



Access to Health Care Has Improved for Children with Special Health Care Needs in Rhode Island

In 1997 the Rhode Island Department of Health and the Department of Human Services (DHS) in collaboration with Rhode Island Family Voices conducted a baseline needs assessment survey to determine the health care needs of children with disabilities on Medicaid. In order to measure changes in access to healthcare for children with special health care needs from 1997, the Department of Human Services conducted a follow-up survey in 2007.

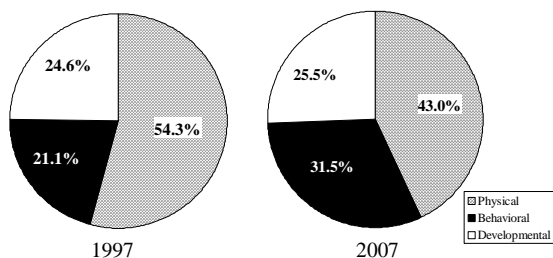
During that ten-year period, several new programs were implemented by DHS to address the unmet health care needs identified in the 1997 survey. These new programs include CEDARR Family Centers, Enrollment of Children with Special Needs into RItE Care, Home Based Therapeutic Services (HBTS), Kids Connect, and Personal Assistance Services and Supports (PASS). These new programs were designed and implemented through collaboration with families, advocates and providers. (see glossary on back page for program and service descriptions).

The sample in both surveys were children on Supplemental Security Income (SSI) who were continuously enrolled for one year on RItE Care/Medicaid, ages 1-17, and living in the community. A letter was sent to a random sample of parents and telephone interviews were conducted. In 1997, 171 surveys were conducted and in 2007, 251 surveys were conducted.

Increase in Children with Behavioral Disabilities

From 1997 to 2007 the greatest change was the increase in the number of children with behavioral conditions. In 1997, 21% of the children had behavioral conditions and in 2007, this proportion rose significantly to 32% (See Figure 1). This represents an increase of one in five children with behavioral conditions in 1997 compared to one in three children in 2007. Attention Deficit Disorder (with and without hyperactivity) ranked first as the most common diagnosis in both time periods.

Figure 1: Increase in Children with Behavioral Disabilities



Decrease in Emergency Department Visits and Hospital Stays

Figure 2: Decreases in Utilization of Emergency Departments and Hospitals

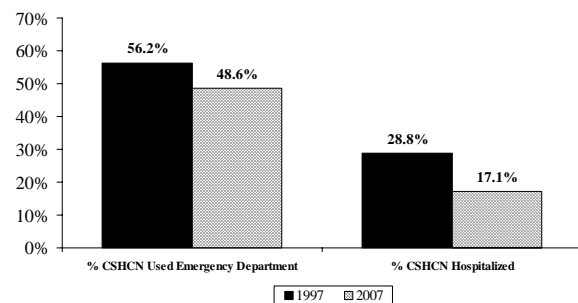


Figure 2 shows that both emergency department visits and hospital stays decreased for children with special health care needs from 1997 to 2007. The percent of children who used the emergency department dropped from 56.2% to 48.6%. In 1997, parents reported that 28.8% of children had hospital stays and, in 2007, this reported percent decreased significantly to 17.1%. Figure 3 shows that both the reported average emergency department visits and average hospital days were also significantly reduced.



Average emergency department visits went from 4.7 to 2.7 and average length of hospital stay went from 25.6 days to 11.7 days. These results confirm that the new program interventions implemented in the past ten years have had a direct effect in reducing emergency department visits and hospital stays for children with disabilities in Rhode Island.

Figure 3: Decreases in Number of Emergency Department Visits and Hospital days

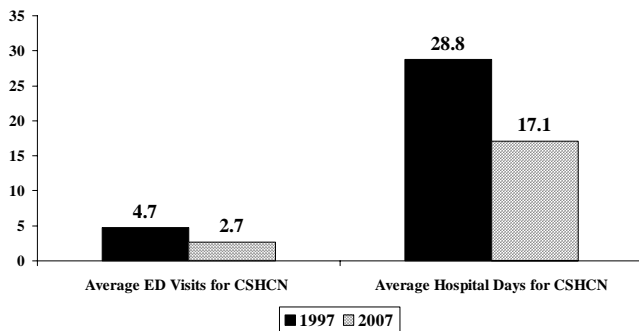
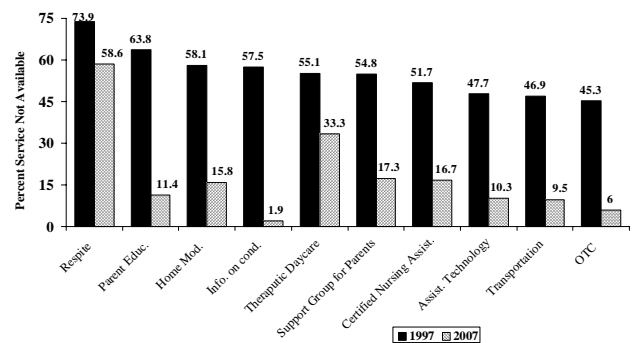


Figure 4 shows changes in the top ten unmet needs for children with special health care needs. There has been significant improvement in access to all of these support services. The results confirm that new program interventions implemented in the past ten years, such as CEDARR, HBTS, PASS and Kids Connect, have had a direct effect in improving access to care for children with disabilities in Rhode Island.

Figure 4: Top Ten Unmet Needs* in 1997 Compared to 2007



* Unmet Need = service not available for children who need service

Significant Improvements in Access to Needed Health Services

There were significant improvements in access to needed health services for children with special health care needs. Parents were asked about availability of 24 health services in both time periods. There was a reduction of unmet need in all areas. Table 1 shows the services where there was a statistically significant improvement in access for children with special health care needs.

Health Care Services	% Service not available for child...	
	...1997	...2007
Behavioral health counseling	32.3%	5.2%
Nutrition counseling	42.9%	14.3%
Support group for parents	54.8%	17.3%
Parent education classes	63.8%	11.4%
Over the counter drugs (OTC)	45.3%	6.0%
Therapeutic Day Care	55.1%	33.3%
Dental Care	11.7%	5.5%

Glossary

CEDARR Family Centers- One stop information and referral centers for families who have a child on Medicaid with special needs. CEDARR stands for: Comprehensive Evaluation, Diagnosis, Assessment, Referral and Re-evaluation.

Home Based Therapeutic Services (HBTS)- Provides intensive home and community services to children on Medicaid with severe behavioral health, developmental or physical disabilities.

Kids Connect- Provides specialized health services delivered in licensed childcare centers so children with special needs can participate and play with typically developing peers.

Personal Assistance Service and Supports (PASS) - Provides specialized health services in a child’s home or community. The services are consumer directed by parents. Services include setting goals in performing activities of daily living and participating in social settings.

For more information, see www.dhs.ri.gov under Children with Special Needs.

Data Source: Medicaid Research & Evaluation Project, DHS

Note: This Issue Brief is a summary of an Evaluation Report. Copies of the full report may be request by contacting Holly Tartaglia at (401) 462-6367 or by email Htartagl@dhs.ri.gov

