



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

November 2002

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.

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 (CSHCN) 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 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.

The purpose of this report is to describe health care utilization by CSHCN 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.<sup>1</sup> Results will be used to develop policy recommendations and collaborative approaches to improving access to care and quality for CSHCN enrolled in HUSKY A.

#### Methods

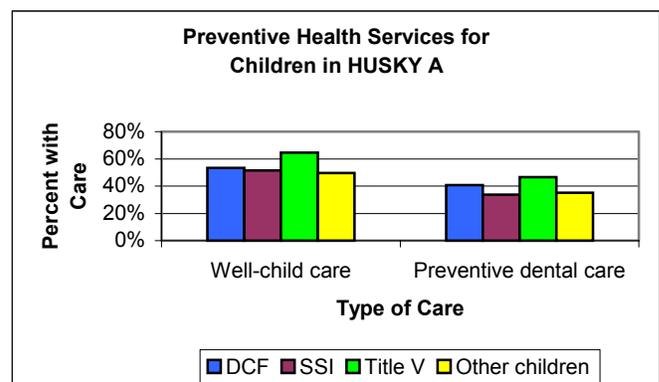
Using HUSKY A enrollment data from the Department of Social Services, children under 21 who were continuously enrolled between October 1, 2000 and September 30, 2001 were identified. CSHCN were identified by: 1) Medicaid coverage groups D01 and

D02 for children in state custody,<sup>2</sup> 2) indicator in Medicaid managed care enrollment data files that identifies children receiving SSI, and 3) Title V enrollment data obtained from Title V programs with the approval of the CT Department of Public Health.<sup>3</sup> Some CSHCN 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 who were continuously enrolled and eligible for services.<sup>4</sup> Rates are 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 CSHCN by virtue of participation in one or more of the designated programs.<sup>5</sup>

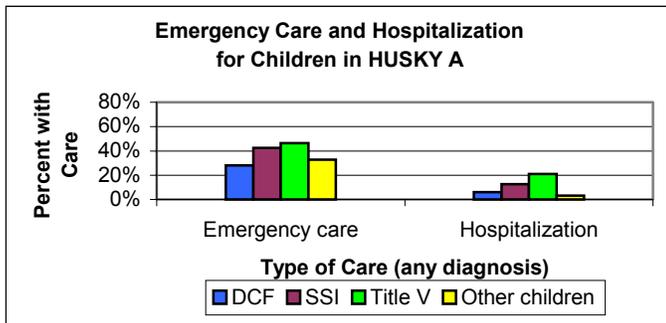
**Preventive health services:** The well-child visit rate for CSHCN (52.8%) was about the same as the rate for all other children in HUSKY A (49.5%). Among CSHCN, the rate for children in Title V exceeded the rates for children in DCF custody or on SSI. The preventive dental care rate for CSHCN (38.1%) was about the same as the rate for all other children in HUSKY A (35.2%). Among CSHCN, the rate for children in Title V exceeded the rates for children in DCF custody or on SSI.



**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 Title V programs (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 Title V programs and children on SSI than children in DCF custody (see Figure 1).

**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 Title V programs were hospitalized than children on SSI or in DCF custody. 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).



**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 Title V (18.3%) and children on SSI (15.2%) were considerably higher than the estimated prevalence in children in DCF custody (8.4%) and for other children in HUSKY A.

The percentage of asthmatic children who had emergency care was about the same for CSHCN (28.8%) and other children in HUSKY A (27.9%). However, 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 these asthmatic CSHCN, children in Title V were hospitalized at a rate nearly twice that of children on SSI and four times the rate for children in DCF custody. More CSHCN (24.3%) had follow-up within 2 weeks after an emergency visit for treatment of asthma, compared with other children in HUSKY A (19.2%).

**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 (13.6%) and children in the Title V program (12.7%).

## Conclusions

- **Compared to other children in HUSKY A, CSHCN 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.
- **Differences in health care utilization indicate significant differences in health status and health care needs among CSHCN in Title V programs, on SSI, and in DCF custody.**

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> For detailed reports on the methods and results, see [www.childrenshealthcouncil.org](http://www.childrenshealthcouncil.org).

<sup>5</sup> 7,802 in DCF custody; 3,802 on SSI; and 213 in Title V; 381 children receive benefits in more than one program.