

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



January 5, 2017

Patrick O' Donnell, Clerk of the Legislature State Capitol, Room 2018 P.O. Box 94604 Lincoln, NE 68509

Dear Mr. O'Donnell:

In accordance with Nebraska Revised 68-2004, please find attached the report on authorization and denial rates for Medicaid behavioral health services for children under 19 years of age for the fourth quarter of the Calendar Year 2016.

Specifically, this report includes, but is not limited to, rates of initial service authorizations, reauthorizations subsequent to initial service authorizations and denials for behavioral health services.

If you have any questions, please contact me. Thank you.

Sincerely

Calder Lynch, Director

Division of Medicaid and Long-Term Care Department of Health and Human Services

Attachment



LB1063 Medicaid Auth Requests - Quarter 4 Calendar Year 2016 Youth Medicaid Mental Health Authorization Requests Reporting Period: Quarter 4 Calendar Year 2016

					All Yo	All Youth (Ages 0 - 19)	- 19)				
		nitial Servi	Initial Service Requests		R	Reauthorization Requests	on Regues	Z.		All Requests	
	1000				200						
Service Tune	# of	# of	Doniod	Authod	# of	# of	Coince	Arthod	# of	Poino	Author
add annual	Persons	Requests	חבווובת	Authen	Persons	Requests	מבוובת	Antilea	Requests	חבוובם	Authed
23:59 Observation	26	27	1	26					27	1	26
Community Treatment Aid	16	16	1	15	16	23	2	21	39	m	36
Crisis Residential	5	5		5	1	П	н		9	н	5
Day Treatment	26	26		26	13	20		20	46		46
Inpatient	469	544	12	532	20	21	21		592	33	532
Intensive Outpatient Program	153	155		155	99	73		73	228		228
Outpatient	14	14	Ţ	13					14	Н	13
Partial Hospitalization	9/	88		88	20	102	1	101	190	Н	189
Professional Resource Family Care	1	I	I						H	1	
Psych Testing	889	702		702					702		702
Psychiatric Residential Treatment Facility	102	109	25	57	74	123	2	121	232	54	178
Therapeutic Group Home	32	32	16	16	12	20		20	52	16	36
Other Services	458	527		527	70	112		112	639		689
All Services Total	2066	2246	84	2162	312	495	72	468	2741	111	2630

			All Youth (Ages 0 - 19)	Ages 0 - 19)		
	Initial Ser	Initial Service Req.	Reauth Red.	ת Req.	All Rec	All Requests
Counting Lines	Denial	Auth	Denial	Auth	Denial	Auth
Service Lype	Rate	Rate	Rate	Rate	Rate	Rate
23:59 Observation	3.7%	%8'96			3.7%	%8.3%
Community Treatment Aid	6.3%	93.8%	8.7%	91.3%	7.7%	92.3%
Crisis Residential	%0:0	100.0%	100.0%	%0.0	16.7%	83.3%
Day Treatment	%0.0	100.0%	%0.0	100.0%	%0:0	100.0%
Inpatient	2.2%	97.8%	100.0%	%0.0	5.8%	94.2%
Intensive Outpatient Program	%0.0	100.0%	%0:0	100.0%	%0:0	100.0%
Outpatient	7.1%	95.9%			7.1%	92.9%
Partial Hospitalization	%0:0	100.0%	1.0%	%0.66	0.5%	99.5%
Professional Resource Family Care	100.0%	%0.0			100.0%	0.0%
Psych Testing	0.0%	100.0%			%0.0	100.0%
Psychiatric Residential Treatment Facility	47.7%	52.3%	1.6%	98.4%	23.3%	76.7%
Therapeutic Group Home	20.0%	20.0%	%0.0	100.0%	30.8%	69.2%
Other Services	%0.0	100.0%	%0.0	100.0%	%0.0	100.0%
All Services Total	3.7%	%8.96	2.5%	94.5%	4.0%	%0.96