

**Addiction and Prevention Services
State Quality Committee**

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 assessments to the first date of treatment taken from paid claims. This is taken from claims data and the CareConnect system.
3. 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.

IV Drug Users: If a client has used IV drugs within the last six months, and they don’t fall into the Emergent or Urgent categories 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 seen for *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.

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.

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Results:



Kansas Department of Social and Rehabilitation Services
Reporting Period: 7/1/10 - 6/30/11

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.
Maryann D. Umack
CEO, ValueOptions of Kansas, 6/15/2011

AAPS

Level of Urgency	Standard	Baseline	Improvement Target	FY11 Q1	FY11 Q2	FY11 Q3	FY11 Q4	FY11 YTD
Urgent	Assessment Offered - 24 hrs from contact date	86.9%	87.3%	90.1%	87.3%	91.6%		89.7%
	First Tx Post Assess - 24 hrs from assessment	49.0%	50.5%	52.5%	45.7%	47.2%		48.7%
Routine	Assessment Offered - 14 days from contact date	93.0%	93.2%	93.3%	93.2%	93.8%		93.4%
	First Tx Post Assess - 14 days from assessment	38.6%	40.4%	38.6%	40.9%	39.1%		39.5%
IV Drug User	First Tx Post Assess - 14 days from contact date	26.4%	28.6%	25.4%	26.0%	28.3%		26.6%

MEDICAID

Level of Urgency	Standard	Baseline	Improvement Target	FY11 Q1	FY11 Q2	FY11 Q3	FY11 Q4	FY11 YTD
Urgent	Assessment Offered - 24 hrs from contact date	67.4%	68.3%	72.4%	66.3%	75.5%		71.5%
	First Tx Post Assess - 24 hrs from assessment	14.7%	17.2%	12.5%	16.7%	16.9%		15.3%
Routine	Assessment Offered - 14 days from contact date	93.1%	93.3%	92.3%	95.6%	94.1%		94.0%
	First Tx Post Assess - 14 days from assessment	52.9%	54.3%	50.4%	46.8%	52.7%		50.1%
IV Drug User	First Tx Post Assess - 14 days from contact date	39.6%	41.4%	41.2%	22.6%	42.1%		35.9%

AGGREGATE

Level of Urgency	Standard	Baseline	Improvement Target	FY11 Q1	FY11 Q2	FY11 Q3	FY11 Q4	FY11 YTD
Urgent	Assessment Offered - 24 hrs from contact date	82.4%	82.9%	86.5%	83.0%	88.0%		85.8%
	First Tx Post Assess - 24 hrs from assessment	42.0%	43.7%	45.6%	40.1%	41.5%		42.6%
Routine	Assessment Offered - 14 days from contact date	93.0%	93.2%	93.0%	93.9%	93.9%		93.6%
	First Tx Post Assess - 14 days from assessment	42.6%	44.3%	41.9%	42.5%	43.0%		42.5%
IV Drug User	First Tx Post Assess - 14 days from contact date	28.6%	30.7%	27.6%	25.6%	30.2%		27.9%

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 Q2 FY11 to Q3 FY11

Baseline Network AVG 7/1/09 to 12/31/10	Improvement Target	Q2 FY11 % that met Standard	Q3 FY11 % that met Standard	% of Change from Q2 to Q3 FY11
		AAPS Urgent	AAPS Urgent	
86.9 %	87.3 %	Assessment Offered 87.3 %	Assessment Offered 91.6 %	+ 4.3 %
49.0 %	50.5 %	First TX Post Assessment 45.7 %	First TX Post Assessment 47.2 %	+ 1.5 %
		AAPS Routine	AAPS Routine	
93.0 %	93.2 %	Assessment Offered 93.2 %	Assessment Offered 93.8 %	+ 0.6 %
38.6 %	40.4 %	First TX Post Assessment 40.9 %	First TX Post Assessment 39.1 %	- 1.8 %
		AAPS IV Drug Users	AAPS IV Drug Users	
26.4 %	28.6 %	First TX Post Assessment 26.0 %	First TX Post Assessment 28.3 %	+ 2.3 %
		Medicaid Urgent	Medicaid Urgent	
67.4 %	68.3 %	Assessment Offered 66.3 %	Assessment Offered 75.5 %	+ 9.2 %
14.7 %	17.2 %	First TX Post Assessment 16.7 %	First TX Post Assessment 16.9 %	+ 0.2 %
		Medicaid Routine	Medicaid Routine	
93.1 %	93.3 %	Assessment Offered 95.6 %	Assessment Offered 94.1 %	- 1.5 %
52.9 %	54.3 %	First TX Post Assessment 46.8 %	First TX Post Assessment 52.7 %	+ 5.9 %
		Medicaid IV Drug User	Medicaid IV Drug User	
39.6 %	41.4 %	First TX Post Assessment 22.6 %	First TX Post Assessment 42.1 %	+ 19.5 %
Cumulative % Change				+ 39.2 %

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Conclusions Comparing Q2 FY11 to Q3 FY11:

- The format change and data sets utilized have greatly improved this report.
- The changes in the report made due to the contributions of the Access to Care Subcommittee, a provider focus group and the Provider Advisory Committee.
- There was increase compliance in eight (8) access parameters and decrease in two (2) access parameters from Q2 FY11 to Q3 FY11.
- The greatest improvement in % of compliance was in the Medicaid IV Drug Users First Treatment Post Assessment (22.6 % to 42.1 %).
- It is noted that the Access to Care Subcommittee continues to meet.
- The SQC recommended at the last SQC meeting that providers receive a provider specific Access to Care report to compare to the network aggregate. ValueOptions has reported that provider specific reports are in the process of being developed.

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 be messaging the access to care expectations to the providers.
- It is recommended that data continue to be trended and provider education continue regarding the access standards.
- **It is recommended to add an explanation of the three percent reduction formula (RFR) to the Data Collection section of the aggregate analysis. ValueOptions to provide specific language for this to AAPS staff/consultants.**
- **It is recommended to confirm federal regulations regarding pregnant women access so that women who enter treatment within 48 hours regardless of assessment can be captured in this report. ValueOptions will need to change their report logic to capture this. After more research and discussion by AAPS, the logic for client access should be assessed within 24 hours, and services delivered within 24 hours of assessment (not to total more than 48 hours).**
- **It is recommended to address in the next phase of data evolution: client choice, client non-disclosure, clients assessed in one facility and then treated in another facility, AAPS and Medicaid data comparison (without social detox), ensure that report definition matches the way the report is pulled (24 and 24 hours AND/OR 48 hours).**
- **It is recommended to clarify to providers and counselors through outreach in Regional meetings that date offered is not the same as date scheduled in the report definitions and what starting treatment means.**
- **It is recommended to post this aggregate analysis on the ValueOptions website and discuss at Regional provider meetings after corrections have been made.**

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Date Presented to SQC: 8/11/2011

BY: Kim Brown

Recommendations from the Committee for action: Committee approves of the Preliminary Recommendations as shown above. Enhancements made by the SQC to the Preliminary Recommendations are noted above in **bold**.

Person Responsible to follow-up and date due: Kim Brown Due: 11/17/2011