

KDADS
Behavioral Health / Substance Use Disorders
Quality Committee

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

**KDADS
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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.

Brian J. Baker 06/12/2013
Program Director, ValueOptions - Kansas 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%	88.6%	90.7%	89.0%	-	89.4%
	First Tx Post Assess - 24 hrs from assessment date	49.0%	50.5%	41.8%	43.8%	42.7%	-	42.8%
Routine	Assessment Offered - 14 days from contact date	93.0%	93.2%	92.9%	92.4%	91.8%	-	92.4%
	First Tx Post Assess - 14 days from assessment date	38.6%	40.4%	38.6%	31.7%	35.7%	-	35.5%
IV Drug User	First Tx Post Assess - 14 days from contact date	26.4%	28.6%	33.6%	26.2%	24.3%	-	28.0%

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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Baseline Network AVG 7/1/2009 to 12/31/10	Improvement Target	Q2 FY13 that met Standard	Q3 FY13 that met Standard	% Change from Q2 FY13 to Q3 FY13
		KDADS URGENT		
86.9 %	87.3 %	Assessment Offered = 90%	Assessment Offered = 89.0 %	1.7% Decrease
49.0 %	50.5 %	First TX Post Assessment = 43.8%	First TX Post Assessment = 42.7%	1.1% Decrease
		KDADS ROUTINE		
93.0%	93.2%	Assessment Offered = 92.4%	Assessment Offered = 91.8%	0.6% Decrease
38.6%	40.4%	First TX Post Assessment = 31.7%	First TX Post Assessment = 35.7%	4.0% Increase
		KDADS IV DRUG USERS		
26.4%	28.6%	First TX Post Assessment = 26.2%	First TX Post Assessment = 24.3%	1.9% Decrease

Conclusions Comparing Q2 FY13 to Q3 FY13:

- The only increase in performance was seen in the KDADS Routine population, which captures data regarding clients' participation in treatment post assessment. There was a 4% increase in clients participating in treatment post assessment in Quarter 3.
- KDADS IV Drug Users had the greatest decrease in first participation in treatment post assessment. There was a 1.9% decrease in clients participating in treatment post assessment in Quarter 3.

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 significant reduction in access data from Q2 to Q3. 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.

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Date Presented to QC: 08/16/2013

BY: Chrisy Khatib

Note: This will be the last aggregate of this report due to ValueOptions Medicaid contract ending.