

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

AGGREGATE ANALYSIS REPORT

ANNUAL SUMMARY FOR FY 2014

REPORTING PERIOD: FROM: July 1, 2013 TO: June 30, 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.

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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 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, 2012 - June, 2013

AAPS

Level of Urgency	Standard	Baseline	Improvement Target	# Contacts	# Met	% Met
Urgent	Assessment Offered - 24 hrs from contact date	86.9%	87.3%	1,633	1,461	89.4%
	First Tx Post Assess - 24 hrs from assessment date	49.0%	50.5%	1,594	690	43.2%
Routine	Assessment Offered - 14 days from contact date	93.0%	93.2%	6,896	6,389	92.6%
	First Tx Post Assess - 14 days from assessment date	38.6%	40.4%	5,612	1,987	35.4%
IV Drug User	First Tx Post Assess - 14 days from contact date	26.4%	28.6%	1,419	373	26.2%

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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Kansas Department for Aging and Disability Services

Network Access to Care

Reporting Period: July, 2013 - June, 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%	99	88	88.8%
	First Tx Post Assess - 24 hrs from assessment date	32.4%	34.4%	98	37	37.7%
Routine	Assessment Offered - 14 days from contact date	92.1%	92.3%	553	516	93.3%
	First Tx Post Assess - 14 days from assessment date	35.8%	37.7%	504	200	39.6%
IV Drug User	First Tx Post Assess - 14 days from contact date	51.9%	53.3%	118	48	40.6%
	Admitted to treatment within 120 days of assessment	69.8%	70.7%	91	59	64.8%

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%	1,537	1,366	88.8%
	First Tx Post Assess - 24 hrs from assessment date	42.8%	44.5%	1,480	624	42.1%
Routine	Assessment Offered - 14 days from contact date	92.3%	92.6%	6,207	5,710	91.9%
	First Tx Post Assess - 14 days from assessment date	36.0%	37.9%	4,938	1,891	38.2%
IV Drug User	First Tx Post Assess - 14 days from contact date	49.9%	51.4%	684	329	48.1%
	Admitted to treatment within 120 days of assessment	61.3%	62.5%	558	367	65.7%

Aggregate

Level of Urgency	Standard	Baseline	Improvement Target	# Contacts	# Met	% Met
Urgent	Assessment Offered - 24 hrs from contact date	89.4%	89.7%	1,636	1,454	88.8%
	First Tx Post Assess - 24 hrs from assessment date	42.1%	43.8%	1,578	661	41.8%
Routine	Assessment Offered - 14 days from contact date	92.3%	92.6%	6,760	6,226	92.1%
	First Tx Post Assess - 14 days from assessment date	36.0%	37.9%	5,442	2,091	38.4%
IV Drug User	First Tx Post Assess - 14 days from contact date	50.1%	51.6%	802	377	47.0%
	Admitted to treatment within 120 days of assessment	62.3%	63.4%	649	426	65.6%

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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ATTESTATION:

I attest, based on my best knowledge, information and belief that the data and/or documents pertaining to Medicaid and the SAPT block grant comprising this report are accurate, complete, and truthful, as of the date of submission.

Network Access to Care - Quarterly Trend

Reporting Period: July, 2013 - June, 2014

Brian J. Baker
Vice President, ValueOptions - Kansas
10/7/2014
Date

AAPS: Incarcerated Cases

Level of Urgency	Standard	Baseline	Improvement Target	% Met Q1	% Met Q2	% Met Q3	% Met Q4	% Met YTD
Urgent	Assessment Offered - 24 hrs from contact date	84.4%	84.8%	89.6%	87.5%	86.9%	91.3%	88.8%
	First Tx Post Assess - 24 hrs from assessment date	32.4%	34.4%	27.5%	37.5%	40.9%	47.8%	37.7%
Routine	Assessment Offered - 14 days from contact date	92.1%	92.3%	92.7%	88.8%	94.9%	97.0%	93.3%
	First Tx Post Assess - 14 days from assessment date	35.8%	37.7%	35.7%	38.0%	34.2%	50.8%	39.6%
IV Drug User	First Tx Post Assess - 14 days from contact date	51.9%	53.3%	57.1%	45.7%	23.3%	36.0%	40.6%
	Admitted to treatment within 120 days of assessment	69.8%	70.7%	71.4%	72.0%	53.8%	63.1%	64.8%

AAPS: Non-Incarcerated Cases

Level of Urgency	Standard	Baseline	Improvement Target	% Met Q1	% Met Q2	% Met Q3	% Met Q4	% Met YTD
Urgent	Assessment Offered - 24 hrs from contact date	89.7%	90.0%	89.9%	87.9%	87.7%	89.6%	88.8%
	First Tx Post Assess - 24 hrs from assessment date	42.8%	44.5%	40.4%	39.5%	38.4%	50.1%	42.1%
Routine	Assessment Offered - 14 days from contact date	92.3%	92.6%	93.5%	90.1%	92.1%	91.9%	91.9%
	First Tx Post Assess - 14 days from assessment date	36.0%	37.9%	40.3%	34.6%	38.2%	39.6%	38.2%
IV Drug User	First Tx Post Assess - 14 days from contact date	49.9%	51.4%	47.6%	49.1%	50.0%	45.4%	48.1%
	Admitted to treatment within 120 days of assessment	61.3%	62.5%	58.4%	69.2%	64.5%	72.1%	65.7%

Aggregate

Level of Urgency	Standard	Baseline	Improvement Target	% Met Q1	% Met Q2	% Met Q3	% Met Q4	% Met YTD
Urgent	Assessment Offered - 24 hrs from contact date	89.4%	89.7%	89.9%	87.9%	87.7%	89.7%	88.8%
	First Tx Post Assess - 24 hrs from assessment date	42.1%	43.8%	39.5%	39.4%	38.5%	50.0%	41.8%
Routine	Assessment Offered - 14 days from contact date	92.3%	92.6%	93.4%	90.0%	92.3%	92.3%	92.1%
	First Tx Post Assess - 14 days from assessment date	36.0%	37.9%	39.8%	35.0%	37.9%	40.6%	38.4%
IV Drug User	First Tx Post Assess - 14 days from contact date	50.1%	51.6%	48.8%	48.5%	46.0%	44.1%	47.0%
	Admitted to treatment within 120 days of assessment	62.3%	63.4%	60.0%	69.7%	62.9%	71.0%	65.6%

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Results: FY 2014 by Quarter

Baseline	Improvement Target	Q1 % that met standard	Q2 % that met standard	Q3 % that met standard	Q4 % that met standard	% of change from Q1 to Q2	% of change from Q2 to Q3	% of change from Q3 to Q4
INCARCERATED								
		Urgent	Urgent	Urgent	Urgent			
84.4%	84.8%	Assessment offered 89.6%	Assessment offered 87.5%	Assessment offered 86.9%	Assessment offered 91.3%	-2.3%	-69%	5.1%
32.4%	34.4%	First TX Post Assessment 27.5%	First TX Post Assessment 37.5%	First TX Post Assessment 40.9%	First TX Post Assessment 47.8%	36.4%	9.1%	16.9%
		Routine	Routine	Routine	Routine			
92.1%	92.3%	Assessment offered 92.7%	Assessment offered 88.8%	Assessment offered 94.9%	Assessment offered 97.0%	-4.2%	6.9%	2.2%
35.8%	37.7%	First TX Post Assessment 35.7%	First TX Post Assessment 38.0%	First TX Post Assessment 34.2%	First TX Post Assessment 50.8%	6.4%	-10.0%	48.5%
		IVDU	IVDU	IVDU	IVDU			
51.9%	53.3%	First Tx Post Assessment 57.1%	First Tx Post Assessment 45.7%	First Tx Post Assessment 23.3%	First Tx Post Assessment 36.0%	-20.0%	-49.0%	54.5%
69.8%	70.7%	Admitted w/i 120 days 71.4%	Admitted w/i 120 days 72%	Admitted w/i 120 days 53.8%	Admitted w/i 120 days 63.1%	.84%	-25.3%	17.3%
NON-INCARCERATED								
		Urgent	Urgent	Urgent	Urgent			
89.7%	90.0%	Assessment offered 89.9%	Assessment offered 87.9%	Assessment offered 87.7%	Assessment offered 89.6%	-2.2%	-.2%	2.2%
42.8%	44.5%	First TX Post Assessment 40.4%	First TX Post Assessment 39.5%	First TX Post Assessment 38.4%	First TX Post Assessment 50.1%	-2.2%	-2.8%	30.4%
		Routine	Routine	Routine	Routine			
92.3%	92.6%	Assessment offered 93.5%	Assessment offered 90.1%	Assessment offered 92.1%	Assessment offered 91.9%	-3.6%	2.2%	-.2%
36.0%	37.9%	First TX Post Assessment 40.3%	First TX Post Assessment 34.6%	First TX Post Assessment 38.2%	First TX Post Assessment 39.6%	-14.1%	10.4%	3.7%
		IVDU	IVDU	IVDU	IVDU			
49.9%	51.4%	First Tx Post Assessment 47.6%	First Tx Post Assessment 49.1%	First Tx Post Assessment 50.0%	First Tx Post Assessment 45.4%	3.1%	1.8%	-9.2%
61.3%	62.5%	Admitted w/i 120 days 58.4%	Admitted w/i 120 days 69.2%	Admitted w/i 120 days 64.5%	Admitted w/i 120 days 72.1%	18.4%	-6.8%	11.8%

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AGGREGATE								
Baseline	Improvement Target	Q1 % that met standard	Q2 % that met standard	Q3 % that met standard	Q4 % that met standard	% of change from Q1 to Q2	% of change from Q2 to Q3	% of change from Q3 to Q4
		Urgent	Urgent	Urgent	Urgent			
89.4%	89.7%	Assessment offered 89.9%	Assessment offered 87.9%	Assessment offered 87.7%	Assessment offered 89.7%	-2.2%	-2.2%	2.3%
42.1%	43.8%	First TX Post Assessment 39.5%	First TX Post Assessment 39.4%	First TX Post Assessment 38.5%	First TX Post Assessment 50.0%	-3.3%	-2.3%	30.0%
		Routine	Routine	Routine	Routine			
92.3%	92.6%	Assessment offered 93.4%	Assessment offered 90.0%	Assessment offered 92.3%	Assessment offered 92.3%	-3.6%	2.6%	0%
36.0%	37.9%	First TX Post Assessment 39.8%	First TX Post Assessment 35.0%	First TX Post Assessment 37.9%	First TX Post Assessment 40.6%	-12.1%	8.3%	7.1%
		IVDU	IVDU	IVDU	IVDU			
50.1%	51.6%	First Tx Post Assessment 48.8%	First Tx Post Assessment 48.5%	First Tx Post Assessment 46.0%	First Tx Post Assessment 44.1%	-6%	-5.2%	-4.1%
62.3%	63.4%	Admitted w/i 120 days 60.0%	Admitted w/i 120 days 69.7%	Admitted w/i 120 days 62.9%	Admitted w/i 120 days 71.0%	16.2%	-9.8%	12.9%
Cumulative % Change						-2.6%	-6.6%	48.2%

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AGGREGATE COMPARISON OF FY 2013 AND FY 2014		July 2012 to June 2014
FY 2013 % that met standard July 2012 to June 2013	FY 2014 % that met standard July 2013 to June 2014	% of change from FY 2013 to FY 2014
Urgent		
Assessment offered 89.4%	Assessment offered 88.8%	Assessment offered -0.67%
First TX Post Assessment 43.2%	First TX Post Assessment 41.8%	First TX Post Assessment -3.2%
Routine		
Assessment offered 92.6%	Assessment offered 92.1%	Assessment offered -0.54%
First TX Post Assessment 35.4%	First TX Post Assessment 38.4%	First TX Post Assessment + 8.5%
IVDU		
First Tx Post Assessment 26.2%	First Tx Post Assessment 47.0%	First Tx Post Assessment +79.4%
Admitted w/i 120 days N/A	Admitted w/i 120 days 65.6%	Admitted w/i 120 days N/A

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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

Summary Regarding Quarterly Comparisons

- For Incarcerated clients:
 - For Q1 to Q2 there was an increase in three (3) access parameters and a decrease in three (3) access parameters.
 - For Q2 to Q3 there was an increase in two (2) access parameters and a decrease in four (4) access parameters.
 - For Q3 to Q4 there was an increase in six (6) access parameters and a decrease in zero (0) access parameters.
- For Non-Incarcerated clients:
 - For Q1 to Q2 there was an increase in two (2) access parameters and a decrease in four (4) access parameters.
 - For Q2 to Q3 there was an increase in three (3) access parameters and a decrease in three (3) access parameters.
 - For Q3 to Q4 there was an increase in four (4) access parameters and a decrease in two (2) access parameters.
- As an Aggregate:
 - For Q1 to Q2 there was an increase in one (1) access parameter and a decrease in five (5) access parameters.
 - For Q2 to Q3 there was an increase in two (2) access parameters and a decrease in four (4) access parameters.
 - For Q3 to Q4 there was an increase in four (4) access parameters, a decrease in one (1) access parameter and no change in one (1) parameter.
 - In terms of cumulative change: From Q1 to Q2 there was a decrease of **-2.6%**; from Q2 to Q3 there was a decrease of **-6.6%**; and from Q3 to Q4 there was an increase of **48.2%**.

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- Improvement Targets in FY 2014:
 - Incarcerated improvement targets were hit 15 out of a possible 24 times.
 - Non-Incarcerated improvement targets were hit 8 out of a possible 24 times.
 - As an Aggregate, improvement targets were hit 9 out of a possible 24 times.
 - These improvement targets were hit only once or not at all in FY 2014:
 - Incarcerated: IVDU First Tx Post Assessment
 - Non-Incarcerated: Urgent Assessment Offered and First TX Post Assessment; Routine Assessment Offered; IVDU First Tx Post Assessment
 - Aggregate: Urgent First Tx Post Assessment; Routine Assessment Offered; IVDU First Tx Post Assessment

Summary Comparing FY 2013 and FY 2014

- There was an increase in two (2) access parameters and a decrease in three (3) access parameters. The decreases were small.
- **There was an increase of 79.4% in IVDU First Tx Post Assessment.**
- Next year it will be possible to compare changes in IVDU clients admitted within 120 days between FY 2014 and FY 2015.

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 Improvement Targets are being missed, especially those being missed more than half of the time.
- 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.

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Recommendations from the Committee:

The Committee agreed with the preliminary recommendations made in this report.

Date Presented to QC: 1/23/15

BY: Steve Brazill