CHILDREN'S HEALTH COUNCIL

Health Care for Children with Special Health Care Needs in HUSKY A: 2000-2001

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Many children who are enrolled in HUSKY A (Medicaid managed care) have complex and challenging health care needs. Compared to healthy children, they are more likely to need pediatric specialty care, prescription medications and equipment, specialized therapy, care coordination, and other support services. These children also need age-appropriate comprehensive well-child care and preventive dental care for promotion of normal growth and development and early detection of other emerging problems. Certain features of managed care, such as utilization management, prior authorization requirements and restricted specialty provider panels, can have a far greater impact on access to the care they need.

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. At a minimum, states must monitor care for the following groups of Medicaid eligible children who are enrolled in managed care:

- Blind/disabled children and related populations who are eligible for Supplemental Security Income (SSI) under title XVI;
- Children receiving foster care or adoption assistance under title IV-E of the Social Security Act;
- Children in foster care or other out-of-home placement funded by other sources; and
- Children receiving services through a family-centered, community-based coordinated care system that receives grant funds under section 501(a)(1)(D) of title V.[1]

The purpose of this report is to describe health care utilization by children with special health care needs who are enrolled in HUSKY A and to compare utilization with rates for other children in the program. This report is part of the Children's Health Council ongoing performance monitoring in HUSKY A.[2] Results will be used to develop policy recommendations and collaborative approaches to improving access to care and quality for children with special health care needs enrolled in HUSKY A.

METHODS

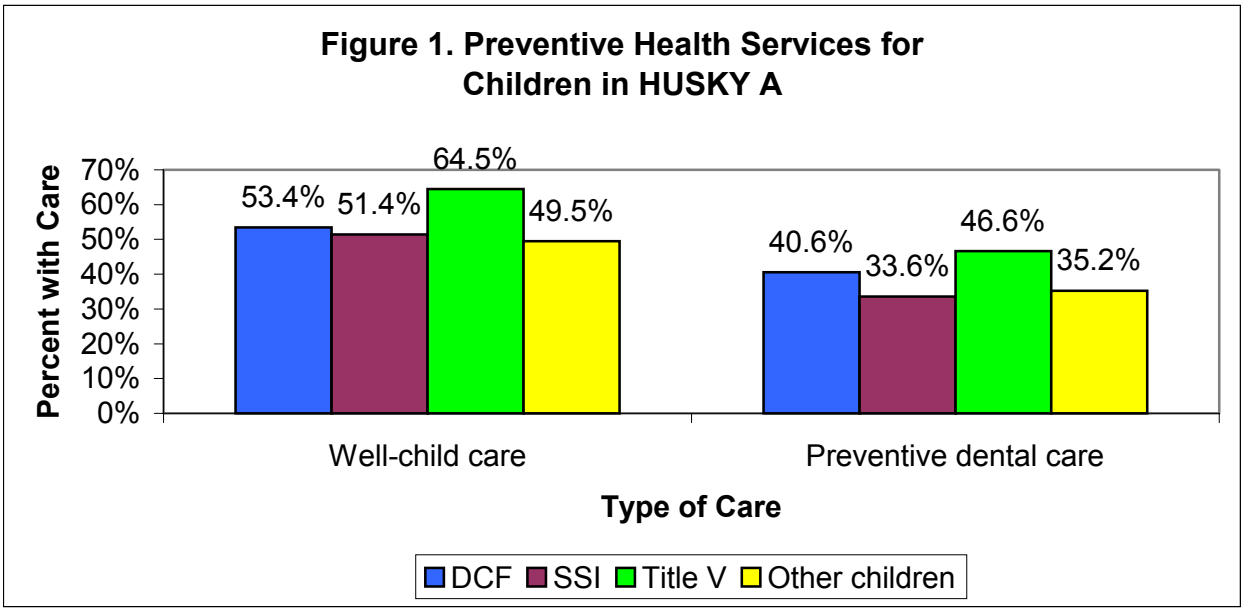
Using HUSKY A enrollment data from the Department of Social Services, children under 21 who were continuously enrolled between October 1, 2000 and September 30, 2001 were identified. Children with special health care needs were identified by: 1) Medicaid coverage groups D01 and D02 for children in state custody,[3] 2) indicator in Medicaid managed care enrollment data files that identifies children receiving SSI, and 3) enrollment data obtained from the Title V program with the approval of the Connecticut Department of Public Health.[4] Some children with special health care needs received benefits and services from more than one of

these programs. Encounter data were searched for records corresponding to ambulatory care, dental care, emergency care, and hospital admissions that occurred during this period. Utilization rates were calculated by comparing the number of children with at least one service to the number of children in each group who were continuously enrolled. Rates were not adjusted for health status.

RESULTS

In 2000-2001, there were 130,998 children under 21 continuously enrolled in HUSKY A, including 10,721 (8.2%) who met the BBA definition of children with special health care needs (CSHCN) by virtue of participation in one or more of the designated programs. There were 7,802 in DCF custody; 3,802 on SSI; and 213 in the Title V program who were continuously enrolled in HUSKY A; 381 children received benefits in more than one program. Health care utilization rates are shown in Table 1 and Figures 1-3.

- **Preventive health services:** The well-child visit rate for CSHCN (52.8%) was about the same as the rate for all other children in HUSKY A (49.5%). Among CSHCN, the rate for children in title V exceeded the rates for children in DCF custody or on SSI (see Figure 1.) The preventive dental care rate for CSHCN (38.1%) was about the same as the rate for all the Title V program exceeded the rates for children in DCF custody or on SSI (see Figure 1).

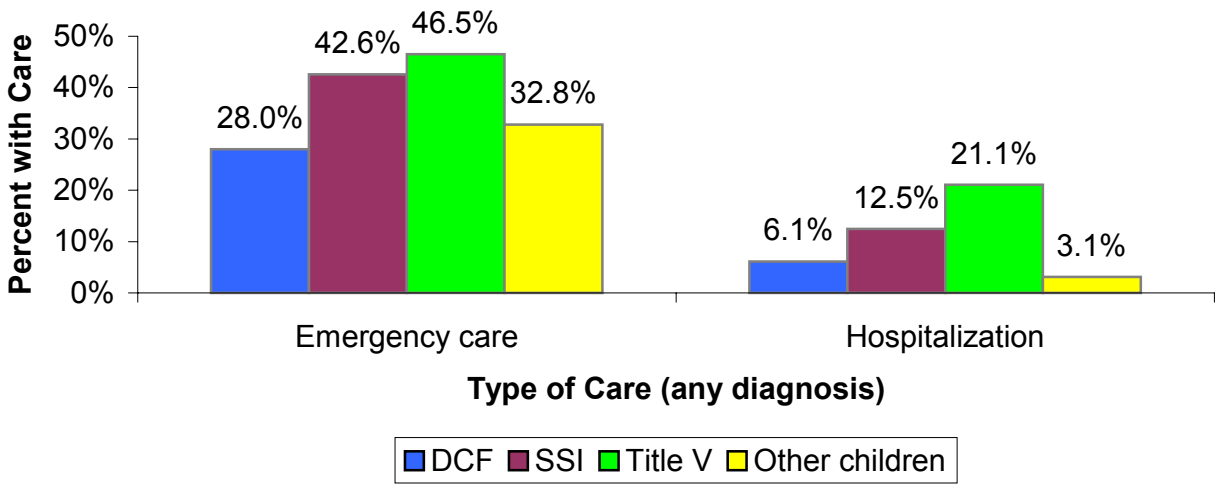


- **No ambulatory care**: About 17% of CSHCN and 18% of other children in HUSKY A did not receive any ambulatory health care services (office or clinic visits for well-child or acute care; emergency visits) in the one-year period. Among CSHCN, the percentage without ambulatory care was remarkably lower for children in the Title V program (3.6%).

- **Emergency care**: Overall, CSHCN received emergency care at about the same rate as other children in HUSKY A (33.0%, compared with 32.8%). Emergency care rates were higher for children in the Title V program and children on SSI than children in DCF custody (see Figure 2).

- **Hospitalization:** CSHCN were hospitalized at about two and one-half times the rate for other children in HUSKY A (8.1%, compared with 3.1%). A greater percentage of children in the Title V program were hospitalized than children on SSI or in DCF custody (see Figure 2). Average length of stay was twice as long (25.6 days, compared with 12.6 days), mostly due to longer stays for children in DCF custody. Excluding hospitalizations for mental health disorders and chemical dependency, average length of stay was two and one-half times as long for CSHCN (7.4 days), compared with other children in HUSKY A (3.0 days). Differences in average length of stay for children in DCF, on SSI, and in the Title V program essentially disappeared when hospitalizations for behavioral health care were excluded.

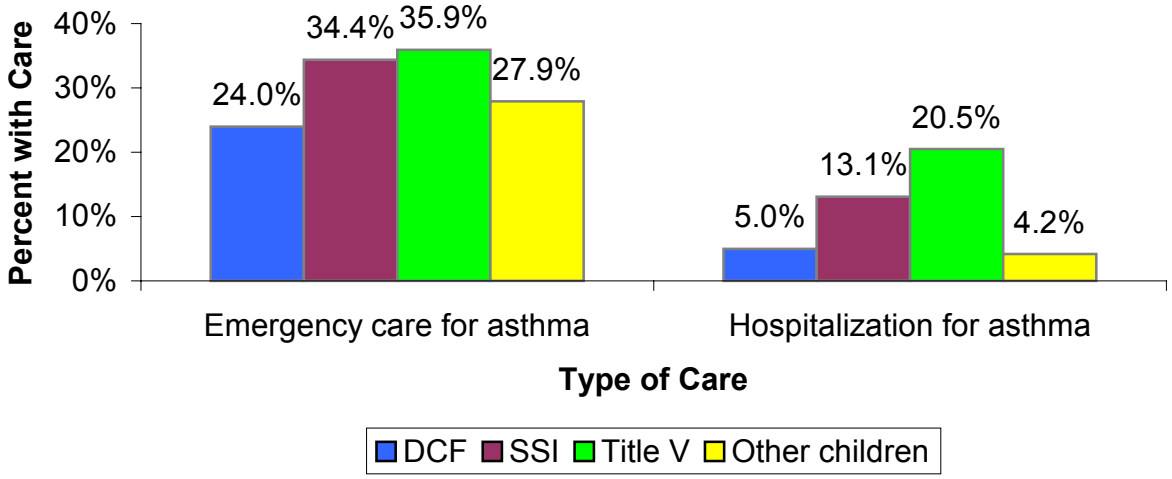
Figure 2. Emergency Care and Hospitalization for Children in HUSKY A



- **Asthma prevalence and asthma-related care:** Based on the percentage of children who had any care for which an asthma diagnosis was recorded by the health care provider, the estimated prevalence of asthma was 10.8% for CSHCN and 9.3% for all other children in HUSKY A. However, prevalence estimates for children in the Title V program and children on SSI were considerably higher than the estimated prevalence in children in DCF custody and for other children in HUSKY A. The percentage of asthmatic children who had emergency care was about the same for CSHCN and other children in HUSKY A. The emergency care rate for asthmatic children in DCF custody was lower than for children on SSI and children in the Title V program (see Figure 3). The hospitalization rate for asthmatic CSHCN (9.0%) was more than twice the rate for other children with asthma in HUSKY A (4.2%). Among asthmatic CSHCN, children in the Title V program were hospitalized at a rate nearly twice that of children on SSI and four times the rate for children in DCF custody (see Figure 3). More CSHCN had follow-up within 2 weeks after an emergency visit for

treatment of asthma, compared with other children in HUSKY A. Children in the Title V program and children on SSI were most likely to have had follow-up after emergency care. Rates for follow-up within 2 weeks of hospital discharge were about the same for children with and without special health care needs.

Figure 3. Emergency Care and Hospitalization for Children with Asthma in HUSKY A:



- **Changing health plans**: For CSHCN, health plan enrollment can be an important factor affecting access to care and utilization. Changing health plans may indicate a need for services that may be more readily available in one health plan's provider network than another. However, changing health plans disrupts access to care due to changes associated with geographic access features, relationship with primary care provider, or familiarity with health plan procedures. Children in the custody of DCF may need to change health plans when changes in out-of-home placement affect the accessibility of needed services. In the most recent one-year monitoring period, CSHCN were more likely than other children in HUSKY A to have changed health plans during a one-year period (12.1%, compared with 8.1%). Rates were highest for children in DCF custody and children in the Title V program.

CONCLUSIONS

- **Compared to other children in HUSKY A, children with special health care needs in HUSKY A:**
    - **Received preventive health services and used emergency care at similar rates;**
    - **Were far more likely to be hospitalized, especially for treatment of mental health disorders, and experienced longer average length of stay; and**
    - **Were more likely to change health plans.**

- **The health status and health care needs of children in DCF custody, children in the Title V program, and children on SSI are considerably different.**

[1]The BBA definition of CSHCN also includes children who receive Medicaid benefits under section 1902(e)(3) of the Social Security Act, a 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] The Children's Health Council was created by the Connecticut General Assembly in 1995 and charged with evaluating the impact of Medicaid managed care on children's health services under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. The Children's Health Council monitors children's health services under a contract with the Connecticut Department of Social Services and with support from the Hartford Foundation for Public Giving. The Connecticut Children's Health Project is the operational arm of the Children's Health Council.

[3] Some children in DCF custody are assigned to other coverage groups and could not readily be identified using enrollment data files. Medically fragile children in DCF custody cannot be identified using HUSKY A enrollment data.

[4] Children ever enrolled in title V program between October 1, 2000 and September 30, 2001, and continuously enrolled in HUSKY A during the monitoring period.

Table 1. Health Care for Children with Special Health Care Needs in HUSKY A: 2000-2001

		DCF[b]		SSI[c]		Title V[d]		CSHCN[e]		Not CSHCN[f]	
Total children under 21		**7,087**		**3,802**		**213**		**10,721**	**8.2%**	**120,277**	**91.8%**
Ambulatory Care	**Children age 2-19**	6,809		3,712		197		10,348		110,187	
	Children with any ambulatory care	5,492	**80.7%**	3,283	**88.4%**	190	**96.4%**	8,629	**83.4%**	90,654	**82.3%**
	Children without ambulatory care	1,317	**19.3%**	429	**11.6%**	7	**3.6%**	1,719	**16.6%**	19,533	**17.7%**
	Children with well-child care	3,638	**53.4%**	1,907	**51.4%**	127	**64.5%**	5,463	**52.8%**	54,525	**49.5%**
	Children with episodic care only	1,854	**27.2%**	1,376	**37.1%**	63	**32.0%**	3,166	**30.6%**	36,129	**32.8%**
	Children with emergency care only	284	**4.2%**	198	**5.3%**	7	**3.6%**	467	**4.5%**	5,548	**5.0%**
Dental Care	**Children age 3-19**	6,316		3,408		161		9,548		94,922	
	Children with any dental care	3,040	**48.1%**	1,538	**45.1%**	84	**52.2%**	4,480	**46.9%**	42,426	**44.7%**
	Children with preventive dental care	2,565	**40.6%**	1,145	**33.6%**	75	**46.6%**	3,636	**38.1%**	33,374	**35.2%**
	Children with treatment	1,320	**20.9%**	682	**20.0%**	31	**19.3%**	1,956	**20.5%**	19,246	**20.3%**
Asthma Care	**Children under 21**	7,087		3,802		213		10,721		120,277	
	Children with any asthma care	597	**8.4%**	579	**15.2%**	39	**18.3%**	1,159	**10.8%**	11,206	**9.3%**
	Children with emergency care for asthma	143	**24.0%**	199	**34.4%**	14	**35.9%**	334	**28.8%**	3,131	**27.9%**
	Had follow-up w/in 2 wks after first ER visit	27	**18.9%**	57	**28.6%**	5	**35.7%**	81	**24.3%**	600	**19.2%**
	Children who were hospitalized for asthma	30	**5.0%**	76	**13.1%**	8	**20.5%**	104	**9.0%**	471	**4.2%**
	Had follow-up w/in 2 wks after first discharge	13	**43.3%**	26	**34.2%**	3	**37.5%**	39	**37.5%**	195	**41.4%**
Emergency Care and Hospitalizations	**Children under 21**	7,087		3,802		213		10,721		120,277	
	Children with emergency care (any diagnosis)	1,984	**28.0%**	1,621	**42.6%**	*99*	**46.5%**	3,537	**33.0%**	39,401	**32.8%**
	Children who were hospitalized (any diagnosis)	432	**6.1%**	475	**12.5%**	45	**21.1%**	872	**8.1%**	3,725	**3.1%**
	Number of hospitalizations	2,747		1,904		96		4,303		6,426	
	Average number of hospitalizations	6.4		4.0		2.1		4.9		1.7	
	Total inpatient days	92,530		37,382		706		108,513		81,012	
	Average length of stay	33.7		19.6		15.7		25.2		21.7	
	Children who were hospitalized (non-BH diagnosis)[g]	183	**2.6%**	348	**9.2%**	42	**19.7%**	523	**4.9%**	3,281	**2.7%**
	Number of hospitalization	257		670		91		911		3,939	
	Average number of hospitalizations	1.4		1.9		2.2		1.7		1.2	
	Total inpatient days	1,992		5,346		642		6,748		11,867	
	Average length of stay	7.8		8.0		7.1		7.4		3.0	
Enrollment	**Children who changed health plans at least once**	980	**13.8%**	354	**9.3%**	27	**12.7%**	1,305	**12.2%**	9,730	**8.1%**

[a] Children under 21 who were continuously enrolled in HUSKY A between October 1, 2000 and September 30, 2001, were included in this report.

[b] DCF: Children who were in Medicaid coverage categories D01 and D02 in September 2001.

[c] SSI: Children who were receiving Supplemental Security Income in September 2001according to the CT Department of Social Services.

[d] Title V: Children who received services in title V programs at any time between October 1, 2000 and September 30, 2001, according to Title V/Children with Special Health Care Needs Program staff.

[e] CSHCN: Children in foster care or other out-of-home placement (DCF), children on SSI, and children in the Title V program (Title V); some children received benefits in more than one program.

[f] Not CSHCN: Children who did not receive benefits in any of these programs. Some of these children may have had special health care needs but did not qualify or receive services in these programs.

[g] Hospitalized for diagnoses other than mental disorders or chemical dependency.