PG 1 Medicaid Youth (Ages 0-20) Autism Spectrum Disorder Services

Monthly Admissions Report

Since program inception through last full month reported: Data through 4/30/2016



Quarterly Admits/Authorizations for Autism Spectrum Disorder Services by Service Class



Medicaid Youth (Ages 0-20) Autism Spectrum Disorder Services

Monthly Admissions Report

Since program inception through last full month reported: Data through 4/30/2016



Age at Admit

beacon

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Total Admits/Authorizations Obtained for Each Age Group (All Service Classes)



PG 2

PG 3 Medicaid Youth (Ages 0-20) Autism Spectrum Disorder Services

Monthly Demographics Report

Since program inception through last full month reported: Data through 4/30/2016



Note: "I otal unique youth is based on unique CT Medicaid ID. Total unique youth in each age group may not add up to the total unique youth as a child may start services (recieve an authorization) in one service class at one age and then receive an authorization for another service class at a later date and a different age. That youth will be counted in two age groups as the data is based on authorizations. **DCF status is captured at admit. One youth may have multiple services and a different DCF status or regional assignment at each admission. Therefore, table rows may not add up to the total unique youth for each region.

Connecticut BHP Supporting Health and Recovery

Medicaid Youth (Ages 0-20) Autism Spectrum Disorder Services

Monthly Peer/Care Coordination Report

Since program inception through last full month reported: Data through 4/30/2016



| | Identifying Appropriate Provider | | | | Specialty Provider Request | Family Gath ering Docum entation | BILIDIO | DCF/DDS Transition | Pending Discharge from HLOC | Completing ADE | Insurance Expired | Unable to contact |
|----------|--|----|---|----|----------------------------------|--|---------|-----------------------|-----------------------------------|-------------------|----------------------|-------------------|
| Region 1 | 7 | | | 16 | 2 | | | | | | | |
| Region 2 | | 12 | 2 | | 1 | | | 1 | | | | |
| Region 3 | | 19 | | 16 | | | | | 1 | | 1 | |
| Region 4 | | 16 | | 17 | 3 | 2 | 2 | | | 1 | | 1 |
| Region 5 | | 11 | | 12 | 1 | 1 | | 2 | | | | |
| Region 6 | | 16 | 5 | | 2 | | 1 | | | | | |





PG 4

Provider Enrollment for Autism Spectrum Disorder Services

Monthly Provider Enrollment Report

Since program inception through last full month reported: Data through 4/30/2016



implementation. Providers may be approved to be a Medicaid provider with a backdated enrollment start date. Therefore, providers may be added to previous month's counts.

PG 5

Provider Locations and Service Needs



Locations of Youth in Process of Connecting with an Appropriate Provider and Current Provider Locations



