

December 29, 2015

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

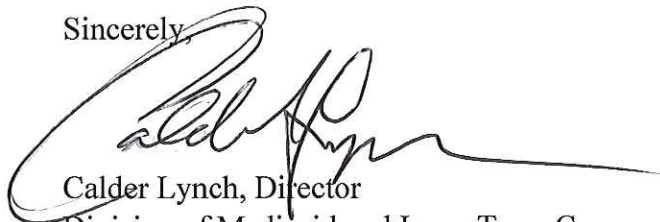
Dear Mr. O'Donnell:

In accordance with 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 2015 Calendar Year.

Specifically, this report includes, but is not limited to, rates of initial service authorizations, re-authorizations 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

Service Type	Initial Service Requests				Reauthorization Requests				All Requests				
	# of Persons	# of Requests	Denied	Authed	# of Persons	# of Requests	Denied	Authed	# of Requests	Denied	Authed	# of Requests	Denied
23-59 Observation	37	40	1	39					40	1	39		
Community Treatment Aid	12	12		12	8	12	1	11	24	1	23		
Crisis Residential	3	3		3	1	2		2	5		5		
Day Treatment	24	24		24	15	23		23	47		47		
Inpatient	440	523	22	501	35	36	34	2	559	56	503		
Intensive Outpatient Program	176	180	2	178	39	52	5	47	232	7	225		
Outpatient	28	32	20	12	2	2	1	1	34	21	13		
Partial Hospitalization	73	80	1	79	44	102	5	97	182	6	176		
Professional Resource Family Care													
Psych Testing	654	672	7	665	1	1		1	673	7	666		
Psychiatric Residential Treatment Facility	100	107	49	58	74	141	7	134	248	56	192		
Therapeutic Group Home	35	35	27	8	13	22	1	21	57	28	29		
Other Services	401	471	2	469	102	155		155	626	2	624		
<b>All Services Total</b>	<b>1983</b>	<b>2179</b>	<b>131</b>	<b>2048</b>	<b>334</b>	<b>548</b>	<b>54</b>	<b>494</b>	<b>2727</b>	<b>185</b>	<b>2542</b>		

Service Type	Initial Service Req.			Reauth Req.			All Requests		
	Denial Rate	Auth Rate	Denial Rate	Auth Rate	Denial Rate	Auth Rate	Denial Rate	Auth Rate	
23-59 Observation	2.5%	97.5%			2.5%	97.5%			
Community Treatment Aid	0.0%	100.0%	8.3%	91.7%	4.2%	95.8%			
Crisis Residential	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%			
Day Treatment	0.0%	100.0%	0.0%	100.0%	0.0%	100.0%			
Inpatient	4.2%	95.8%	94.4%	5.6%	10.0%	90.0%			
Intensive Outpatient Program	1.1%	98.9%	9.6%	90.4%	3.0%	97.0%			
Outpatient	62.5%	37.5%	50.0%	50.0%	61.8%	38.2%			
Partial Hospitalization	1.3%	98.8%	4.9%	95.1%	3.3%	96.7%			
Professional Resource Family Care									
Psych Testing	1.0%	99.0%	0.0%	100.0%	1.0%	99.0%			
Psychiatric Residential Treatment Facility	45.8%	54.2%	5.0%	95.0%	22.6%	77.4%			
Therapeutic Group Home	77.1%	22.9%	4.5%	95.5%	49.1%	50.9%			
Other Services	0.4%	99.6%	0.0%	100.0%	0.3%	99.7%			
<b>All Services Total</b>	<b>6.0%</b>	<b>94.0%</b>	<b>9.9%</b>	<b>90.1%</b>	<b>6.8%</b>	<b>93.2%</b>			