statement #3.

The Warm Line survey ratings also provide additional data to support that which was presented in the Customer Service Logistics Analysis. Responses to survey statement #1 indicate a 96% level of satisfaction with the process of reaching a Warm Line staff person. Callers furthermore rated their overall satisfaction with the Warm Line at an average of 97.4% in response to survey statement #9. This supports the positive customer service logistics data previously presented on abandoned calls, talk time, and speed of answer and indicates high levels of consistent quality in that category.

Callers' feedback through this survey supports and corresponds with the factual data provided through the internal computerized reports aforementioned. The survey responses revealed that the callers' needs for both the primary and secondary categories of support are being met. Likewise, the Warm Line is fulfilling its purpose. Results can be summed up through the average rating of 97.6% when callers were asked in survey statement #10 if they would use the Warm Line again.

Warm Line Recommendations

Training

To continue and enhance the strengths of the Warm Line, the Collaborative Recovery and Resilience (RR) Team recommends the following action items:

- Annual staff review of Warm Line Manual:
  - Utilize and reference the manual in staff meetings
  - Add additional resources based on staff feedback through calls

- Implement staff led trainings in team meetings on topics relevant to the Warm Line. These topics may include:
  - Ways to encourage callers who appear to be in the pre-contemplative stage of change
  - Recovery education and coping skills related to specific mental health challenges
  - De-escalation techniques
  - Putting strengths based approaches into practice

- Continue and enhance monthly team reviews of Warm Line
  - Discuss problems and solutions
  - Specific challenges and successes with callers
  - Workplace wellness

- Continue and enhance new staff orientation process
  - Continue to utilize and update Warm Line Staff Manual and orientation power point
  - Assign training buddies to new staff

- Continue and expand work on referrals to community resources
  - Include web addresses and telephone contact information

Evaluation

To provide more opportunities for feedback to the RR Team on the strengths and opportunities for improvement of the Warm Line and to measure Warm Line outcomes, the RR Team recommends the following action steps:

- Team peer review of call recordings on a quarterly basis

Conclusion

Throughout FY 2011, the Illinois Warm Line: Peer and Family Support by Telephone has provided support to over 3300 callers, contributed to the advance of the Illinois recovery vision, and enhanced customer service within the Illinois public mental health system. It is making a positive difference in the lives of persons with mental health challenges. Through the trends, analysis and recommendations identified in this report, the Warm Line will be equipped to continue to make a positive impact on behalf of the Illinois Department of Human Services/Division of Mental Health and the Illinois Mental Health Collaborative for Access and Choice.

ValueOptions of Louisiana Statewide Management Organization All Hazards Plan

Draft
August 2011

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Executive Summary

It is the policy of ValueOptions, Inc., (ValueOptions) to ensure ongoing operations are effectively managed during emergent situations so that service disruption is minimized, and enrollee and employee safety is assured. This plan applies to:

- all operating units within the Louisiana Service Center
- all mission critical IT and communication systems
- all national systems and locations providing support to the Louisiana Service Center
- all contracted Network Providers

In the event of an emergency or disaster, the ValueOptions of Louisiana (VO-LA) Statewide Management Organization (SMO) All Hazards Plan will operate in accordance in all Louisiana and Department of Health and Hospitals (DHH) specific requirements. This Plan will be guided by ValueOptions' National Crisis Response Plan that delineates the actions to be taken on a corporate and regional level in response to a large disaster.

ValueOptions' National Crisis Response Team will support regional operations to meet all components of our Plan. The National Crisis Response Team is comprised of clinical, IT, network, and administrative experts who shall be available immediately via cellular phone or other communications channel. The Crisis Response Plan protocol in place for disaster response includes notification, mobilization of resources, coordination with local and federal agencies, and communications.

Regional Crisis Response Team members within Louisiana shall remain in contact throughout the catastrophic event. To bypass regional service interruptions, a variety of communication methods are used to remain in contact. Communications channels include e-mail, Web-based technologies, cellular telephones, and travel, when possible. The notification and response plan is tested regularly to ensure that ValueOptions' response to a catastrophic event is immediate.

In addition, ValueOptions' comprehensive Disaster Recovery plan ensures continuity of IT and telephony systems in the event of a disaster. The Disaster Recovery Plan ensures that ValueOptions' staff is available 24-hours a day, seven days a week, regardless of interruptions in regional services. This disaster recovery meets the continuous access needs of our customers and employees, and extends to the safety and recovery of all confidential information.

All components of this plan shall conform to the requirements established by DHH.

Procedure

I. ValueOptions of Louisiana Service Center Requirements

A. General Planning and Communication

In the event of an emergency, business disruption or impending natural disaster, the senior manager present within the ValueOptions Louisiana (VO-LA) Service Center shall assume the role of Manager in Charge (MIC).

1. The MIC (in consultation with other Service Center unit leads) shall assess the potential threats to enrollee services, continuity of care, and employee safety of each situation, and identify necessary actions.

2. The MIC shall inform the following individuals (should they not be present in the Service Center), of the situation/impending threat:

   - VO-LA CEO
   - VO-LA CMO
   - VO-LA COO/Adult System Administrator
   - VO-LA Medical Administrator
   - VO-LA Child System Administrator
   - VO-LA Regional Intensive Case Manager
   - VO-LA Network Development Administrator
   - VO-LA Member Services Administrator
   - VO-LA Information Systems (IS) Administrator
   - ValueOptions National CEO
   - ValueOptions National COO (responsible for provider network, call center operations)
   - ValueOptions National CIO (responsible for IS services)
   - ValueOptions National Public Sector Division President
   - ValueOptions National Risk Manager
   - ValueOptions National Facilities Director

3. The MIC shall coordinate with the appropriate Louisiana DHH staff, and comply with provisions of applicable DHH emergency plan.

4. The MIC shall, if requested or authorized by DHH, notify appropriate state and federal representatives.

5. Upon request by DHH ValueOptions shall provide timely (i.e. hourly) updates to DHH by electronic communication, telephone or other available means.

B. Continuity of Care

ValueOptions will take the following steps to ensure continuity of behavioral health care during an emergency, business disruption, impending threat or other situation. The VO-LA COO (or designee) with support from the ValueOptions National COO, shall oversee and coordinate all actions needed to prepare for or manage continuity of care.

Mobilization of Resources

Through the coordination with national internal resources, VO-LA and ValueOptions staff shall provide assistance, in accordance with this plan and under the direction of DHH and other governing organizations. Services shall be provided across the state regardless of whether the catastrophic incident is regional or national in scope.

Within hours of a regional or national catastrophic event, designated staff shall coordinate with DDH, Office of Community Preparedness. VO-LA shall work with the Designated Regional

Coordinators (DRCs) in each of the impacted areas to respond immediately with on-site support. Additional support shall include:

- consultation with internal crisis response teams 24 hours a day
- timely information and resource materials for distribution
- update the Achieve Solutions website and the special Emergency page with information and additional materials

Coordination with Local and Federal Agencies

Upon authorization from DHH, ValueOptions will establish communications with local and federal agencies to ensure that the needs of the affected community are met. VO-LA will coordinate with Federal Emergency Management Agency (FEMA), the American Red Cross, local community mental health centers, and other providers to provide immediate and on-going on-site support.

Communications

The ValueOptions Crisis Response Team will work in concert with the VO-LA CEO to ensure DHH and members have open access to ValueOptions' services. We will coordinate with DHH and other stakeholders to:

- identify resources and needs
- provide management consultation to organizational leadership regarding recommendations on handling the incident
- implement the catastrophic disaster management plan

1. Vulnerable Members

    a. The CMO and Medical Administrator (or designee) shall instruct all Care Managers within the Service Center, and regionally-based staff to review Intensive Care Management or other caseloads to identify any members who may be particularly vulnerable during a weather-related or man-caused disaster event.

    b. Care Managers shall take any clinically appropriate actions to assist vulnerable members, such as contacting primary behavioral health providers to coordinate care.

2. Inpatient Facilities

    a. All ValueOptions contracted facilities are required to maintain plan(s) to assure the safety and care of enrollees within their facilities during disasters or emergencies.

    b. The CMO and Medical Administrator (or designee) shall contact all facilities providing inpatient psychiatric services within the affected area to determine:

        - the anticipated availability of inpatient services/beds
        - the status of enrolled members residing within those facilities
        - the facility's plan for continuity of care during the anticipated event/emergency, including any need to transfer inpatient enrollees to other facilities

c. This communication may be via telephone, electronic communication or fax as applicable.

3. Psychotropic Medications

a. The VO-LA CMO and Medical Administrator (or designee) shall contact the State's PBM (or appropriate state-level representative) to:

- notify of the impending disaster/threat, and discuss contingency plans for continuity of care
- determine the availability of PBM-contracted pharmacy dispensing locations within the service area potentially impacted during the event, and alternative pharmacy locations
- determine the status of the PBM's communications/electronic systems during the event
- prepare instructions for call center staff to assist enrollees with access to psychotropic medication during the event

4. Crisis Services

a. Emergency Crisis Line - A dedicated Emergency Crisis Line be activated and will remain in operation during any event. Should the VO-LA Service Center communications system becomes inoperable as the result of any event, the Emergency Crisis Line will automatically reroute to a designated back-up service center with staff specifically knowledgeable of Louisiana resources and services.

b. Crisis Stabilization Units - In preparation for the event (if known in advance) the CMO and Medical Administrator (or designee) will assess the availability of Crisis Stabilization Units within the affected area, and provide instructions for call center staff so that access may be assured, including to alternative sites, if needed.

The Crisis Stabilization Unit will ensure appropriate notification and communication with Police, Fire or other First Responders in the event of a disaster or emergency.

C. Circumstances Requiring Temporary Louisiana Service Center Closure

During severe weather, or any situation that requires the office to be closed, the following steps will be taken:

1. Information System (IS) staff will arrange for all incoming telephonic lines to be re-routed/retained to/by a designated back-up service center. IS shall have an IT person assigned coverage 24 hours a day, seven days a week. This person, with contact numbers, shall be listed on the after-hours coverage schedule.

2. The MIC will implement appropriate emergency plans.

D. Severe Weather Preparation

1. Tornado Preparation

   a. When a tornado "Watch" is issued, the Manager in Charge (MIC) or their designee will monitor radio, TV, NOAA, other websites and resources for relevant information.

   b. The VO-LA Network Development Administrator will notify all contracted providers within the affected area to activate all necessary plans to protect enrollee safety and ensure continuity of services. This notice shall be sent via electronic communication or fax, or other method as appropriate.

   c. When a tornado "Warning" affecting the VO-LA Service Center area is issued, staff will be assigned by the MIC to visually monitor the sky in all directions for any evidence of a tornado. If a tornado is sighted, an announcement will be made verbally in all parts of the building: "A tornado has been sighted, go to the designated safe area. Note – the designated safe area will be identified within the VO-LA Service Center (location TBD upon facility selection).

   d. Following the announcement, all personnel and visitors in the office must move in a quick, but orderly manner to a designate safe area within the VO-LA Service Center (location TBD upon facility selection). Staff shall be trained to not take time to turn off computers or other equipment. The MIC shall account for all employees.

   e. Staff shall remain in the safe area within the VO-LA Service Center (location TBD upon facility selection) until given further instructions by the MIC. The MIC shall determine when it is safe to leave the safe area.

2. Hurricane or Tropical Storm Preparation

   a. When a Hurricane or Tropical Storm <u>Watch</u> is Issued

   - The VO-LA CEO (or MIC) will monitor tropical storms and hurricanes for potential threat to the service center.
   - The VO-LA CEO (or MIC), in conjunction with the Executive Team, will begin planning for a threat when a hurricane or severe tropical storm "Watch" is issued by the National Weather Service (NWS) for any areas served by the VO-LA Service Center.
   - The VO-LA Network Development Administrator will notify all contracted providers within the network that a severe storm is possible, and that all necessary plans/actions should be undertaken to ensure member safety and continuity of care in the event of a full-blown event. This will occur via electronic communication, fax, or other appropriate means.
   - The VO-LA IS Administrator will notify the ValueOptions Corporate Technology Call Center that a severe storm is possible, and it may be necessary to reroute all VO-LA Service Center calls should a severe storm become imminent.

b. When a Hurricane or Tropical Storm Warning is Issued

- Hurricane preparation shall be conducted in accordance with DHH protocols. Preparation will begin when the NWS issues a hurricane or tropical storm warning for any areas served by the VO-LA Service Center, meaning that a storm may impact the affected areas within 24 hours.
- When a hurricane warning is received, the MIC will convene a meeting of the available Management Team to coordinate implementation of this section.
- The MIC will contact DHH and other appropriate offices and agencies to report any potential disruptions to services or systems anticipated by the storm, and provide information regarding disaster preparations.
- The VO-LA Network Development Administrator will notify all contracted providers within the affected area to activate all business continuity, disaster recovery or emergency management plans.
- Should the impending storm be expected to severely impact the VO-LA Service Center the following steps shall be taken by administrators and staff:
  - Access the VO-LA Service Center hurricane supplies frequently to secure the office. These supplies shall be located in a designated storage area.
  - Remove items from the floor that could be damaged by rising water.
  - Protect items from water leaking from the ceiling.
  - Cover electrical equipment with plastic.
  - Verify phone numbers for the phone tree, including back-up numbers, if the employee does not plan to be at their home.
  - VO-LA CEO shall coordinate with DHH and disaster preparedness agencies to confirm how and when the decision will be made to evacuate the office, and when and how the decision will be made to reopen the office. Contingency plans should assume that communications in the Baton Rouge area will be severely disrupted and that staff may need to contact an off-site location to coordinate service continuation and reopening of the VO-LA Service Center.
  - Assure computer systems are backed up to offsite locations. All important documents shall be backed up to the server-based system ("I Drive" or "H Drive" which are backed up to the central office in Norfolk, Virginia).
  - Place original legal documents in plastic, zip lock bags or plastic tubs.
  - Turn off all electrical equipment prior to departing the building.
  - Coordinate with the Landlord on any additional procedures for securing the office.
  - Coordinate with Designated Regional Coordinators (DRCs) regarding Service Center closure, emergency services during the storm, after storm damage assessments, and service continuation plans.
  - Coordinate with the ValueOptions Public Sector Division President, or designee regarding Service Center closure plans, emergency coverage by the backup Service Centers, after-storm damage assessment, and service continuation plans.
  - Contact ValueOptions Corporate Technology Call Center at 800-947-4108 regarding Service Center closure plans, emergency coverage by the backup Service Centers, after storm damage assessment, and service continuation plans.

c. Follow-up Activities

- Upon the discontinuation of an Official Watch and if members have been relocated, VO-LA staff shall:
  - Contact all providers to have them conduct outreach to all their assigned members.
  - For members assigned to Intensive Case Management, the Intensive Case Manager shall make outreach calls, and collateral contacts to ascertain the member and family member status and shall begin planning for repatriation.
  - VO-LA will work with providers and designated transportation providers to facilitate the member's return to their home community, or make other arrangements as appropriate.
  - VO-LA shall connect families to nonprofit resources to assist with their repatriation in the even they had to evacuation.
  - VO-LA will require a status update from providers not less than every five days for members who evacuated outside of the area and will follow-up to ensure that members receive a stabilization appointment for medication and clinical services upon repatriations.
  - If members return to their home community and their prescribing psychiatrist is not available for a medication update or has not returned, VO-LA will facilitate the member being seen within 48 hours by another psychiatrist.
  - If severe shortage of prescribers is noted, VO-LA will utilize Telepsych services in order for the member to have medication adherence for their illness.

E. System Failure

In the event of a system failure or loss of electrical power that reduces/terminates essential VO-LA operations, the following shall be implemented:

1. Electrical Power Loss

   a. The MIC or designee shall contact the local electric company or property manager for status of power restoration.

   b. Confirm that the toll-free numbers are operational and verify that a test call is answered by a VO-LA Service Center call center representative.

      - If the call is answered in the VO-LA Service Center call center, proceed to step 'd'.
      - If the calls are not routed to the VO-LA Service Center call center, inform the VO-LA IS Administrator On Call of the power outage. The calls shall automatically be routed to a designated back-up service center via ECR.

   c. If the power has been out for more than 20 minutes, staff shall call the IS 'On Call' person who shall perform the following:

- Contact the ValueOptions Technology Call Center at 1-800-947-4108 and inform them of the VO-LA Service Center wide power outage and that the center is in business recovery
- Ensure the UPS system in the I T server room is properly shutting down mission critical servers.

d. When the power is returned or the emergency is over, staff shall call the VO-LA IS 'On Call' person who shall perform the following:

- Inform the IS Administrator on Call that the outage is over.
- Ensure the Avaya phone system has reconnected to the National server and all calls are being routed through ECR to the VO-LA Service Center.
- Power up all mission critical systems and servers.
- Notify the ValueOptions Corporate Technology Call Center of the resumption of operations at the VO-LA Service Center.

2. Computer System Failure in Call Center

a. In the event of a computer system failure when all other systems (i.e.: phones & electric power) are operational, VO-LA IS staff shall be notified, and operations will continue with paper-based documentation.

b. All incoming calls during paper-based operations are to be entered into the system by the end of the first day in which computers are restored.

3. Telephone System Failure

a. Call the Technology Call Center at 1-800-947-4108. Report the problem and let them know you are going to call the Telecom 'On Call' phone.

b. Call the Telecom 'On Call' phone at 1-888-864-8277 and explain that you just opened a ticket for the appropriate problem.

c. If the problem is after working hours call the Telecom 'On Call' phone 1-888-864-8277 first and follow the process.

d. If Business Recover Procedures (BRP) are required, then Corporate Telecom will activate BRP for the service center and make test calls to make sure BRP is working as expected.

F. Fire

1. In the event of fire, employees' safety is the first priority.

2. In the event of fire, RACE will be used to guide our response
   R = Remove anyone in immediate danger
   A = Alert building occupants and the fire department via 911

C = Contain the fire by closing doors and windows
E = Evacuate the occupants of the building

3. After implementing R, A, C steps, all employees shall evacuate the building by the nearest exit. Exits are identified by lighted exit signs. After exiting the building, employees will immediately gather in a designated area (to be determined once facility is identified). The MIC will assure that all staff and visitors are accounted for.

4. After everyone is accounted for, a member of the VO-LA IS Department shall contact the phone company and the backup service center to arrange for the 800 lines to be re-routed to the backup service center.

5. The Fire Department will determine when it is safe to reenter the building.

6. In the event that the building is not usable, the Management Team will meet to establish and implement a service continuation plan. This plan will be communicated through all employees through the supervisory structure.

G. Bomb or Other Threat to Physical Safety

1. In the event that an item is discovered that appears to be explosive or otherwise creates a threat to employee safety, do not touch it and contact the MIC.

2. If the MIC concurs that the device appears to be a threat to employee safety, the Police will be contacted and the MIC or Police will determine whether evacuation of the building is appropriate.

3. If the VO-LA Service Center is evacuated, the Police shall determine when it is safe to re-occupy the building.

4. In the event of a bomb threat call, alert a co-worker, if possible, of the call and ask that the MIC be contacted.

5. Attempt to obtain as much information from the caller, such as the type of bomb, the location of the bomb, and the time of detonation. Listen for any information the caller may disclose or may be heard in the background. Listen for the gender of the caller, plus the apparent age of caller, race, and any other distinguishing characteristic.

6. At the conclusion of the call, assure that the MIC is notified so that the call can be reported to local Police.

7. Staff should immediately bring any other perceived threat to the physical safety of staff to the attention of the MIC, who will determine the appropriate action to take.

H. Widespread Communications Disruption

1. When any event, such as a hurricane, causes widespread disruption to local communications, staff should contact the corporate office for instructions about work related activities and support.

2. When local communications are initially restored, it is often with sites external to the local community. Thus, if staff cannot reach the VO-LA Service Center or a member of the Service Center management team, they shall contact the Reston Corporate Office at 1-703-390 6800.

II. ValueOptions, Inc., National Business Continuity Disaster Recovery Procedures

ValueOptions ensures that information is safeguarded in the event of a disaster and that appropriate service authorization and data collection continues.

A. Overview

ValueOptions leverages a two scenario recovery contingency plan. Clustered WebSphere Application servers and real time data replication of core application data is at the heart of our primary recovery approach. In this recovery approach, all transactions of the CONNECTS application data is replicated in real time to a fully redundant IBM iSeries application server utilizing third party data replication software. The more likely event of a single server failure is addressed in this primary recovery design.

Our secondary recovery contingency provides support for an unlikely catastrophic disaster involving a total site outage of the National Data Center. ValueOptions has engaged IBM BCRS (Business Continuity and Recovery Services) for hosting and recovery subscription services at their premier BCRS hot site in Sterling Forest, New York. Additional redundancy is built into our WAN connections, which facilitate rerouting of data traffic. ValueOptions' IT staff performs two recovery tests annually with IBM at their BCRS recovery site in Sterling Forest, New York.

B. Data Back-up Process

In support of our Business Continuity Plan, ValueOptions maintains a scrupulous data back-up process. The IT teams conduct traditional incremental data back-ups of all applications on a daily basis and full data back-ups on a weekly basis. All back-up tapes are audited and verified for completeness. Saved media is duplicated daily with the primary copy stored off-site at a secure, vaulted location and the duplicate copy remaining within an IBM 3584 Automated Tape Library (ATL) at the National Data Center.

ValueOptions utilizes two IBM back-up and recovery software products in conjunction with the 3584 ATL to provide an enterprise recovery solution. IBM Tivoli Storage Manager Server software is used for back-up and recovery of all UNIX and Windows based application servers. IBM Backup, Recovery and Media Services (BRMS) is used exclusively at ValueOptions as the iSeries enterprise backup and recovery solution.

ValueOptions' National IT Department is responsible for maintaining and executing the Disaster Recovery or "IT Business Continuity" plan, offering the best IT Business Continuity plan in the mental health care industry. As described below, ValueOptions performs the traditional daily back-ups to tape and storage off-site methodology as a precautionary measure. ValueOptions performs daily system back-ups on all servers to ensure that the content of all ValueOptions' production systems can be recovered in the event of a disaster. These back-ups are performed on both host and local area network systems. Software and production data files are copied to tape. TSM and BRMS verification and audit programs are then used to confirm that the system back-ups are complete and accurate. Copies of the tapes are then created and stored off-site. In the event of a physical disaster, the back-up tapes that are stored off-site can be used to recover and reload the ValueOptions production systems. System back-up tapes are rotated regularly to ensure physical integrity of the tapes and to minimize tape parity error problems. This traditional back-up approach provides a fail-safe for all ValueOptions' data and programs to ensure IT business continuity.

The National Data Center is supported by skilled ValueOptions technology professionals. Well established and enduring partnerships with leading technology vendors, including IBM, Caterpillar, Liebert, Power Ware, Vision Solutions, Oracle, Cisco, Nokia and others, further strengthens the integrity of the total ValueOptions Data Center solution.

C. National Data Center

While Reston, Virginia resides on one of the nation's more stable power grids, auxiliary power to the ValueOptions National Data Center is provided by a Caterpillar 625 kVA generator. A 325 kVA Uninterrupted Power Supply (UPS) supported by Power Ware provides seamless power transition between utility and generator power. Five 20-ton Liebert HVAC units provide cooling and humidification control to our 5,500 sq ft data center. Overhead pre-action dry fire suppression and moisture detection systems provide preventive fire and flood protection.

ValueOptions' core application servers residing in the National Data Center are built utilizing IBM's enterprise class pSeries and iSeries platforms. These systems are designed by IBM and configured in partnership with IBM by ValueOptions' systems engineering staff to provide maximum redundancy and resiliency in both internal power and computing capability. By virtue of their design, the iSeries and pSeries platforms each enjoy industry leading availability ratings. Our newer i5 and p5 models provide 64bit POWER5+ computing power and non-disruptive autonomic CPU and memory failure capabilities. Each platform remains highly scalable with processor and memory CUoD (Capacity Upgrade on Demand) feature capability. CUoD allows additional memory and processing resources to be added without interruption to application availability.

D. Connects Platform

The ValueOptions JAVA-based CONNECTS applications are developed and deployed to the J2EE standard in a two tier configuration utilizing IBM's WebSphere Application Server on pSeries in a clustered configuration. Backend DB2 and Oracle application databases reside on an iSeries i5 570 and two pSeries p5 570's respectively. The ValueOptions i5 and p5's each consist of multiple logical partitions including dedicated production, development, staging, training and load test environments.

E. Mitigating Risk

ValueOptions utilizes Living Disaster Recovery Planning System (LDRPS) Enterprise Edition by SunGard to document disaster recovery procedures and to mitigate the risk of data loss or systems inaccessibility due to an emergency or disaster (such as fire, vandalism, terrorism, system failure, or natural disaster). Managed by IT Systems Technology, this comprehensive disaster recovery plan provides for the timely and well coordinated restoration and recovery of any lost electronic protected health information (ePHI). The Disaster Recovery Plan includes procedures to restore ePHI from data back-ups in the case of data loss, procedures to document and track system outages, failures, and data loss to critical systems and workforce employee training on disaster recovery plan implementation.

F. Hot-Site Recovery

In the event of a man-made or natural disaster affecting the Reston National Data Center, ValueOptions has contracted with IBM to restore recovery within 48 hours at IBM's Business Continuity and Recovery Services (BCRS) site in Sterling Forest, New York, which is included as a node on ValueOptions' wide area network. In the event of a disaster, ValueOptions will send the latest tapes to the IBM New York site, where the data will be restored to a back-up iSeries and pSeries server. Since the IBM site is a node on ValueOptions' wide area network, local IT staff in all service centers will have access and the ability to operate the system without traveling to the hot site. In addition, traffic from all service centers will be automatically rerouted to the IBM Hot Site. In addition to systems that ValueOptions has contracted for with IBM, ValueOptions maintains their own pSeries based WebSphere application servers, DNS and firewall services at the IBM BCRS New York site thus providing users immediate access to the CONNECTS applications once associated databases are fully restored. Maintaining a mix of hosted and subscribed services with IBM allows ValueOptions to provide one of the industry's most rapid recovery solutions.

G. Testing

ValueOptions' IT systems and network engineers conduct a test of the disaster recovery plan twice annually with IBM Recovery Services experts.

H. Procedures

Our Business Continuity Plan covers all systems, including telephony, LAN/WANs, data servers, application servers; help desk processes, and facility power. It also includes specific support activities for each department within ValueOptions (e.g., Finance, Human Resources). The Plan incorporates detailed instructions that cover all phases of the disaster recovery process, including:

- **plan activation procedures**: protocols for first alert procedures, identification of emergency team members, assessment of the severity of an incident, impending regional disaster procedures (e.g., snow storm or hurricane), contingency contact procedures to alert appropriate internal staff
- **response procedures**: activate alternate data processing locations, data center vendor notifications, internal and external notification process, team communication requirements

- **recovery procedures**: procedures for recovery operations, monitoring alternate processing operations
- **site restoration procedures**: initial assessment procedures, transitioning services back to the call center
- **administrative procedures**: monitoring and reporting, recordkeeping

ValueOptions' Business Continuity Plans also encompasses telephone service recovery for all ValueOptions Call Centers. A telephony Business Recovery Plan (BRP) can be invoked in the event that a call center is not able to continue to provide call handling service as normal.

Every service center has its own unique BRP plan. The BRP plans are managed 24 hours a day, seven days a week, by the ValueOptions National Telecommunications Group. Our geographically dispersed call centers provide back-up call management services for each other. This ensures the level of service our participants will receive, even when a site may be operating under BRP conditions, is meeting ValueOptions standards and client service level expectations. BRP's are activated by service centers when needed. To activate or de-activate a BRP plan, a service center simply calls or e-mails the Technology Call Center and requests that their center be put into or taken out of Business Recovery. This process can be accommodated within minutes of notification, 24 hours, seven days a week.

REPORT ON EXAMINATION

OF

VALUEOPTIONS OF KANSAS, INC.

100 SOUTHEAST NINTH STREET

TOPEKA, KANSAS 66612

AS OF

DECEMBER 31, 2009

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Topeka, Kansas
February 24, 2011

Honorable Sandy Praeger, Commissioner
Kansas Insurance Department
420 SW 9th Street
Topeka, Kansas 66612-1678

Dear Commissioner:

Pursuant to K.S.A. 40-3211 – *Examination of organizations and providers,* and in accordance with your authorization, an examination has been conducted of the financial condition and business affairs of

VALUEOPTIONS OF KANSAS, INC.
100 SOUTHEAST NINTH STREET
TOPEKA, KANSAS 66612

hereinafter referred to as the "Company" or "VOKS". The following report on such examination is respectfully submitted.

SCOPE OF EXAMINATION

The current full-scope financial examination was conducted in accordance with the observed guidelines and procedures contained in the National Association of Insurance Commissioner's (NAIC) *Financial Condition Examiners Handbook* and the rules, regulations and directives of the Kansas Insurance Department (KID). During the course of the examination, the affairs and activities of the Company were reviewed and analyzed to determine their compliance with applicable Kansas statutes, regulations and directives. The examiner reviewed the Company's adherence to the provisions of its articles of incorporation, bylaws and certificate of authority and assessed the principles used and significant estimates made by management. The overall financial statement presentation was evaluated, as well as management's compliance with

statutory accounting principles and annual statement instructions when applicable to domestic state regulation.

This statutory triennial examination covers the three-year period from July 1, 2007 through December 31, 2009, including any material transactions and/or events occurring subsequent to the examination date and noted during the course of the examination.

Independent Audit Reports

Financial statements of the Company were audited by PricewaterhouseCoopers LLP (PWC) of Richmond, Virginia for the years ending December 31, 2007, through December 31, 2009. In each of the years under examination, PWC concluded that the financial statements of the Company, in all material respects, presented fairly the admitted assets, liabilities, capital and surplus, statement of revenue and expenses and cash flows in conformity with the accounting practices prescribed or permitted by the KID. The independent auditor's work papers were reviewed by the examiner for each of the years under examination and utilized as deemed necessary during the course of this examination.

HISTORY

General

ValueOptions of Kansas, Inc. operates as a health maintenance organization under Article 32, Chapter 40 - *Health Maintenance Organizations and Medicare Provider Organizations*, of the Kansas Statutes Annotated. The Company was incorporated on May 7, 2007, received its certificate of authority on June 25, 2007 and commenced operations on July 1, 2007.

Capital Stock

The Company's articles of incorporation authorize the issuance of 5,000 shares of $1.00 par value common stock. As of December 31, 2009, 1,000 shares had been issued and were outstanding, resulting in a total paid-up common capital stock amount of $1,000. ValueOptions Inc. (VOI), a Virginia domiciled company, owns 100% of the issued and outstanding shares of the Company. No preferred stock is authorized.

Dividends to Stockholders

There have been no dividends paid during the years under examination.

Corporate Records

VOKS's bylaws consist of ten articles that provide the framework for the operation, management and control of this domestic health maintenance organization. The Company is controlled by its sole shareholder, VOI, and managed by a board of directors (board). The bylaws provide the directors shall be elected at the annual shareholders' meeting for a term of one year and shall hold office until their respective successors have been elected and qualified. The following is a listing of directors and their principal occupations as of December 31, 2009.

Barbara B. Hill	President ValueOptions, Inc.
Michele D. Alfano	Chief Operating Officer ValueOptions, Inc.
Edward P. Dunn	Chief Financial Officer ValueOptions, Inc.
Paul M. Rosenberg	General Counsel ValueOptions, Inc.
Rebecca H. White	Corporate Secretary ValueOptions, Inc.