

KDADS
Behavioral Health / Substance Use Disorders
Quality Committee

AGGREGATE ANALYSIS REPORT

Reporting Period **FROM:** October 1, 2013 **TO:** December 31, 2013
Analysis focus is 1st Quarter FY14 to 2nd quarter FY14 comparisons

Unit/Team/Department:
Quality Committee

Topic/Project:
Access to Care
 8 Appointment Access
 [Referral Timeliness - time between request for services (initial contact) and assessment/treatment]

Monitoring Standard:
42 CFR 438.240 (a and b) Quality Assessment and Performance Improvement Program
42 CFR 438.210(b-e) Coverage and Authorization of Services
42 CFR 438.114 Emergency and Post-Stabilization Services
42 CFR 438.206 Availability of Services
42 CFR 438.206 Furnishing of Services and Timely Access

Goal:
The Quality Committee will track and report quarterly to KDADS/BHS access to care data in a given quarter. This includes the following: Urgent, IV Drug Users and Routine.
Block Grant Application Goals: 10, 9

Objectives:
To assure the documentation is capturing this utilization report regarding access to care and the applicable performance guarantees.
To assist in managing access to care performance guarantees.
To evaluate for trends that may require system intervention and education
To allow data to be presented consistently for Committee evaluation and response

Timeline:

- July 2012: SRS DBHS moved to the Kansas Department of Aging and Disability Services. Mental Health Services and Addiction and Prevention Services merged to become Behavioral Health Services (BHS)
- January 2013: Kansas KanCare was implemented. The State of Kansas contracted with three separate managed care organizations for the management of all Medicaid dollars to include Behavioral Health Services. ValueOptions of Kansas will be the Administrative Services Organization (ASO) of the Substance Abuse and Prevention Treatment Block Grant funds.

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Data Collection Activities:

Data was collected from the ValueOptions CareConnect system and the KCPC. Other data sources include the level of care definitions, KCPC criteria for urgent and the KCPC Client table. The data set shown has changed as the results of the actions of the Access to Care Workgroup and input from providers resulting in a complete redesign of this report. A baseline for comparison was set by the network average taken from data of 7/1/09 to 12/31/10. The percentage (%) of expected improvement target was set by “reduction in failure rate” formula. Reduction in Failure Rate (RFR) is the amount of change made divided by the amount of change that would have been ideal. (i.e. if wanting to increase a rate from 50% to 100%, but only 60% was achieved, then the RFR would be equal to $(60\% - 50\%) / (100\% - 50\%) = 20\%$) The quarterly data is now shown as compared to the baseline and expected percentage (%) of improvement target. The report detail is broken down by:

- Level of urgency (Urgent, IV Drug Users and Routine)
- Incarceration status, including an aggregate
- Assessment Offered and First Treatment Post Assessment for Urgent and Routine
- First Treatment Post Initial Contact and Admitted to Treatment within 120 days of Initial Contact for IVDU.

The Total % Meeting Standard for each quarter and YTD is shown. This report contains 75 days of claims run-out.

Selection Criteria:

1. “Assessment Offered” is the number of days between initial contact date and the assessment offered date to the member. This is taken from the KCPC.
2. “First Treatment Post Assessment” is the number of days between the assessment and the first date of treatment taken from paid claims. This is taken from claims data and the CareConnect system.
3. “Admitted to treatment within 120 days” is specific to the IVDU category and measures the number of clients who were admitted into treatment within 120 days of initial contact. This is taken from claims data and the CareConnect system.
4. It is important to note that the KCPC data system does not have the ability to count the number of hours from the initial contact to the assessment offer for the urgent category; therefore the number of days is counted.

Access to Care Standards

Note: These are the minimum standards. All calls for all members are clinically triaged to ascertain if a more urgent level of care is appropriate.

Urgent: Means a service need that is not emergent and can be met by providing an assessment within 24 hours of the initial contact, and services delivered within 24 hours from the assessment. Services must be delivered within 48 hours from initial contact without resultant

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deterioration in the individuals functioning or worsening of his / her condition. **If the client is pregnant they are to be placed in the urgent category.**

Standard: Members are assessed within 24 hours of initial contact; services delivered within 24 hours of the assessment; not to total more than 48 hours.

IV Drug Users: If a client has used IV drugs within the last six months, and they don't fall into the Urgent category because of clinical need, they will need to be placed in this category. Clients who have utilized IV drugs within the last six months need to be assessed and provided treatment within 14 (calendar) days of initial contact. There is not a time standard requirement for the assessment, nor is there an IV Drug User category in the KCPC. These members are categorized as routine but are to receive treatment within 14 days of their initial contact – not within 14 days of their assessment. If an individual is not admitted within 14 days due to lack of capacity, the individual must be admitted within 120 days after date of request. SAPT interim services must be provided no later than 48 hours after initial contact/request for services while individual is awaiting admission.

Standard: Members receive treatment within 14 days of initial contact.

Notice the differences in outcomes since modification to the access to care IVDU indicator was made:

Measure	Contacts	# Met	% Met
First Tx Post Assess - 14 days from contact date	196	98	50.0%
Admitted to treatment within 120 days of assessment	149	99	66.4%
Total (Old 14 day measure)	345	98	28.4%

Routine: Means a service need that is not urgent and can be met by a receiving an assessment within 14 (calendar) days of the initial contact, and treatment within 14 calendar days of the assessment, without resultant deterioration in the individual's functioning or worsening of his or her condition.

Standard: Members assessed within 14 days of initial contact and treatment services are delivered within 14 days of assessment; not to total more than 28 days.

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Results:



Kansas Department for Aging and Disability Services

Network Access to Care

Reporting Period: October, 2013 - December, 2013

AAPS: Incarcerated Cases

Level of Urgency	Standard	Baseline	Improvement Target	# Contacts	# Met	% Met
Urgent	Assessment Offered - 24 hrs from contact date	86.9%	87.3%	23	20	86.9%
	First Tx Post Assess - 24 hrs from assessment date	49.0%	50.5%	23	9	39.1%
Routine	Assessment Offered - 14 days from contact date	93.0%	93.2%	132	118	89.3%
	First Tx Post Assess - 14 days from assessment date	38.6%	40.4%	118	46	38.9%
IV Drug User	First Tx Post Assess - 14 days from contact date	26.4%	28.6%	33	16	48.4%
	Admitted to treatment within 120 days of assessment			25	18	72.0%

AAPS: Non-Incarcerated Cases

Level of Urgency	Standard	Baseline	Improvement Target	# Contacts	# Met	% Met
Urgent	Assessment Offered - 24 hrs from contact date	86.9%	87.3%	376	332	88.3%
	First Tx Post Assess - 24 hrs from assessment date	49.0%	50.5%	361	143	39.6%
Routine	Assessment Offered - 14 days from contact date	93.0%	93.2%	1,459	1,316	90.2%
	First Tx Post Assess - 14 days from assessment date	38.6%	40.4%	1,157	401	34.6%
IV Drug User	First Tx Post Assess - 14 days from contact date	26.4%	28.6%	163	82	50.3%
	Admitted to treatment within 120 days of assessment			124	81	65.3%

Aggregate

Level of Urgency	Standard	Baseline	Improvement Target	# Contacts	# Met	% Met
Urgent	Assessment Offered - 24 hrs from contact date	82.4%	82.9%	399	352	88.2%
	First Tx Post Assess - 24 hrs from assessment date	42.0%	43.7%	384	152	39.5%
Routine	Assessment Offered - 14 days from contact date	93.0%	93.2%	1,591	1,434	90.1%
	First Tx Post Assess - 14 days from assessment date	42.6%	44.3%	1,275	447	35.0%
IV Drug User	First Tx Post Assess - 14 days from contact date	28.6%	30.7%	196	98	50.0%
	Admitted to treatment within 120 days of assessment			149	99	66.4%

NOTES:

Social Detox treatment data is included in First Treatment Post Assessment.

First Tx Post Assess: first treatment following the assessment taken from paid claims and CareConnect

Baseline: network average 7/1/09 through 12/31/10

Improvement Target: VO-KS uses a "reduction in failure rate" calculator to determine the improvement target, based on the baseline and a 3% reduction in failure rate

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Comparison of Q1 FY 14 to Q2 FY 14

Baseline Network AVG 7/1/09 to 12/31/10	Improvement Target	Q1 FY14 % that met Standard	Q2 FY14 % that met Standard	% of Change from Q1 FY14 to Q2 FY14
KDADS INCARCERATED				
		Urgent	Urgent	
86.9%	87.3 %	Assessment Offered = 89.6%	Assessment Offered = 86.9 %	-3.0%
49.0%	50.5 %	First TX Post Assessment = 27.5%	First TX Post Assessment = 39.1%	42.2%
		Routine	Routine	
93.0%	93.2 %	Assessment Offered = 92.8%	Assessment Offered = 89.3 %	-3.8%
38.6%	40.4 %	First TX Post Assessment = 34.6%	First TX Post Assessment = 38.9%	12.4%
		IV Drug Users	IV Drug Users	
26.4%	28.6%	First TX Post Assessment 14 days = 58.6%	First TX Post Contact 14 days = 48.4%	-17.4%
N/A	N/A	Admitted in 120 days= 71.4%	Admitted in 120 days= 72.0%	.8%
KDADS NON-INCARCERATED				
		Urgent	Urgent	
86.9%	87.3 %	Assessment Offered = 90.6%	Assessment Offered = 88.3 %	-2.5%
49.0%	50.5 %	First TX Post Assessment = 40.6%	First TX Post Assessment = 39.6%	-2.5%
		Routine	Routine	
93.0 %	87.3 %	Assessment Offered = 93.4%	Assessment Offered = 90.2%	-3.4%
38.6%	50.5 %	First TX Post Assessment = 39.8%	First TX Post Assessment = 34.6%	-13.1%
		IV Drug Users	IV Drug Users	
26.4%	28.6%	First TX Post Assessment 14 days = 46.3%	First TX Post Contact 14 days = 50.3%	8.6%
N/A	N/A	Admitted in 120 days= 60.2%	Admitted in 120 days= 65.3%	8.5%

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Baseline Network AVG 7/1/09 to 12/31/10	Improvement Target	Q1 FY14 % that met Standard	Q2 FY14 % that met Standard	% of Change from Q1 FY14 to Q2 FY14
AGGREGATE				
		Urgent	Urgent	
82.4 %	82.9 %	Assessment Offered = 90.6%	Assessment Offered = 88.2%	-2.6%
42.0 %	43.7 %	First TX Post Assessment = 39.7%	First TX Post Assessment = 39.5%	-0.5%
		Routine	Routine	
93.0 %	93.2 %	Assessment Offered = 93.3%	Assessment Offered = 90.1%	-3.4%
42.6 %	44.3 %	First TX Post Assessment = 39.2%	First TX Post Assessment = 35.0%	-10.7%
		KDADS IV Drug Users	KDADS IV Drug Users	
28.6 %	30.7 %	First TX Post Assessment = 47.9%	First TX Post Contact = 50.0%	4.4%
N/A	N/A	Admitted in 120 days = 61.6%	Admitted in 120 days = 66.4%	7.8%
Cumulative % Change		<i><u>Note Cumulative Improvement Q1 FY14 to Q2 FY14= -5%</u></i>		-5%

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Conclusions Comparing Q1 FY14 to Q2 FY14:

- **VO is currently updating Baseline and Target Improvements.**

Improvement Targets

- For Q2 FY14 incarcerated clients, only the IVDU First TX Post Contact 14 days Improvement Target was met.
- For Q2 FY14 non-incarcerated clients, three (3) Improvement Targets were met: Urgent Assessment Offered; Routine Assessment Offered; and IVDU First TX Post Contact 14 days
- For the Q2 FY14 aggregate, two (2) Improvement targets were met: Urgent Assessment Offered and IVDU First TX Post Contact 14 days.
- For the Q1 FY14 aggregate, two (2) Improvement Targets were met: Urgent Assessment Offered and Routine Assessment Offered

Access Parameter Standards

Incarcerated

- For the Q2 FY14 incarcerated clients, there was a decrease in compliance in three (3) access parameters and an increase in three (3) access parameters from Q1 FY14
- The greatest improvement for incarcerated clients was +42.2 for Urgent First Tx Post Assessment.
- The largest decrease for incarcerated clients was -17.4% for IVDU First TX Post Contact 14 days

Non-Incarcerated

- For the Q2 FY14 non-incarcerated clients, there was a decrease in compliance in four (4) access parameters and an increase in two (2) access parameters from Q1 FY14
- The greatest improvement for non-incarcerated clients was +8.6 for IVDU First TX Post Contact 14 days.
- The largest decrease for non-incarcerated clients was -13.1% for Routine First TX Post Assessment

Aggregate

- For the Q2 FY14 aggregate, there was a decrease in compliance in four (4) access parameters and an increase in two (2) access parameters from Q1 FY14.
- The greatest improvement for the aggregate was +7.8% for IVDU Admitted in 120 days.
- The largest decrease for the aggregate was -10.7% for Routine First TX Post Assessment.
- There was an aggregate cumulative decrease of -.5% from Q1 FY14 to Q2 FY14.

Provider education on Access to Care expectations continues and the data in the future will continue to be carefully reviewed and analyzed for the impact of these efforts and providers' response to same. The impact of the changes in the managed care facing the providers may play a role in these significant changes.

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Preliminary Recommendations to Committee

- It is recommended that this report be used as part of provider education and feedback process regarding access to care expectations. ValueOptions will continue to message the access to care expectations to the providers.
- This report should be a focus in provider education as there were a significant number of decreases in compliance access parameters from Q1 FY14 to Q2 FY14. However, there were also some significant increases. Reasons for these changes should be explored at the provider regional meetings and well as in conversations between VO and KDADS.
- It is recommended that data continue to be trended and provider education continue regarding the access standards in the coming months.
- It is recommended to post this aggregate analysis on the ValueOptions website.

Date Presented to QC: 4/11/14

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