

KDADS
Behavioral Health / Substance Use Disorders
Quality Committee

AGGREGATE ANALYSIS REPORT

Reporting Period **FROM:** July 1, 2013 **TO:** September 30, 2013
Analysis focus is 4th Quarter FY13 to 1st quarter FY14 comparisons

Unit/Team/Department:
Quality Committee

Topic/Project:
Access to Care
Appointment Access (VO #8, Grid Row #8)
[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 details is broken by the level of urgency (Urgent, IV Drug Users 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

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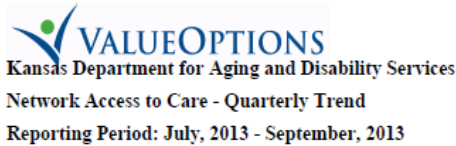
as routine but are to receive treatment within 14 days of their initial contact – not within 14 days of their assessment.

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.

Results:



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.


Vice President, ValueOptions - Kansas
12/6/2013
Date

AAPS

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	86.9%	87.3%	90.5%	-	-	-	90.5%
	First Tx Post Assess - 24 hrs from assessment date	49.0%	50.5%	39.7%	-	-	-	39.7%
Routine	Assessment Offered - 14 days from contact date	93.0%	93.2%	93.5%	-	-	-	93.5%
	First Tx Post Assess - 14 days from assessment date	38.6%	40.4%	39.4%	-	-	-	39.4%
IV Drug User	First Tx Post Assess - 14 days from contact date	26.4%	28.6%	27.6%	-	-	-	27.6%

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 7/1/09 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 Q4 FY13 to Q1 FY14

Baseline Network AVG 7/1/09 to 12/31/10	Improvement Target	Q4 FY13 % that met Standard	Q1 FY14 % that met Standard	% of Change from Q4 FY13 to Q1 FY14
		KDADS Urgent	KDADS Urgent	
86.9 %	87.3 %	Assessment Offered = 90.1%	Assessment Offered = 90.5%	+4%
49.0 %	50.5 %	First TX Post Assessment = 44.7%	First TX Post Assessment = 39.7%	-5.0%
		KDADS Routine	KDADS Routine	
93.0 %	93.2 %	Assessment Offered = 93.5%	Assessment Offered = 93.5%	0%
38.6 %	40.4 %	First TX Post Assessment = 34.6%	First TX Post Assessment = 39.4%	+4.8%
		KDADS IV Drug Users	KDADS IV Drug Users	
26.4 %	28.6 %	First TX Post Assessment = 22.0%	First TX Post Assessment = 27.6%	+5.6%
Cumulative % Change		<i>Note Cumulative Improvement Q3 FY13 to Q4 FY13= +1.4% for the purpose of comparison</i>		+5.8%

Conclusions Comparing Q4 FY13 to Q1 FY14:

- There was an increase in compliance in three (3) access parameters and a decrease in one (1) access parameters from Q4 FY13 to Q1 FY14.
- The greatest improvement was 5.6% in compliance for IV Drug Users (+22.0% to +22.7%).
- The cumulative improvement of +5.8% in the Q1FY14 data is an increase in improvement from the +1.4% cumulative of the of the Q4 FY 13 data.
- For Q1 FY14, two (2) of the access parameters met the Improvement Targets which was also the case in Q4 FY13. In Q3 FY13 only one (1) of the access parameters met the Improvement Targets.
- **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 is a reduction in Urgent first TX Post assessment data from Q4 FY 13 to Q1 FY 14. Reasons for this reduction should be explored at the provider regional meetings.
- 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: 1/17/14

BY: Steve Brazill

Recommendations from the Committee for action:

Approved for posting on the VO website.

Person Responsible to follow-up: Due: