

**Addiction and Prevention Services
State Quality Committee**

Results:

Note: *Chart only shows areas not meeting access standards.* *Reduction (<) in percentage means an improvement in access shown in green.

FY 2009	FY2010	FY2011	% of Change* FY09 to FY10	% of Change* FY10 to FY11
	URBAN	URBAN		
6.5 %	Detoxification in a hospital setting 6.0 %	Detoxification in a hospital setting 6.2%	<0.5 %	>0.2 %
66.2 %	Residential Adolescent Intermediate 64.2 %	Residential Adolescent Intermediate 63.2%	<2.0 %	<1.0 %
	SUBURBAN	SUBURBAN		
25.6 %	Detoxification in a hospital setting 26.1 %	Detoxification in a hospital setting 25.6%	>0.5 %	<0.5 %
36.6 %	Residential Adolescent Intermediate 46.5 %	Residential Adolescent Intermediate 37.9 %	>9.9 %	<8.6 %
	RURAL	RURAL		
0.7 %	Outpatient 3.0 %	Outpatient 3.3 %	>2.3 %	<0.3 %
10.4 %	Intensive Outpatient Adolescent 9.6 %	Intensive Outpatient Adolescent 14.5 %	<0.8 %	>4.9 %
7.4 %	Intensive Outpatient Adult 5.5 %	Intensive Outpatient Adult 9.0 %	<1.9 %	>3.5 %
3.4 %	Residential Reintegration 3.4 %	Residential Reintegration 3.4 %	No change	No change
3.4 %	Social Detox 3.4 %	Social Detox 3.4%	No change	No change
55.3 %	Residential Adolescent Intermediate 69.1 %	Residential Adolescent Intermediate 69.0 %	>13.8 %	<0.1 %
1.7 %	Residential Adult Intermediate 1.7 %	Residential Adult Intermediate 1.8 %	No change	>0.1 %
42.6 %	Detoxification in a hospital setting 42.6 %	Detoxification in a hospital setting 42.3%	No change	<0.3 %
15.2 %	Medicaid Case Management 9.1 %	Medicaid Case Management 8.7 %	<6.1 %	<0.4 %
1.2 %	Assessment 3.9 %**	Assessment 3.0 %**	>2.7 %	<0.9 %
	Cumulative %		>17.9 %	<3.4 %

**Assessors frequently travel to the client and address is set by static address of client.

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Conclusions:

- There was a recommendation from the 2011 Independent Assessment that additional efforts be made to improve access in regions that continued to demonstrate inadequate access. ValueOptions made considerable efforts this past year and SRS is satisfied with their attempts that have impacted this report. In addition:
 - 1) VO-KS contracts with 100% of the licensed Hospital Detox and Adolescent Residential Providers in Kansas.
 - 2) VO-KS uses single case agreements to pay for other substance use disorder related hospital based services which are not reflected in the GeoAccess report because they are not contracted providers.
 - 3) RADAC's are contracted to provide statewide coverage for assessments
- **In should be noted that 80% of the Urban and Suburban modalities met the standards;** all ten (100%) rural modalities showed discrepancies. This held true for last year.
- **Urban access** percentages showed a decrease in access from FY2010 to FY2011 in Detox in a Hospital Setting modality and showed an improvement in access in the Suburban Residential Adolescent modality.
- **Suburban access** percentages showed an improvement in access from FY10 to FY11 in both in Detox in a Hospital Setting and the Residential Adolescent modalities.
- **Rural access** percentages showed improvement in access in five (5) modalities, poorer access in three (3) modalities, and two (2) modalities remaining the same. The largest increase in poorer access was in the Intensive Outpatient Adolescent modality, showing 4.9 % poorer access.
- The spread of the access percentages decreased from FY10 to FY11 meaning the % of the spread of all modalities between the < and> decreased as FY09 to FY10 range was < 6.1 to > 13.8 and the FY10 to FY11 range was < 8.6 to > 4.9.
- **The cumulative % of change improved from FY10 (>17.9 %) to FY11 (< 3.4 %) thus demonstrating overall improved access.**

Preliminary Recommendations to Committee:

- It is recommended that this data continue to be trended.
- This report has been beneficial in determining gaps in Medicaid services statewide and may be useful to providers who may choose to locate or expand into areas of need.
- It is recommended to post this Aggregate Analysis on the ValueOptions website.

Date Presented to SQC: 11/17/2011

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: 2/10/2012