

# Youth Medicaid Utilization Data

## Annual & Quarterly by Level of Care

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## Child Adolescent Quality, Access, and Policy Committee Presentation

### May 18, 2016

#### Beacon Health Options:

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Lindsay Betzendahl

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#### Presentation Overview

Medicaid Youth Membership

Solnit Inpatient

Psychiatric Residential Treatment Facility (PRTF)

Inpatient Excluding Solnit

Inpatient Discharge Delay

Inpatient PAR

Discharge Recommendations

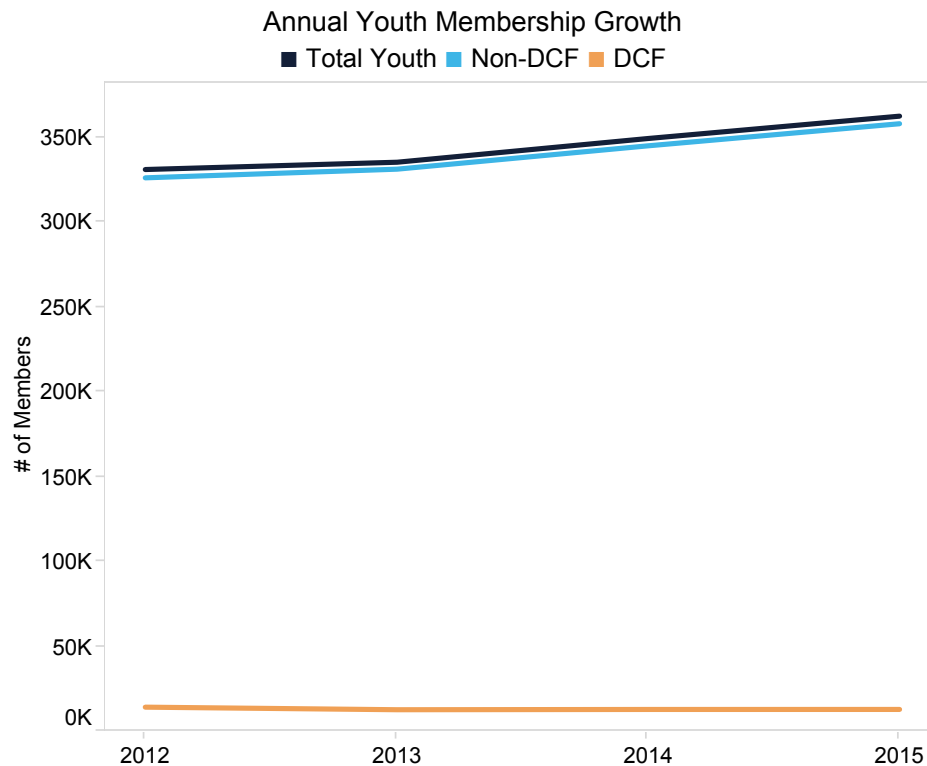
Community-Based Lower Levels of Care

# Youth Medicaid Membership

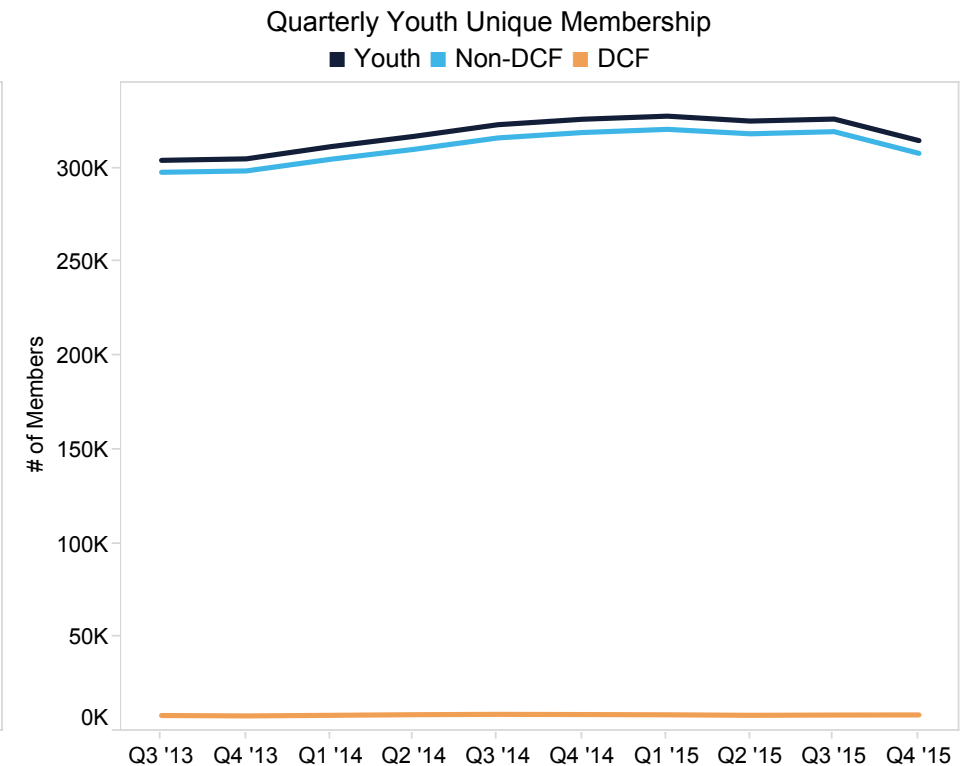
## Total Membership Volume - Annual & Quarterly

Total youth membership increased by over 13,000 youth or 3.6% in 2015 from the previous year. DCF involved youth continue to make up a small portion of the total youth Medicaid population at around 3%. DCF Medicaid youth membership has been steady the past three years.

**Select to Compare Groups (Annual)**  
Multiple Values



**Select to Compare Groups (Quarterly)**  
Multiple Values



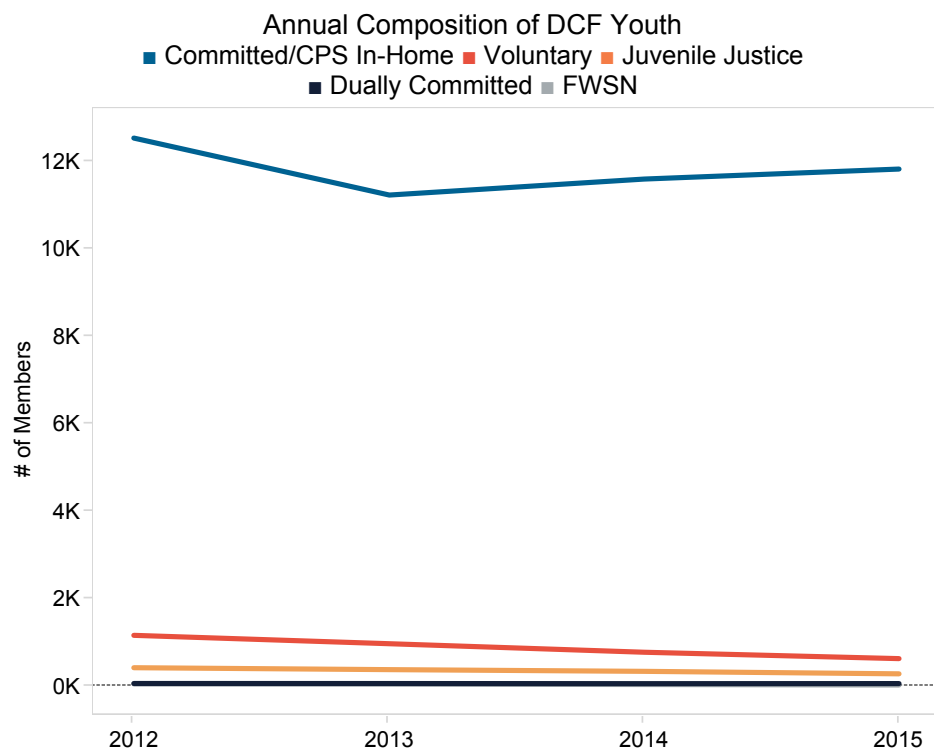
Data from Beacon's March 2016 Semiannual submission. All data is for Medicaid members and from authorization and eligibility files.

# Youth Medicaid Membership

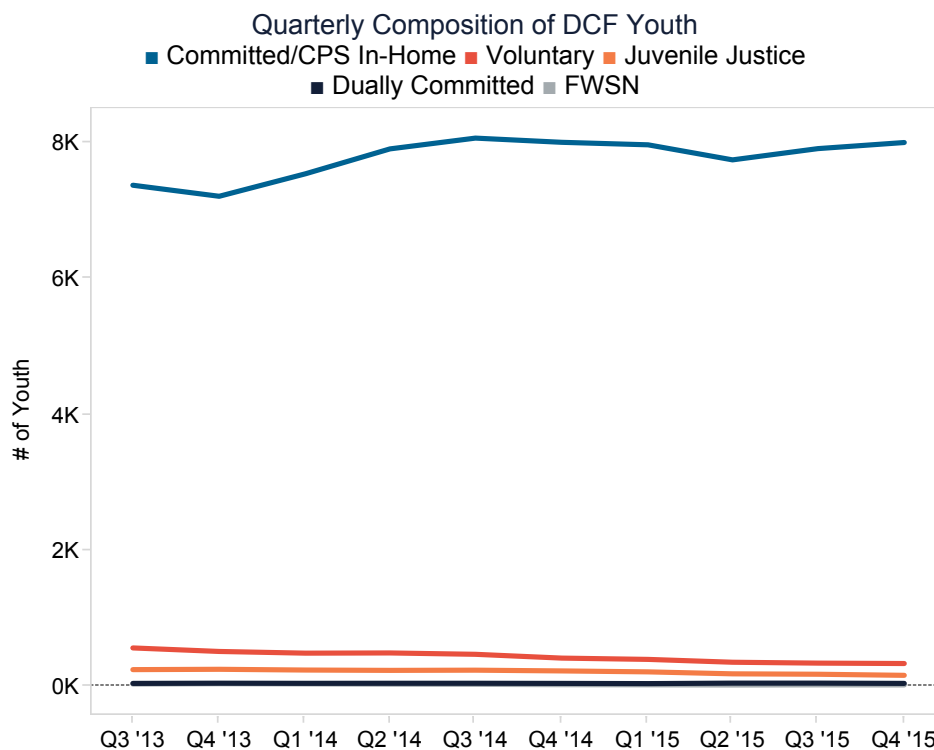
## DCF Membership Volume - Annual & Quarterly

DCF Committed or CPS In-Home involved youth continue to be the largest group of the DCF youth membership. This population has increased the past two quarters in 2015 and over the past year, while DCF Voluntary and Juvenile Justice populations have seen some significant decline.

Select to .. All



Select to .. All

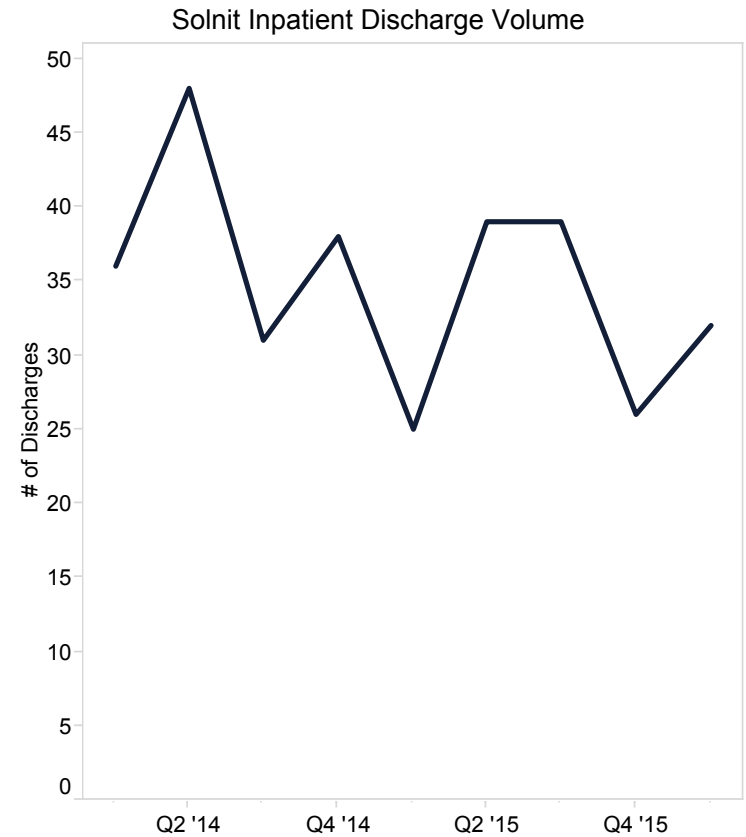
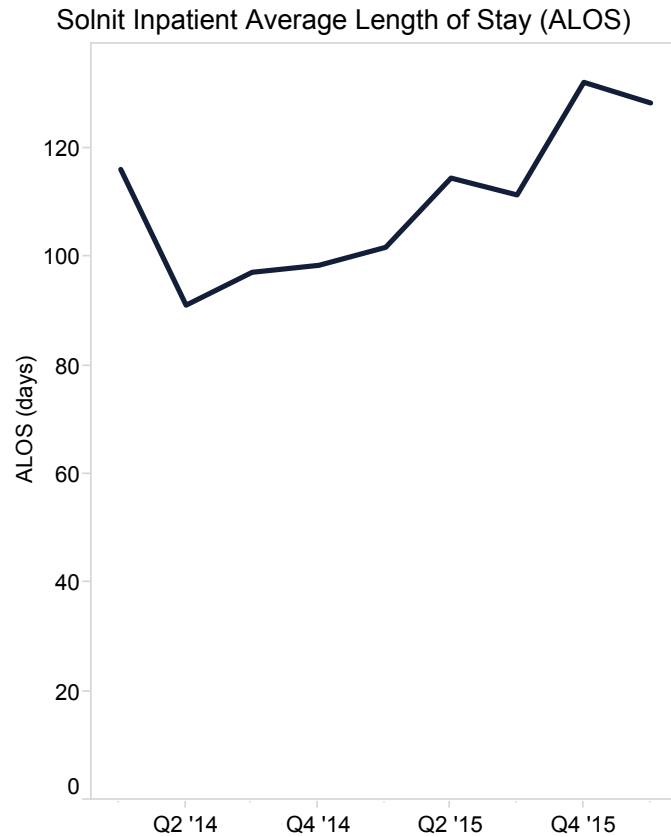
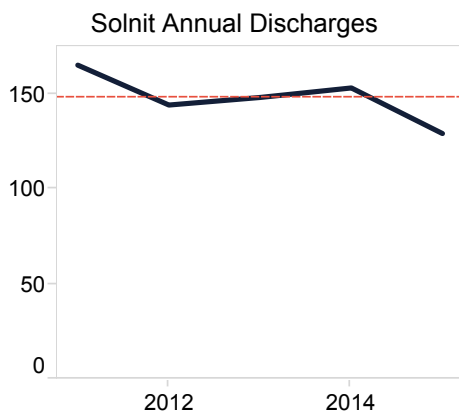
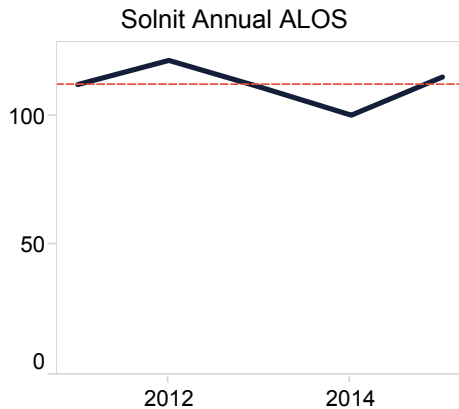


Data from Beacon's March 2016 Semiannual submission. All data is for Medicaid members and from authorization and eligibility files. The DCF Committed/CPS In-Home category includes both youth that are committed (DCF is guardian) and the youth who live in home with protective supervision.

# Pediatric Solnit Inpatient Utilization

Albert J. Solnit Center: Medicaid Youth (0-17)

Solnit Inpatient has approximately 40 beds. Annually, Solnit discharges close to 150 youth with an ALOS of near 110 days. However, quarterly the ALOS has been increasing since Q2 '14, but discharge volume has been variable.



All data is for Medicaid members and from authorization and eligibility files. Annual data from Beacon's March 2016 Semiannual submission. Quarterly data is from recent authorization inpatient report.

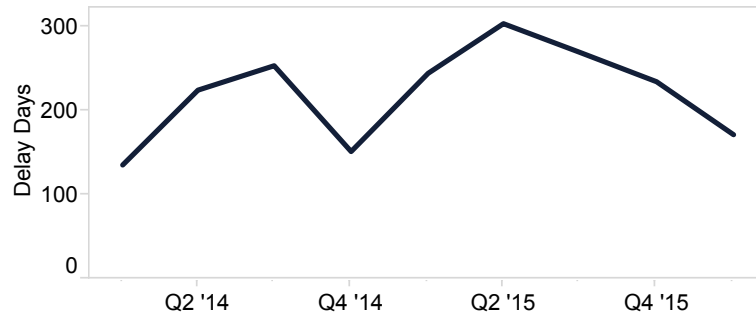
# Pediatric Solnit Inpatient Utilization

Albert J. Solnit Center: Medicaid Youth (0-17)

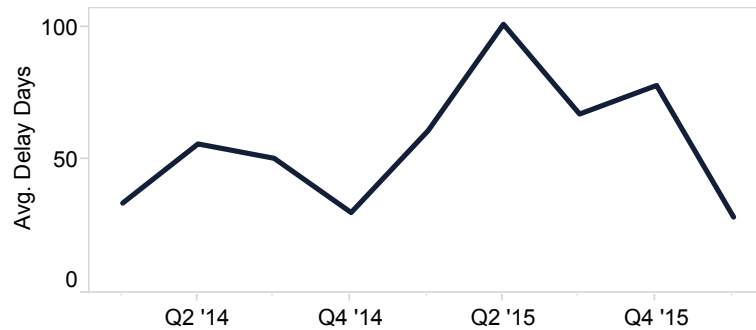
## Discharge Delay Volume

Youth on delay at Solnit inpatient waiting for congregate care has declined. Most youth are now waiting for PRTF or community services. The total delay days has been declining since 2011, though slightly increased in 2015. On average, youth wait 50-55 days on delay at Solnit inpatient.

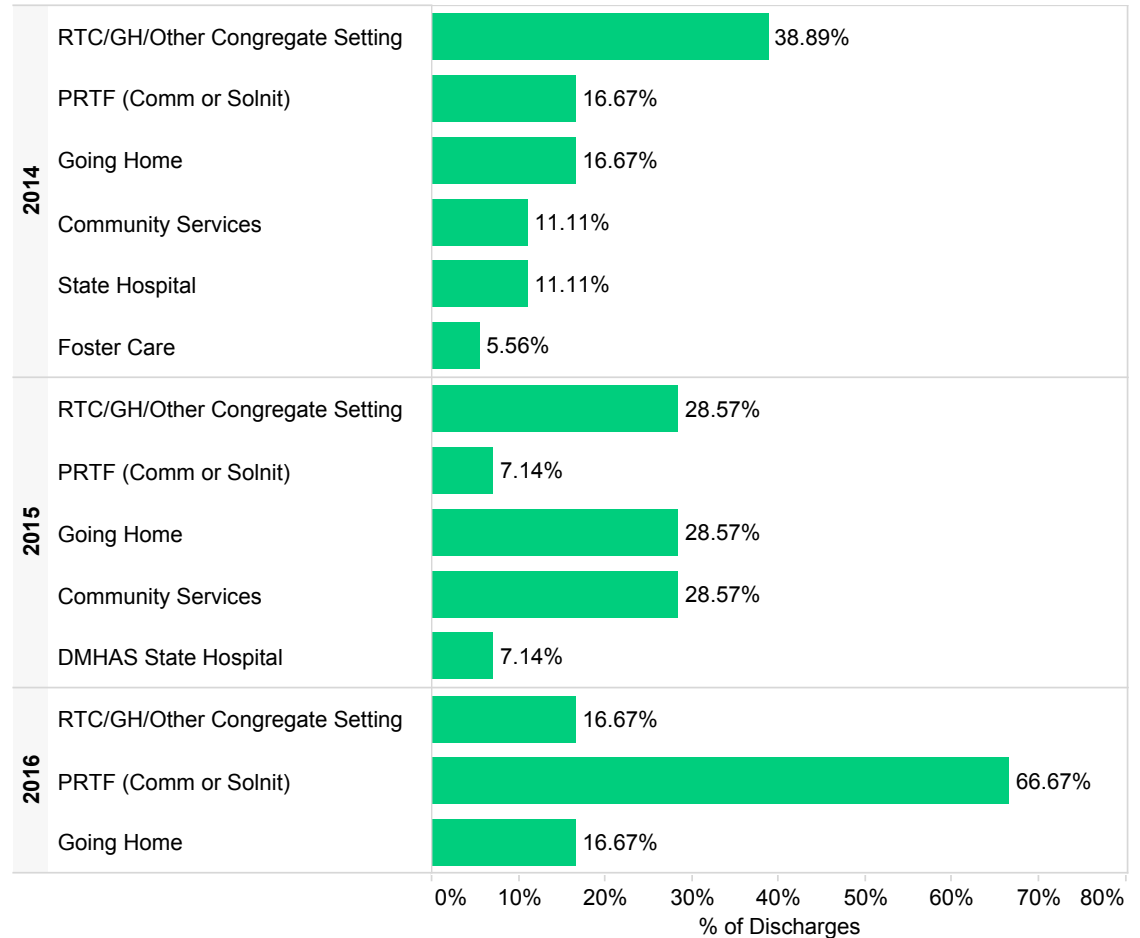
Quarterly Solnit Inpatient Discharge Delay Days



Quarterly Solnit Inpatient Average Delay Days



Solnit Inpatient Discharge Delay Volume by Reason



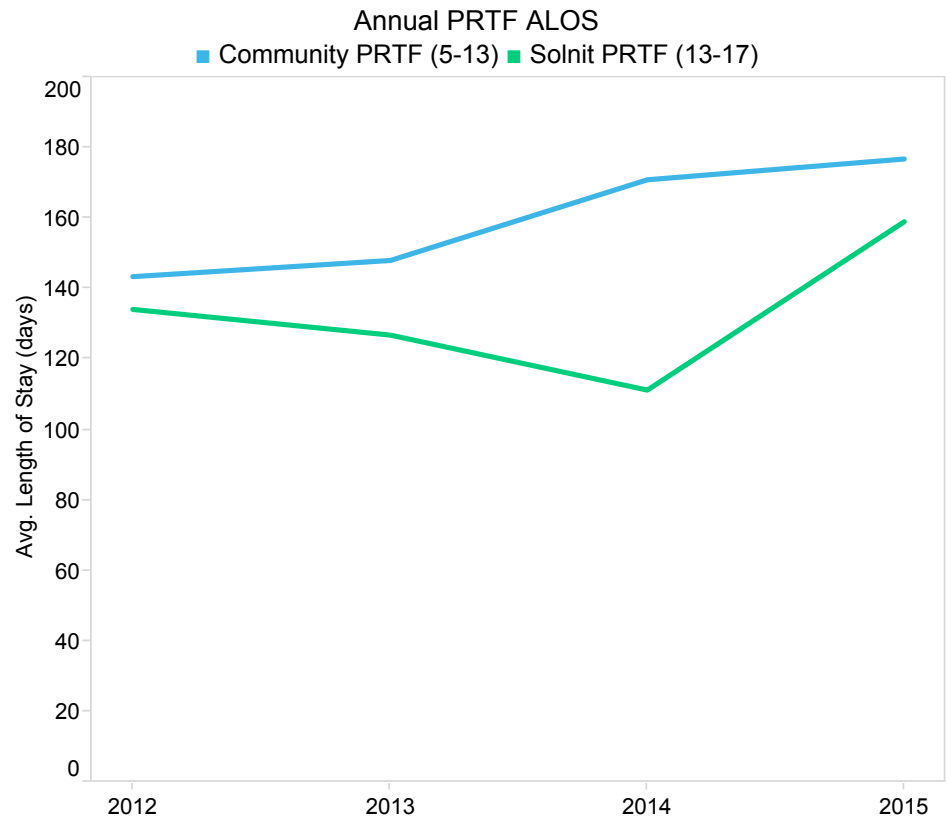
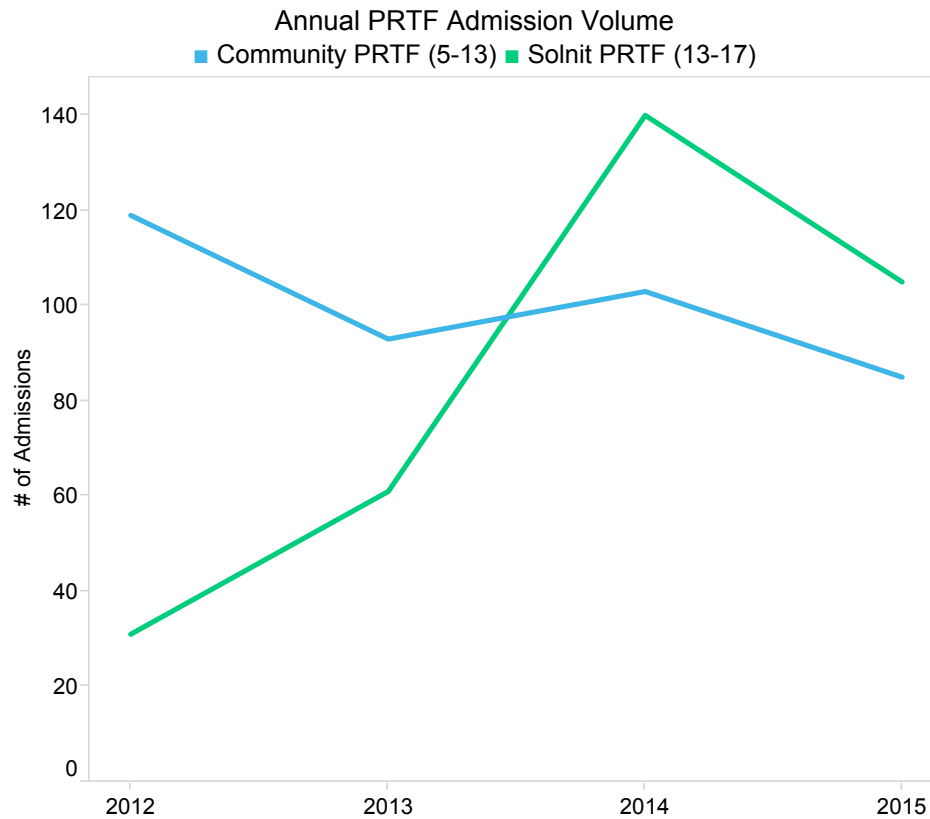
All data is for Medicaid members and from authorization and eligibility files. Data is from recent authorization inpatient report and 2016 is only representative through Q1.

# Pediatric PRTF Utilization

Community PRTFs and Solnit PRTF: Medicaid Youth (0-17)

## Admissions & ALOS

Community PRTFs have 47 total beds across three agencies. Admissions have been decreasing over the past few years, down 18 admissions in 2015 from 2014. At the same time, Community PRTF ALOS has slightly increased to a high in 2015 of over 170 days. Combined, Solnit's two PRTFs currently have around 55 active beds. Solnit South PRTF opened in 2012 and the North campus opened at the end of 2013, hence the increase in admissions in 2014. The ALOS at Solnit PRTF also hit a high at approximately 160 days.



Data from Beacon's March 2016 Semiannual submission. All data is for Medicaid members and from authorization and eligibility files.

# Pediatric Inpatient Utilization

All Hospitals Excluding Solnit: Medicaid Youth (0-17)

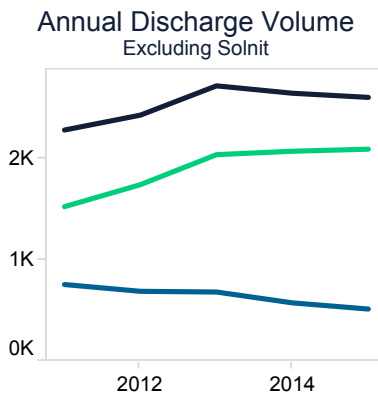
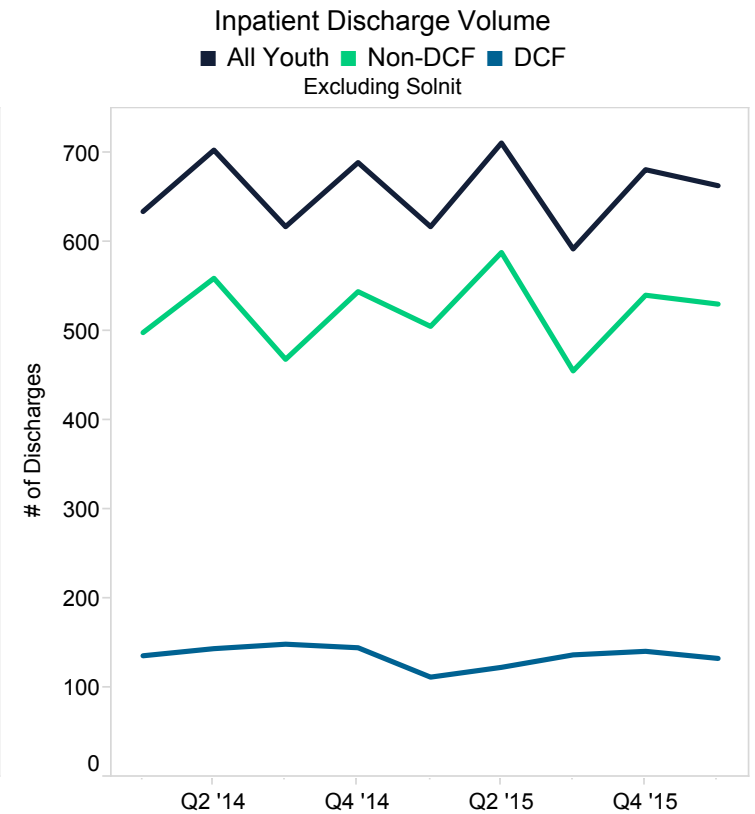
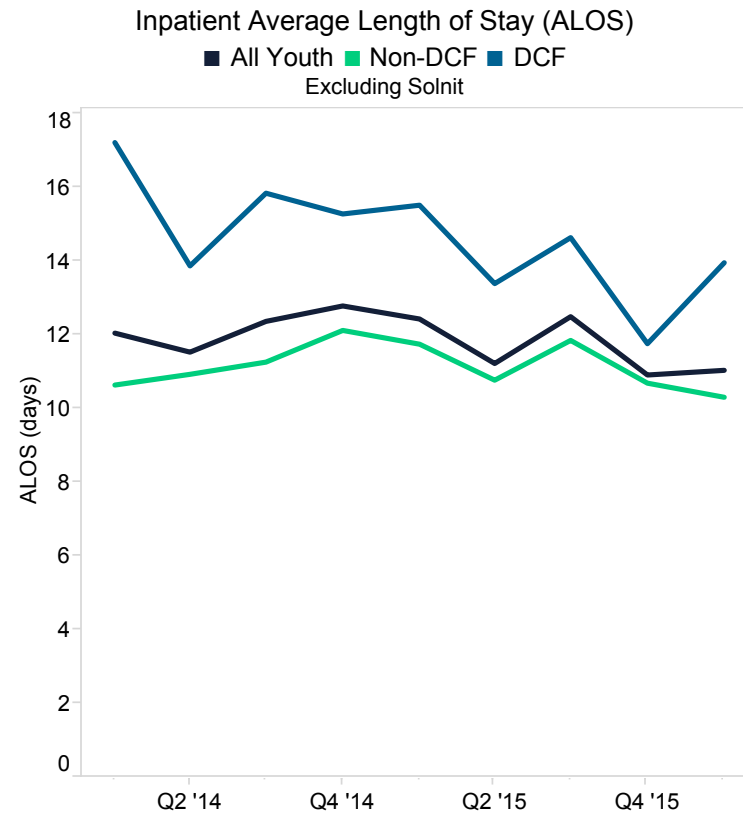
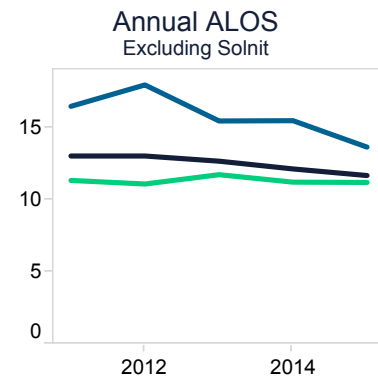
## DCF & Non-DCF Comparison

**Legend**  
■ DCF  
■ Non-DCF  
■ Total Youth

DCF (Y/N)  
All  
Age Group  
All

The ALOS in 2015 was the lowest in the past 5 years at 11.7 days. DCF youth had a 11.6% reduction in ALOS from 2014 to 2015 (13.7 days).

Discharge volume had been going up from 2011-2013, but has decreased slightly in the past 2 years to 2,600 in 2015. DCF involved youth account for approximately 20% of the inpatient discharges.



All data is for Medicaid members and from authorization and eligibility files. Annual data from Beacon's March 2016 Semiannual submission. Quarterly data is from recent authorization inpatient report.

# Pediatric Inpatient Utilization

All Hospitals Excluding Solnit: Medicaid Youth (0-17)

## In-State & Out-of-State Comparison

As expected, youth in an out-of-state hospital have a longer ALOS than those discharged from in-state hospitals. However, the volume of discharges from out-of-state facilities has been decreasing over the past year.

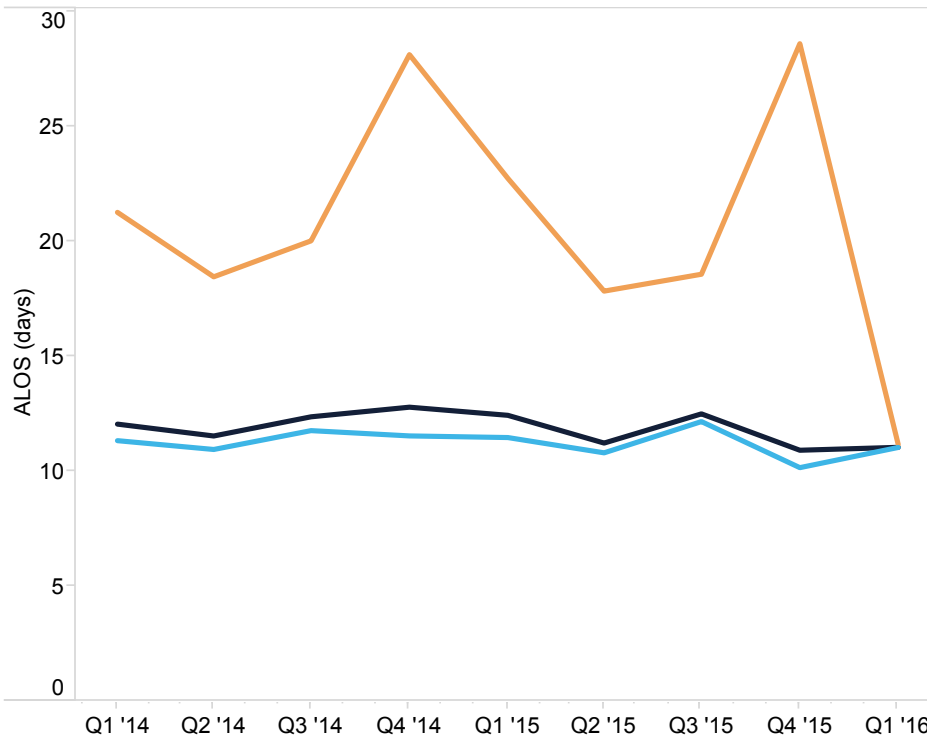
In/Out of State  
All

DCF (Y/N)  
All

Age Group  
All

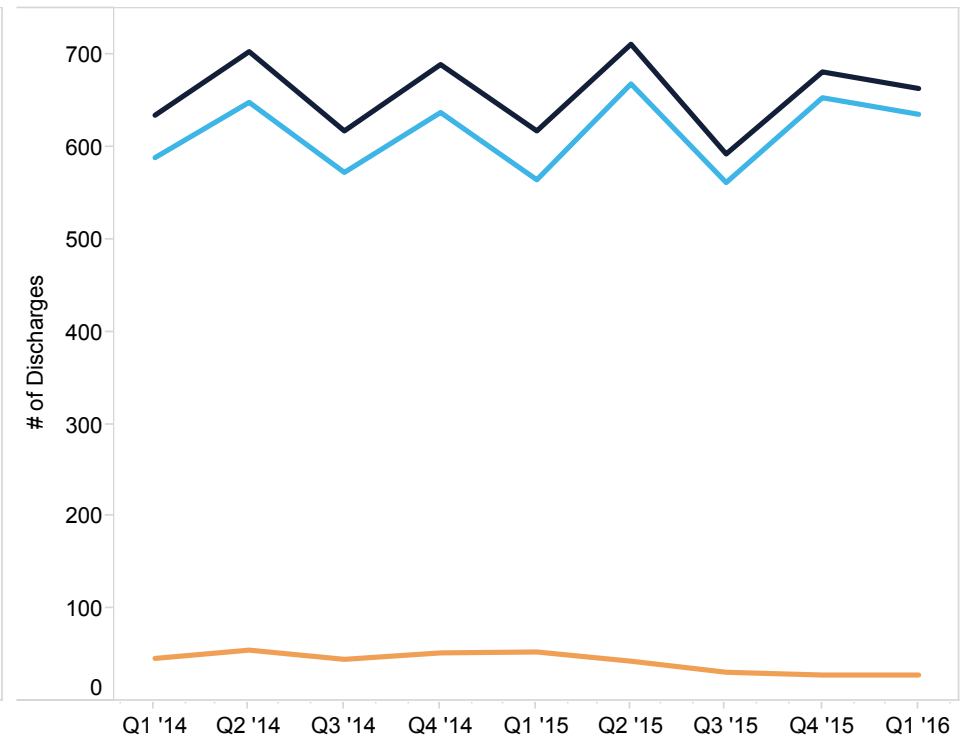
Inpatient Average Length of Stay (ALOS)  
Excluding Solnit

■ All Youth ■ In-State ■ Out-of-State



Inpatient Discharge Volume  
Excluding Solnit

■ All Youth ■ In-State ■ Out-of-State



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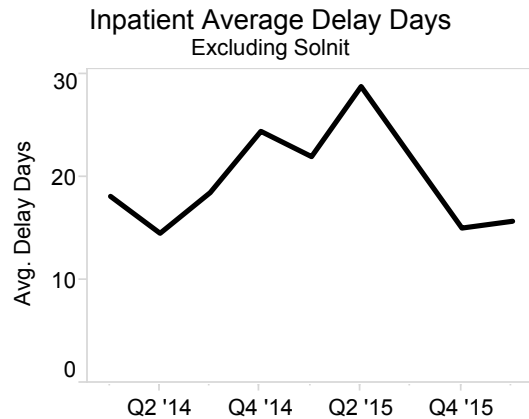
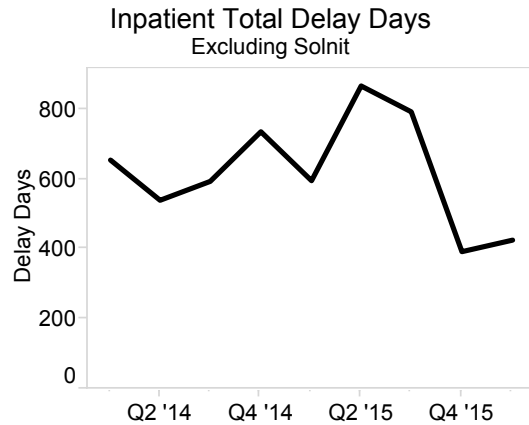


# Pediatric Inpatient Utilization

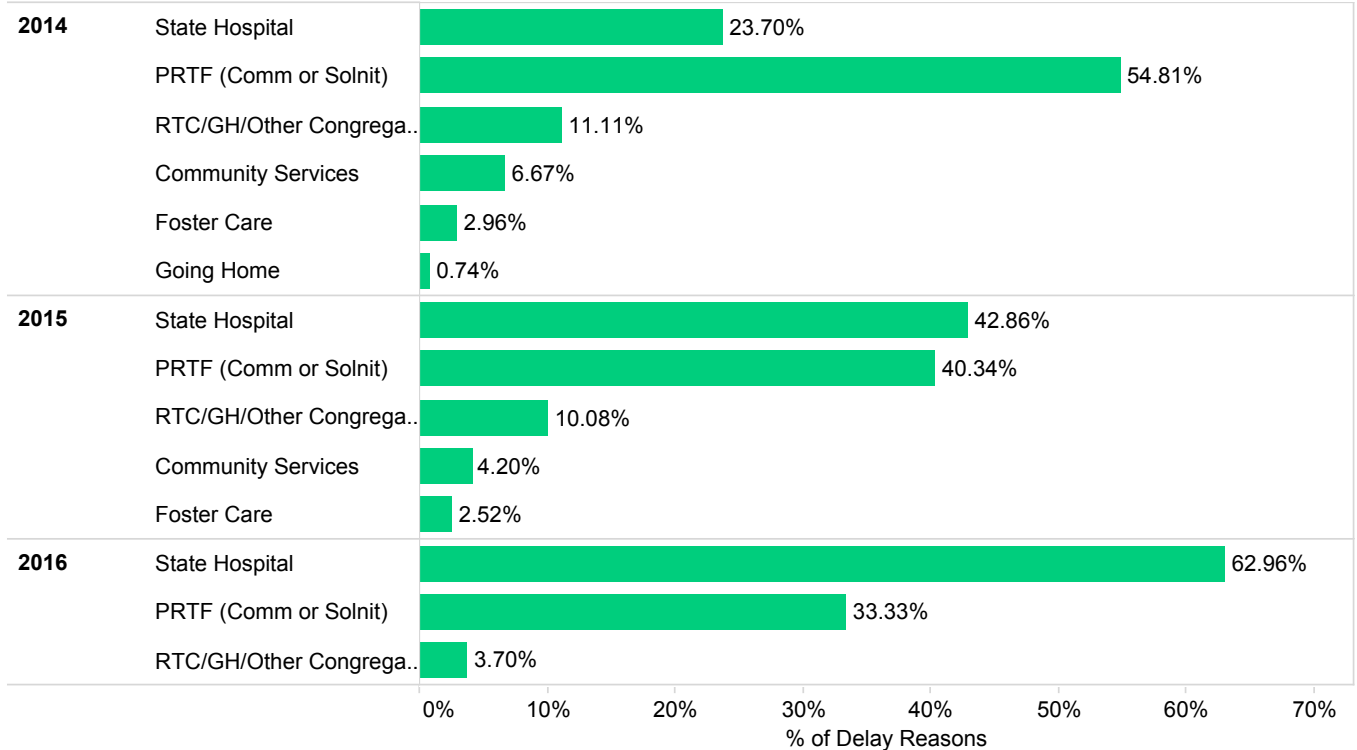
All Hospitals Excluding Solnit: Medicaid Youth (0-17)

## Discharge Delay

The majority of youth on discharge delay while inpatient wait for Solnit Inpatient or a PRTF. In Q1 of 2016, there have already been 17 youth on delay waiting for Solnit; 16 of which were admitted there. That is already a third of the total youth delayed waiting for Solnit in 2015. The average days on delay rose in 2015 to a high of 29 days in Q2 '15, but has since decreased.



**Annual Inpatient Discharge Delay Volume by Reason Excluding Solnit**



All data is for Medicaid members and from authorization and eligibility files. Data is from recent authorization inpatient report and 2016 is only representative through Q1.

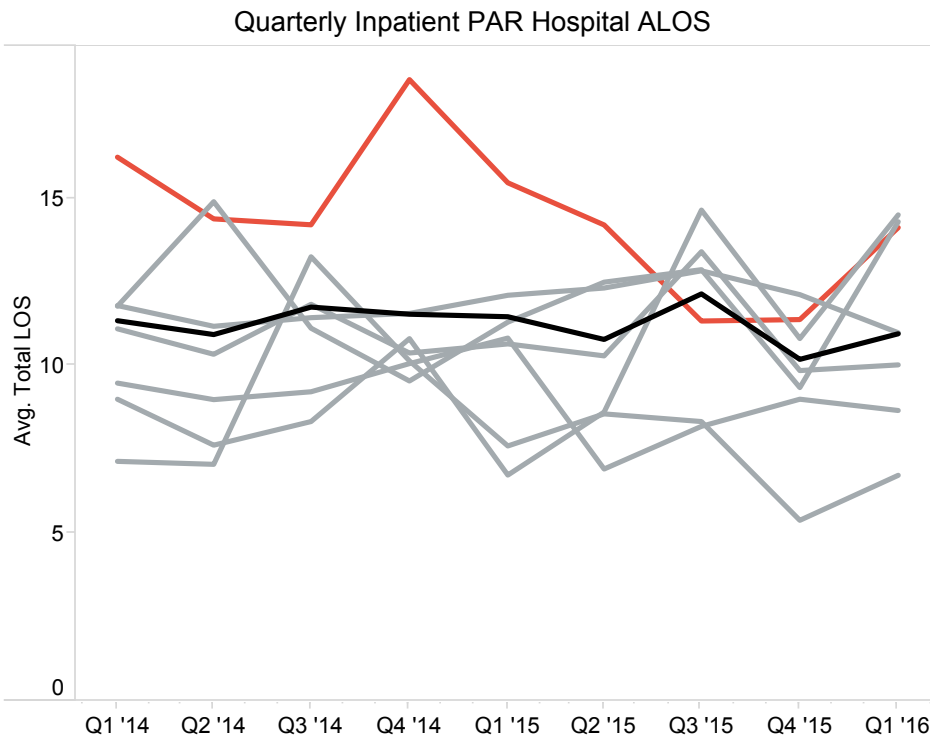
# Pediatric Inpatient Utilization

PAR Hospitals (7 In-State): Medicaid Youth (0-17)

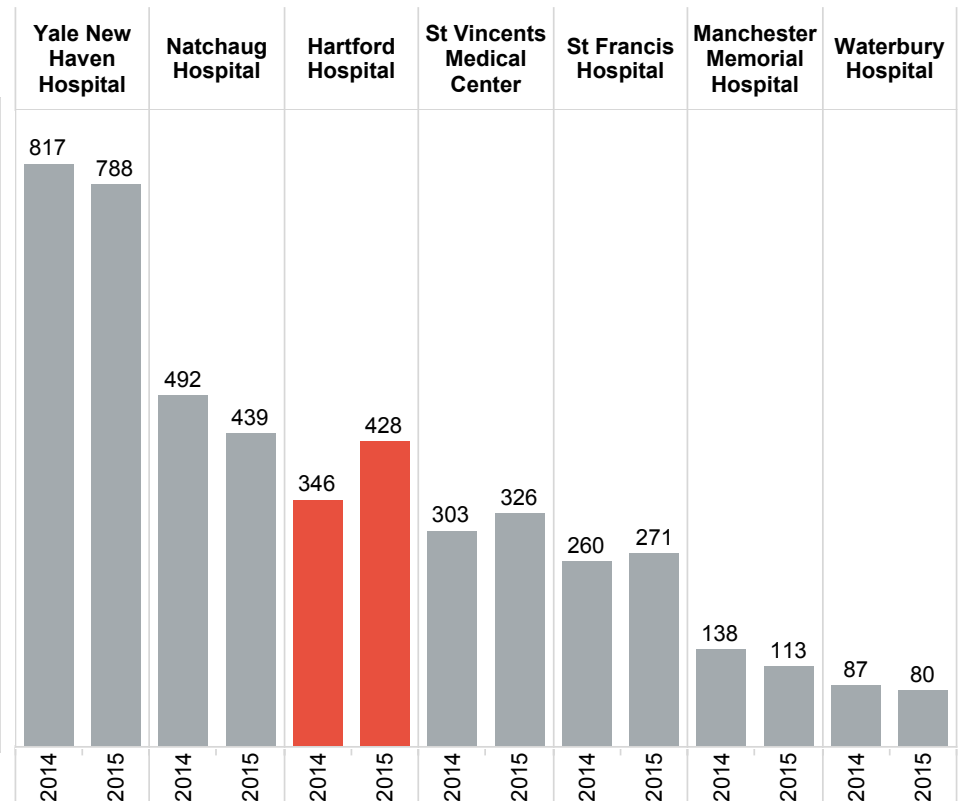
ALOS & Volume

With approximately 130 combined in-state inpatient beds, the Statewide PAR Hospital ALOS has been steady over the past 10 quarters ranging from 10 to 12 days. Combined, Yale, Natchaug and Hartford Hospital account for 67% of all discharges in both 2014 and 2015.

Highlight Hospital  
Hartford Hospital



Annual Inpatient PAR Hospital Discharge Volume



All data is for Medicaid members and from authorization and eligibility files. Data is from recent authorization inpatient report.

# Pediatric Inpatient Utilization

PAR Hospitals (7 In-State): Medicaid Youth (0-17)

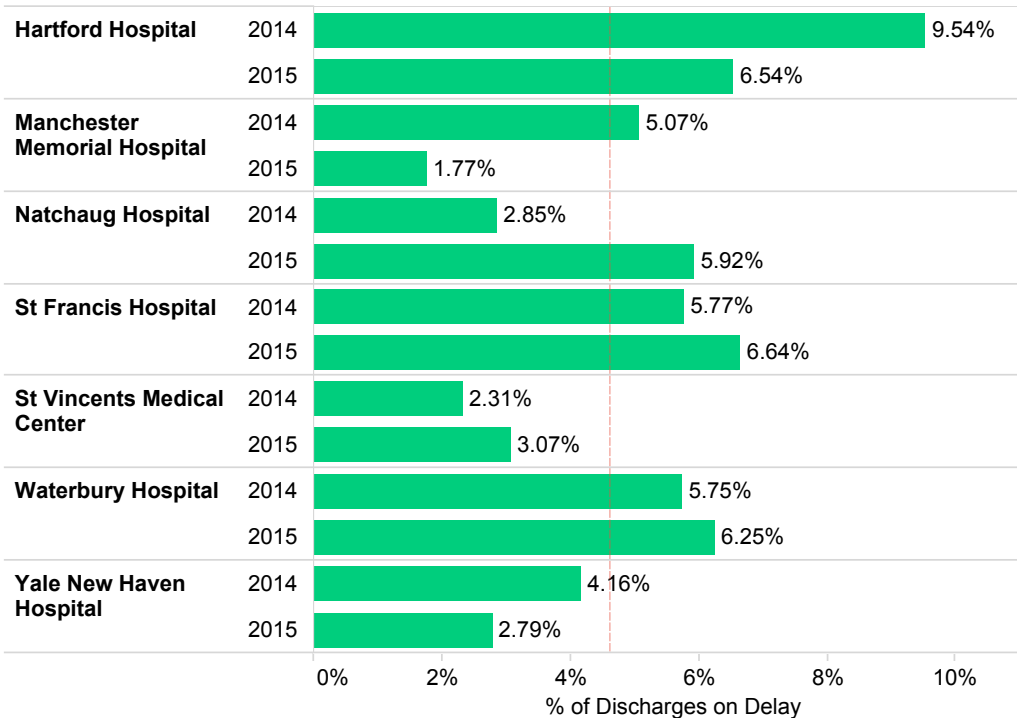
## Discharge Delay

Approximately 4.6% of all discharges at the 7 pediatric PAR hospitals were on discharge delay. Hartford Hospital had the most significantly higher than average percent of youth on delay in 2014 and was one of the top three in 2015 along with St. Francis and Waterbury who also each had a discharge delay percent above 6%. Hartford and Yale, two high volume hospitals, account for 40-60% of all delayed discharges.

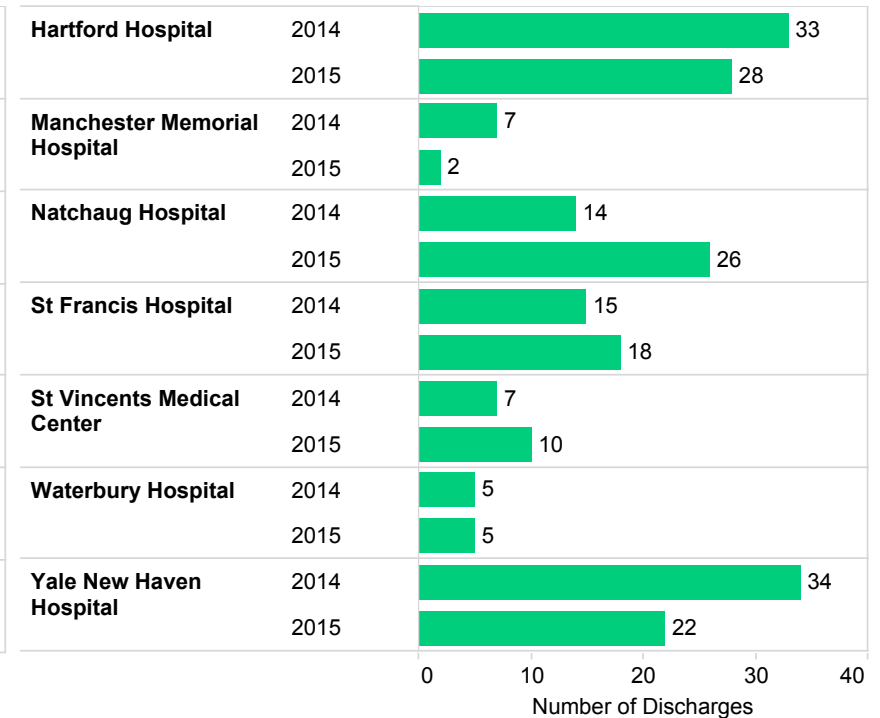
### Discharge Delay Reason (group)

All

Percent of Inpatient Discharges on Delay  
Excluding Solnit



Inpatient Youth on Delay by Delay Reason  
Excluding Solnit

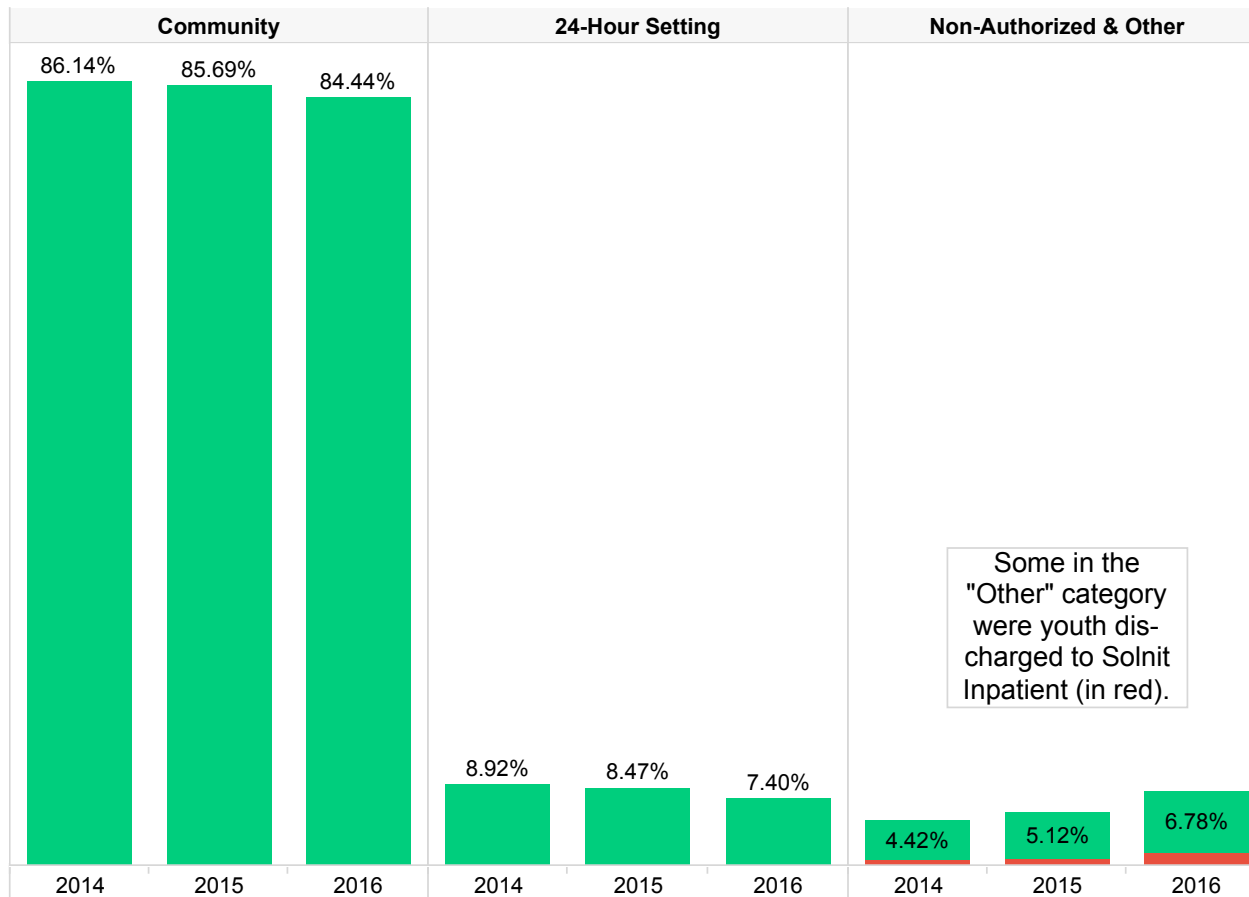


# Pediatric Inpatient Utilization

All Hospitals Excluding Solnit: Medicaid Youth (0-17)

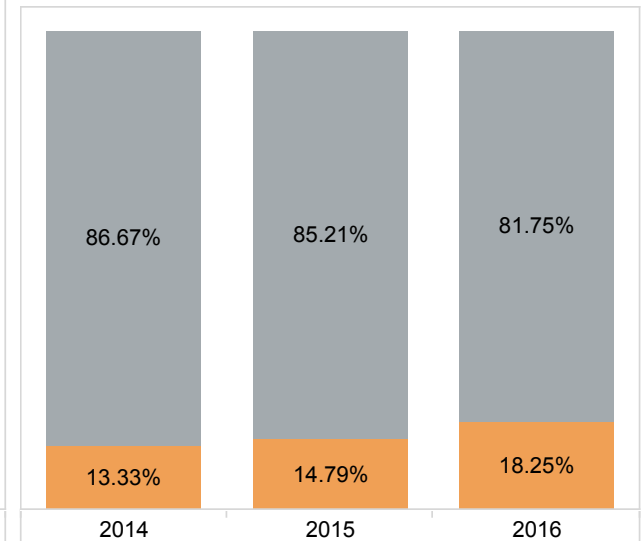
## Level of Care Recommended at Discharge

Level of Care Recommended at Discharge  
Percent of Discharges with a Recommendation Entered  
Excluding Solnit



Approximately 85% of all inpatient discharges leave with a recommendation for an identified community-based treatment service (such as PHP, IICAPS, Outpatient, etc.). Few are referred to 24-hour settings or non-authorized treatment. However, the percent of youth that were recommended to receive community-based treatment after inpatient and readmit within 30 days has increased over the past 2 years and in Q1 '16.

Youth Recommended for Community Treatment that Readmitted in 30 Days (orange)  
Excluding Solnit Discharges



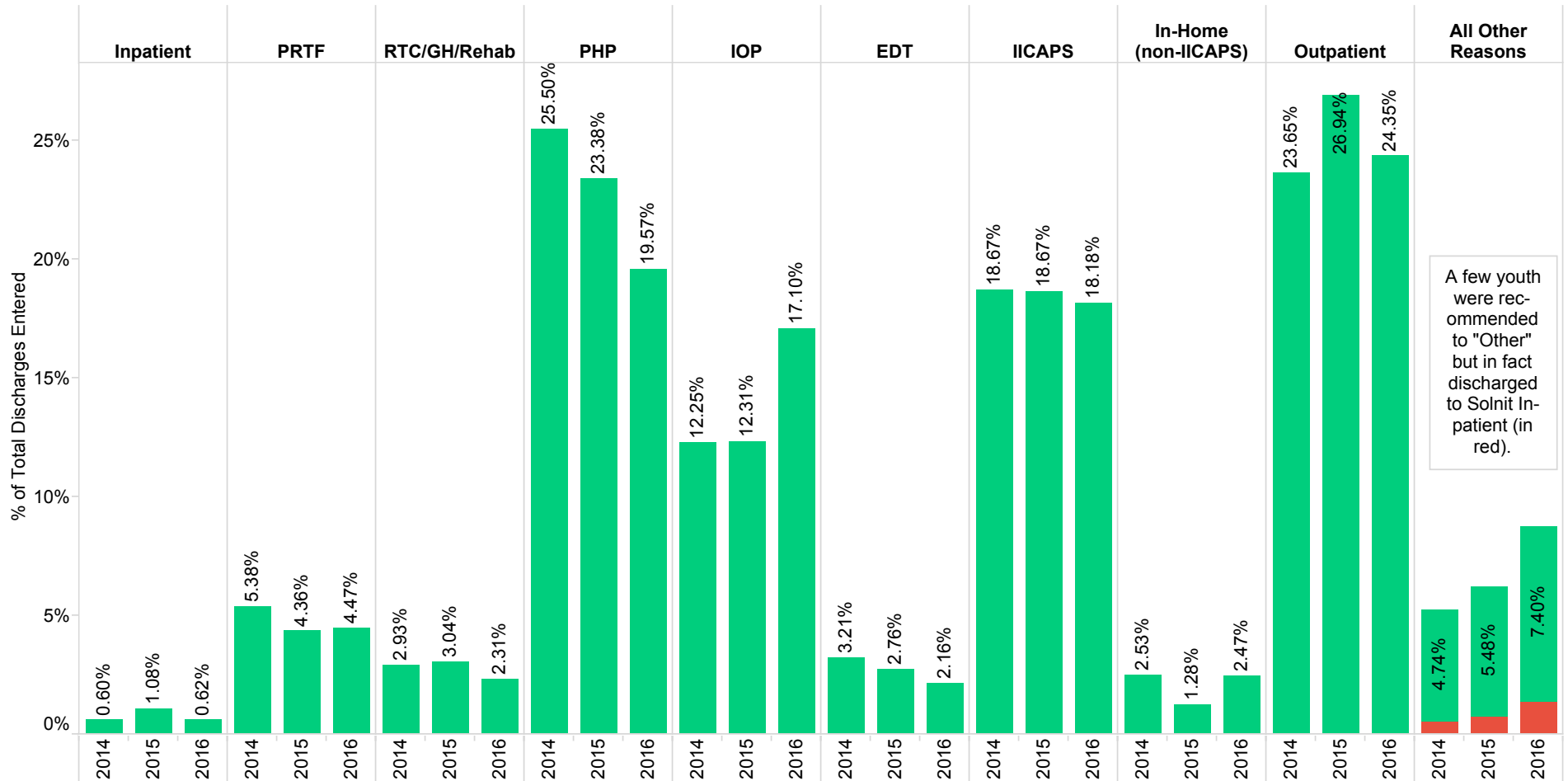
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# Pediatric Inpatient Utilization

All Hospitals Excluding Solnit: Medicaid Youth (0-17)

Level of Care Recommended at Discharge

Level of Care Recommended at Discharge  
Percent of Discharges with a Recommendation Entered  
Excluding Solnit



# Pediatric Community Service Utilization

Admission Volume: Medicaid Youth (0-17)

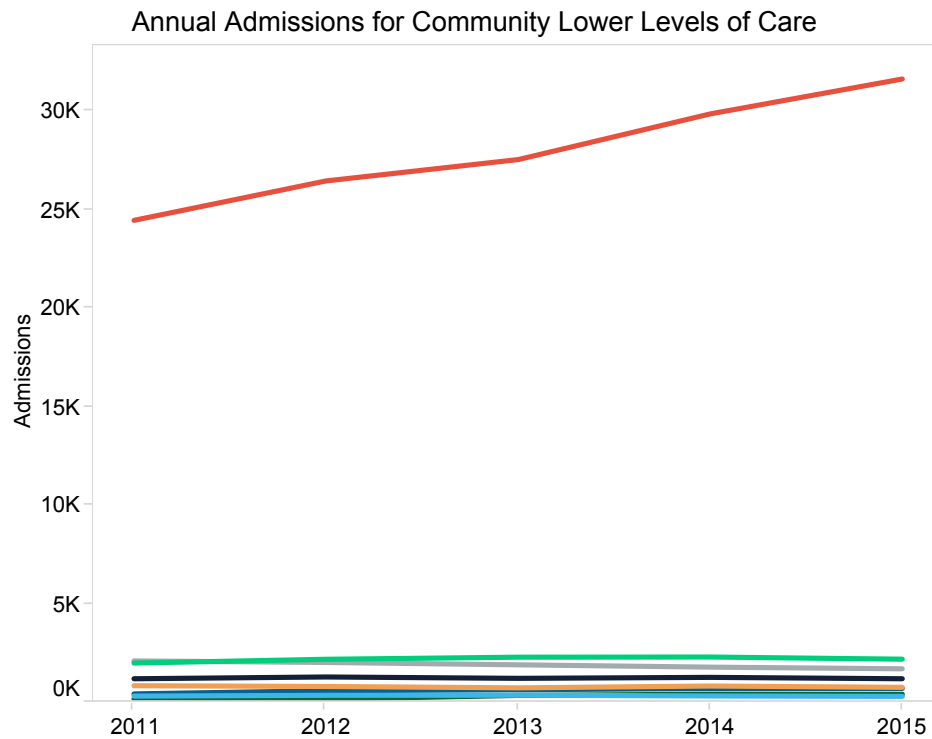
Outpatient admissions continue to rise annually. There was almost a 6% increase in admissions between 2014 and 2015. IICAPS was increasing, but declined in 2015, and IOP continued to have a decline in admissions. Quarterly, admission volume fluctuates.

## Level of Care

- IICAPS
- EDT
- MDFT
- PHP
- Outpatient
- MST
- IOP
- FFT

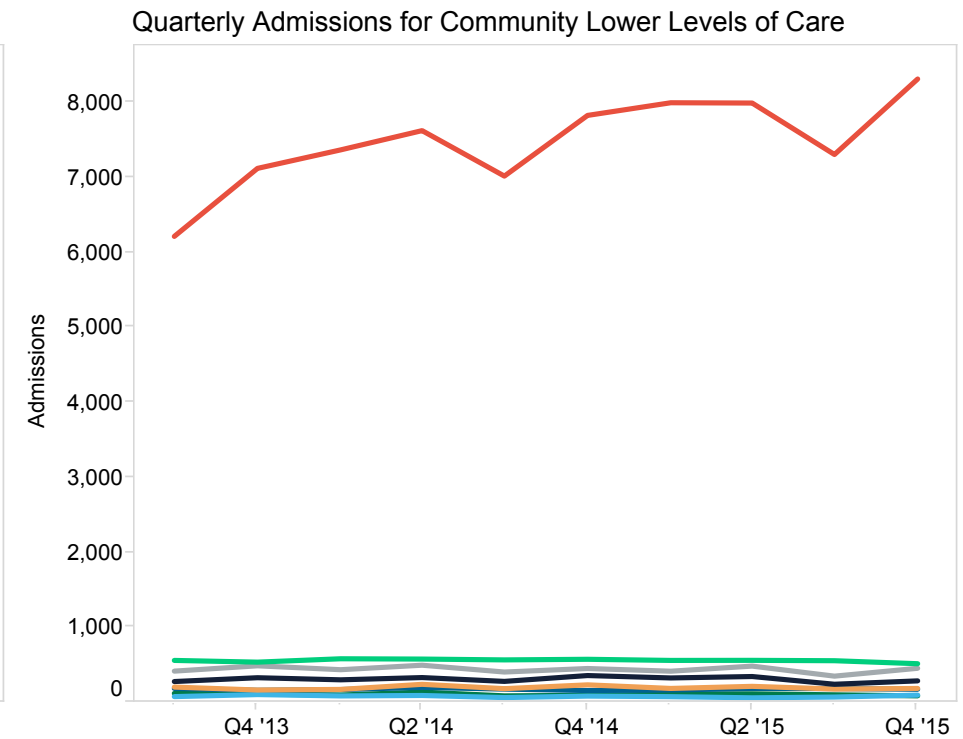
### Filter Levels of Care (Annual)

All



### Filter Levels of Care (Quarterly)

All



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