Department of Healthcare Policy and Finance

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Report Overview

Report Mandated by Statute

- Number of eligible children receiving services
- Average mean and median age
- Length of time for services
- Cost of services
- Program outcomes
 - Parent reports of satisfaction and effectiveness of services
 - Reviews of Prior Authorization Records



Methods

- Descriptive analysis of 2017 Medicaid claims
- Review of authorizations
 - Prior Authorization Requests (PAR)
- PAR Record reviews
 - Sample of 150 Records
 - Included children from whom at least one six-month follow-up request was available
- Parent Surveys
 - Combination of online and telephone surveys
 - 64 total surveys: 20 English language telephone (40%), 39 email
 (20%), 5 Spanish language telephone (33%)



Children Eligible for Services

Based on Prior Authorization Requests (PAR) n=1,683

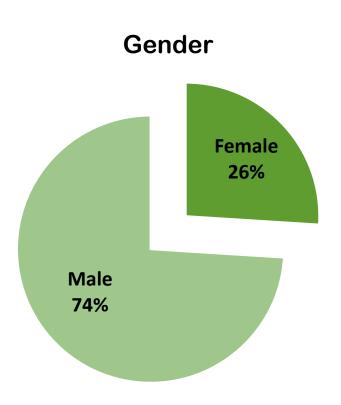
Distribution of Diagnoses	Number of Children	Percent of Children Eligible	
Number of Diagnoses			
Single Diagnosis	1,010	60%	
Multiple Diagnoses	673	40%	
Diagnoses of Eligible Children			
Total exceeds number of children eligible due to multiple diagnoses per child. Percentages total to more than 100% due to some children being counted multiple times.			
Autistic Disorders (incl. Asperger's)	1,285	56%	
Intellectual/Developmental Disabilities	293	13%	
Congenital or Other Neuro-Developmental Disorders	171	7%	
Other Behavior Health Diagnoses	280	12%	
Other Physical Health Diagnoses	269	12%	



Children Eligible for Services

Child Characteristics, based on PAR n=1,683

Child Characteristics	Number	Percent
Total Number of Children Receiving Services	529	
Number of Children Eligible for Services	1,683	
Age		
0 to 5 years	656	39%
6 to 11 years	690	41%
12 to 20 years	337	20%
Mean and Median Age		
Mean Age	7.7 years	
Median Age	7 years	





Cost of Services

Total Number of Children Receiving an Service in 2017 (n=529)

Description of Costs and Claims	Number
Total Number of Children (Members) with Any Claim	529
Total Number of Claims	1,421
Cost Ranges and Averages	
Lowest member cost	\$35.21
Highest member cost	\$62,904
Mean cost per member (all costs for period)	\$4,144
Median cost per member (all costs for period)	\$973

The lag time in billing and the increase in authorizations are factors but do not fully explain the discrepancy between authorizations and claims.



Program Outcomes

Patient Progress Based on PAR Record Reviews

Goal Progress	Total	Mean per Client
Goals Reported	2,088	14.0
Goals with Progress	1,549	10.4
Percent of Goals with Progress Reported	69.8%	

Goal progress based on chart documentation

Goal progress based on reviewer ratings

Goal Progress	Number of Clients	Percent
Significant Progress	110	73.3%
Little Progress	20	13.3%
Insufficient Documentation to Determine	20	13.3%



Program Outcomes

Parent Surveys

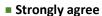
Rating Scale	Number	Percent
Total Interviews with Valid Response	63	
1 – Does/did not meet expectations/ Very Unsatisfied	2	3%
2 – Somewhat meets expectations/Unsatisfied	3	5%
3 - Neither Satisfied or Unsatisfied	5	8%
4 – Met/meets expectations/Satisfied	18	29%
5 – Exceeds expectations/Very satisfied	35	56%

"Behavioral services improve my child's emotional health, behavioral efforts and accomplishments, and ensure her medications are effective and appropriate. These successes allow her to participate more fully in the community and allow her to function as a contributing member of the community. These services are utterly necessary and vital." --Parent, March 2018

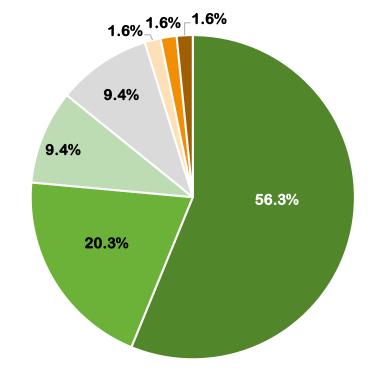


Program Outcomes

Parent Surveys: Do you feel your child is benefitting from these services?



- Agree
- Somewhat agree
- Neither agree or disagree
- Somewhat disagree
- Disagree
- Strongly disagree



"Streamline the referral process to reduce unnecessary delays. Many children receive care from multiple providers, but there is a disconnect in treatment and a lack of communication between providers, which causes a significant discrepancy in treatment due to each provider creating their own treatment plan. Instead, I would suggest an initial meeting between all of a child's providers and their parents for the purpose of creating a singular treatment plan for that child."

--Parent, March 2018



Summary and Recommendations

- Program appears to be implemented as planned
 - Under EPSDT have expanded services to additional children
- Record review shows evidence of progress
 - Most records have documentation; quality varies
 - Recommendation to continue to work toward documentation of progress; possible use of Vineland
- Parents are generally satisfied with services
 - Report improvements in behavior
 - Have some suggestions for improvement around provider training and quality; improving access to services

