



CHILDREN'S HEALTH COUNCIL

CHILDREN WITH SPECIAL HEALTH CARE NEEDS WHO ARE ENROLLED IN HUSKY Part A: Survey to Assess Access to Care and Satisfaction

December 2000

Families with children with special health care needs face exceptional challenges when trying to obtain care in a managed care program. Under federal Medicaid waiver requirements in the Balanced Budget Act (BBA) of 1997, Connecticut and other states that mandate managed care enrollment for children with special health care needs are required to establish safeguards for ensuring that they receive the care they need. Children with special health care needs are defined in the BBA as those who receive Supplemental Security Income (SSI), receive benefits under title V of the Social Security Act, receive federal foster care or adoption assistance under title IV-E of the Social Security Act, and children who are in foster care or out-of-home placements funded from other sources.¹ There are also other children enrolled in HUSKY Part A who have chronic, intensive health care needs or disabilities.

In order to assess access to care and satisfaction among children with special health care needs who are enrolled in HUSKY Part A (Medicaid managed care), the Children's Health Council conducted a statewide survey of their families. This survey was conducted for the Connecticut Department of Social Services as one part of their approach to monitoring access and quality of care received by these children. The objectives of the survey were:

- To determine families' satisfaction with care received from primary care providers, specialists, and therapeutic care providers;
- To determine families' satisfaction with assistance provided by health plans to facilitate access to and utilization of needed services; and
- To identify unmet needs for care or assistance obtaining care.

METHODS

Sample: Children under 19 who were continuously enrolled in Medicaid managed care in one health plan in calendar year 1999 were identified. The subset that lived in households with telephones (89%) was then identified. Medicaid managed care enrollment data were used to select children who received SSI benefits in 1999. Children who received Title V program benefits were identified with the cooperation of the Department of Public Health (DPH). Children in foster care or subsidized adoptions and had been in one home for six months or more in 1999 or the first half of 2000 were identified with the cooperation of the Department of Children and Families (DCF). Additionally, Medicaid managed care encounter data were used

to identify other children who received care in 1999 for disabilities or chronic, intensive health conditions included in a list developed for this project (see Appendix A). One child per family was selected from households with more than one child with special health care needs. This sampling approach resulted in identification of 15,204 children (20%) for the sampling frame.

Survey instrument: A survey instrument developed by New England SERVE was selected for this study and modified to address program questions.² The tool was reviewed by an advisory workgroup³ and local experts, critiqued by staff from two related programs, and pilot-tested with families from the sampling frame. The survey instrument is in Appendix B.

Advance letter: A letter explaining the purpose of the survey was sent from DSS to all families with children in the sampling frame (see Appendix C). Information about questions, time required to complete the survey, and assurances of confidentiality were included in English and Spanish versions of the letter.

Survey conduct: Telephone interviews were conducted between mid-May and mid-June 2000 for most children and in September 2000 for children in foster care or subsidized adoption. Computer-assisted telephone interviewing was conducted in English or Spanish by trained interviewers. At least five attempts were made to reach every family with a child in the sampling frame.

RESULTS

Telephone interviews with 1,230 families with children with special health needs were completed. The distribution of these children across health plans and across categories used to indicate special health care needs is shown in Table 1. Overall, the response rate was 40%, including 52% for children in the Title V program, 37% for children who received SSI benefits, an estimated 33% for children identified by special diagnoses, and 58% for DCF children. Compared to the children in the sampling frame for Title V, SSI, and special diagnoses, children enrolled in BlueCare are slightly under-represented and children in Community Health Network and Yale Preferred One are slightly over-represented among the families that were reached. Overall, results by health plan were remarkably similar; these findings will not be shown here.

The sociodemographic characteristics of the children are shown in Table 2.⁴ Since slightly different methods were used to select and interview families of children in foster care or subsidized adoption, their responses will be reported separately. Most families who were interviewed had children twelve or under. Children in the Title V, SSI or special diagnosis group were disproportionately male. Children in DCF custody were significantly younger and more likely to be Black/African American than children in the Title V, SSI or special diagnosis group.

Health status and health care utilization are described in Table 3. Not surprisingly, children who received Title V or SSI benefits or had special diagnoses were not as healthy and were more likely to have used health care services in 1999, compared to children in foster care or subsidized adoption. They were more likely to have made regular visits for physical health care, more likely to have been seen for emergency care, and more likely to have been hospitalized. Utilization of behavioral health care services was about the same. Nearly one in four children in

both groups reported having gone to the emergency room because the primary care provider was unavailable. A remarkably high percentage of children in both groups received dental care.

Overall satisfaction and quality ratings are shown in Table 4. Nearly all families were satisfied with the choices of providers available to them. Nearly all families reported good communication with providers and involvement in care decisions. Nearly all families rated the most responsible provider highly; however, fewer families rated the quality of dental care as highly. Health plans were rated similarly and fairly highly overall.

Responses pertaining to access to care are described in Table 5. Most families reported having chosen their children's primary care provider and being able to get timely appointments when needed. Most families reported getting help when needed during office hours or after hours. Children who received Title V or SSI benefits and children with special diagnoses were more likely to have seen medical specialists. Nearly all children were able to get enough approved visits with the specialists. However, just two out of three reported being able to get appointments in four weeks or less. Few families reported having any significant problems obtaining referrals. Over one in four children in each group saw specialists for behavioral health care. Most reported getting enough approved visits and being able to obtain timely appointments. Just two out of three families reported usually being able to get dental care in less than four weeks; however, most were satisfied with the length of time it took to be seen.

Access to special services is described in Tables 6a to 6c. Nearly all the children in the Title V program, on SSI, or with a special diagnosis had needed and obtained prescription medicine. Fewer children in DCF custody needed prescriptions and most were able to obtain them. Among the few who needed equipment or therapeutic services, nearly all received the needed items or assistance. Access to enabling services was somewhat less. Few children needed special accommodations for access, special transportation, or interpreters; however, among those who did, a relatively high percentage were not able get what they needed. Among all these children with special health care needs, just 9% had a case manager assigned by the health plan.

One important aspect of access is the ability to complain when needs are not met. Table 7 shows families' responses to questions about complaints and grievances. Most were aware that they could complain. Few had felt a need to make a formal complaint, but among them, less than half had actually complained to the health plan. Few reported that their children's health care services had been cutback, but among them, only one in three reported having been notified in writing.

CONCLUSIONS

- **One in five children continuously enrolled in one of the four HUSKY Part A health plans was identified as having special health care needs.**
- **The health and health care needs of these children are not uniform across this definition of children with special health care needs.**

- **Families were generally satisfied with their health plans and with the quality of care from providers.**
- **Access to care varied, depending on whether families were seeking primary care, medical specialty care, or behavioral health care for their children.**
- **While most children needed and obtained prescription medicine, relatively few needed other pharmaceutical, therapeutic, or enabling services.**
- **Less than one in ten children with special health care needs had a case manager assigned by the health plan.**
- **While most families said they are aware that they can make a formal complaint about health plan services, less than half those who felt the need to complain actually did so.**
- **While few families reported having experienced a cutback in services for their children, only a third of those who did said they were notified in writing.**

RECOMMENDATIONS

The Children's Health Council has reviewed these findings and the literature on monitoring care for children with special health care need. The Council recommends that the Department of Social Services:

- **Investigate the extent to which there are problems with access to primary or specialty care, availability of special transportation and interpreters, and compliance with notification requirements. The following areas could be systematically studied: Appointment availability, transportation subcontracts and policies, availability of bilingual staff, use of translation services, and administrative procedures for notifying families of denial, reductions or termination of services.**
- **Ensure that health plans systematically assess their members' needs for case management and that health plans provide individualized assistance with coordination of their children's special health care needs.**
- **Develop and implement an ongoing, comprehensive approach to monitoring access to services, quality of care, coordination of care, and satisfaction for children with special health care needs. Measures should allow for comparison with the experiences of other children enrolled in HUSKY Part A. The monitoring plan should include:**
 - **Collaboration with DPH for identification of children in the Title V program;**
 - **Collaboration with DCF for identification of children in foster care and adoption;**
 - **Use of HEDIS-like measures of process and outcome;**
 - **Periodic surveys of families to assess access and satisfaction;**
 - **Periodic surveys of primary care providers who serve children with special health care needs; and**

- **Operations audits of health plan administrative procedures that affect access to enabling services, case management, and grievances/administrative hearing.**
- **Investigate the utility, feasibility, and cost of screening for special health care needs when children enroll in HUSKY Part A.**

¹ The BBA definition of children with special health care needs also includes children who receive Medicaid benefits under the Katie Beckett state plan option for children living at home who would be eligible for Medicaid if they were institutionalized. Connecticut does not mandate managed care enrollment for these children.

² New England SERVE. Shared responsibilities: ensuring quality managed care for children with special health care needs. Tool kit: version 1.0. Boston, MA: Massachusetts Health Research Institute, Incorporated, 1998.

³ In addition to staff from the Children's Health Council and the Connecticut Children's Health Project, the advisory workgroup included representatives from DSS, DPH, DCF, HUSKY health plans, the Children's Health Council, the Medicaid Managed Care Council, and Qualidigm, Inc. Stephen A. Horan, Ph.D., consultant to the Connecticut Children's Health Project, and Mary Alice Lee, Ph.D., Assistant Director of the Children's Health Council, directed the project.

⁴ Compared to children in the sampling frame for Title V, SSI, and special diagnoses, children in families that were interviewed were somewhat older, less likely to be Black/African American and more likely to be Hispanic/Latino. More children than expected were from New Haven and fewer were from Hartford.

Table 1. Description of Sample by Health Plan and Special Health Care Needs Category

	Children with Special Health Care Needs				Total
	Title V	SSI	Special diagnoses	DCF	
Health Plans:					
BlueCare	44	110	85	172	411 (33%)
Community Health Network	14	112	86	57	269 (22%)
Physicians Health Services	17	125	101	50	293 (24%)
Yale Preferred One	16	111	88	42	257 (21%)
Total	91 (7%)	458 (37%)	360 (29%)	321 (26%)	1,230 (100%)

Note: The overall response rate was 40%, including 52% for children in the Title V program, 37% for children who received SSI benefits, an estimated 33% for children identified by special diagnoses, and 58% for DCF children.

Table 2. Sociodemographic Characteristics of the Sample

	Children with Special Health Care Needs	
	Title V, SSI, special diagnoses	DCF
Total	909 (74%)	321 (36%)
Age:		
<5	209 (23%)	115 (36%)
6-12	417 (46%)	142 (44%)
13-18	283 (31%)	64 (20%)
Gender:		
Female	358 (39%)	163 (51%)
Male	551 (61%)	158 (49%)
Race/ethnicity:		
Black/African American	256 (28%)	157 (49%)
White/Caucasian	310 (34%)	88 (27%)
Hispanic/Latino	336 (37%)	74 (23%)
Others	7 (<1%)	2 (<1%)
County:		
Fairfield	234 (26%)	71 (22%)
Hartford	180 (20%)	85 (26%)
Litchfield	15 (2%)	12 (4%)
Middlesex	16 (2%)	6 (2%)
New Haven	383 (42%)	120 (37%)
New London	42 (5%)	14 (4%)
Tolland	6 (<1%)	3 (1%)
Windham	33 (4%)	10 (3%)

Table 3. Description Of Health Status and Health Care Utilization

Total	Children with Special Health Care Needs	
	Title V, SSI, special diagnoses	DCF
	909 (74%)	321 (26%)
Health status:		
Has chronic condition ^a	88%	43%
Health is excellent or very good	61%	81%
Health is satisfactory	23%	14%
Health is fair or poor	15%	4%
Primary care:		
Has PCP from health plan	99%	99%
PCP is a pediatrician	88%	89%
Ambulatory health care:		
Made regular visits for physical health condition	74%	28%
Visited a medical specialist	52%	23%
Made regular visits for mental health condition	39%	30%
Visited a behavioral health care provider	29%	26%
Visited hospital emergency room	59%	34%
Went to ER because PCP was unavailable	35%	18%
Hospital care:		
Ever hospitalized overnight	18%	9%
Received after aftercare services from health plan	84%	*
Hospitalized for behavioral health condition	4%	1%
Received after aftercare services from health plan	76%	*
Dental care:		
Saw a dentist	67%	75%

^a Chronic condition was defined as a physical condition, mental health condition, or otherwise activity-limiting condition lasting at least 12 months. Families of children identified by special diagnoses were interviewed only if they reported that the child had chronic condition. Families of children identified by program participation (Title V, SSI, DCF) were interviewed, whether they reported that the child did or did not have a chronic condition.

*Cell size less than 30.

Table 4. Satisfaction and Quality of Care

	Children with Special Health Care Needs	
	Title V, SSI, special diagnoses	DCF
<u>Total</u>	909 (74%)	321 (26%)
<u>Satisfied/very satisfied with choice of:</u>		
Primary care providers	96%	97%
Medical specialists	94%	92%
Behavioral health care providers	84%	88%
Dentists	80%	83%
<u>Quality of relationship with most responsible provider:^a</u>		
Provider always/usually involved in care decisions	87%	95%
Caretaker always/usually involved in care decisions	92%	95%
Provider always/usually gave enough information	94%	96%
PCP communicated regularly with specialist	76%	78%
<u>Overall quality:</u>		
Most responsible provider ^a rated very good/excellent	86%	91%
Dental care rated very good/excellent	67%	76%
Health plan rated ≥ 8 (1 low to 10 high)	79%	74%

^a Primary care provider or specialist most involved in child's care.

Table 5. Access to Care

Total	Children with Special Health Care Needs	
	Title V, SSI, special diagnoses	DCF
	909 (74%)	321 (26%)
<u>Access to primary care:</u>		
Chose primary care provider	73%	69%
Usually able to get appointment in ≤ 4 weeks	87%	93%
<u>Access to help by telephone:</u>		
Ever called for help during office hours	72%	64%
Always/usually received needed help	92%	94%
Called for help in the evening or on a weekend	50%	38%
Always/usually received needed help	93%	94%
<u>Access to medical specialists:</u>		
Saw a medical specialist	52%	23%
Saw two or more specialists	56%	46%
Had three or more visits	65%	47%
Had enough approved visits	90%	90%
Usually able to get appointment in ≤ 4 weeks	69%	68%
Needed referral from primary care provider	72%	71%
Had a big problem getting referral	6%	14%
<u>Access to behavioral health care providers:</u>		
Saw a behavioral health care specialist	29%	26%
Saw two or more specialists	42%	31%
Had three or more visits	73%	87%
Had enough approved visits	76%	75%
Usually able to get appointment in ≤ 4 weeks	85%	80%
<u>Access to out-of-network providers:</u>		
Believe that members can see out-of-network providers	66%	51%
Tried to get approval to see an out-of-network provider	12%	5%
Got approval	64%	*
<u>Access to dental care:</u>		
Usually able to get an appointment in ≤ 4 weeks	64%	71%
Satisfied with length of time to get appointment	79%	80%

Note: Percentage who reported always or usually having obtained prescriptions and equipment, received therapeutic or enabling services as needed.

*Cell size less than 30.

Table 6a. Access to Prescriptions and Equipment

	Children with Special Health Care Needs	
	Title V, SSI, special diagnoses	DCF
Total	909 (74%)	321 (26%)
Needed prescription medicine	85%	42%
Obtained as much as needed	94%	93%
Needed disposable medical supplies	11%	6%
Obtained as much as needed	87%	*
Needed durable medical equipment	23%	9%
Obtained as much as needed	94%	97%
Needed adaptive equipment	12%	6%
Obtained as much as needed	94%	*

Note: Percentage who reported always or usually having obtained prescriptions and equipment as needed.

*Cell size less than 30.

Table 6b. Access to Therapeutic and Diagnostic Services

	Children with Special Health Care Needs	
	Title V, SSI, special diagnoses	DCF
Total	909 (74%)	321 (26%)
Therapeutic services:		
Needed physical or occupational therapy	26%	11%
Received physical or occupational therapy	88%	100%
Needed speech therapy	14%	7%
Received speech therapy	90%	*
Needed nutrition counseling	11%	6%
Received nutrition counseling	80%	*
Needed nutrition products and special diets	8%	3%
Received nutrition products, special diets	79%	*
Needed home health care	9%	5%
Received home health care	78%	*
Needed personal care attendant	3%	2%
Had personal care attendant	86%	*
Diagnostic services:		
Needed genetic counseling or testing	7%	5%
Received genetic counseling, testing	84%	*

Note: Percentage who reported always or usually having received therapeutic or diagnostic services as needed.

*Cell size less than 30.

Table 6c. Access to Enabling Services and Care Coordination

	Children with Special Health Care Needs	
	Title V, SSI, special diagnoses	DCF
Total	909 (74%)	321 (26%)
Enabling services:		
Needed special accommodations for access	9%	4%
Rarely/never had difficulty getting in and around	30%	*
Needed special transportation services	10%	4%
Able to get special transportation services	62%	*
Needed an interpreter	9%	3%
Able to get an interpreter	73%	*
Care coordination:		
Needed help coordinating care among doctors	7%	2%
Obtained help coordinating care	86%	*
Needed help arranging home health care or nursing	4%	2%
Obtained help with home health care	85%	*
Needed help arranging for durable medical equipment	5%	2%
Obtained help with durable medical equipment	93%	*
Needed help arranging transportation	17%	3%
Obtained help with transportation	77%	*
Had a case manager from the health plan	9%	9%
Case manager gave information about support services	71%	57%
Case Manager had enough time to meet and talk	44%	43%

Note: Percentage who reported always or usually having received enabling services and care coordination as needed.
*Cell size less than 30.

Table 7. Complaints and Grievances

	Children with Special Health Care Needs	
	Title V, SSI, special diagnoses	DCF
Total	909 (74%)	321 (26%)
Believe that a member can make a formal complaint about services	87%	87%
Felt the need to make a formal complaint	8%	8%
Actually made a formal complaint to the health plan	45%	*
Had needed services cutback by the health plan	7%	3%
Was notified in writing	34%	*

*Cell size less than 30.

Appendices

- A. Special diagnoses**
- B. Survey instrument**
- C. Letter to families (English, Spanish versions)**

ICD-9 CODE	DIAGNOSIS	CATEGORY
0119	UNSPECIFIED PULMONARY	PULMONARY TUBERCULOSIS
013	TUBERCULOSIS OF MENINGES AND CENTRAL NERVOUS SYSTEM	TUBERCULOSIS OF MENINGES AND CENTRAL NERVOUS SYSTEM
042	HUMAN IMMUNODEFICIENCY VIRUS	HUMAN IMMUNODEFICIENCY VIRUS (HIV)
09489	OTHER SPECIFIED NEUROSYPHILIS	NEUROSYPHILIS
140	MALIGNANT NEOPLASM OF LIP	MALIGNANT NEOPLASM OF LIP
141	MALIGNANT NEOPLASM OF TONGUE	MALIGNANT NEOPLASM OF TONGUE
142	MALIGNANT NEOPLASM OF MAJOR	MALIGNANT NEOPLASM OF MAJOR
143	MALIGNANT NEOPLASM OF GUM	MALIGNANT NEOPLASM OF GUM
144	MALIGNANT NEOPLASM OF FLOOR OF	MALIGNANT NEOPLASM OF FLOOR OF
145	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF MOUTH	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF MOUTH
146	MALIGNANT NEOPLASM OF OROPHARYNX	MALIGNANT NEOPLASM OF OROPHARYNX
147	MALIGNANT NEOPLASM OF	MALIGNANT NEOPLASM OF NASOPHARYNX
148	MALIGNANT NEOPLASM OF	MALIGNANT NEOPLASM OF HYPOPHARYNX
149	MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES WITHIN THE LIP, ORAL	MALIGNANT NEOPLASM OF OTHER AND ILL- DEFINED SITES WITHIN LIP, ORAL CAVITY &
150	MALIGNANT NEOPLASM OF ESOPHAGUS	MALIGNANT NEOPLASM OF ESOPHAGUS
151	MALIGNANT NEOPLASM OF STOMACH	MALIGNANT NEOPLASM OF STOMACH
152	MALIGNANT NEOPLASM OF SMALL INTESTINE, INCLUDING DUODENUM	MALIGNANT NEOPLASM OF SMALL INTESTINE, INCLUDING DUODENUM
153	MALIGNANT NEOPLASM OF COLON	MALIGNANT NEOPLASM OF COLON
154	MALIGNANT NEOPLASM OF RECTUM, RECTOSIGMOID JUNCTION, AND ANUS	MALIGNANT NEOPLASM OF RECTUM, RECTOSIGMOID JUNCTION, AND ANUS
155	MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCTS	MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCTS
156	MALIGNANT NEOPLASM OF GALLBLADDER AND EXTRAHEPATIC BILE	MALIGNANT NEOPLASM OF GALLBLADDER AND EXTRAHEPATIC BILE DUCTS
157	MALIGNANT NEOPLASM OF PANCREAS	MALIGNANT NEOPLASM OF PANCREAS
158	MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM	MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM
159	MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES WITHIN THE DIGESTIVE ORGANS AND PERITONEUM	MALIGNANT NEOPLASM OF OTHER AND ILL- DEFINED SITES WITHIN DIGESTIVE ORGANS & PERITONEUM
160	MALIGNANT NEOPLASM OF NASAL CAVITIES, MIDDLE EAR, AND ACCESSORY	MALIGNANT NEOPLASM OF NASAL CAVITIES, MIDDLE EAR, AND ACCESSORY SINUSES
161	MALIGNANT NEOPLASM OF LARYNX	MALIGNANT NEOPLASM OF LARYNX
162	MALIGNANT NEOPLASM OF TRACHEA, BRONCHUS, AND LUNG	MALIGNANT NEOPLASM OF TRACHEA, BRONCHUS, AND LUNG
163	MALIGNANT NEOPLASM OF PLEURA	MALIGNANT NEOPLASM OF PLEURA
164	MALIGNANT NEOPLASM OF THYMUS, HEART, AND MEDIASTINUM	MALIGNANT NEOPLASM OF THYMUS, HEART, AND MEDIASTINUM
165	MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES WITHIN THE RESPIRATORY SYSTEM AND	MALIGNANT NEOPLASM OF OTHER AND ILL- DEFINED SITES WITHIN RESPIRATORY SYSTEM & INTRATHORACIC ORGANS
170	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE
171	MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE	MALIGNANT NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE
172	MALIGNANT MELANOMA OF SKIN	MALIGNANT MELANOMA OF SKIN
173	OTHER MALIGNANT NEOPLASM OF SKIN	OTHER MALIGNANT NEOPLASM OF SKIN
174	MALIGNANT NEOPLASM OF FEMALE	MALIGNANT NEOPLASM OF FEMALE BREAST
175	MALIGNANT NEOPLASM OF MALE BREAST	MALIGNANT NEOPLASM OF MALE BREAST

176	KAPOSII'S SARCOMA	KAPOSII'S SARCOMA
179	MALIGNANT NEOPLASM OF UTERUS, PART	MALIGNANT NEOPLASM OF UTERUS, PART
180	MALIGNANT NEOPLASM OF CERVIX UTERI	MALIGNANT NEOPLASM OF CERVIX UTERI
181	MALIGNANT NEOPLASM OF PLACENTA	MALIGNANT NEOPLASM OF PLACENTA
182	MALIGNANT NEOPLASM OF BODY OF	MALIGNANT NEOPLASM OF BODY OF
183	MALIGNANT NEOPLASM OF OVARY AND OTHER UTERINE ADNEXA	MALIGNANT NEOPLASM OF OVARY AND OTHER UTERINE ADNEXA
184	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED FEMALE GENITAL ORGANS	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED FEMALE GENITAL ORGANS
185	MALIGNANT NEOPLASM OF PROSTATE	MALIGNANT NEOPLASM OF PROSTATE
186	MALIGNANT NEOPLASM OF TESTIS	MALIGNANT NEOPLASM OF TESTIS
187	MALIGNANT NEOPLASM OF PENIS AND OTHER MALE GENITAL ORGANS	MALIGNANT NEOPLASM OF PENIS AND OTHER MALE GENITAL ORGANS
188	MALIGNANT NEOPLASM OF BLADDER	MALIGNANT NEOPLASM OF BLADDER
189	MALIGNANT NEOPLASM OF KIDNEY AND OTHER AND UNSPECIFIED URINARY	MALIGNANT NEOPLASM OF KIDNEY AND OTHER AND UNSPECIFIED URINARY ORGANS
190	MALIGNANT NEOPLASM OF EYE	MALIGNANT NEOPLASM OF EYE
191	MALIGNANT NEOPLASM OF BRAIN	MALIGNANT NEOPLASM OF BRAIN
192	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF NERVOUS SYSTEM	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF NERVOUS SYSTEM
193	MALIGNANT NEOPLASM OF THYROID	MALIGNANT NEOPLASM OF THYROID GLAND
194	MALIGNANT NEOPLASM OF OTHER ENDOCRINE GLANDS AND RELATED	MALIGNANT NEOPLASM OF OTHER ENDOCRINE GLANDS & RELATED
195	MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES	MALIGNANT NEOPLASM OF OTHER AND ILL- DEFINED SITES
196	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES	SECONDARY AND UNSPECIFIED MALIGNANT NEOPLASM OF LYMPH NODES
197	SECONDARY MALIGNANT NEOPLASM OF RESPIRATORY AND DIGESTIVE SYSTEMS	SECONDARY MALIGNANT NEOPLASM OF RESPIRATORY AND DIGESTIVE SYSTEMS
198	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES	SECONDARY MALIGNANT NEOPLASM OF OTHER SPECIFIED SITES
199	MALIGNANT NEOPLASM WITHOUT SPECIFICATION OF SITE	MALIGNANT NEOPLASM WITHOUT SPECIFICATION OF SITE
200	LYMPHOSARCOMA AND	LYMPHOSARCOMA AND RETICULOSARCOMA
201	HODGKIN'S DISEASE	HODGKIN'S DISEASE
202	OTHER MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISS	OTHER MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE
203	MULTIPLE MYELOMA AND IMMUNOPROLIFERATIVE NEOPLASMS	MULTIPLE MYELOMA AND IMMUNOPROLIFERATIVE NEOPLASMS
204	LYMPHOID LEUKEMIA	LYMPHOID LEUKEMIA
205	MYELOID LEUKEMIA	MYELOID LEUKEMIA
206	MONOCYTIC LEUKEMIA	MONOCYTIC LEUKEMIA
207	OTHER SPECIFIED LEUKEMIA	OTHER SPECIFIED LEUKEMIA
208	LEUKEMIA OF UNSPECIFIED CELL TYPE	LEUKEMIA OF UNSPECIFIED CELL TYPE
230	CARCINOMA IN SITU OF DIGESTIVE	CARCINOMA IN SITU OF DIGESTIVE ORGANS
231	CARCINOMA IN SITU OF RESPIRATORY	CARCINOMA IN SITU OF RESPIRATORY
232	CARCINOMA IN SITU OF SKIN	CARCINOMA IN SITU OF SKIN
233	CARCINOMA IN SITU OF BREAST AND GENITOURINARY SYSTEM	CARCINOMA IN SITU OF BREAST AND GENITOURINARY SYSTEM
234	CARCINOMA IN SITU OF OTHER AND	CARCINOMA IN SITU OF OTHER AND
235	NEOPLASM OF UNCERTAIN BEHAVIOR OF DIGESTIVE AND RESPIRATORY SYSTEMS	NEOPLASM OF UNCERTAIN BEHAVIOR OF DIGESTIVE AND RESPIRATORY SYSTEM
236	NEOPLASM OF UNCERTAIN BEHAVIOR OF GENITOURINARY ORGANS	NEOPLASM OF UNCERTAIN BEHAVIOR OF GENITOURINARY ORGANS

237	NEOPLASM OF UNCERTAIN BEHAVIOR OF ENDOCRINE GLANDS AND NERVOUS	NEOPLASM OF UNCERTAIN BEHAVIOR OF ENDOCRINE GLANDS & NERVOUS SYSTEM
238	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED SITES AND	NEOPLASM OF UNCERTAIN BEHAVIOR OF OTHER AND UNSPECIFIED SITES & TISSUES
239	NEOPLASMS OF UNSPECIFIED NATURE	NEOPLASMS OF UNSPECIFIED NATURE
243	CONGENITAL HYPOTHYROIDISM	CONGENITAL HYPOTHYROIDISM
244	ACQUIRED HYPOTHYROIDISM	ACQUIRED HYPOTHYROIDISM
2461	DYSHORMONOGENIC GOITER	OTHER DISORDERS OF THYROID
250	DIABETES MELLITUS	DIABETES MELLITUS
2701	PHENYLKETONURIA (PKU)	DISORDERS OF AMINO-ACID TRANSPORT AND METABOLISM
2706	DISORDERS OF UREA CYCLE METABOLISM	DISORDERS OF AMINO-ACID TRANSPORT AND METABOLISM
2770	CYSTIC FIBROSIS	OTHER AND UNSPECIFIED DISORDERS OF
2775	MUCOPOLYSACCHARIDOSIS	OTHER AND UNSPECIFIED DISORDERS OF
27911	DIGEORGE'S SYNDROME	DISORDERS INVOLVING THE IMMUNE
2826	SICKLE-CELL ANEMIA	HEREDITARY HEMOLYTIC ANEMIAS
2875	THROMBOCYTOPENIA, UNSPECIFIED	PURPURA AND OTHER HEMORRHAGIC
290	SENILE AND PRESENILE ORGANIC PSYCHOTIC CONDITIONS	SENILE AND PRESENILE ORGANIC PSYCHOTIC CONDITIONS
291	ALCOHOLIC PSYCHOSES	ALCOHOLIC PSYCHOSES
292	DRUG PSYCHOSES	DRUG PSYCHOSES
293	TRANSIENT ORGANIC PSYCHOTIC	TRANSIENT ORGANIC PSYCHOTIC
294	OTHER ORGANIC PSYCHOTIC CONDITIONS	OTHER ORGANIC PSYCHOTIC CONDITIONS
295	SCHIZOPHRENIC DISORDERS	SCHIZOPHRENIC DISORDERS
296	AFFECTIVE PSYCHOSES	AFFECTIVE PSYCHOSES
297	PARANOID STATES (DELUSIONAL	PARANOID STATES (DELUSIONAL
298	OTHER NONORGANIC PSYCHOSES	OTHER NONORGANIC PSYCHOSES
299	PSYCHOSES WITH ORIGIN SPECIFIC TO	PSYCHOSES WITH ORIGIN SPECIFIC TO
300	NEUROTIC DISORDERS	NEUROTIC DISORDERS
301	PERSONALITY DISORDERS	PERSONALITY DISORDERS
302	SEXUAL DEVIATIONS AND DISORDERS	SEXUAL DEVIATIONS AND DISORDERS
303	ALCOHOL DEPENDENCE SYNDROME	ALCOHOL DEPENDENCE SYNDROME
304	DRUG DEPENDENCE	DRUG DEPENDENCE
305	NONDEPENDENT ABUSE OF DRUGS	NONDEPENDENT ABUSE OF DRUGS
306	PHYSIOLOGICAL MALFUNCTION ARISING FROM MENTAL FACTORS	PHYSIOLOGICAL MALFUNCTION ARISING FROM MENTAL FACTORS
307	SPECIAL SYMPTOMS OR SYNDROMES, NOT ELSEWHERE CLASSIFIED	SPECIAL SYMPTOMS OR SYNDROMES, NOT ELSEWHERE CLASSIFIED
308	ACUTE REACTION TO STRESS	ACUTE REACTION TO STRESS
309	ADJUSTMENT REACTION	ADJUSTMENT REACTION
310	SPECIFIC NONPSYCHOTIC MENTAL DISORDERS DUE TO ORGANIC BRAIN	SPECIFIC NONPSYCHOTIC MENTAL DISORDERS DUE TO ORGANIC BRAIN
311	DEPRESSIVE DISORDER, NOT ELSEWHERE	DEPRESSIVE DISORDER, NOT ELSEWHERE
312	DISTURBANCE OF CONDUCT, NOT ELSEWHERE CLASSIFIED	DISTURBANCE OF CONDUCT, NOT ELSEWHERE CLASSIFIED
313	DISTURBANCE OF EMOTIONS SPECIFIC TO CHILDHOOD AND ADOLESCENCE	DISTURBANCE OF EMOTIONS SPECIFIC TO CHILDHOOD AND ADOLESCENCE
314	HYPERKINETIC SYNDROME OF	HYPERKINETIC SYNDROME OF CHILDHOOD
315	SPECIFIC DELAYS IN DEVELOPMENT	SPECIFIC DELAYS IN DEVELOPMENT
316	PSYCHIC FACTORS ASSOCIATED WITH DISEASES CLASSIFIED ELSEWHERE	PSYCHIC FACTORS ASSOCIATED WITH DISEASES CLASSIFIED ELSEWHERE
317	MILD MENTAL RETARDATION	MILD MENTAL RETARDATION
318	OTHER SPECIFIED MENTAL RETARDATION	OTHER SPECIFIED MENTAL RETARDATION
319	UNSPECIFIED MENTAL RETARDATION	UNSPECIFIED MENTAL RETARDATION

3300	LEUKODYSTROPHY	CEREBRAL DEGENERATIONS USUALLY MANIFEST IN CHILDHOOD
3301	CEREBRAL LIPIDOSES	CEREBRAL DEGENERATIONS USUALLY MANIFEST IN CHILDHOOD
3302	CEREBRAL DEGENERATION IN GENERALIZED LIPIDOSES	CEREBRAL DEGENERATIONS USUALLY MANIFEST IN CHILDHOOD
3303	CEREBRAL DEGENERATION OF CHILDHOOD IN OTHER DISEASES	CEREBRAL DEGENERATIONS USUALLY MANIFEST IN CHILDHOOD
3308	OTHER SPECIFIED CEREBRAL DEGENERATIONS IN CHILDHOOD	CEREBRAL DEGENERATIONS USUALLY MANIFEST IN CHILDHOOD
3309	UNSPECIFIED CEREBRAL DEGENERATION IN CHILDHOOD	CEREBRAL DEGENERATIONS USUALLY MANIFEST IN CHILDHOOD
3313	COMMUNICATING HYDROCEPHALUS	OTHER CEREBRAL DEGENERATIONS
3314	OBSTRUCTIVE HYDROCEPHALUS	OTHER CEREBRAL DEGENERATIONS
33181	REYE'S SYNDROME	OTHER CEREBRAL DEGENERATIONS
33189	OTHER CEREBRAL DEGENERATION	OTHER CEREBRAL DEGENERATIONS
33522	PROGRESSIVE BULBAR PALSY	ANTERIOR HORN CELL DISEASE
343	INFANTILE CEREBRAL PALSY	INFANTILE CEREBRAL PALSY
344	OTHER PARALYTIC SYNDROMES	OTHER PARALYTIC SYNDROMES
345	EPILEPSY	EPILEPSY
3462	VARIANTS OF MIGRAINE	MIGRAINE
3468	OTHER FORMS OF MIGRAINE	MIGRAINE
3483	ENCEPHALOPATHY, UNSPECIFIED	OTHER CONDITIONS OF BRAIN
34982	TOXIC ENCEPHALOPATHY	OTHER AND UNSPECIFIED DISORDERS OF THE NERVOUS SYSTEM
3499	UNSPECIFIED DISORDERS OF NERVOUS SYSTEM	OTHER AND UNSPECIFIED DISORDERS OF THE NERVOUS SYSTEM
3526	MULTIPLE CRANIAL NERVE PALSIES	DISORDERS OF OTHER CRANIAL NERVES
3590	CONGENITAL HEREDITARY MUSCULAR	MUSCULAR DYSTROPHIES AND OTHER
3591	HEREDITARY PROGRESSIVE MUSCULAR	MUSCULAR DYSTROPHIES AND OTHER
3592	MYOTONIC DISORDERS	MUSCULAR DYSTROPHIES AND OTHER
3593	FAMILIAL PERIODIC PARALYSIS	MUSCULAR DYSTROPHIES AND OTHER
3594	TOXIC MYOPATHY	MUSCULAR DYSTROPHIES AND OTHER
3595	MYOPATHY IN ENDOCRINE DISEASES CLASSIFIED ELSEWHERE	MUSCULAR DYSTROPHIES AND OTHER MYOPATHIES
3596	SYMPTOMATIC INFLAMMATORY MYOPATHY IN DISEASES CLASSIFIED	MUSCULAR DYSTROPHIES AND OTHER MYOPATHIES
3598	OTHER MYOPATHIES	MUSCULAR DYSTROPHIES AND OTHER
3599	MYOPATHY, UNSPECIFIED	MUSCULAR DYSTROPHIES AND OTHER
36041	BLIND HYPOTENSIVE EYE	DISORDERS OF THE GLOBE
3690	PROFOUND VISION IMPAIRMENT, BOTH	BLINDNESS AND LOW VISION
3691	MODERATE OR SEVERE VISION IMPAIRMENT, BETTER EYE; PROFOUND	BLINDNESS AND LOW VISION
3692	MODERATE OR SEVERE VISION	BLINDNESS AND LOW VISION
3694	LEGAL BLINDNESS, AS DEFINED IN U.S.A	BLINDNESS AND LOW VISION
3780	ESOTROPIA	STRABISMUS AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS
37871	DUANE'S SYNDROME	STRABISMUS AND OTHER DISORDERS OF BINOCULAR EYE MOVEMENTS
389	HEARING LOSS	HEARING LOSS
4279	CARDIAC DYSRHYTHMIA, UNSPECIFIED	CARDIAC DYSRHYTHMIAS
4780	HYPERTROPHY OF NASAL TURBINATES	OTHER DISEASES OF UPPER RESPIRATORY
493	ASTHMA	ASTHMA
496	CHRONIC AIRWAY OBSTRUCTION, NOT ELSEWHERE CLASSIFIED	CHRONIC AIRWAY OBSTRUCTION, NOT ELSEWHERE CLASSIFIED

518	OTHER DISEASES OF LUNG	OTHER DISEASES OF LUNG
5199	UNSPECIFIED DISEASE OF RESPIRATORY	OTHER DISEASES OF RESPIRATORY SYSTEM
52400	MAJOR ANOMALIES OF JAW SIZE, UNSPECIFIED ANOMALY	DENTOFACIAL ANOMALIES, INCLUDING MALOCCLUSION
52403	MAJOR ANOMALIES OF JAW SIZE, MAXILLARY HYPOPLASIA	DENTOFACIAL ANOMALIES, INCLUDING MALOCCLUSION
52404	MAJOR ANOMALIES OF JAW SIZE, MANDIBULAR HYPOPLASIA	DENTOFACIAL ANOMALIES, INCLUDING MALOCCLUSION
52474	DENTAL ALVEOLAR ANOMALIES, ALVEOLAR MANDIBULAR HYPOPLASIA	DENTOFACIAL ANOMALIES, INCLUDING MALOCCLUSION
53081	ESOPHAGEAL REFLUX	DISEASES OF ESOPHAGUS
5790	CELIAC DISEASE	INTESTINAL MALABSORPTION
585	CHRONIC RENAL FAILURE	CHRONIC RENAL FAILURE
710	DIFFUSE DISEASES OF CONNECTIVE	DIFFUSE DISEASES OF CONNECTIVE TISSUE
711	ARTHROPATHY ASSOCIATED WITH	ARTHROPATHY ASSOCIATED WITH
712	CRYSTAL ARTHROPATHIES	CRYSTAL ARTHROPATHIES
713	ARTHROPATHY ASSOCIATED WITH OTHER DISORDERS CLASSIFIED ELSEWHERE	ARTHROPATHY ASSOCIATED WITH OTHER DISORDERS CLASSIFIED ELSEWHERE
714	RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY POLYARTHROPATHIES	RHEUMATOID ARTHRITIS AND OTHER INFLAMMATORY POLYARTHROPATHIES
715	OSTEOARTHRITIS AND ALLIED	OSTEOARTHRITIS AND ALLIED DISORDERS
716	OTHER AND UNSPECIFIED	OTHER AND UNSPECIFIED ARTHROPATHIES
717	INTERNAL DERANGEMENT OF KNEE	INTERNAL DERANGEMENT OF KNEE
718	OTHER DERANGEMENT OF JOINT	OTHER DERANGEMENT OF JOINT
719	OTHER AND UNSPECIFIED DISORDERS OF	OTHER AND UNSPECIFIED DISORDERS OF
720	ANKYLOSING SPONDYLITIS AND OTHER INFLAMMATORY SPONDYLOPATHIES	ANKYLOSING SPONDYLITIS AND OTHER INFLAMMATORY SPONDYLOPATHIES
721	SPONDYLOSIS AND ALLIED DISORDERS	SPONDYLOSIS AND ALLIED DISORDERS
722	INTERVERTEBRAL DISC DISORDERS	INTERVERTEBRAL DISC DISORDERS
723	OTHER DISORDERS OF CERVICAL REGION	OTHER DISORDERS OF CERVICAL REGION
724	OTHER AND UNSPECIFIED DISORDERS OF	OTHER AND UNSPECIFIED DISORDERS OF
725	POLYMYALGIA RHEUMATICA	POLYMYALGIA RHEUMATICA
726	PERIPHERAL ENTHESOPATHIES AND ALLIED SYNDROMES	PERIPHERAL ENTHESOPATHIES AND ALLIED SYNDROMES
727	OTHER DISORDERS OF SYNOVIUM,	OTHER DISORDERS OF SYNOVIUM, TENDON,
728	DISORDERS OF MUSCLE, LIGAMENT, AND	DISORDERS OF MUSCLE, LIGAMENT, AND
730	OSTEOMYELITIS, PERIOSTITIS, AND OTHER INFECTIONS INVOLVING BONE	OSTEOMYELITIS, PERIOSTITIS, AND OTHER INFECTIONS INVOLVING BONE
731	OSTEITIS DEFORMANS AND OSTEOPATHIES ASSOCIATED WITH OTHER DISORDERS CLASSIFIED ELSEWHERE	OSTEITIS DEFORMANS AND OSTEOPATHIES ASSOCIATED WITH OTHER DISORDERS CLASSIFIED ELSEWHERE
732	OSTEOCHONDROPATHIES	OSTEOCHONDROPATHIES
733	OTHER DISORDERS OF BONE AND	OTHER DISORDERS OF BONE AND
734	FLAT FOOT	FLAT FOOT
735	ACQUIRED DEFORMITIES OF TOE	ACQUIRED DEFORMITIES OF TOE
736	OTHER ACQUIRED DEFORMITIES OF LIMBS	OTHER ACQUIRED DEFORMITIES OF LIMBS
737	CURVATURE OF SPINE	CURVATURE OF SPINE
738	OTHER ACQUIRED MUSCULOSKELETAL	OTHER ACQUIRED MUSCULOSKELETAL
739	NONALLOPATHIC LESIONS, NOT	NONALLOPATHIC LESIONS, NOT ELSEWHERE
741	SPINA BIFIDA	SPINA BIFIDA
7421	MICROCEPHALUS	OTHER CONGENITAL ANOMALIES OF
7422	CONGENITAL REDUCTION DEFORMITIES	OTHER CONGENITAL ANOMALIES OF
7423	CONGENITAL HYDROCEPHALUS	OTHER CONGENITAL ANOMALIES OF
74259	OTHER SPECIFIED CONGENITAL ANOMALIES OF SPINAL CORD	OTHER CONGENITAL ANOMALIES OF NERVOUS SYSTEM

74310	MICROPHTHALMOS, UNSPECIFIED	CONGENITAL ANOMALIES OF EYE
744	CONGENITAL ANOMALIES OF EAR, FACE,	CONGENITAL ANOMALIES OF EAR, FACE,
746	OTHER CONGENITAL ANOMALIES OF	OTHER CONGENITAL ANOMALIES OF HEART
7470	PATENT DUCTUS ARTERIOSUS	OTHER CONGENITAL ANOMALIES OF
7471	COARCTATION OF AORTA	OTHER CONGENITAL ANOMALIES OF
7472	OTHER CONGENITAL ANOMALIES OF	OTHER CONGENITAL ANOMALIES OF
7473	CONGENITAL ANOMALIES OF	OTHER CONGENITAL ANOMALIES OF
7474	CONGENITAL ANOMALIES OF GREAT	OTHER CONGENITAL ANOMALIES OF
7490	CLEFT PALATE	CLEFT PALATE AND CLEFT LIP
7491	CLEFT LIP	CLEFT PALATE AND CLEFT LIP
7492	CLEFT PALATE WITH CLEFT LIP	CLEFT PALATE AND CLEFT LIP
75161	BILIARY ATRESIA, CONGENITAL	OTHER CONGENITAL ANOMALIES OF
7542	CONGENITAL MUSCULOSKELETAL DEFORMITIES OF SPINE	CERTAIN CONGENITAL MUSCULOSKELETAL DEFORMITIES
7543	CONGENITAL DISLOCATION OF HIP	CERTAIN CONGENITAL MUSCULOSKELETAL
75555	ACROCEPHALOSYNDACTYLY	OTHER CONGENITAL ANOMALIES OF LIMBS
75563	OTHER CONGENITAL DEFORMITY OF HIP	OTHER CONGENITAL ANOMALIES OF LIMBS
756	OTHER CONGENITAL MUSCULOSKELETAL	OTHER CONGENITAL MUSCULOSKELETAL
7580	DOWN'S SYNDROME	CHROMOSOMAL ANOMALIES
7581	PATAU'S SYNDROME	CHROMOSOMAL ANOMALIES
7595	TUBEROUS SCLEROSIS	OTHER AND UNSPECIFIED CONGENITAL
75983	FRAGILE X SYNDROME	OTHER AND UNSPECIFIED CONGENITAL
75989	OTHER SPECIFIED CONGENITAL	OTHER AND UNSPECIFIED CONGENITAL
7650	DISORDERS RELATING TO EXTREME IMMATURITY OF INFANT	DISORDERS RELATING TO SHORT GESTATION AND UNSPECIFIED LOW
7651	DISORDERS RELATING TO OTHER PRETERM INFANTS	DISORDERS RELATING TO SHORT GESTATION AND UNSPECIFIED LOW
7676	INJURY TO BRACHIAL PLEXUS DUE TO	BIRTH TRAUMA
7711	CONGENITAL CYTOMEGALOVIRUS	INFECTIONS SPECIFIC TO THE PERINATAL
7712	OTHER CONGENITAL INFECTIONS SPECIFIC TO THE PERINATAL PERIOD	INFECTIONS SPECIFIC TO THE PERINATAL PERIOD
78057	OTHER AND UNSPECIFIED SLEEP APNEA	GENERAL SYMPTOMS
7834	LACK OF EXPECTED NORMAL PHYSIOLOGICAL DEVELOPMENT	SYMPTOMS CONCERNING NUTRITION, METABOLISM, AND DEVELOPMENT
7852	UNDIAGNOSED CARDIAC MURMURS	SYMPTOMS INVOLVING CARDIOVASCULAR
79571	NONSPECIFIC SEROLOGIC EVIDENCE OF HUMAN IMMUNODEFICIENCY VIRUS	NONSPECIFIC ABNORMAL HISTOLOGICAL AND IMMUNOLOGICAL FINDINGS
85400	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE, WITHOUT MENTION OF OPEN INTRACRANIAL	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE
85401	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE, WITHOUT MENTION OF OPEN INTRACRANIAL	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE
85402	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE, WITHOUT MENTION OF OPEN INTRACRANIAL	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE
85403	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE, WITHOUT MENTION OF OPEN INTRACRANIAL	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE
85404	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE, WITHOUT MENTION OF OPEN INTRACRANIAL	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE
85405	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE, WITHOUT MENTION OF OPEN INTRACRANIAL	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE

85406	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE, WITHOUT MENTION OF OPEN INTRACRANIAL	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE
85409	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE, WITHOUT MENTION OF OPEN INTRACRANIAL	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE
8541	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE WITH OPEN	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE
8612	LUNG INJURY, WITHOUT MENTION OF OPEN WOUND INTO THORAX	INJURY TO HEART AND LUNG
95200	C1-C4 LEVEL SPINAL CORD INJURY, UNSPECIFIED	SPINAL CORD INJURY WITHOUT EVIDENCE OF SPINAL BONE INJURY
95201	C1-C4 LEVEL WITH COMPLETE LESION OF SPINAL CORD	SPINAL CORD INJURY WITHOUT EVIDENCE OF SPINAL BONE INJURY
95202	C1-C4 LEVEL WITH ANTERIOR CORD SYNDROME	SPINAL CORD INJURY WITHOUT EVIDENCE OF SPINAL BONE INJURY
95203	C1-C4 LEVEL WITH CENTRAL CORD SYNDROME	SPINAL CORD INJURY WITHOUT EVIDENCE OF SPINAL BONE INJURY
95204	C1-C4 LEVEL WITH OTHER SPECIFIED SPINAL CORD INJURY	SPINAL CORD INJURY WITHOUT EVIDENCE OF SPINAL BONE INJURY
95205	C5-C7 LEVEL SPINAL CORD INJURY, UNSPECIFIED	SPINAL CORD INJURY WITHOUT EVIDENCE OF SPINAL BONE INJURY
95206	C5-C7 LEVEL WITH COMPLETE LESION OF SPINAL CORD	SPINAL CORD INJURY WITHOUT EVIDENCE OF SPINAL BONE INJURY
95207	C5-C7 LEVEL WITH ANTERIOR CORD SYNDROME	SPINAL CORD INJURY WITHOUT EVIDENCE OF SPINAL BONE INJURY
95208	C5-C7 LEVEL WITH CENTRAL CORD SYNDROME	SPINAL CORD INJURY WITHOUT EVIDENCE OF SPINAL BONE INJURY
95209	C5-C7 LEVEL WITH OTHER SPECIFIED SPINAL CORD INJURY	SPINAL CORD INJURY WITHOUT EVIDENCE OF SPINAL BONE INJURY
9521	DORSAL (THORACIC) SPINAL CORD INJURY WITHOUT EVIDENCE OF SPINAL	SPINAL CORD INJURY WITHOUT EVIDENCE OF SPINAL BONE INJURY
9522	LUMBAR SPINAL CORD INJURY WITHOUT SPINAL BONE INJURY	SPINAL CORD INJURY WITHOUT EVIDENCE OF SPINAL BONE INJURY
9523	SACRAL SPINAL CORD INJURY WITHOUT SPINAL BONE INJURY	SPINAL CORD INJURY WITHOUT EVIDENCE OF SPINAL BONE INJURY
9524	CAUDA EQUINA SPINAL CORD INJURY WITHOUT SPINAL BONE INJURY	SPINAL CORD INJURY WITHOUT EVIDENCE OF SPINAL BONE INJURY
9528	MULTIPLE SITES OF SPINAL CORD INJURY WITHOUT SPINAL BONE INJURY	SPINAL CORD INJURY WITHOUT EVIDENCE OF SPINAL BONE INJURY
9529	UNSPECIFIED SITE OF SPINAL CORD INJURY WITHOUT SPINAL BONE INJURY	SPINAL CORD INJURY WITHOUT EVIDENCE OF SPINAL BONE INJURY
953	INJURY TO NERVE ROOTS AND SPINAL	INJURY TO NERVE ROOTS AND SPINAL
954	INJURY TO OTHER NERVE(S) OF TRUNK, EXCLUDING SHOULDER AND PELVIC	INJURY TO OTHER NERVE(S) OF TRUNK, EXCLUDING SHOULDER & PELVIC GIRDLES
9840	TOXIC EFFECT OF INORGANIC LEAD COMPOUNDS	TOXIC EFFECT OF LEAD AND ITS COMPOUNDS (INCLUDING FUMES)
9841	TOXIC EFFECT OF ORGANIC LEAD COMPOUNDS	TOXIC EFFECT OF LEAD AND ITS COMPOUNDS (INCLUDING FUMES)
9848	TOXIC EFFECT OF OTHER LEAD COMPOUNDS	TOXIC EFFECT OF LEAD AND ITS COMPOUNDS (INCLUDING FUMES)
9849	TOXIC EFFECT OF UNSPECIFIED LEAD COMPOUND	TOXIC EFFECT OF LEAD AND ITS COMPOUNDS (INCLUDING FUMES)

**SURVEY OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS
IN CONNECTICUT'S HUSKY A PROGRAM
Telephone Survey Format (Revised 4/10/00)**

Introduction

Hello, my name is _____. I am calling on behalf of the Connecticut Department of Social Services. We recently sent you a letter asking for your help with a study we are doing to find out how well HUSKY health plans are serving children. Husky A is Connecticut's Medicaid Managed Care Program. The information you provide is private and will be used to improve how health plans serve families like yours. **Your answers will not affect the benefits you or your child get.**

The survey will only take about 20 minutes of your time. Is that okay? If not, is there a good time for me to call back?

Callback

Hello, this is _____ calling on behalf of the Connecticut Department of Social Services. We started an interview earlier and I'm calling back to complete the interview. Is that okay?

Contact Verification

1. INTERVIEWER: Please verify the phone number in our CATI system.

Correct (Go to 3)
Incorrect

2. INTERVIEWER: Enter the correct area code and phone number.

() _____ - _____

I. Background and Health Status

First we would like to confirm some information about your child's health plan.

3. Our records show that your child (name) was enrolled in the Connecticut Husky A program during the entire year of 1999. Is this correct?

- Yes
- No
- Don't know
- Refused

(If other than Yes, ask if child was enrolled at all, and for how long, thank the respondent, and conclude interview)

4. Our records show that (name) was enrolled in (plan name) during the entire year of 1999. Is that correct?

- Yes (Go to 6)
- No
- Don't know
- Refused

5. What plan was (name) enrolled in during 1999?

- Bluecare
- Community Health Network
- Physicians Health Services
- Yale Preferred One

INTERVIEWER: If more than one health plan is mentioned, end the survey.

Now I would like to ask a few questions about (name's) health.

6. How would you rate (name)'s overall health right now? Would you say it is ...

- Excellent
- Very Good
- Satisfactory
- Fair
- Poor
- Don't know
- Refused

7. During 1999, did (name) have a physical or mental health condition that kept him/her from doing any kind of activity that other children or youth his/her age usually do?

Yes

No (Go to 9)

Don't know (Go to 9)

Refused (Go to 9)

8. Has this condition been going on for at least one year, or is it expected to go on for at least one year?

Yes

No

Don't know

Refused

Now I would like to ask about (child's) physical health in particular.

9. During 1999, did (name) go to a medical doctor or specialist for a physical health condition on a regular basis?

Yes

No (Go to 13)

Don't know (Go to 13)

Refused (Go to 13)

10. Was this because of a physical health condition that (name) still has?

Yes

No

Don't know

Refused

11. Has this condition been going on for at least one year, or is it expected to go on for at least one year?

Yes

No

Don't know

Refused

Now I would like to ask about (name's) mental health.

13. During 1999, did (name) go to a counselor, psychiatrist, or psychologist on a regular basis?

Yes

No (Go to 17)

Don't know (Go to 17)

Refused (Go to 17)

14. Was this because of a condition that (name) still has?

Yes

No

Don't know

Refused

15. Has this condition been going on for at least one year, or is it expected to go on for at least one year?

Yes

No

Don't know

Refused

II. Access to Primary Care

Now I would like to ask a few questions about primary care for (name). A primary care provider is the doctor in health plan who would see (name) for regular checkups. A primary care provider might also send (name) to other doctors or providers in the plan when there is a need for special health care services.

17. During 1999, did (name) have a primary care provider with (plan name)? A primary care provider is the doctor who would see (name) for regular checkups or send (name) to other doctors or providers in the plan when there is a need for special health care services.

Yes (Go to 19)

No

Don't know (Go to 24)

Refused (Go to 24)

18. Why didn't (name) have a primary care provider?

- Did not want one
- Could not find one
- Other (specify)
- Don't know
- Refused

(Go to 24)

19. Did (name) have one primary care provider for the entire year, or did he/she have more than one primary care provider?

- One
- More than one
- Don't know
- Refused

If more than one, preface 20 with: Thinking about the most recent primary care provider:

20. Did you choose (name)'s primary care provider, or was the provider assigned to him?

- I chose the provider
- Provider was assigned
- Kept same provider as child had before enrolling in plan
- Don't know
- Refused

21. Was this provider a pediatrician, a family physician, or some other type of provider?

- Pediatrician
- Family physician
- Other (specify)
- Don't know
- Refused

22. How satisfied were you with the choice you had in selecting a primary care provider for (name)? Would you say ...

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- Don't know
- Refused

23. How long did it usually it take to get appointments with (name)'s primary care provider?
Would you say ...

- Less than four weeks
- Four - six weeks
- More than six weeks
- Don't know
- Refused

III. Access to Medical Specialty Care

Now I would like to ask you about medical specialists. Medical specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

24. During 1999, did (name) see any medical specialists other than his/her primary care provider? Medical specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

- Yes
- No (Go to 33)
- Don't know (Go to 33)
- Refused (Go to 33)

25. How many different medical specialists did (name) see through (plan name) during 1999?
Would you say ...

- One
- Two - three
- Four - five
- More than five
- Don't know
- Refused

26. How satisfied were you with the choice you had in selecting medical specialists for (name) through (plan name)?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- Don't know
- Refused

27. How many times did (name) see a medical specialist through (plan name) during 1999? Would you say ...

- None
- One - two times
- Three - five times
- Six - eight times
- More than eight times
- Don't know
- Refused

28. Do you think the number of specialty care visits approved by (plan name) was enough to meet (name)'s needs?

- Yes
- No
- Don't know
- Refused

29. How long did it usually it take to get appointments with (name)'s medical specialist(s)? Would you say ...

- Less than four weeks
- Four - six weeks
- More than six weeks
- Don't know
- Refused

30. Have you ever needed (name)'s primary care provider to refer him/her to a specialist?

- Yes
- No (Go to 32)
- Don't know
- Refused

31. How much of a problem, if any, was it to get a referral to a specialist from (name)'s primary care provider? Would you say ...

- A big problem
- A small problem
- No problem
- Don't know
- Refused

32. Does (name)'s primary care provider communicate with (name's) other specialist(s) on a regular basis?

- Yes
- No
- Don't know
- Refused

IV. Access to Behavioral Health Care

Now I would like to ask you some questions about behavioral health care. These might include mental health conditions or substance abuse problems.

33. During 1999, did (name) see any behavioral health care providers, such as a psychiatrist, psychologist, or counselor for a mental health or substance abuse problem?

- Yes
- No (Go to 39)
- Don't know (Go to 39)
- Refused (go to 39)

34. How many different behavioral health care providers did (name) see through (plan name) during 1999? Would you say ...

- One
- Two - three
- Four - five
- More than five
- Don't know
- Refused

35. How satisfied were you with the choice you had in selecting behavioral health care providers for (name) through (plan name)?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- Don't know
- Refused

36. How many times did (name) see a behavioral health care provider through (plan name) during 1999? Would you say ...

None
One - two times
Three - five times
Six - eight times
More than eight times
Don't know
Refused

37. Do you think the number of behavioral health care visits approved by (plan name) was enough to meet (name)'s needs?

Yes
No
Don't know
Refused

38. How long did it usually it take to get appointments with (name)'s behavioral health care provider(s)? Would you say ...

Less than four weeks
Four - six weeks
More than six weeks
Don't know
Refused

V. Quality of Care from Most Responsible Provider

Now I would like you to think back through all of (name)'s medical and behavioral health care providers. Without telling me the provider's name, think about the one provider who was most responsible for his/her care.

39. How involved was this provider in the planning and delivery of (name)'s health care? Would you say the provider was...

Always involved
Usually involved
Sometimes involved
Rarely involved
Never involved
Not sure
Don't know
Refused

40. How often did this provider include you in decisions about (name)'s care?
Would you say ...

- Always
- Usually
- Sometimes
- Rarely
- Never
- Don't know
- Refused

42. How often did this provider give you enough information about (name)'s medical condition? Would you say ...

- Always
- Usually
- Sometimes
- Rarely
- Never
- Don't know
- Refused

48. Have you ever called this provider's office or clinic during regular office hours to get help or advice for (name)?

- Yes
- No (Go to 50)
- Don't know (Go to 50)
- Refused (Go to 50)

49. How often were you able to get the help or advice you needed when you called during regular office hours?

- Always
- Usually
- Sometimes
- Rarely
- Never
- Don't know
- Refused

50. Have you ever tried to reach this provider on evenings or weekends to get help or advice?

Yes

No (Go to 52)

Don't know (Go to 52)

Refused (Go to 52)

51. How often were you able to get the help or advice you needed when you tried to reach this provider on evenings or weekends?

Always

Usually

Sometimes

Rarely

Never

Don't know

Refused

52. Please rate the overall quality of care your child received from this provider during 1999. Think about the questions just asked as well as any other factors you think are important. Would you say the overall quality was ...

Excellent

Very Good

Satisfactory

Fair

Poor

Don't know

Refused

VI. Other Health Care and Therapeutic Services

Now I would like to ask you about some other health care and therapeutic services for (name).

((Note: 54 and 55 are asked for each service identified as needed in 53.))

53. During 1999, did (name) need:

Physical or occupational therapy

Speech therapy

Nutrition counseling

Genetic counseling and testing

Home health care (including home nursing)

Personal care attendant

- Yes
- No
- Don't know
- Refused

54. How often were you able to obtain as much of this service as (name) needed?

- Always
- Usually
- Sometimes
- Rarely
- Never
- Don't know
- Refused

55. How would you rate the quality of this service?

- Excellent
- Very Good
- Satisfactory
- Fair
- Poor
- Don't know
- Refused

VII. Medical Supplies and Equipment

Now I would like to ask you about medical supplies and equipment.

((Note: 57 and 58 are asked for each type of equipment/supplies identified as needed in 56.))

56. During 1999, did (name) need:

- Prescription medicines
- Disposable medical supplies (such as special dressings, ostomy supplies or other supplies)
- Durable medical equipment (such as a feeding pump, ventilator, or other equipment)
- Adaptive equipment (such as a wheelchair, hearing aid, or other equipment)
- Nutrition products and special diets

- Yes
- No
- Don't know
- Refused

57. How often were you able to obtain this item when needed?

- Always
- Usually
- Sometimes
- Rarely
- Never
- Don't know
- Refused

58. How would you rate the quality of this item?

- Excellent
- Very Good
- Satisfactory
- Fair
- Poor
- Don't know
- Refused

59. How good of a job did (health plan) do in meeting (name's) needs for medical equipment and supplies? Think about the questions just asked as well as any other factors you think are important. Would you say (health plan) did:.

- An excellent job
- A very good job
- A satisfactory job
- A fair job
- A poor job
- Don't know
- Refused

VIII. Emergency And Inpatient Hospital Services

Now I have a few questions about emergency and inpatient hospital services.

60. How many times, if any, did (name) visit a hospital emergency department in 1999?

- None (Go to 62)
- One - two times
- Three - five times
- Six - eight times
- More than eight times
- Don't know (Go to 62)
- Refused (Go to 62)

61. Did (name) ever have to go to a hospital emergency department because his/her primary care provider was not available to see him/her?

Yes (What time of day was that?) _____

No

62. How many times, if any, did (name) stay overnight in a hospital during 1999, other than for behavioral health care?

None (Go to 65)

One - two times

Three - five times

Six - eight times

More than eight times

Don't know (Go to 65)

Refused (Go to 65)

64. Were you satisfied with the number of hospital days approved for (name)?

Yes

No

Don't know

Refused

64a. When (name) was discharged from the hospital, did (plan) give you the services you needed to take care of him/her at home?

Yes

No

Don't know

Refused

65. Did (name) need to stay overnight in a hospital for behavioral health care in 1999? This might include a stay for a mental health condition or substance abuse.

Yes

No (Go to 67)

Don't know (Go to 67)

Refused (Go to 67)

65a. Were you satisfied with the number of hospital days approved for (name?)

- Yes
- No
- Don't know
- Refused

66. When (name) was discharged, did (health plan) give you enough services to help (name) get better and not have to go back to the hospital?

- Yes
- No
- Don't know
- Refused

IX. Dental Services

Now I would like to ask a few questions about dental services.

((Note: Ask only if age two or older))

67. Did (name) see a dentist through (plan name) in 1999?

- Yes
- No (go to 72)
- Don't know (Go to 72)
- Refused (Go to 72)

68. How satisfied were you with the choice of dental providers available to (name)?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- Don't know
- Refused

69. How long did it usually it take to get appointments with (name)'s dental care provider(s)?
Would you say ...

- Less than four weeks
- Four - six weeks
- More than six weeks
- Don't know
- Refused

70. Were you satisfied with this length of time?

- Yes
- No
- Don't know
- Refused

71. Please rate the overall quality of dental services received. Think about the questions just asked as well as any other factors you think are important.

- Excellent
- Very Good
- Satisfactory
- Fair
- Poor
- Don't know
- Refused

X. Care Coordination

Now I would like to ask you some questions about coordination of care for (name).

((Note: 73-75 are asked for each type of care coordination identified in 72))

72. During 1999, did you need help ...

- coordinating care among different doctors?
- arranging home health care or nursing services in your home?
- arranging for durable medical equipment?
- arranging for transportation to or from health care appointments?

- Yes
- No
- Don't know
- Refused

73. Were you able to obtain help?

- Yes
- No
- Don't know
- Refused

74. Who helped you most?

- PCP
- Other doctor
- Health plan
- Title V/ Center at Yale/New Haven
- Title V/Connecticut Children's Medical Center
- DCF
- Other (specify)
- Don't know
- Refused

75. How would you rate the quality of the help you received?

- Excellent
- Very Good
- Satisfactory
- Fair
- Poor
- Don't know
- Refused

75a. During 1999, did (name) have a case manager from (health plan)?

- Yes
- No (Go to 76)
- Don't know (Go to 76)
- Refused (Go to 76)

75b. Did this case manager give you information about parent-to-parent and family support services?

- Yes
- No
- Don't know
- Refused

75c. How often did this case manager have enough time to meet and talk with you?
Would you say ...

- Always
- Usually
- Sometimes
- Rarely
- Never
- Don't know
- Refused

76. Please rate the overall quality of the care coordination (name) received from (health plan) during 1999. Think about the questions just asked as well as any other factors you think are important.

- Excellent
- Very Good
- Satisfactory
- Fair
- Poor
- Don't know
- Refused

Now I would like to ask you some general questions about (name's) health plan.

77. If you are not satisfied with a decision made by (plan name) about services for (name) can you make a formal complaint about the decision?

- Yes
- No
- Don't know
- Refused

78. During 1999, did you feel a need to make a formal complaint about (name's) care?

- Yes
- No (Go to 81)
- Don't know (Go to 81)
- Refused (Go to 81)

79. Did you actually make a formal complaint during 1999?

Yes (Go to 81)

No

Don't know

Refused

80. Why didn't you make a formal complaint?

Too time-consuming and/or confusing

Afraid I might lose services

Didn't think it would do any good

Didn't know it existed

Other (specify)

Don't know

Refused

81. Are you allowed to get approval from (plan name) to see a doctor who is not part of the plan, if you think it is needed?

Yes

No

Don't know

Refused

82. During 1999, did you ever try to get approval for (name) to see a doctor who is not part of (plan name)?

Yes

No (Go to 84)

Don't know (Go to 84)

Refused (Go to 84)

83. Were you able to get approval?

Yes

No

Don't know

Refused

84. During 1999, were any of the health care services you or your doctor thought (name) needed cut back or stopped by (plan name)?

Yes

No (Go to 86)

Don't know(Go to 86)

Refused (Go to 86)

85. Were you told about this change in writing?

Yes

No (go to 86)

Don't know (Go to 86)

Refused (go to 86)

85a. Were you offered a Fair Hearing?

Yes

No

Don't know

Refused

86. During 1999, did you ever need an interpreter when you brought (name) in for health care?

Yes

No (Go to 88)

Don't know (Go to 88)

Refused (Go to 88)

87. How often was an interpreter available when you needed one? Would you say ...

Always

Usually

Sometimes

Rarely

Never

Don't know

Refused

88. Does (name) have any disability or special equipment that sometimes makes it difficult to get in and around a place?

Yes

No (Go to 90)

Don't know (Go to 90)

Refused (Go to 90)

89. During 1999, how often did you have difficulty getting into and around health care providers' offices with (name)? Would you say ...

Always

Usually

Sometimes

Rarely

Never

Don't know

Refused

90. Does (name) require special transportation services to get to and from appointments?

Yes

No (Go to 92)

Don't know (Go to 92)

Refused (Go to 92)

91. During 1999, how often were you able to get the special transportation services (name) needed? Would you say ...

Always

Usually

Sometimes

Rarely

Never

Don't know

Refused

92. Finally, thinking about all of the questions we have asked in this interview, how would you rate the services provided by (plan name) in 1999? Please rate the plan on a scale of 1 to 10, where 1 is the worst rating, and 10 is the best rating.

1 2 3 4 5 6 7 8 9 10

That is the end of my questions, and I would like to thank you for participating in our survey.

We want you to know that if you have any questions or problems getting care for your child, there is help available.

FOR MEMBERS OF PHYSICIANS HEALTH SERVICES

The Children's Health Infoline is available to anyone who needs help getting healthcare services in the HUSKY program. You can speak to a trained care coordinator who can answer questions and help you solve problems. You can reach the Children's Health Infoline at 1-800-434-7869. The call is free and confidential.

FOR MEMBERS OF BLUECARE

If you need help from your child's health plan, you can call Jackie Stupakevich at BlueCare Family Plan. Her number is 1-800-738-1386. The call is free.

If you wish, you can also call the Children's Health Infoline. The Infoline is available to anyone who needs help getting healthcare services in the HUSKY program. You can speak with a trained care coordinator who can answer questions and help you solve problems. You can reach the Children's Health Infoline at 1-800-434-7869. The call is free.

FOR MEMBERS OF PREFERRED ONE

If you need help from your child's health plan, you can call Jo-Ann Villano at Preferred One Member Services. Her number is 1-800-925-3606. The call is free.

If you wish, you can also call the Children's Health Infoline. The Infoline is available to anyone who needs help getting healthcare services in the HUSKY program. You can speak with a trained care coordinator who can answer questions and help you solve problems. You can reach the Children's Health Infoline at 1-800-434-7869. The call is free.

FOR MEMBERS OF CHN

If you need help from your child's health plan, you can call Aida Ayala at Community Health Network Member Services. Her number is 1-800-859-9889, ext. 3016. The call is free.

If you wish, you can also call the Children's Health Infoline. The Infoline is available to anyone who needs help getting healthcare services in the HUSKY program. You can speak with a trained care coordinator who can answer questions and help you solve problems. You can reach the Children's Health Infoline at 1-800-434-7869. The call is free.

**SURVEY OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS
IN CONNECTICUT'S HUSKY A PROGRAM
Children in the care of the Department of Children & Families
Telephone Survey Format (Revised 8/15/00)**

Introduction

Hello, my name is _____. I am calling on behalf of the Connecticut Department of Social Services. We recently sent you a letter asking for your help with a study we are doing to find out how well HUSKY health plans are serving children. Husky A is Connecticut's Medicaid Managed Care Program. The information you provide is private and will be used to improve how health plans serve families like yours. **Your answers will not affect the benefits you or your child get.**

The survey will only take about 20 minutes of your time. Is that okay? If not, is there a good time for me to call back?

Callback

Hello, this is _____ calling on behalf of the Connecticut Department of Social Services. We started an interview earlier and I'm calling back to complete the interview. Is that okay?

Contact Verification

1. INTERVIEWER: Please verify the phone number in our CATI system.

Correct (Go to 3)

Incorrect

2. INTERVIEWER: Enter the correct area code and phone number.

(____) _____ - _____

I. Background and Health Status

Before we begin, you have (number) children in your household that we would like to ask you questions about. If you have time now, I would like to complete this survey about (child 1) and then continue with your other children.

3A. How many months has (name) been in your care between January 2000 and June 2000?

ENTER NUMBER OF MONTHS ONLY

(If less than six months, conclude the interview.)

3. Our records show that your child (name) was enrolled in the Connecticut Husky A program from July 1999 to June 2000. Is this correct?

Yes

No

Don't know

Refused

(If other than Yes, ask if child was enrolled at all, and for how long, thank the respondent, and conclude interview)

4. Our records show that (name) was enrolled in (plan name) from July 1999 to June 2000. Is that correct?

Yes (Go to 6)

No

Don't know

Refused

5. What plan was (name) enrolled in from July 1999 to June 2000?

Bluecare

Community Health Network

Physicians Health Services

Yale Preferred One

INTERVIEWER: If more than one health plan is mentioned, conclude the interview.

Now I would like to ask a few questions about (name's) health.

6. How would you rate (name)'s overall health right now? Would you say it is ...

- Excellent
- Very Good
- Satisfactory
- Fair
- Poor
- Don't know
- Refused

7. From July 1999 to June 2000, did (name) have a physical or mental health condition that kept him/her from doing any kind of activity that other children or youth his/her age usually do?

- Yes
- No (Go to 9)
- Don't know (Go to 9)
- Refused (Go to 9)

8. Has this condition been going on for at least one year, or is it expected to go on for at least one year?

- Yes
- No
- Don't know
- Refused

Now I would like to ask about (child's) physical health in particular.

9. From July 1999 to June 2000, did (name) go to a medical doctor or specialist for a physical health condition on a regular basis?

- Yes
- No (Go to 13)
- Don't know (Go to 13)
- Refused (Go to 13)

10. Was this because of a physical health condition that (name) still has?

- Yes
- No
- Don't know
- Refused

11. Has this condition been going on for at least one year, or is it expected to go on for at least one year?

- Yes
- No
- Don't know
- Refused

Now I would like to ask about (name's) mental health.

13. From July 1999 to June 2000, did (name) go to a counselor, psychiatrist, or psychologist on a regular basis?

- Yes
- No (Go to 17)
- Don't know (Go to 17)
- Refused (Go to 17)

14. Was this because of a condition that (name) still has?

- Yes
- No
- Don't know
- Refused

15. Has this condition been going on for at least one year, or is it expected to go on for at least one year?

- Yes
- No
- Don't know
- Refused

II. Access to Primary Care

17. From July 1999 to June 2000, did (name) have a primary care provider with (plan name)? A primary care provider is the doctor who would see (name) for regular checkups or send (name) to other doctors or providers in the plan when there is a need for special health care services.

- Yes (Go to 19)
- No
- Don't know (Go to 24)
- Refused (Go to 24)

18. Why didn't (name) have a primary care provider?

- Did not want one
- Could not find one
- Other (specify)
- Don't know
- Refused

(Go to 24)

19. Did (name) have one primary care provider for the entire year, or did he/she have more than one primary care provider?

- One
- More than one
- Don't know
- Refused

If more than one, preface 20 with: Thinking about the most recent primary care provider:

20. Did you choose (name)'s primary care provider, or was the provider assigned to him?

- I chose the provider
- Provider was assigned
- Kept same provider as child had before enrolling in plan
- Don't know
- Refused

21. Was this provider a pediatrician, a family physician, or some other type of provider?

- Pediatrician
- Family physician
- Other (specify)
- Don't know
- Refused

22. How satisfied were you with the choice you had in selecting a primary care provider for (name)? Would you say ...

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- Don't know
- Refused

23. How long did it usually it take to get appointments with (name)'s primary care provider?
Would you say ...

- Less than four weeks
- Four - six weeks
- More than six weeks
- Don't know
- Refused

III. Access to Medical Specialty Care

24. From July 1999 to June 2000, did (name) see any medical specialists other than his/her primary care provider? Medical specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

- Yes
- No (Go to 33)
- Don't know (Go to 33)
- Refused (Go to 33)

25. How many different medical specialists did (name) see through (plan name) from July 1999 to June 2000? Would you say ...

- One
- Two - three
- Four - five
- More than five
- Don't know
- Refused

26. How satisfied were you with the choice you had in selecting medical specialists for (name) through (plan name)?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- Don't know
- Refused

27. How many times did (name) see a medical specialist through (plan name) from July 1999 to June 2000? Would you say ...

- None
- One - two times
- Three - five times
- Six - eight times
- More than eight times
- Don't know
- Refused

28. Do you think the number of specialty care visits approved by (plan name) was enough to meet (name)'s needs?

- Yes
- No
- Don't know
- Refused

29. How long did it usually it take to get appointments with (name)'s medical specialist(s)? Would you say ...

- Less than four weeks
- Four - six weeks
- More than six weeks
- Don't know
- Refused

30. Have you ever needed (name)'s primary care provider to refer him/her to a specialist?

- Yes
- No (Go to 32)
- Don't know
- Refused

31. How much of a problem, if any, was it to get a referral to a specialist from (name)'s primary care provider? Would you say ...

- A big problem
- A small problem
- No problem
- Don't know
- Refused

32. Does (name)'s primary care provider communicate with (name's) other specialist(s) on a regular basis?

Yes
No
Don't know
Refused

IV. Access to Behavioral Health Care

33. From July 1999 to June 2000, did (name) see any behavioral health care providers, such as a psychiatrist, psychologist, or counselor for a mental health or substance abuse problem?

Yes
No (Go to 39)
Don't know (Go to 39)
Refused (go to 39)

34. How many different behavioral health care providers did (name) see through (plan name) from July 1999 to June 2000? Would you say ...

One
Two - three
Four - five
More than five
Don't know
Refused

35. How satisfied were you with the choice you had in selecting behavioral health care providers for (name) through (plan name)?

Very satisfied
Satisfied
Dissatisfied
Very dissatisfied
Don't know
Refused

36. How many times did (name) see a behavioral health care provider through (plan name) from July 1999 to June 2000? Would you say ...

None
One - two times
Three - five times
Six - eight times
More than eight times
Don't know
Refused

37. Do you think the number of behavioral health care visits approved by (plan name) was enough to meet (name)'s needs?

Yes
No
Don't know
Refused

38. How long did it usually it take to get appointments with (name)'s behavioral health care provider(s)? Would you say ...

Less than four weeks
Four - six weeks
More than six weeks
Don't know
Refused

V. Quality of Care from Most Responsible Provider

Now I would like you to think back through all of (name)'s medical and behavioral health care providers. Without telling me the provider's name, think about the one provider who was most responsible for his/her care.

39. How involved was this provider in the planning and delivery of (name)'s health care? Would you say the provider was...

Always involved
Usually involved
Sometimes involved
Rarely involved
Never involved
Not sure
Don't know
Refused

40. How often did this provider include you in decisions about (name)'s care?
Would you say ...

- Always
- Usually
- Sometimes
- Rarely
- Never
- Don't know
- Refused

42. How often did this provider give you enough information about (name)'s medical condition? Would you say ...

- Always
- Usually
- Sometimes
- Rarely
- Never
- Don't know
- Refused

48. Have you ever called this provider's office or clinic during regular office hours to get help or advice for (name)?

- Yes
- No (Go to 50)
- Don't know (Go to 50)
- Refused (Go to 50)

49. How often were you able to get the help or advice you needed when you called during regular office hours?

- Always
- Usually
- Sometimes
- Rarely
- Never
- Don't know
- Refused

50. Have you ever tried to reach this provider on evenings or weekends to get help or advice?

Yes

No (Go to 52)

Don't know (Go to 52)

Refused (Go to 52)

51. How often were you able to get the help or advice you needed when you tried to reach this provider on evenings or weekends?

Always

Usually

Sometimes

Rarely

Never

Don't know

Refused

52. Please rate the overall quality of care your child received from this provider from July 1999 to June 2000. Think about the questions just asked as well as any other factors you think are important. Would you say the overall quality was ...

Excellent

Very Good

Satisfactory

Fair

Poor

Don't know

Refused

VI. Other Health Care and Therapeutic Services

Now I would like to ask you about some other health care and therapeutic services for (name).

((Note: 54 and 55 are asked for each service identified as needed in 53.))

53. From July 1999 to June 2000, did (name) need:

Physical or occupational therapy

Speech therapy

Nutrition counseling

Genetic counseling and testing

Home health care (including home nursing)

Personal care attendant

- Yes
- No
- Don't know
- Refused

54. How often were you able to obtain as much of this service as (name) needed?

- Always
- Usually
- Sometimes
- Rarely
- Never
- Don't know
- Refused

55. How would you rate the quality of this service?

- Excellent
- Very Good
- Satisfactory
- Fair
- Poor
- Don't know
- Refused

VII. Medical Supplies and Equipment

Now I would like to ask you about medical supplies and equipment.

((Note: 57 and 58 are asked for each type of equipment/supplies identified as needed in 56.))

56. From July 1999 to June 2000, did (name) need:

- Prescription medicines
- Disposable medical supplies (such as special dressings, ostomy supplies or other supplies)
- Durable medical equipment (such as a feeding pump, ventilator, or other equipment)
- Adaptive equipment (such as a wheelchair, hearing aid, or other equipment)
- Nutrition products and special diets

- Yes
- No
- Don't know
- Refused

57. How often were you able to obtain this item when needed?

- Always
- Usually
- Sometimes
- Rarely
- Never
- Don't know
- Refused

58. How would you rate the quality of this item?

- Excellent
- Very Good
- Satisfactory
- Fair
- Poor
- Don't know
- Refused

59. How good of a job did (health plan) do in meeting (name's) needs for medical equipment and supplies? Think about the questions just asked as well as any other factors you think are important. Would you say (health plan) did:.

- An excellent job
- A very good job
- A satisfactory job
- A fair job
- A poor job
- Don't know
- Refused

VIII. Emergency And Inpatient Hospital Services

Now I have a few questions about emergency and inpatient hospital services.

60. How many times, if any, did (name) visit a hospital emergency department from July 1999 to June 2000?

- None (Go to 62)
- One - two times
- Three - five times
- Six - eight times
- More than eight times
- Don't know (Go to 62)

Refused (Go to 62)

61. Did (name) ever have to go to a hospital emergency department because his/her primary care provider was not available to see him/her?

Yes (What time of day was that?) _____
No

62. How many times, if any, did (name) stay overnight in a hospital from July 1999 to June 2000, other than for behavioral health care?

None (Go to 65)
One - two times
Three - five times
Six - eight times
More than eight times
Don't know (Go to 65)
Refused (Go to 65)

64. Were you satisfied with the number of hospital days approved for (name)?

Yes
No
Don't know
Refused

- 64a. When (name) was discharged from the hospital, did (plan) give you the services you needed to take care of him/her at home?

Yes
No
Don't know
Refused

65. Did (name) need to stay overnight in a hospital for behavioral health care from July 1999 to June 2000? This might include a stay for a mental health condition or substance abuse.

Yes
No (Go to 67)
Don't know (Go to 67)
Refused (Go to 67)

65a. Were you satisfied with the number of hospital days approved for (name?)

- Yes
- No
- Don't know
- Refused

66. When (name) was discharged, did (health plan) give you enough services to help (name) get better and not have to go back to the hospital?

- Yes
- No
- Don't know
- Refused

IX. Dental Services

Now I would like to ask a few questions about dental services.

((Note: Ask only if age two or older))

67. Did (name) see a dentist through (plan name) from July 1999 to June 2000?

- Yes
- No (go to 72)
- Don't know (Go to 72)
- Refused (Go to 72)

68. How satisfied were you with the choice of dental providers available to (name)?

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied
- Don't know
- Refused

69. How long did it usually it take to get appointments with (name)'s dental care provider(s)?
Would you say ...

- Less than four weeks
- Four - six weeks
- More than six weeks
- Don't know
- Refused

70. Were you satisfied with this length of time?

- Yes
- No
- Don't know
- Refused

71. Please rate the overall quality of dental services received. Think about the questions just asked as well as any other factors you think are important.

- Excellent
- Very Good
- Satisfactory
- Fair
- Poor
- Don't know
- Refused

X. Care Coordination

Now I would like to ask you some questions about coordination of care for (name).

((Note: 73-75 are asked for each type of care coordination identified in 72))

72. From July 1999 to June 2000, did you need help ...

- coordinating care among different doctors?
- arranging home health care or nursing services in your home?
- arranging for durable medical equipment?
- arranging for transportation to or from health care appointments?

- Yes
- No
- Don't know
- Refused

73. Were you able to obtain help?

- Yes
- No
- Don't know
- Refused

74. Who helped you most?

- PCP
- Other doctor
- Health plan
- Title V/ Center at Yale/New Haven
- Title V/Connecticut Children's Medical Center
- DCF
- Other (specify)
- Don't know
- Refused

75. How would you rate the quality of the help you received?

- Excellent
- Very Good
- Satisfactory
- Fair
- Poor
- Don't know
- Refused

75a. From July 1999 to June 2000, did (name) have a case manager from (health plan)?

- Yes
- No (Go to 76)
- Don't know (Go to 76)
- Refused (Go to 76)

75b. Did this case manager give you information about parent-to-parent and family support services?

- Yes
- No
- Don't know
- Refused

75c. How often did this case manager have enough time to meet and talk with you?
Would you say ...

- Always
- Usually
- Sometimes
- Rarely
- Never
- Don't know
- Refused

76. Please rate the overall quality of the care coordination (name) received from (health plan) from July 1999 to June 2000. Think about the questions just asked as well as any other factors you think are important.

- Excellent
- Very Good
- Satisfactory
- Fair
- Poor
- Don't know
- Refused

Now I would like to ask you some general questions about (name's) health plan.

77. If you are not satisfied with a decision made by (plan name) about services for (name) can you make a formal complaint about the decision?

- Yes
- No
- Don't know
- Refused

78. From July 1999 to June 2000, did you feel a need to make a formal complaint about (name's) care?

- Yes
- No (Go to 81)
- Don't know (Go to 81)
- Refused (Go to 81)

79. Did you actually make a formal complaint from July 1999 to June 2000?

Yes (Go to 81)

No

Don't know

Refused

80. Why didn't you make a formal complaint?

Too time-consuming and/or confusing

Afraid I might lose services

Didn't think it would do any good

Didn't know it existed

Other (specify)

Don't know

Refused

81. Are you allowed to get approval from (plan name) to see a doctor who is not part of the plan, if you think it is needed?

Yes

No

Don't know

Refused

82. From July 1999 to June 2000, did you ever try to get approval for (name) to see a doctor who is not part of (plan name)?

Yes

No (Go to 84)

Don't know (Go to 84)

Refused (Go to 84)

83. Were you able to get approval?

Yes

No

Don't know

Refused

84. From July 1999 to June 2000, were any of the health care services you or your doctor thought (name) needed cut back or stopped by (plan name)?

Yes

No (Go to 86)

Don't know(Go to 86)

Refused (Go to 86)

85. Were you told about this change in writing?

Yes

No (go to 86)

Don't know (Go to 86)

Refused (go to 86)

85a. Were you offered a Fair Hearing?

Yes

No

Don't know

Refused

85. From July 1999 to June 2000, did you ever need an interpreter when you brought (name) in for health care?

Yes

No (Go to 88)

Don't know (Go to 88)

Refused (Go to 88)

87. How often was an interpreter available when you needed one? Would you say ...

Always

Usually

Sometimes

Rarely

Never

Don't know

Refused

88. Does (name) have any disability or special equipment that sometimes makes it difficult to get in and around a place?

Yes

No (Go to 90)

Don't know (Go to 90)

Refused (Go to 90)

89. From July 1999 to June 2000, how often did you have difficulty getting into and around health care providers' offices with (name)? Would you say ...

Always

Usually

Sometimes

Rarely

Never

Don't know

Refused

90. Does (name) require special transportation services to get to and from appointments?

Yes

No (Go to 92)

Don't know (Go to 92)

Refused (Go to 92)

90. From July 1999 to June 2000, how often were you able to get the special transportation services (name) needed? Would you say ...

Always

Usually

Sometimes

Rarely

Never

Don't know

Refused

92. Finally, thinking about all of the questions we have asked in this interview, how would you rate the services provided by (plan name) from July 1999 to June 2000? Please rate the plan on a scale of 1 to 10, where 1 is the worst rating, and 10 is the best rating.

1 2 3 4 5 6 7 8 9 10

That is the end of my questions, and I would like to thank you for participating in our survey.

We want you to know that if you have any questions or problems getting care for your child, there is help available.

FOR MEMBERS OF PHYSICIANS HEALTH SERVICES

The Children's Health Infoline is available to anyone who needs help getting healthcare services in the HUSKY program. You can speak to a trained care coordinator who can answer questions and help you solve problems. You can reach the Children's Health Infoline at 1-800-434-7869. The call is free and confidential.

FOR MEMBERS OF BLUECARE

If you need help from your child's health plan, you can call Jackie Stupakevich at BlueCare Family Plan. Her number is 1-800-738-1386. The call is free.

If you wish, you can also call the Children's Health Infoline. The Infoline is available to anyone who needs help getting healthcare services in the HUSKY program. You can speak with a trained care coordinator who can answer questions and help you solve problems. You can reach the Children's Health Infoline at 1-800-434-7869. The call is free.

FOR MEMBERS OF PREFERRED ONE

If you need help from your child's health plan, you can call Jo-Ann Villano at Preferred One Member Services. Her number is 1-800-925-3606. The call is free.

If you wish, you can also call the Children's Health Infoline. The Infoline is available to anyone who needs help getting healthcare services in the HUSKY program. You can speak with a trained care coordinator who can answer questions and help you solve problems. You can reach the Children's Health Infoline at 1-800-434-7869. The call is free.

FOR MEMBERS OF CHN

If you need help from your child's health plan, you can call Aida Ayala at Community Health Network Member Services. Her number is 1-800-859-9889, ext. 3016. The call is free.

If you wish, you can also call the Children's Health Infoline. The Infoline is available to anyone who needs help getting healthcare services in the HUSKY program. You can speak with a trained care coordinator who can answer questions and help you solve problems. You can reach the Children's Health Infoline at 1-800-434-7869. The call is free.

[DSS letterhead]

Date:

Dear

We need your help. The Department of Social Services (DSS) wants to find out about the care that children get from HUSKY health plans. By answering some questions, you can help us to better understand how well HUSKY health plans are serving children. This information will be used to help the health plans serve families better.

In the next few weeks, someone from the Connecticut Children's Health Project will call to ask you to take part in a telephone interview. The interviewer will ask questions about the care your child got through your HUSKY health plan in the past year, such as:

- What do you think about the services your child gets from your health plan?
- Do you have any problems getting care for your child?

You and your family have been chosen to help us learn more about your health plan. Of course, what you have to say is private. Your answers will be part of a pool of information from others like you. The answers that you give will not be shared with DSS or your health plan. The interview will take about 20 minutes. **You may choose to do the telephone interview or not. If you choose not to take part, your choice will not affect the benefits you or your child get.**

If you have any questions, please call The Children's Health Infoline at the Connecticut Children's Health Project at 1-800-434-7869. All calls to this number are free. **Do not call your DSS worker or your health plan. Your DSS worker and the health plan are not involved in the survey.**

We hope you will take this chance to tell to us about your child's health care. Thanks in advance for your help!

Sincerely,

David Parrella
Director of Medical Care Administration
Department of Social Services

[DSS letterhead]

Fecha:

Estimado

Necesitamos su ayuda. El Departamento de Servicios Sociales (DSS) quiere saber acerca del cuidado médico que sus niños están recibiendo por los planes de salud de *HUSKY*. En contestar estas preguntas, usted puede ayudarnos a mejor entender si los planes de salud de *HUSKY* le estan sirviendo bien a sus niños. Esta información se usará para ayudar que los planes de salud sirvan mejor a las familias.

En las próximas semanas, alguien del Proyecto para la Salud de los Niños de Connecticut (*Connecticut Children's Health Project*) lo llamará para preguntarle si puede tomar parte en una entrevista telefónica. El entrevistador le hará preguntas sobre el cuidado que su niño recibió bajo el plan de salud de *HUSKY* en el año pasado, tal como:

- ¿Qué piensa sobre los servicios que su niño recibe de su plan de salud?
- ¿Tiene cualquier problemas en recibir cuidado para su niño?

Usted y su familia han sido escogidos para ayudarnos ha aprender más sobre su plan de salud. Por supuesto, lo que diga será mantenido privado. Sus respuestas serán parte de una colección de información de otras personas como usted. Sus respuestas no se compartirán con DSS o su plan de salud. La entrevista tomará aproximadamente 20 minutos. **Puede escoger hacer la entrevista telefónica o no. Si escoge no tomar parte en la entrevista, su opción no cambiará los beneficios o servicios que usted o su niño reciben.**

Si tiene alguna pregunta, favor de llamar la Línea de Información de Salud para Niños del Proyecto para la Salud de los Niños de Connecticut al 1-800-434-7869. Todas la llamadas a este número son gratis. **No llame a su trabajo de DSS o a su plan de salud. Ellos no están envueltos en este estudio.**

Esperamos que tome esta oportunidad para decirnos sobre el cuidado de salud de su niño. ¡Gracias en adelantado por su ayuda!

Sinceramente,

David Parrella
Director de Administración del Cuidado Médico
Departamento de Servicios Sociales

[DSS letterhead]

Date:

Dear

The Department of Children and Families (DCF) and the Department of Social Services (DSS) would like your help to find out about the care that children receive from HUSKY health plans. **By answering some questions, you can help us to better understand how well HUSKY health plans are serving children.** This information will be used to help the health plans better serve families.

In the next few weeks, someone from the Connecticut Children's Health Project will call to ask you to take part in a telephone interview. The interviewer will ask questions about the care your foster/adopted child received through his/her HUSKY health plan in the past year. The following are examples of the type of question that will be asked:

- What do you think about the services your child gets from your health plan?
- Do you have any problems getting care for your child?

Your and your family have been chosen to help us learn more about your health plan. Of course, what you have to say will be kept confidential. Your answers will be part of a pool of information from others like you. The answers that you give will not be shared with DCF, DSS or your health plan. The interview will take about 20 minutes. **You may choose to do the telephone interview or not. If you choose not to take part, your choice will not affect the benefits your foster/adopted child receives.**

If you have any questions, please call The Children's Health Infoline at the Connecticut Children's Health Project at 1-800-434-7869. All calls to this number are free. **Do not call your DCF or DSS worker or your health plan since they are not involved in the survey.**

We hope you will take this chance to tell to us about your child's health care. Thanks in advance for your help!

Sincerely,

David Parrella
Director of Medical Care Administration
Department of Social Services

[DSS letterhead]

Fecha:

Estimado Padres de Crianza/Padres Adoptivo:

El Departamento de Niños y Familias (DCF) y el Departamento de Servicios Sociales (DSS) necesita su ayuda en saber acerca del cuidado médico que sus niños están recibiendo por los planes de salud de *HUSKY*. **En contestar estas preguntas, usted puede ayudarnos a mejor entender si los planes de salud de *HUSKY* le están sirviendo bien a sus niños.** Esta información se usará para ayudar que los planes de salud sirvan mejor a las familias.

En las próximas semanas, alguien del Proyecto para la Salud de los Niños de Connecticut (*Connecticut Children's Health Project*) lo llamará para preguntarle si puede tomar parte en una entrevista telefónica. El entrevistador le hará preguntas sobre el cuidado que su hijo adoptivo recibió bajo el plan de salud de *HUSKY* en el año pasado. Aquí hay ejemplos de las preguntas que le harán:

- ¿Qué piensa sobre los servicios que su niño recibe de su plan de salud?
- ¿Tiene cualquier problemas en recibir cuidado para su niño?

Usted y su familia han sido escogidos para ayudarnos ha aprender más sobre su plan de salud. Por supuesto, lo que diga será mantenido confidencial. Sus respuestas serán parte de una colección de información de otras personas como usted. Sus respuestas no se compartirán con DCF, DSS, o su plan de salud. La entrevista tomará aproximadamente 20 minutos. **Puede escoger hacer la entrevista telefónica o no. Si escoge no tomar parte en la entrevista, su opción no cambiará los beneficios o servicios que su hijo adoptivo recibe.**

Si tiene alguna pregunta, favor de llamar la Línea de Información de Salud para Niños del Proyecto para la Salud de los Niños de Connecticut al 1-800-434-7869. Todas la llamadas a este número son gratis. **No llame a su trabajo de DCF o DSS, o a su plan de salud porque ellos no están envueltos en este estudio.**

Esperamos que tome esta oportunidad para decirnos sobre el cuidado de salud de su niño. ¡Gracias en adelantado por su ayuda!

Sinceramente,

David Parrella
Director de Administración del Cuidado Médico
Departamento de Servicios Sociales