



## **Addiction and Prevention Services State Quality Committee**

and Routine), and funding source including an aggregate. Assessment Offered and First Treatment Post Assessment for Urgent; and Routine and First Treatment Post Assessment for IV Drug Users. 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 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; 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 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

Network Access to Care - Quarterly Trend

Reporting Period: July, 2011 - December, 2011

AAPS

Level of Urgency	Standard	Baseline	Improvement Target	% Met				
				Q1	Q2	Q3	Q4	YTD
Urgent	Assessment Offered - 24 hrs from contact date	86.9%	87.3%	88.7%	88.6%	-	-	88.6%
	First Tx Post Assess - 24 hrs from assessment date	49.0%	50.5%	48.3%	47.5%	-	-	47.9%
Routine	Assessment Offered - 14 days from contact date	93.0%	93.2%	92.7%	93.2%	-	-	92.9%
	First Tx Post Assess - 14 days from assessment date	38.6%	40.4%	41.0%	39.8%	-	-	40.5%
IV Drug User	First Tx Post Assess - 14 days from contact date	26.4%	28.6%	33.2%	32.7%	-	-	32.9%

Medicaid

Level of Urgency	Standard	Baseline	Improvement Target	% Met				
				Q1	Q2	Q3	Q4	YTD
Urgent	Assessment Offered - 24 hrs from contact date	67.0%	68.3%	81.6%	77.8%	-	-	80.0%
	First Tx Post Assess - 24 hrs from assessment date	14.7%	17.2%	19.4%	14.8%	-	-	17.5%
Routine	Assessment Offered - 14 days from contact date	93.1%	93.3%	94.8%	95.1%	-	-	94.9%
	First Tx Post Assess - 14 days from assessment date	52.9%	54.3%	55.4%	51.7%	-	-	53.6%
IV Drug User	First Tx Post Assess - 14 days from contact date	39.6%	41.4%	42.8%	45.9%	-	-	44.1%

Aggregate

Level of Urgency	Standard	Baseline	Improvement Target	% Met				
				Q1	Q2	Q3	Q4	YTD
Urgent	Assessment Offered - 24 hrs from contact date	82.4%	82.9%	87.0%	86.3%	-	-	86.7%
	First Tx Post Assess - 24 hrs from assessment date	42.0%	43.7%	41.8%	41.2%	-	-	41.5%
Routine	Assessment Offered - 14 days from contact date	93.0%	93.2%	93.3%	93.7%	-	-	93.5%
	First Tx Post Assess - 14 days from assessment date	42.6%	44.3%	45.1%	43.3%	-	-	44.3%
IV Drug User	First Tx Post Assess - 14 days from contact date	28.6%	30.7%	34.7%	34.2%	-	-	34.5%

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 7/1/09 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

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.

*Margaret D. Umack*

CEO, ValueOptions of Kansas

03/14/2012

Date

**Addiction and Prevention Services  
State Quality Committee**

**Comparison of Q1 FY12 to Q2 FY12**

**Note: Q1 percentages updated from last quarter due to claims run-out**

<b>Baseline Network AVG 7/1/09 to 12/31/10</b>	<b>Improvement Target</b>	<b>Q1 FY12 % that met Standard</b>	<b>Q2 FY12 % that met Standard</b>	<b>% of Change from Q1 FY12 to Q2 FY12</b>
		<b>AAPS Urgent</b>	<b>AAPS Urgent</b>	
86.9 %	87.3 %	Assessment Offered = 88.7%	Assessment Offered = 88.6%	-0.1%
49.0 %	50.5 %	First TX Post Assessment = 48.3%	First TX Post Assessment = 47.5%	-0.8
		<b>AAPS Routine</b>	<b>AAPS Routine</b>	
93.0 %	93.2 %	Assessment Offered = 92.7%	Assessment Offered = 93.2%	+0.5%
38.6 %	40.4 %	First TX Post Assessment = 41.0%	First TX Post Assessment = 39.8%	-1.2%
		<b>AAPS IV Drug Users</b>	<b>AAPS IV Drug Users</b>	
26.4 %	28.6 %	First TX Post Assessment = 33.2%	First TX Post Assessment = 32.7%	-0.5%
		<b>Medicaid Urgent</b>	<b>Medicaid Urgent</b>	
67.0 %	68.3 %	Assessment Offered = 81.6%	Assessment Offered = 77.8%	-3.8%
14.7 %	17.2 %	First TX Post Assessment = 19.4%	First TX Post Assessment = 14.8%	-4.6%
		<b>Medicaid Routine</b>	<b>Medicaid Routine</b>	
93.1 %	93.3 %	Assessment Offered = 94.8%	Assessment Offered = 95.1%	+0.3%
52.9 %	54.3 %	First TX Post Assessment = 55.4%	First TX Post Assessment = 51.7%	-3.7%
		<b>Medicaid IV Drug User</b>	<b>Medicaid IV Drug User</b>	
39.6 %	41.4 %	First TX Post Assessment = 42.8 %	First TX Post Assessment = 45.9 %	+3.1%
<b>Cumulative % Change</b>		Note: Cumulative Improvement Q4 FY11 to Q1 FY12= +37.9%		-10.8%

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State Quality Committee**

**Conclusions Comparing Q1 FY12 to Q2 FY12:**

- There was an increase in compliance in three (3) access parameters and a decrease in seven (7) access parameters from Q1 FY12 to Q2 FY12. This is not an improvement from last quarter's report (Q4 FY11 to Q1 FY12) of nine increases and one decrease in compliance.
- The greatest improvement in % of compliance was in the Medicaid IV Drug User First Treatment Post Assessment (+42.8 % to +45.9%)
- The cumulative improvement -10.8 % of Q2FY12 data is a decrease in improvement from the +37.9% cumulative of the Q1 FY12 in last quarter's report. **Thus, access this quarter has not improved from last quarter but did decrease (37.9% to -10.8%).**
- For Q2 FY12 six (6) of the access parameters met the Improvement Targets which is a decrease of the eight (8) that met the Improvement Targets Q1 FY12.
- **It must be kept in mind that provider education on Access to Care expectations is still being done. The data in the future will continue to be carefully reviewed and analyzed for the impact of these efforts and providers' response to same.**

**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.
- 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 SQC:** 5/18/2012

**BY:** Kim Brown

**Recommendations from the Committee for action:** Committee approves of the Preliminary Recommendations as shown above.

**Person Responsible to follow-up and date due:** Kim Brown Due: 8/10/2012