

**KDADS
Behavioral Health / Substance Use Disorders
Quality Committee**

AGGREGATE ANALYSIS REPORT

REPORTING PERIOD: FROM: July 2014 TO: December 2014

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.

IV Drug User Access to Care was modified during FY 2014. The original indicator “first treatment post assessment – 14 days from contact date” did not allow for tracking of those members who admitted to treatment within 120 days per federal regulation. A second indicator “admitted to treatment within 120 days of assessment” was added to track members who do not fall into the original 14 day admission indicator. The second indicator looks at members who did not admit within 14 days, that had SAPT interim services within 2 days of requesting services, who admitted to treatment within 120 days.

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 received SAPT Interim Services and admitted within 120 days of initial contact per federal requirement. 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.

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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 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.

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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Kansas Department for Aging and Disability Services

Network Access to Care

Reporting Period: July, 2014 - September, 2014

AAPS: Incarcerated Cases

Level of Urgency	Standard	Baseline	Improvement Target	# Contacts	# Met	% Met
Urgent	Assessment Offered - 24 hrs from contact date	84.4%	84.8%	40	34	85.0%
	First Tx Post Assess - 24 hrs from assessment date	32.4%	34.4%	40	23	57.5%
Routine	Assessment Offered - 14 days from contact date	92.1%	92.3%	135	128	94.8%
	First Tx Post Assess - 14 days from assessment date	35.8%	37.7%	120	51	42.5%
IV Drug User	First Tx Post Assess - 14 days from contact date	51.9%	53.3%	25	13	52.0%
	Admitted to treatment within 120 days of assessment	69.8%	70.7%	20	15	75.0%

AAPS: Non-Incarcerated Cases

Level of Urgency	Standard	Baseline	Improvement Target	# Contacts	# Met	% Met
Urgent	Assessment Offered - 24 hrs from contact date	89.7%	90.0%	393	354	90.0%
	First Tx Post Assess - 24 hrs from assessment date	42.8%	44.5%	380	207	54.4%
Routine	Assessment Offered - 14 days from contact date	92.3%	92.6%	1,546	1,423	92.0%
	First Tx Post Assess - 14 days from assessment date	36.0%	37.9%	1,198	453	37.8%
IV Drug User	First Tx Post Assess - 14 days from contact date	49.9%	51.4%	193	107	55.4%
	Admitted to treatment within 120 days of assessment	61.3%	62.5%	123	87	70.7%

Aggregate

Level of Urgency	Standard	Baseline	Improvement Target	# Contacts	# Met	% Met
Urgent	Assessment Offered - 24 hrs from contact date	89.4%	89.7%	433	388	89.6%
	First Tx Post Assess - 24 hrs from assessment date	42.1%	43.8%	420	230	54.7%
Routine	Assessment Offered - 14 days from contact date	92.3%	92.6%	1,681	1,551	92.2%
	First Tx Post Assess - 14 days from assessment date	36.0%	37.9%	1,318	504	38.2%
IV Drug User	First Tx Post Assess - 14 days from contact date	50.1%	51.6%	218	120	55.0%
	Admitted to treatment within 120 days of assessment	62.3%	63.4%	143	102	71.3%

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 7/1/12 through 12/31/13

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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Kansas Department for Aging and Disability Services

Network Access to Care

Reporting Period: October, 2014 - December, 2014

AAPS: Incarcerated Cases

Level of Urgency	Standard	Baseline	Improvement Target	# Contacts	# Met	% Met
Urgent	Assessment Offered - 24 hrs from contact date	84.4%	84.8%	35	23	65.7%
	First Tx Post Assess - 24 hrs from assessment date	32.4%	34.4%	35	15	42.8%
Routine	Assessment Offered - 14 days from contact date	92.1%	92.3%	137	127	92.7%
	First Tx Post Assess - 14 days from assessment date	35.8%	37.7%	123	41	33.3%
IV Drug User	First Tx Post Assess - 14 days from contact date	51.9%	53.3%	27	8	29.6%
	Admitted to treatment within 120 days of assessment	69.8%	70.7%	14	9	64.2%

AAPS: Non-Incarcerated Cases

Level of Urgency	Standard	Baseline	Improvement Target	# Contacts	# Met	% Met
Urgent	Assessment Offered - 24 hrs from contact date	89.7%	90.0%	346	305	88.1%
	First Tx Post Assess - 24 hrs from assessment date	42.8%	44.5%	337	182	54.0%
Routine	Assessment Offered - 14 days from contact date	92.3%	92.6%	1,491	1,380	92.5%
	First Tx Post Assess - 14 days from assessment date	36.0%	37.9%	1,199	395	32.9%
IV Drug User	First Tx Post Assess - 14 days from contact date	49.9%	51.4%	185	96	51.8%
	Admitted to treatment within 120 days of assessment	61.3%	62.5%	116	71	61.2%

Aggregate

Level of Urgency	Standard	Baseline	Improvement Target	# Contacts	# Met	% Met
Urgent	Assessment Offered - 24 hrs from contact date	89.4%	89.7%	381	328	86.0%
	First Tx Post Assess - 24 hrs from assessment date	42.1%	43.8%	372	197	52.9%
Routine	Assessment Offered - 14 days from contact date	92.3%	92.6%	1,628	1,507	92.5%
	First Tx Post Assess - 14 days from assessment date	36.0%	37.9%	1,322	436	32.9%
IV Drug User	First Tx Post Assess - 14 days from contact date	50.1%	51.6%	212	104	49.0%
	Admitted to treatment within 120 days of assessment	62.3%	63.4%	130	80	61.5%

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 7/1/12 through 12/31/13

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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Results: FY 2015 Q 1 & Q2

INCARCERATED						
Baseline	Improvement Target	Q1 % that met standard (July – September)	Q2 % that met standard (October – December)	% of change from Q1 to Q 2	YTD Q1 & Q2 FY 2015% that met standard	YTD Q1 & Q2 FY 2014% that met standard
		Urgent	Urgent	Urgent	Urgent	
84.4%	84.8%	Assessment offered 85.0%	Assessment offered 65.7%	Assessment offered -22.7%	Assessment offered 76.0%	Assessment offered 88.4%
32.4%	34.4%	First TX Post Assessment 57.5%	First TX Post Assessment 42.8%	First TX Post Assessment -25.5%	First TX Post Assessment 50.6%	First TX Post Assessment 32.6%
		Routine	Routine	Routine	Routine	
92.1%	92.3%	Assessment offered 94.8%	Assessment offered 92.7%	Assessment offered -2.2%	Assessment offered 93.7%	Assessment offered 91.3%
35.8%	37.7%	First TX Post Assessment 41.8%	First TX Post Assessment 33.3%	First TX Post Assessment -20.3%	First TX Post Assessment 37.5%	First TX Post Assessment 36.5%
		IVDU	IVDU	IVDU	IVDU	
51.9%	53.3%	First Tx Post Assessment 52.0%	First Tx Post Assessment 29.6%	First Tx Post Assessment -43.0%	First Tx Post Assessment 40.3%	First Tx Post Assessment 53.2%
69.8%	70.7%	Admitted w/i 120 days 85.0%	Admitted w/i 120 days 64.2%	Admitted w/i 120 days -24.5%	Admitted w/i 120 days 76.4%	Admitted w/i 120 days 71.7%
NON-INCARCERATED						
Baseline	Improvement Target	Q1 % that met standard (July – September)	Q2 % that met standard (October – December)	% of change from Q1 to Q 2	YTD FY 2015% that met standard	YTD FY 2014% that met standard
		Urgent	Urgent	Urgent	Urgent	
89.7%	90.0%	Assessment offered 91.0%	Assessment offered 88.1%	Assessment offered -3.2%	Assessment offered 89.7%	Assessment offered 89.5%
42.8%	44.5%	First TX Post Assessment 54.3%	First TX Post Assessment 54.0%	First TX Post Assessment -.6%	First TX Post Assessment 54.1%	First TX Post Assessment 40.1%
		Routine	Routine	Routine	Routine	
92.3%	92.6%	Assessment offered 91.9%	Assessment offered 92.5%	Assessment offered +.7%	Assessment offered 92.2%	Assessment offered 91.9%
36.0%	37.9%	First TX Post Assessment 37.6%	First TX Post Assessment 32.9%	First TX Post Assessment -12.5%	First TX Post Assessment 35.2%	First TX Post Assessment 37.3%
		IVDU	IVDU	IVDU	IVDU	
49.9%	51.4%	First Tx Post Assessment 56.3%	First Tx Post Assessment 51.8%	First Tx Post Assessment -8.0%	First Tx Post Assessment 54.1%	First Tx Post Assessment 48.1%
61.3%	62.5%	Admitted w/i 120 days 75.0%	Admitted w/i 120 days 61.2%	Admitted w/i 120 days -18.4%	Admitted w/i 120 days 68.4%	Admitted w/i 120 days 62.5%

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Baseline	Improvement Target	Q1 % that met standard (July – September)	Q2 % that met standard (October – December)	% of change from Q1 to Q 2	YTD Q1 & Q2 FY 2015% that met standard	YTD Q1 & Q2 FY 2014% that met standard
		Urgent	Urgent	Urgent	Urgent	
89.4%	89.7%	Assessment offered 90.5%	Assessment offered 86.0%	Assessment offered -5.0%	Assessment offered 88.4%	Assessment offered 89.4%
42.1%	43.8%	First TX Post Assessment 54.6%	First TX Post Assessment 52.9%	First TX Post Assessment -3.1%	First TX Post Assessment 53.8%	First TX Post Assessment 39.6%
		Routine	Routine	Routine	Routine	
92.3%	92.6%	Assessment offered 92.1%	Assessment offered 92.5%	Assessment offered +4%	Assessment offered 92.3%	Assessment offered 91.8%
36.0%	37.9%	First TX Post Assessment 37.9%	First TX Post Assessment 32.9%	First TX Post Assessment -13.2%	First TX Post Assessment 35.5%	First TX Post Assessment 37.2%
		IVDU	IVDU	IVDU	IVDU	
50.1%	51.6%	First Tx Post Assessment 55.8%	First Tx Post Assessment 49.0%	First Tx Post Assessment -12.2%	First Tx Post Assessment 52.4%	First Tx Post Assessment 48.9%
62.3%	63.4%	Admitted w/i 120 days 76.3%	Admitted w/i 120 days 61.5%	Admitted w/i 120 days -19.4%	Admitted w/i 120 days 69.4%	Admitted w/i 120 days 63.8%
Overall % Change				-52.5%		

AGGREGATE PERCENTAGE POINT CHANGE		
Q1	Q2	change
90.5%	86.0%	-4.5%
54.6%	52.9%	-1.7%
92.1%	92.5%	0.4%
37.9%	32.9%	-5.0%
55.8%	49.0%	-6.8%
76.3%	61.5%	-14.8%
Cumulative % Point Change		-32.4%

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Major Changes in Data Collection and Reporting

- Data started being broken down by Incarcerated and Non-Incarcerated, in addition to Aggregate, in FY 2014.
- IV Drug User Access to Care was modified during FY 2014. The original indicator “first treatment post assessment – 14 days from contact date” did not allow for tracking of those members who admitted to treatment within 120 days per federal regulation. A second indicator “admitted to treatment within 120 days of assessment” was added to track members who do not fall into the original 14 day admission indicator. The second indicator looks at members who did not admit within 14 days, that had SAPT interim services within 2 days of requesting services, who admitted to treatment within 120 days

Quarterly Comparisons for FY 2015 Q1 & Q2

Access Parameters

- **For Incarcerated clients:**
 - There was decrease in all six (6) access parameters.
- **For Non-Incarcerated clients:**
 - There was an increase in one (1) access parameter and a decrease in five (5) access parameters.
- **As an Aggregate:**
 - There was an increase in one (1) access parameter and a decrease in five (5) access parameters.
 - There was a **-52.5%** overall change from Q1 to Q2.

Improvement Targets

- **Incarcerated:**
 - In Q 1 improvement targets were hit 5 out of a possible 6 times.
 - In Q 2, improvement targets were hit 2 out of a possible 6 times.
 - YTD 2015, improvement targets were hit 3 out of a possible 6 times.
 - YTD 2014, improvement targets were hit 3 out of a possible 6 times.
- **Non-Incarcerated:**
 - In Q 1, improvement targets were hit 4 out of a possible 6 times.
 - In Q 2, improvement targets were hit 2 out of a possible 6 times.
 - YTD 2015, improvement targets were hit 3 out of a possible 6 times.
 - YTD 2014, improvement targets were hit 3 out of a possible 6 times.

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- **Aggregate:**
 - In Q 1, improvement targets were hit 5 out of a possible 6 times.
 - In Q 2, improvement targets were hit 1 out of a possible 6 times.
 - YTD 2015, improvement targets were hit 3 out of a possible 6 times.
 - YTD 2014, improvement targets were hit 3 out of a possible 6 times.

Summary Analysis

- Although there were a number of reductions in meeting Parameters and Improvement Targets between Q1 and Q2, the good news is that in regard to IVDU, the aggregate YTD data show that the standard is being met in both first treatment post assessment and admitted within 120 days.
- At the same time, some of the larger reductions in meeting standards from Q1 to Q2 are found in the IVDU data.
- As a category, Incarcerated data show the largest number of reductions in % of standards met between Q 1 and Q 2.
- The incarcerated numbers are extremely low, which skews the data and percentages.

Discussion Question

- Why would an incarcerated client be urgent?

On-Going

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.

Preliminary Recommendations to Committee

- It is recommended that the changes in data collection and reporting made in FY 2014 be continued.
- On-going analysis of reasons for reductions in obtaining Improvement Targets and hitting Parameters from Q1 & Q2.
- On-going analysis of reasons for improvements in hitting IVDU Improvement targets.
- Continue comparing YTD data with prior FY in each quarterly report.

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- 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.
- VO-KS continue providing IVDU access to care data to providers on a quarterly basis in an effort to increase awareness and access for the Federal Priority Population IVDU.
- 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.

Recommendations from the Committee:

- 1) Insert data reports that show actual number of client contacts.

Date Presented to QC: 4/17/15

BY: Steve Brazill