

Division of Medicaid and Long-Term Care

April 22, 2015

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 the Legislative Bill 1063 (2013), please find attached the report on authorization and denial rates for Medicaid behavioral health services for children under 19 years of age for the first quarter of Calendar Year 2015.

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 A. Lynch, Director Division of Medicaid and Long-Term Care Department of Health and Human Services

Attachment



LB1063 Medicaid Auth Requests - CY2015 Qtr 1 Youth Medicaid Mental Health Authorization Requests Reporting Period: 1st Quarter, CY 2015

	All Youth (Ages 0 - 19)										
	Initial Service Requests				Reauthorization Requests				All Requests		
Service Type	# of Persons	# of Requests	Denied	Authed	# of Persons	# of Requests	Denied	Authed	# of Requests	Denied	Authed
23:59 Observation	29	30	1	29					30	1	29
Community Treatment Aid	17	18	4	14	13	17		17	35	4	31
Crisis Residential	4	5		5	2	2		2	7		7
Day Treatment	10	10	1	9	9	15		15	25	1	24
Inpatient	392	471	28	443	28	29	29		500	57	443
Intensive Outpatient Program	174	178	5	173	45	57	2	55	235	7	228
Outpatient	27	29	17	12	2	2		2	31	17	14
Partial Hospitalization	76	83		83	51	102	5	97	185	5	180
Professional Resource Family Care											
Psych Testing	610	626	10	616					626	10	616
Psychiatric Residential Treatment Facility	98	101	53	48	68	134	16	118	235	69	166
Therapeutic Group Home	30	32	23	9	19	38	2	36	70	25	45
Other Services	355	416	2	414	117	213		213	629	2	627
All Services Total	1822	1999	144	1855	354	609	54	555	2608	198	2410

	All Youth (Ages 0 - 19)									
	Initial Ser	vice Req.	Reaut	n Req.	All Requests					
Service Type	Denial	Auth	Denial	Auth	Denial	Auth				
Service Type	Rate	Rate	Rate	Rate	Rate	Rate				
23:59 Observation	3.3%	96.7%			3.3%	96.7%				
Community Treatment Aid	22.2%	77.8%	0.0%	100.0%	11.4%	88.6%				
Crisis Residential	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%				
Day Treatment	10.0%	90.0%	0.0%	100.0%	4.0%	96.0%				
Inpatient	5.9%	94.1%	100.0%	0.0%	11.4%	88.6%				
Intensive Outpatient Program	2.8%	97.2%	3.5%	96.5%	3.0%	97.0%				
Outpatient	58.6%	41.4%	0.0%	100.0%	54.8%	45.2%				
Partial Hospitalization	0.0%	100.0%	4.9%	95.1%	2.7%	97.3%				
Professional Resource Family Care										
Psych Testing	1.6%	98.4%			1.6%	98.4%				
Psychiatric Residential Treatment Facility	52.5%	47.5%	11.9%	88.1%	29.4%	70.6%				
Therapeutic Group Home	71.9%	28.1%	5.3%	94.7%	35.7%	64.3%				
Other Services	0.5%	99.5%	0.0%	100.0%	0.3%	99.7%				
All Services Total	7.2%	92.8%	8.9%	91.1%	7.6%	92.4%				