

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

AGGREGATE ANALYSIS REPORT

REPORTING PERIOD: FROM: January 1, 2015 TO: June 30, 2015

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.
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.

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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: January, 2015 - March, 2015

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%	25	18	72.0%
	First Tx Post Assess - 24 hrs from assessment date	32.4%	34.4%	25	10	40.0%
Routine	Assessment Offered - 14 days from contact date	92.1%	92.3%	163	149	91.4%
	First Tx Post Assess - 14 days from assessment date	35.8%	37.7%	153	57	37.2%
IV Drug User	First Tx Post Assess - 14 days from contact date	51.9%	53.3%	43	15	34.8%
	Admitted to treatment within 120 days of assessment	69.8%	70.7%	11	9	81.8%

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%	318	258	81.1%
	First Tx Post Assess - 24 hrs from assessment date	42.8%	44.5%	310	144	46.4%
Routine	Assessment Offered - 14 days from contact date	92.3%	92.6%	1,639	1,477	90.1%
	First Tx Post Assess - 14 days from assessment date	36.0%	37.9%	1,316	483	36.7%
IV Drug User	First Tx Post Assess - 14 days from contact date	49.9%	51.4%	242	114	47.1%
	Admitted to treatment within 120 days of assessment	61.3%	62.5%	128	78	60.9%

Aggregate

Level of Urgency	Standard	Baseline	Improvement Target	# Contacts	# Met	% Met
Urgent	Assessment Offered - 24 hrs from contact date	89.4%	89.7%	343	276	80.4%
	First Tx Post Assess - 24 hrs from assessment date	42.1%	43.8%	335	154	45.9%
Routine	Assessment Offered - 14 days from contact date	92.3%	92.6%	1,802	1,626	90.2%
	First Tx Post Assess - 14 days from assessment date	36.0%	37.9%	1,469	540	36.7%
IV Drug User	First Tx Post Assess - 14 days from contact date	50.1%	51.6%	285	129	45.2%
	Admitted to treatment within 120 days of assessment	62.3%	63.4%	139	87	62.5%

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 7/1/12 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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Kansas Department for Aging and Disability Services

Network Access to Care

Reporting Period: April, 2015 - June, 2015

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%	25	19	76.0%
	First Tx Post Assess - 24 hrs from assessment date	32.4%	34.4%	24	6	25.0%
Routine	Assessment Offered - 14 days from contact date	92.1%	92.3%	135	122	90.3%
	First Tx Post Assess - 14 days from assessment date	35.8%	37.7%	116	38	32.7%
IV Drug User	First Tx Post Assess - 14 days from contact date	51.9%	53.3%	31	15	48.3%
	Admitted to treatment within 120 days of assessment	69.8%	70.7%	13	8	61.5%

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%	311	264	84.8%
	First Tx Post Assess - 24 hrs from assessment date	42.8%	44.5%	306	157	51.3%
Routine	Assessment Offered - 14 days from contact date	92.3%	92.6%	1,588	1,436	90.4%
	First Tx Post Assess - 14 days from assessment date	36.0%	37.9%	1,272	462	36.3%
IV Drug User	First Tx Post Assess - 14 days from contact date	49.9%	51.4%	228	114	50.0%
	Admitted to treatment within 120 days of assessment	61.3%	62.5%	116	73	62.9%

Aggregate

Level of Urgency	Standard	Baseline	Improvement Target	# Contacts	# Met	% Met
Urgent	Assessment Offered - 24 hrs from contact date	89.4%	89.7%	336	283	84.2%
	First Tx Post Assess - 24 hrs from assessment date	42.1%	43.8%	330	163	49.3%
Routine	Assessment Offered - 14 days from contact date	92.3%	92.6%	1,723	1,558	90.4%
	First Tx Post Assess - 14 days from assessment date	36.0%	37.9%	1,388	500	36.0%
IV Drug User	First Tx Post Assess - 14 days from contact date	50.1%	51.6%	259	129	49.8%
	Admitted to treatment within 120 days of assessment	62.3%	63.4%	129	81	62.7%

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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Results: FY 2015 Q3 & Q4

INCARCERATED						
Baseline	Improvement Target	Q3 #Contacts/Met (Jan- March)	Q3 % that met standard (Jan- March)	Q4 #Contacts/Met (April -June)	Q4 % that met standard (April -June)	% of change from Q3 to Q 4
Urgent						
84.4%	84.8%	25/18	Assessment offered 72%	25/19	Assessment offered 76.0%	Assessment offered 5.6%
32.4%	34.4%	25/10	First TX Post Assessment 40%	24/6	First TX Post Assessment 25.0%	First TX Post Assessment -37.5%
Routine						
92.1%	92.3%	163/149	Assessment offered 91.4%	135/122	Assessment offered 90.3%	Assessment offered -1.2%
35.8%	37.7%	153/57	First TX Post Assessment 37.2%	116/38	First TX Post Assessment 32.7%	First TX Post Assessment -12.1%
IVDU						
51.9%	53.3%	43/15	First Tx Post Assessment 34.8%	31/15	First Tx Post Assessment 48.3%	First Tx Post Assessment 38.8%
69.8%	70.7%	11/9	Admitted w/i 120 days 81.8%	13/8	Admitted w/i 120 days 61.5%	Admitted w/i 120 days -24.8%
NON-INCARCERATED						
Baseline	Improvement Target	Q3 #Contacts/Met (Jan-March)	Q3 % that met standard (Jan-March)	Q4 #Contacts/Met (April-June)	Q4 % that met standard (April-June)	% of change from Q3 to Q 4
Urgent						
89.7%	90.0%	318/258	Assessment offered 81.1%	311/264	Assessment offered 84.8%	Assessment offered 4.6%
42.8%	44.5%	310/144	First TX Post Assessment 46.4%	306/157	First TX Post Assessment 51.3%	First TX Post Assessment 10.6%
Routine						
92.3%	92.6%	1639/1477	Assessment offered 90.1%	1588/1436	Assessment offered 90.4%	Assessment offered .33%
36.0%	37.9%	1316/483	First TX Post Assessment 36.7%	1272/462	First TX Post Assessment 36.3%	First TX Post Assessment -1.1%
IVDU						
49.9%	51.4%	242/114	First Tx Post Assessment 47.1%	228/114	First Tx Post Assessment 50.0%	First Tx Post Assessment 6.2%
61.3%	62.5%	128/78	Admitted w/i 120 days 60.9%	116/73	Admitted w/i 120 days 62.9%	Admitted w/i 120 days 3.3%

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AGGREGATE						
Baseline	Improvement Target	Q3 #Contacts/Met (Jan-March)	Q3 % that met standard (Jan-March)	Q4 #Contacts/Met (April-June)	Q4 % that met standard (April-June)	% of change from Q3 to Q4
Urgent						
89.4%	89.7%	343/276	Assessment offered 80.4%	336/283	Assessment offered 84.2%	Assessment offered 4.7%
42.1%	43.8%	335/154	First TX Post Assessment 45.9%	330/163	First TX Post Assessment 49.3%	First TX Post Assessment 7.4%
Routine						
92.3%	92.6%	1802/1626	Assessment offered 90.2%	1723/1558	Assessment offered 90.4%	Assessment offered .22%
36.0%	37.9%	1469/540	First TX Post Assessment 36.7%	1388/500	First TX Post Assessment 36.0%	First TX Post Assessment -1.9%
IVDU						
50.1%	51.6%	285/129	First Tx Post Assessment 45.2%	259/129	First Tx Post Assessment 49.8%	First Tx Post Assessment 10.2%
62.3%	63.4%	139/87	Admitted w/i 120 days 62.5%	129/81	Admitted w/i 120 days 62.7%	Admitted w/i 120 days .32%
Overall % Change						+20.9%

Indicator	Q3	Q4	% Change
Urgent - Asmt Offer	80.4%	84.2%	4.7%
Urgent - First Treatment Post Asmt	45.9%	49.3%	7.4%
Routine - Asmt Offer	90.2%	90.4%	0.2%
Routine - First Treatment Post Asmt	36.7%	36.0%	-1.9%
IVDU - Admitted within 14 days	45.2%	49.8%	10.2%
IVDU - Admitted within 120 days	62.5%	62.7%	0.3%

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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

Quarterly Comparisons for FY 2015 Q3 & Q4

Access Parameters

- **For Incarcerated clients:**
 - There was an increase in two (2) access parameters and a decrease in four (4) access parameters.
- **For Non-Incarcerated clients:**
 - There was an increase in five (5) access parameters and a decrease in one (1) access parameter.
- **As an Aggregate:**
 - There was an increase in one (5) access parameters and a decrease in one (1) access parameters.
 - There was a +20.9% overall change from Q3 to Q4.

Improvement Targets

- **Incarcerated:**
 - In Q3, improvement targets were hit 2 out of a possible 6 times.
 - In Q4, improvement targets were hit 0 out of a possible 6 times.
- **Non-Incarcerated:**
 - In Q3, improvement targets were hit 1 out of a possible 6 times.
 - In Q4, improvement targets were hit 2 out of a possible 6 times.
- **Aggregate:**
 - In Q3, improvement targets were hit 1 out of a possible 6 times.
 - In Q4, improvement targets were hit 1 out of a possible 6 times.

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Summary Analysis

- Improvements target were rarely hit (from 0% to 33%) and were hit much less often than in Q1.
- At the same time, there was clear improvement in the in aggregate access parameters between Q3 and Q4 (5 of 6 categories), which lead to an overall increase of +20.9%
- As mentioned during the last meeting, the incarcerated numbers are extremely low, which skews the data and percentages. This can be seen in the contact/net column on pages 6-7.
- IVDU access improved for non-incarcerated and aggregate, and for incarcerated First Tx Post Assessment (38.8%, the largest gain).
- Good news: Improvements between Q3 and Q4. Less good news: Hitting improvement targets is a challenge.

Discussion Question

- Brought up during our last meeting: Why would an incarcerated client be urgent? The consensus of the discussion was they should not be since the legal system controls them.
- What might be leading to the low rate of hitting improvement targets? Will annual data report showing improvement not seen with current data? Do they need to be adjusted?

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

- Review of target improvement issues and benchmarks.
- See how the bigger picture view of the data looks in the annual report, looking at YTD information.
- 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.

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- It is recommended to post this aggregate analysis on the ValueOptions website.

Recommendations from the Committee:

Date Presented to QC: 10/19/15

BY: Steve Brazill