

**Children's Medical Services:  
Satisfaction Survey  
2005**



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## I. Executive Summary

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This report presents the findings of a statewide satisfaction survey of parents and guardians of children enrolled in Florida's Children's Medical Services Network (CMSN) program. In addition, the satisfaction of providers in this program was also assessed. This evaluation covers the period of July 1, 2004 through June 30, 2005 - State Fiscal Year (SFY) 2004-2005.

The CMSN program has several specialty programs within its domain, and this report also presents the findings of satisfaction in those programs. The ancillary programs are: Children's Multidisciplinary Assessment Team (CMAT), Medical Foster Care (MFC), Primary Care Program (PC), Naples Title XXI Integrated Care System, and the Safety Net program. Common satisfaction measures, as well as program specific measures, were assessed across all programs.

Three data sources were used in the compilation of this report. First, CMS data specialists provided enrollment files which were used to select the sample of parents and guardians for telephone survey participation. Second, quantitative and qualitative data collected during telephone surveys with the parents and guardians were used. The telephone survey was comprised of 1) the Consumer Assessment of Health Plans Survey (CAHPS) Version 3.0, Medicaid module; 2) the Children with Special Health Care Needs (CSHCN) Screener; and 3) additional instruments specific to the CMSN ancillary programs. In total, 2,307 completed surveys were administered to the parents and guardians of children enrolled in the CMSN program. The number of completed surveys included: 938 CMSN, 249 CMAT, 31 MFC, 746 PC, 43 Naples Title XXI, and 300 Safety-Net. Finally, qualitative data on provider satisfaction was collected in focus groups attended by physicians and nurse practitioners. These focus groups were conducted in Gainesville, Tampa, Ocala and Miami. In addition, physicians in Pensacola and Miami were interviewed by telephone. A total of 19 providers participated in these data collection efforts.

Key findings from the parental and guardian satisfaction assessment were:

- 93 percent of respondents were satisfied to very satisfied with the overall CMSN program;
- 92 percent of children in the overall CMSN program had a usual source of care; and,
- 91 percent of the respondents said their care coordinator was knowledgeable about their child's needs

Key findings from the provider satisfaction assessment were:

- CMS is seen as an essential partner in their work with CSHCN and their families although inadequate reimbursement and lack of access to specialty care or pediatric sub-specialists were seen as problematic for their participation in the CMS Program. Providers would be amenable to providing care for a greater number of CSHCN if reimbursement issues were resolved.
- Assigning the child to a nurse care coordinator using the child's medical home was preferable to assignments based on the location of the child's physical home. Providers indicated this model of care coordination worked well in the past and was preferable.
- The CMS nurse coordinators could assume a key role in transitioning young adults with special health care needs by locating providers willing to care for these young adults and even accompanying the young adult and his or her family to the initial visit. Providers also thought that CMS program and administrative staff could push the legislative and funding agendas to acknowledge the care needs of these young adults since the absence of a financing mechanism for young adults with special health care needs beyond the age of 21 was identified as a system-wide failure.

In summary, parents and guardians of children enrolled in the CMSN program continue to be satisfied with their child's overall quality of health care. Although the providers identify a number of critical issues with the current program structure, the key message from these interviews is that the providers feel that CMS is an essential partner in their work with CSHCN and their families. The providers indicated that CMS is a critical component of the health care delivery system for CSHCN, without which the children would not get the care, services, and equipment they need. The nurse care coordinators also are seen as vital to the children, their families, and the providers – as a facilitator and coordinator of services and as an emotional support to the families. For many, the conclusion was that, in the absence of the Title V CMS Program, and the nurse care coordinators, their jobs as providers would be extremely difficult and the health care and other needed services would difficult to access.

## **II. Introduction and Program Description**

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The purpose of this evaluation is to present the findings of a statewide satisfaction survey of parents and guardians of children enrolled in the Children's Medical Services (CMS), program. In the final section of this report, provider satisfaction is also assessed. This evaluation covers the period of July 1, 2004 through June 30, 2005 - State Fiscal Year (SFY) 2004-2005. The evaluation includes children enrolled in the following programs: CMSN, CMAT, MFC, PC, Naples Title XXI Integrated Care System, and Safety-Net.

The CMSN is Florida's Title V Children with Special Health Care Needs (CSHCN) Program. Children must be both medically and income eligible to enroll. Medical eligibility mandates that a child must have a special health care need which requires extra or specialized care; such as, medical services therapies, supplies or equipment due to their chronic medical or developmental conditions<sup>1</sup>. In addition, children must meet the income eligibility criteria associated with Medicaid (for children under 21 years old) or Florida KidCare (for children under 19 years old).

The CMSN program has a unique delivery system that is focused on providing the highest quality care. Children in the program are taken care of by primary care physicians, specialists, and care coordinators. Each of these individuals plays a vital role in the overall quality of health care for the children and assessing their effectiveness is important.

As previously mentioned, the CMSN Program has several ancillary programs. What follows is a brief description of these ancillary programs that are evaluated in this report.

- Children's Multidisciplinary Assessment Teams (CMAT) teams were established by Medicaid in 1991 with the objectives of cost containment and quality assurance. CMS directs the coordination and collaboration of participants in the child's health care. Typically these participants include: family members, Early Intervention staff, Family Safety and Developmental Service program staff from the Department of Children and Families, and Medicaid program staff. Certain services are compensated under the CMAT program; such as, private duty nursing for more than 16 hours per day, for more than 30 consecutive days.
- Medical Foster Care (MFC) allows foster children with a chronic medical condition to grow and develop in a state licensed foster home. Parents of MFC children are trained and certified as Medicaid providers of personal care services. A primary goal of this program is to return children to their birth family by training the family to care for their child's special health care

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<sup>1</sup> <http://www.cms-kids.com> June 2005

needs. As with the CMAT program, MFC offers specialized services such as 24-hour call in, after hours assistance, and assistance in moving to adoptive homes. Follow up care is an important service provided to children as they move from foster care to more permanent homes within the local community.

- The CMS Primary Care program ensures that CSHCN enter the system of care as early in life as possible. The program is focused on primary care as well as maximizing community resources. The following services are provided: primary care, sub-specialty acute care services, ancillary services, pharmacy services, and care coordination.
- The Naples Title 21 program is an integrated care system. This system fosters a strong primary care network to ensure access to specialty care while controlling health care costs. As with the other programs, care coordination plays an integral role in the success of the Naples program.
- Children enrolled in the safety-net program fall outside of the Title XXI guidelines and have special health care needs.

The following sections are contained in this report:

- An overview of the data collection and evaluation methods used to assess parental and guardian satisfaction;
- A description of the enrollee's demographic characteristics by program;
- A description of the enrollee's health status by program;
- A description of the enrollee's usual source of care by program;
- A description of the enrollee's primary and specialty care by program;
- A description of the enrollee's care coordination by program;
- Specific satisfaction assessment for the CMAT program;
- Specific satisfaction assessment for the MFC program;
- Specific satisfaction assessment for the PC program;
- Overall program satisfaction;
- Provider satisfaction; and,
- Conclusions and recommendations.

Appendix A included in this report describes the findings from statistical models used to estimate satisfaction while controlling for various factors.



### **III. Data Collection and Evaluation Methods**

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Two sources of data were used to evaluate parental and guardian satisfaction for children enrolled in the CMS: enrollment files and extensive survey responses. Data files were obtained from CMS data specialists and these files were used to select the sample of families that would be interviewed. The enrollment files contained information on the children's age, gender, number of months in the program, and the specific program in which they belonged.

Telephone surveys were administered to families with children that were enrolled in the program for 12 months or longer. Telephone calls were made to families from 10 AM to 9 PM, 7 days per week from December 2004 to July 2005. Families were contacted a minimum of 30 times and searches were conducted in an attempt to update contact information. Surveys were conducted in English and Spanish. The respondent was chosen by asking to speak to the individual in the home most familiar with the child's health. Overall, about 55 percent of the families could not be located given the information that was provided in the enrollment files, while 22 percent of the respondents refused to participate. Of those who participated, the final response rate was 49 percent. Table 1 provides a summary of the targeted number of surveys and the completed number of surveys by program. Approximately 190 surveys were not completed due to small sample size and low response rates.

**Table 1. Survey Completion Rates**

<b>DESCRIPTION</b>	<b>QUOTA</b>	<b>COMPLETED</b>
Pensacola CMS	60	61
Panama City CMS	60	60
Tallahassee CMS	60	60
Jacksonville CMS	60	60
Daytona CMS	60	60
Gainesville CMS	60	60
Lakeland CMS	60	62
St. Pete CMS	60	60
Tampa CMS	60	60
Rockledge CMS	60	45
Sarasota CMS	60	38
Ft. Myers CMS	60	43
Ft. Pierce CMS	60	60
W. Palm CMS	60	60
Ft. Lauderdale CMS	60	60
Miami CMS	60	61
Marathon CMS	60	28
CMAT	250	249
MFC	85	31
Ft Myers PC	70	70
Gainesville Ocala PC	70	70
Jacksonville PC	70	70
Ocala PC	70	70
Orlando PC	70	46
Panama City PC	70	70
Pensacola PC	70	70
Rockledge PC	70	70
Tallahassee PC	70	70
Sarasota PC	70	70
Miami PC	70	70
Naples Title 21	70	43
Safety Net	300	300
<b>TOTAL</b>	<b>2495</b>	<b>2307</b>

Enrollment files and survey questions are the basis for the descriptive statistics provided in the report. These include: demographics, health status, usual source of care, primary and specialty care experiences, and care coordination. Summary statistics are also included for the ancillary program questions. For example, MFC enrollees answered five additional questions that other enrollees did not.

The CAHPS, Version 3.0 was used to assess families' satisfaction with the CMSN program.<sup>2</sup> Specifically, the Medicaid module for children was used with supplemental questions addressing care for CSHCN. CAHPS reports composite scores that are concise and easy to interpret. The following CAHPS composites were assessed:

1) *Parents' experiences with getting needed care*

- How much of a problem was it to get a doctor or nurse you are happy with
- How much of a problem was it to see a specialist
- How much of a problem was it to get the care, treatment you believed to be necessary
- How much of a problem were delays in health care while you waited for approval from your health plan

2) *Parents' experiences with getting care quickly*

- When you called during regular office hours how often did you get the help you needed
- When your child needed care right away, how often did you get it
- How often did your child get an appointment as soon as you wanted
- How often was your child taken to the exam room within 15 minutes

3) *Parents' experiences with how well doctors communicate*

- How often do your doctors listen to you carefully
- How often do your health providers explain things in a way you can understand
- How often do your providers show respect for what you had to say
- How often do your health providers explain things in a way your child can understand
- How often did providers spend enough time with your child

4) *Parents' experiences with the courtesy, respect, and helpfulness of the office staff*

- How often did the staff treat you and your child with respect
- How often were the staff as helpful as you thought they should be

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<sup>2</sup> National Commission on Quality Assurance. HEDIS 2003: Specifications for Survey Measures. Washington, D.C.: 2002.

- 5) *Parents' experiences with health plan customer service, information, and paperwork*
  - What number would you use to rate your child's health plan (0 to 10, where 0 is the worst)
  - How much was it a problem to understand information from the health plan
  - How much of a problem was it to get help when you called customer service
  - How much of a problem did you have with paperwork
- 6) *Parents' experiences with prescription medicine*
  - How much of a problem was it to get medicine
- 7) *Parents' experiences getting specialized services for their children*
  - How much of a problem was it to get special medical equipment
  - How much of a problem was it to get special therapy
  - How much of a problem was it to get treatment counseling
- 8) *Family-centered care*
  - Experiences with the child's personal doctor or nurse
  - Experiences with shared decision- making
  - Experiences with getting needed information about their child's care
- 9) *Parents' experiences with coordination of their child's care*
  - Did you get the help you needed from your providers in contacting your child's school/daycare
  - Did anyone help coordinate your child's care with other providers/services

A mean score was calculated for each of the composites, which ranged from 0 to 100 percent, with 100 percent being fully satisfied. It should be noted that prior to all the CAHPS composite questions, the respondent was asked if he/she had the experience that served as the basis to answer the question. For example, the respondent was first asked if they had called their doctor's office for help in the past 12 months before asking them if they were satisfied with the help they had received. If the respondent indicated that they did not have that experience, the interviewer skipped to the next question. Therefore, the composite scores represent the average experiences of the respondents who had experience to comment on, versus the entire survey pool.

The CSHCN Screener was used to determine the number of condition consequences that the child was experiencing at the time of the telephone survey. The CSHCN Screener uses parent reports to assess whether the child: 1) has activity limitations when compared to other children of his or her age; 2) needs or uses medications; 3) needs or uses specialized therapies such as physical therapy; 4) has an above-routine need for the use of medical, mental health or educational services; or, 5) needs or receives treatment or counseling for

an emotional, behavioral or developmental problem.<sup>3</sup> For each of these areas, the respondent is also asked if the child has limitations, medication dependency, or uses/needs services because of a condition that has lasted or is expected to last for 12 months or longer.

The CSHCN Screener is based on the following Maternal and Child Health Bureau definition:

CSHCN are children “*who have or are at elevated risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type or amount not usually required by children.*”<sup>4</sup>

If the child had one or more of the consequences listed above due to a condition that lasted or was expected to last for 12 months or longer, then he or she was considered to have special health care needs and to be experiencing consequences from his/her condition. It is important to note that all children in CMS must meet medical eligibility criteria before they are accepted into the program. The CSHCN Screener is based on parent report, which reflects the parent’s understanding of the child’s needs and condition. Some children in this report were not experiencing any consequences from their conditions. However, all of them met medical eligibility criteria to be in the program.

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3 Bethell CD, Read D, Stein REK, Blumberg SJ, Wells N, and Newacheck PW. 2002 “Identifying Children With Special Health Care Needs: Development And Evaluation of a Short Screening Instrument.” *Ambulatory Pediatrics* 2:38-48.

4 Maternal and Child Health Bureau. 1995. *Definition of Children with Special Health Care Needs* Division of Services for Children with Special Health Care Needs. Rockville, MD.

#### IV. Demographic Characteristics

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The families' and children's sociodemographic characteristics can influence satisfaction with health care. As discussed previously, data taken from the enrollment files, and some survey questions, were used to describe the enrollees' demographics by program.

**Figure 1: Mean Age of Targeted Child by Program**

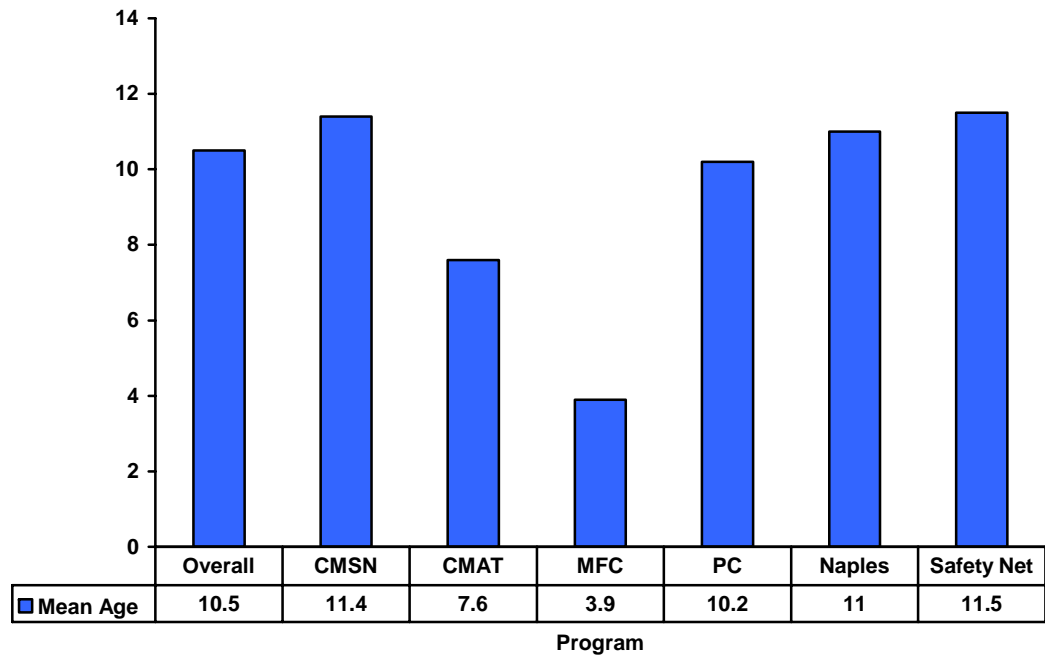


Figure 1 shows the mean age of enrolled children, by program. The mean age overall in the CMSN program is 10.5 years. MFC enrollees, who are on average 3.9 years old (with a standard deviation of 3.5), are the youngest group in the sample. This might be a manifestation of one of the program's goals, which is to reunite children with their biological families when appropriate. Children enrolled in the CMAT and PC programs have an average age of 7.6 (standard deviation 8.3) and 10.2 years old (standard deviation

10.2), respectively. There are no significant differences in the average ages of the CMSN, Naples and Safety- Net programs. Standard deviations associated with the mean ages for these programs are: 9.2, 4.3, and 7.6, respectively.

Table 2 gives the results of five demographic questions by program. For each program the number of the respondents that chose that answer (n) and the percentage (%) are presented. The child's race/ethnicity by program is categorized by: White non-Hispanic, Black non-Hispanic, Hispanic, and Other. Overall, 46 percent of the enrollees are White non-Hispanics, 26 percent are Black non-Hispanic, 20 percent are Hispanic, and 7 percent are classified as Other. Across the programs, with the exception of MFC and Naples, White non-Hispanic enrollees make up the largest group in the sample. However, in the CMAT group this is less pronounced with 40 percent White non-Hispanics and 35 percent Black non-Hispanics. The Hispanic percentage is highest in the Naples group, but does not significantly vary in the other five groups. The majority of the children in MFC are black, although the small sample size may not be representative of the entire program.

If the respondent indicated that the child was Hispanic, the survey then asked the child's lineage. In the overall sample, 49 percent of Hispanic enrollees were of Mexican origin, 29 percent Puerto Rican, 17 percent Cuban, and 5 percent Dominican. In the Naples group, which had the highest concentration of Hispanics, over 90 percent were Mexican. Hispanic children enrolled in the MFC program, albeit a small number, were 100 percent Puerto Rican. Ethnicity did not vary significantly across the remaining four programs.

Next, the table illustrates the distribution of parent's education by program. The results show that educational attainment was relatively consistent across programs. Parents with less than a high school education made up 27 percent of the overall sample, while 25 percent had some vocational training. An Associates degree or higher and a high school diploma both accounted for 23 percent of overall parental educational attainment. Parent's education attainment in the MFC program was the highest, with 55 percent who had attained an Associates degree or higher, while parents in the Naples program had the lowest educational attainment, with 33 percent having less than a high school diploma.

Finally, the table presents the results of respondents being asked two questions about their household type. The table shows the results for marital status and single parent versus two parent household. Overall, enrollees live in married, two parent households. The programs with the smallest percentages of two parent households, and the highest percentage of divorce, were CMSN and PC. National data have shown that the number of single parent families in the United States has been rising<sup>5</sup>, even though divorce rates have recently fallen. The results presented in the table are indicative of national trends.

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<sup>5</sup> United States Census Bureau, [www.census.gov](http://www.census.gov), June 2005.

Table 2. Demographic Characteristics

		Total		Children's Medical Services		Children's Multidisciplinary Assessment Team		Medical Foster Care		Primary Care		Naples Title 21		Safety Net	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%
		<i>Child's Race Ethnicity</i>	Hispanic	467	20.4%	200	21.4%	45	18.3%	4	12.9%	144	19.5%	20	47.6%
	White, non-Hispanic	1,053	46.0%	428	45.8%	99	40.2%	10	32.3%	328	44.4%	12	28.6%	176	59.1%
	Black, non-Hispanic	605	26.4%	238	25.5%	85	34.6%	15	48.4%	211	28.6%	7	16.7%	49	16.4%
	Other race, non-Hispanic	165	7.2%	69	7.4%	17	6.9%	2	6.5%	55	7.5%	3	7.1%	19	6.4%
<i>If Hispanic, which group(s) does CHILD belong to?</i>	Mexican, Mexican-American, Chicano	149	48.7%	58	44.6%	17	53.1%	0	0.0%	38	41.8%	14	93.3%	22	61.1%
	Puerto Rican	90	29.4%	39	30.0%	10	31.3%	2	100.0%	31	34.1%	0	0.0%	8	22.2%
	Cuban	52	17.0%	29	22.3%	2	6.3%	0	0.0%	18	19.8%	1	6.7%	2	5.6%
	Dominican Republic	15	4.9%	4	3.1%	3	9.4%	0	0.0%	4	4.4%	0	0.0%	4	11.1%
<i>Parent's Education</i>	Not High School Grad	629	27.4%	250	26.8%	68	27.5%	1	3.2%	237	31.9%	14	32.6%	59	19.9%
	HS Diploma or GED	557	24.3%	251	26.9%	42	17.0%	3	9.7%	172	23.1%	9	20.9%	80	26.9%
	Voc Training/Some College	577	25.1%	219	23.5%	68	27.5%	10	32.3%	195	26.2%	12	27.9%	73	24.6%
	Associates degreee or higher	532	23.2%	213	22.8%	69	27.9%	17	54.8%	140	18.8%	8	18.6%	85	28.6%
<i>How would you describe your household?</i>	Single parent household	878	38.3%	378	40.6%	99	40.2%	7	22.6%	309	41.6%	13	30.2%	72	24.1%
	Two parent household	1,415	61.7%	553	59.4%	147	59.8%	24	77.4%	434	58.4%	30	69.8%	227	75.9%
<i>Your marital status is:</i>	Married	1,245	73.5%	486	70.1%	136	75.1%	24	85.7%	373	72.1%	25	78.1%	201	82.7%
	Common Law	35	2.1%	14	2.0%	3	1.7%	0	0.0%	11	2.1%	1	3.1%	6	2.5%
	Divorced	300	17.7%	134	19.3%	34	18.8%	3	10.7%	98	19.0%	4	12.5%	27	11.1%
	Separated	114	6.7%	59	8.5%	8	4.4%	1	3.6%	35	6.8%	2	6.3%	9	3.7%



## V. Health Characteristics

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Table 3 contains a summary of the CSHCN Screener results and additional questions asked to measure health status. Understanding enrollee's health characteristics is important. Enrollees in poorer health often require more services, a greater variety of services, and care coordination from their health plans. These children are particularly vulnerable to adverse outcomes due to variations in health care quality. Therefore, it is important to understand the enrollees' health status so satisfaction with and access to care can be monitored closely for those children.

Additionally, health status measures have the potential to be used to assess changes in enrollees' health across time. Often, particularly in Medicaid Programs, enrollees are not enrolled long enough or followed for a sufficient time period to detect long-term changes in health status. However, the potential exists to measure health status changes across time and documenting enrollee health status in surveys such as this one is an important step in assessing outcomes of care.

Table 3 contains overall and by program summaries of the CSHCN Screener results and additional health status measures. As previously described, the CSHCN Screener is designed to assess the presence of special health care needs and the number of condition consequences the children were experiencing. By definition, all children in CMS have special needs or they would not be enrolled in the program. The CSHCN Screener is based on parent report and provides information about the consequences that a child is experiencing because of his or her condition. However, in prior studies with the CMSN population using the CSHCN Screener, not all children are identified with special needs using the Screener criteria.

The CSHCN Screener questions focus on the three domains: 1) limitations in functioning (referred to as limited in Table 3), 2) dependency on compensatory devices and/or medication (referred to as Needs Meds in Table 3), and 3) service use or care that is higher than would be expected for other children of the same age (referred to as Needs Care in Table 3). These three domains result in seven different ways a child can be experiencing condition consequences. These seven different categories usually are collapsed to describe whether the child has no, one, two, or three consequences of his or her condition. Specifically, a child could be identified by the following:

1. Needs Meds only,
2. Needs Care only,
3. Limited only,

4. Needs Meds and Limited,
5. Needs Care and Limited,
6. Needs Meds and Needs Care, and
7. All three.

Using the CSHCN Screener, 81 percent of the overall child enrollees have a special health care need and are experiencing one or more condition consequences. Of those 81 percent; 15 percent had one condition consequence, 25 percent had two condition consequences, and 42 percent had all three condition consequences. With the exception of Primary Care and Naples, this distribution was very similar across programs. Within the Naples program 32% met two screener criteria and in the Primary Care program 31% met three criteria..

In Florida, it is estimated that 12.8 percent of children have a special need based on a national CSHCN Survey<sup>6</sup>. This survey gathered information on enough children in each state to allow for the development of state-level estimates on the number of CSHCN. As expected, the CMS programs evaluated in this report have a significantly higher percentage of CSHCN than the general population estimates in the state. It should be noted that the remaining 19 percent of the overall sample did not have a special need based on the CSHCN Screener. The Institute for Child Health Policy has written several reports providing possible explanations for this finding including: parents not answering the questions honestly due to fears about discussing their children's health conditions, parents not understanding the questions for cultural or educational reasons, and parents not viewing the condition as truly chronic.

Specifically, in prior research with this population and other groups enrolled in Florida KidCare, staff at the Institute for Child Health Policy have documented that children who have parents with less than an 8<sup>th</sup> grade education are less likely to be identified as CSHCN using the Screener than those with better educated parents. In addition, those who are Hispanic or Black non-Hispanic are less likely to be identified as CSHCN relative to White non-Hispanics. Some of the reasons for this may include cultural differences in how the questions are understood and poor access to care for the children. For example, many of the Screener items ask about the use of medications or health care services. If a child has had poor access to care the family may respond negatively to those items. Once the child has access to care, he or she may in fact need medications and increased health care services, thereby qualifying him or her as a CSHCN.

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6 2002 National Survey of Children with Special Health Care Needs

The next series of questions in Table 3 focused on the child missing school, engaging in usual activities, and spending time in bed. On average, children missed school about 33 percent of the time, with the highest frequency in MFC (63 percent). However, 72 percent of the time that children did miss school was due to a special health care need.

Only 25 percent of children in the overall sample were unable to engage in usual activities. This was similar across all programs, and the overwhelming reason was attributed to special health care needs. Similar patterns were seen in regards to children that spent time in bed.

Results from this table should be carefully interpreted. While it is encouraging that the majority of children with special health care needs are functioning as usual, not missing school, and not spending unnecessary time in bed, the small percentage that are not engaging in normal activities may be requiring costly care that needs to be administered as efficiently as possible.

**Table 3. Health Status as Measured by the CSHCN Screener**

		Total		Children's Medical Services		Children's Multidisciplinary Assessment Team		Medical Foster Care		Primary Care		Naples Title 21		Safety Net	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%
		<b>CSHCN Summary: How many of the three CSHCN screeners were met?</b>	Met no screener	421	18.9%	144	16.0%	10	4.2%	1	3.2%	198	27.5%	10	24.4%
	One screener met	330	14.8%	142	15.7%	13	5.4%	2	6.5%	130	18.1%	10	24.4%	33	11.2%
	Two screeners met	551	24.7%	237	26.3%	42	17.6%	7	22.6%	169	23.5%	13	31.7%	83	28.2%
	Three screeners met	925	41.5%	379	42.0%	174	72.8%	21	67.7%	223	31.0%	8	19.5%	120	40.8%
<b>CSHCN Domain Combinations, Scored 0-8</b>	Met Need Meds	122	6.5%	51	6.4%	2	0.9%	0	0.0%	52	9.6%	5	15.2%	12	5.0%
	Met Need Care	143	7.6%	64	8.1%	9	3.8%	1	3.2%	53	9.8%	2	6.1%	14	5.8%
	Met Limited	32	1.7%	16	2.0%	3	1.3%	0	0.0%	8	1.5%	2	6.1%	3	1.2%
	Met Need Meds and Limited	28	1.5%	14	1.8%	0	0.0%	0	0.0%	11	2.0%	2	6.1%	1	0.4%
	Met Needs Care and Limited	227	12.1%	99	12.5%	18	7.7%	2	6.5%	66	12.2%	7	21.2%	35	14.5%
	Met Needs Meds and Needs Care	354	18.9%	153	19.3%	19	8.1%	7	22.6%	116	21.4%	6	18.2%	53	22.0%
	Met All 3	968	51.7%	394	49.8%	184	78.3%	21	67.7%	237	43.6%	9	27.3%	123	51.0%
<i>In the last two weeks, did he or she miss any school that he/she was regularly scheduled to attend</i>	Yes	597	33.2%	222	29.1%	85	53.5%	10	62.5%	210	36.1%	15	38.5%	55	23.1%
	No	1,200	66.8%	542	70.9%	74	46.5%	6	37.5%	371	63.9%	24	61.5%	183	76.9%
<i>Would you say CHILD missed school because of his or her special health care needs?</i>	Yes	428	72.1%	158	71.5%	70	83.3%	7	70.0%	139	66.5%	9	60.0%	45	81.8%
	No	166	27.9%	63	28.5%	14	16.7%	3	30.0%	70	33.5%	6	40.0%	10	18.2%
<i>At any time in the last two weeks, was CHILD unable to engage in his or her usual activities?</i>	Yes	564	24.5%	221	23.6%	91	36.8%	8	26.7%	169	22.7%	11	25.6%	64	21.4%
	No	1,737	75.5%	715	76.4%	156	63.2%	22	73.3%	577	77.3%	32	74.4%	235	78.6%
<i>Would you say CHILD was unable to engage in his/her usual activities because of a special health care need?</i>	Yes	457	81.5%	175	79.5%	79	87.8%	7	87.5%	133	78.7%	9	81.8%	54	85.7%
	No	104	18.5%	45	20.5%	11	12.2%	1	12.5%	36	21.3%	2	18.2%	9	14.3%
<i>During the last 2 weeks did CHILD spend all or part of the day in bed, when he/she would normally have been awake?</i>	Yes	343	14.9%	120	12.8%	69	28.0%	4	12.9%	93	12.5%	5	11.6%	52	17.3%
	No	1,956	85.1%	817	87.2%	177	72.0%	27	87.1%	649	87.5%	38	88.4%	248	82.7%
<i>Would you say that CHILD spent all or part of the day in bed because of a special health care need?</i>	Yes	237	70.3%	83	70.9%	59	85.5%	2	50.0%	57	63.3%	4	80.0%	32	61.5%
	No	100	29.7%	34	29.1%	10	14.5%	2	50.0%	33	36.7%	1	20.0%	20	38.5%

## VI. Usual Source of Care

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Table 4 contains a summary of the findings about a child's usual source of care by program. The parent was first asked whether the child had a usual source of care or not. This usual source of care could be a person or a place. If the parent or guardian answered that the child did have a usual source of care, a follow up question was asked to determine what type of provider served as the usual source of care. If the parent or guardian answered that the child did not have a usual source of care, a follow up question was asked to understand the reasons why the child may not have a person or place providing most of his/her care. For example, costs of medical care or appointment availability are reasons children may lack a usual source of care. In addition, the CAHPS questions ask whether the child has *one person that is his or her personal doctor or nurse*. Results from that question are complicated by the fact that not all settings are likely to result in a child enrollee seeing one person for most of his or her care. In some clinic settings for example, an enrollee may see a different primary care physician at each visit.

Most child enrollees have a usual person or place where they receive the majority of their care. Ninety- two percent of CMS enrollees have a usual source of care compared to about 75 percent of the uninsured.<sup>7</sup> This was consistent across programs, with MFC highest (100 percent) and Safety Net the lowest (90 percent). Seventy-five percent of parents or guardians of CMS enrollees are reporting that the usual source of care is at a doctor's office outside a hospital. Overall, the use of the hospital emergency room as a usual source of care was low at 11 percent. Across programs, 12 percent of CMAT enrollees used a hospital clinic, and Naples had 16 percent who used the hospital emergency room.

Of the six percent of child enrollees that do not have a usual source of care, the reasons provided were: 1) the child is seldom ill, 2) have not selected a doctor, and 3) do not know where to go for care. By program, child enrollees without a usual source of care ranged from 0 (MFC) to 10 (Safety Net) percent. Almost all enrollees without a usual source of care indicated that the reason was their child was seldom ill.

Overall, the findings about a usual source of care are positive. The majority of children enrolled in the CMS programs were reported to have a person or place serving as their usual source of care. A usual source of care is associated with prompt detection and treatment of health problems and is considered an important quality indicator.<sup>8</sup>

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7 Shenkman E, Bono C. *Uninsured Children and Their Access to Care*. Gainesville, Florida: Institute for Child Health Policy; 2002.

8 Starfield B. *Primary Care: Concept, Evaluation, and Policy*. New York: Oxford University Press; 1992.

**Table 4. Usual Source of Care**

		Total		Children's Medical Services		Children's Multidisciplinary Assessment Team		Medical Foster Care		Primary Care		Naples Title 21		Safety Net	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%
<i>Is there currently a particular doctors office, clinic, health center, or other place where you would take CHLD if s/he is sick or needs advice about his/her health?</i>	Yes	2,105	92.2%	852	92.4%	234	94.7%	31	100.0%	676	91.2%	42	97.7%	270	90.3%
	No	178	7.8%	70	7.6%	13	5.3%	0	0.0%	65	8.8%	1	2.3%	29	9.7%
<i>What kind of place is that? Is it</i>	A hospital ER	186	10.9%	78	11.7%	18	9.3%	2	6.9%	58	10.5%	5	16.1%	25	10.9%
	A clinic at a hospital	126	7.4%	42	6.3%	23	11.9%	2	6.9%	38	6.9%	1	3.2%	20	8.7%
	A particular doctors office outside of a hospital	1,276	75.0%	513	76.7%	141	73.1%	23	79.3%	409	74.4%	23	74.2%	167	72.6%
	A particular doctors office inside a hospital	114	6.7%	36	5.4%	11	5.7%	2	6.9%	45	8.2%	2	6.5%	18	7.8%
<i>Please tell me the main reason your child does not have a usual source of care since joining the program</i>	Seldom or never gets sick	54	81.8%	18	81.8%	3	75.0%	0	0.0%	23	79.3%	1	100.0%	9	90.0%
	Have not selected a doctor yet	5	7.6%	2	9.1%	0	0.0%	0	0.0%	3	10.3%	0	0.0%	0	0.0%
	Do not know where to go for care	5	7.6%	2	9.1%	0	0.0%	0	0.0%	3	10.3%	0	0.0%	0	0.0%
	Could not find provider	2	3.0%	0	0.0%	1	25.0%	0	0.0%	0	0.0%	0	0.0%	1	10.0%
<i>In the last 12 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?</i>	Yes	618	35.7%	222	31.3%	103	57.5%	10	58.8%	181	32.0%	11	35.5%	91	39.7%
	No	1,113	64.3%	488	68.7%	76	42.5%	7	41.2%	384	68.0%	20	64.5%	138	60.3%

## VII. Routine Care

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The CAHPS contains questions about parents or guardians' experiences in obtaining routine and specialty care for child enrollees. Table 5 describes the results obtained when respondents were asked about their experiences in calling doctors' offices. Seventy-six percent of parents or guardians called a doctor's office for help or advice in the 12 months preceding the survey. Eighty-nine percent of parents or guardians reported that they usually to always got the help they needed regarding their child's health. This result was consistent across all programs

Table 5 also shows the results for children for obtaining routine care. For the 12 months preceding the survey, about 58 percent of child enrollees required immediate care for an illness or injury. Of those children who needed this type of care, 91 percent of the parents or guardians reported that they usually to always received the care for their children as soon as they wanted. Naples had the lowest percent of child who required immediate care (51 percent), while CMAT had the highest (79 percent).

Table 6 shows that 80 percent of enrollees in CMS programs made appointments for routine or regular care in the twelve months preceding the survey. The majority received an appointment for such care as soon as they wanted. Overall, 62 percent of parents and guardians reported having appointments in 3 days or less from the day they wanted care. Parents or guardians of child enrollees reporting having appointments in 3 days or less from the day they wanted care ranged from 56 percent (Safety Net) to 68 percent (MFC).

Seventy-seven percent of children experienced no problems obtaining care that the parent, guardian, or doctor believed necessary. By program, respondents experienced no problems obtaining care that they or a doctor believed necessary ranging from 73 percent (CMAT) to 85 percent (MFC) of the time. A follow up question was asked regarding whether parents or guardians experienced delays in their child's health care while they waited for approval from their child's health plan. Sixty percent reported no delays and 40 percent reported experiencing small to big delays. Overall, 82 percent of parents or guardians believed that they were always treated with courtesy and respect. In addition, 88 percent of parents or guardians in the overall sample reported that the provider office staff was usually to always helpful. No significant differences were seen in the treatment and helpfulness of office staff across programs.

**Table 5. Routine Care- General**

		Total		Children's Medical Services		Children's Multidisciplinary Assessment Team		Medical Foster Care		Primary Care		Naples Title 21		Safety Net	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%
		<i>In the last 12 months, did you call a doctors office or clinic during regular office hours to get help or advice for your child?</i>	Yes	1,749	75.8%	708	75.4%	215	86.7%	28	90.3%	545	73.2%	28	65.1%
	No	557	24.2%	231	24.6%	33	13.3%	3	9.7%	200	26.8%	15	34.9%	75	25.0%
<i>In the last 12 months, when you called during regular office hours, how often did you get the help or advice you needed for your child?</i>	Never	25	1.4%	15	2.1%	3	1.4%	0	0.0%	6	1.1%	0	0.0%	1	0.4%
	Sometimes	170	9.8%	79	11.2%	20	9.3%	1	3.6%	52	9.6%	3	10.7%	15	6.7%
	Usually	322	18.5%	133	18.9%	38	17.8%	5	17.9%	85	15.7%	5	17.9%	56	25.0%
	Always	1,222	70.3%	477	67.8%	153	71.5%	22	78.6%	398	73.6%	20	71.4%	152	67.9%
<i>In the last 12 months, did your child have an illness or injury that needed care right away from a doctors office, clinic, or ER?</i>	Yes	1,333	57.8%	528	56.2%	195	78.6%	20	64.5%	404	54.4%	22	51.2%	164	54.5%
	No	972	42.2%	411	43.8%	53	21.4%	11	35.5%	339	45.6%	21	48.8%	137	45.5%
<i>In the last 12 months, when your child needed care right away for an illness or injury, how often did your child get care as soon as you wanted?</i>	Never	18	1.4%	9	1.7%	4	2.1%	0	0.0%	4	1.0%	0	0.0%	1	0.6%
	Sometimes	107	8.1%	40	7.6%	15	7.7%	0	0.0%	32	7.9%	3	13.6%	17	10.4%
	Usually	237	17.8%	99	18.8%	40	20.6%	1	5.0%	64	15.9%	1	4.5%	32	19.6%
	Always	966	72.7%	378	71.9%	135	69.6%	19	95.0%	303	75.2%	18	81.8%	113	69.3%

Table 6 also shows the results of several addition questions related to routine care. For most of the routine care measure, respondents indicated that getting an appointment, and office staff interaction were usually to always satisfactory. Table 6 points out that there may be room for improvement in regards to the amount of time children must wait to be taken to an exam room. If 15 minutes is an adequate benchmark given the workload of providers, then parents were usually to always satisfied only about half of the time (48 percent in the overall sample). This was true across programs, which indicates that the problem is not localized, but perhaps systemic.



**Table 6. Routine Care**

		Total		Children's Medical Services		Children's Multidisciplinary Assessment Team		Medical Foster Care		Primary Care		Naples Title 21		Safety Net	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%
		<i>In the last 12 months, did you make any appointments for your child with a doctor or other health provider for regular or routine health care?</i>	Yes	1,844	80.1%	752	80.3%	215	87.4%	28	90.3%	574	77.3%	31	72.1%
	No	457	19.9%	185	19.7%	31	12.6%	3	9.7%	169	22.7%	12	27.9%	57	18.9%
<i>In the last 12 months, how often did your child get an appointment for regular or routine health care as soon as you wanted?</i>	Never	18	1.0%	11	1.5%	1	0.5%	0	0.0%	4	0.7%	0	0.0%	2	0.8%
	Sometimes	189	10.3%	82	11.0%	19	8.8%	2	7.1%	57	10.0%	5	16.1%	24	9.9%
	Usually	485	26.4%	202	27.0%	65	30.2%	9	32.1%	120	21.0%	7	22.6%	82	33.7%
	Always	1,143	62.3%	452	60.5%	130	60.5%	17	60.7%	390	68.3%	19	61.3%	135	55.6%
<i>In the last 12 months, how much of a problem, if any, was it to get care for your child that you or a doctor believed necessary?</i>	A big problem	124	7.3%	56	8.1%	20	9.3%	0	0.0%	30	6.0%	2	6.5%	16	7.1%
	A small problem	259	15.3%	112	16.2%	37	17.3%	4	14.3%	67	13.5%	4	12.9%	35	15.5%
	Not a problem	1,305	77.3%	524	75.7%	157	73.4%	24	85.7%	400	80.5%	25	80.6%	175	77.4%
<i>In the last 12 months, how much of a problem, if any, were delays in your child's health care while you waited for approval from your child's health plan?</i>	A big problem	113	12.7%	50	13.4%	13	11.7%	1	6.3%	27	10.8%	2	10.0%	20	16.7%
	A small problem	245	27.6%	101	27.2%	32	28.8%	2	12.5%	67	26.9%	2	10.0%	41	34.2%
	Not a problem	530	59.7%	221	59.4%	66	59.5%	13	81.3%	155	62.2%	16	80.0%	59	49.2%
<i>In the last 12 months, how often was your child taken to the exam room within 15 minutes of your appointment?</i>	Never	481	22.2%	217	24.6%	51	21.7%	6	20.0%	136	19.5%	12	29.3%	59	20.8%
	Sometimes	647	29.9%	264	30.0%	77	32.8%	9	30.0%	203	29.1%	14	34.1%	80	28.3%
	Usually	568	26.2%	226	25.7%	69	29.4%	11	36.7%	180	25.8%	6	14.6%	76	26.9%
	Always	471	21.7%	174	19.8%	38	16.2%	4	13.3%	178	25.5%	9	22.0%	68	24.0%
<i>In the last 12 months, how often did office staff at your child's doctor's office or clinic treat you and your child with courtesy and respect?</i>	Never	32	1.5%	14	1.6%	4	1.7%	0	0.0%	10	1.4%	2	4.8%	2	0.7%
	Sometimes	123	5.6%	49	5.5%	9	3.8%	2	6.7%	47	6.7%	4	9.5%	12	4.2%
	Usually	235	10.8%	90	10.1%	31	13.1%	3	10.0%	56	8.0%	7	16.7%	48	16.9%
	Always	1,792	82.1%	736	82.8%	193	81.4%	25	83.3%	587	83.9%	29	69.0%	222	78.2%
<i>In the last 12 months, how often were office staff at your child's doctor's office or clinic as helpful as you thought they should be?</i>	Never	38	1.7%	13	1.5%	5	2.1%	0	0.0%	15	2.1%	3	7.1%	2	0.7%
	Sometimes	227	10.4%	88	9.9%	19	8.1%	3	10.0%	78	11.1%	6	14.3%	33	11.7%
	Usually	376	17.2%	173	19.4%	46	19.6%	7	23.3%	83	11.8%	7	16.7%	60	21.2%
	Always	1,542	70.6%	618	69.3%	165	70.2%	20	66.7%	525	74.9%	26	61.9%	188	66.4%

Table 7 below gives results for the survey questions related to routine care and physician communication. In the overall sample, respondents were the least satisfied with how often they received specific information they needed from providers (59 percent always did). Seventy -nine percent in the overall sample were always satisfied with how often their child's providers explained things in a way they could understand. Across programs, the Naples group seemed to have the least satisfied respondents with 50 percent always satisfied with the ability to get specific information and 54 percent being able to easily discuss questions and concerns.

**Table 7. Routine Care- Parent Provider Interaction**

		Total		Children's Medical Services		Children's Multidisciplinary Assessment Team		Medical Foster Care		Primary Care		Naples Title 21		Safety Net	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%
<i>In the last 12 months, how often did your child's doctors or other health providers listen carefully to you?</i>	Never	29	1.3%	13	1.5%	5	2.1%	0	0.0%	9	1.3%	1	2.4%	1	0.4%
	Sometimes	186	8.5%	80	9.0%	20	8.4%	2	6.7%	59	8.4%	6	14.3%	19	6.7%
	Usually	342	15.7%	141	15.8%	43	18.1%	6	20.0%	88	12.6%	5	11.9%	59	20.8%
	Always	1,626	74.5%	656	73.7%	169	71.3%	22	73.3%	545	77.7%	30	71.4%	204	72.1%
<i>In the last 12 months, how often did you have a hard time speaking with or understanding your child's doctors or other health providers because they spoke different languages?</i>	Never	1,745	80.0%	716	80.7%	188	79.7%	27	90.0%	556	79.3%	33	78.6%	225	79.2%
	Sometimes	288	13.2%	116	13.1%	32	13.6%	2	6.7%	85	12.1%	8	19.0%	45	15.8%
	Usually	53	2.4%	17	1.9%	5	2.1%	0	0.0%	24	3.4%	0	0.0%	7	2.5%
	Always	94	4.3%	38	4.3%	11	4.7%	1	3.3%	36	5.1%	1	2.4%	7	2.5%
<i>In the last 12 months, how often did your child's doctors or other health providers explain things in a way you could understand?</i>	Never	47	2.2%	23	2.6%	4	1.7%	0	0.0%	11	1.6%	3	7.3%	6	2.1%
	Sometimes	134	6.1%	56	6.3%	13	5.5%	1	3.3%	48	6.8%	1	2.4%	15	5.3%
	Usually	268	12.3%	115	12.9%	33	14.0%	3	10.0%	69	9.8%	7	17.1%	41	14.4%
	Always	1,735	79.4%	697	78.2%	186	78.8%	26	86.7%	574	81.8%	30	73.2%	222	78.2%
<i>In the last 12 months, how often did your child's doctors or other health providers show respect for what you had to say?</i>	Never	27	1.2%	14	1.6%	2	0.8%	0	0.0%	6	0.9%	1	2.4%	4	1.4%
	Sometimes	138	6.3%	61	6.8%	18	7.6%	2	6.7%	42	6.0%	2	4.8%	13	4.6%
	Usually	283	13.0%	121	13.6%	44	18.6%	3	10.0%	67	9.6%	5	11.9%	43	15.1%
	Always	1,737	79.5%	695	78.0%	173	73.0%	25	83.3%	586	83.6%	34	81.0%	224	78.9%
<i>In the last 12 months, did you have any questions or concerns about your child's health or health care?</i>	Yes	1,302	59.7%	510	57.4%	172	72.9%	21	70.0%	384	54.8%	24	57.1%	191	67.3%
	No	880	40.3%	379	42.6%	64	27.1%	9	30.0%	317	45.2%	18	42.9%	93	32.7%
<i>In the last 12 months, how often did your child's doctors or other health providers make it easy for you to discuss your questions or concerns?</i>	Never	33	2.5%	12	2.4%	5	2.9%	1	4.8%	10	2.6%	2	8.3%	3	1.6%
	Sometimes	164	12.6%	66	13.0%	25	14.5%	1	4.8%	46	12.0%	4	16.7%	22	11.6%
	Usually	286	22.1%	116	22.8%	43	25.0%	7	33.3%	75	19.6%	5	20.8%	40	21.1%
	Always	814	62.8%	314	61.8%	99	57.6%	12	57.1%	251	65.7%	13	54.2%	125	65.8%
<i>In the last 12 months, how often did you get the specific information you needed from your child's doctors and other health providers?</i>	Never	22	1.7%	8	1.6%	3	1.7%	0	0.0%	7	1.8%	2	8.3%	2	1.0%
	Sometimes	195	15.0%	77	15.1%	24	14.0%	1	4.8%	57	14.9%	5	20.8%	31	16.2%
	Usually	311	23.9%	127	24.9%	52	30.2%	4	19.0%	75	19.6%	5	20.8%	48	25.1%
	Always	772	59.4%	298	58.4%	93	54.1%	16	76.2%	243	63.6%	12	50.0%	110	57.6%
<i>In the last 12 months, how often did you have your questions answered by your child's doctors or other health providers?</i>	Never	14	1.1%	6	1.2%	1	0.6%	0	0.0%	4	1.0%	1	4.2%	2	1.0%
	Sometimes	121	9.3%	48	9.5%	17	9.9%	1	4.8%	35	9.1%	2	8.3%	18	9.4%
	Usually	283	21.8%	123	24.3%	44	25.6%	2	9.5%	66	17.2%	3	12.5%	45	23.6%
	Always	879	67.8%	329	65.0%	110	64.0%	18	85.7%	278	72.6%	18	75.0%	126	66.0%

## VIII. Specialty Care

Seventy-two percent of child enrollees needed to see a specialist in the 12 months preceding the telephone survey. Although approximately 78 percent of parents or guardians reported that it was not a problem to get a referral to a specialist, 22 percent experienced some problems (Table 8). Furthermore, when asked a follow up question about problems in seeing the specialist, 24 percent experienced some problems.

In reviewing the results by program, parent or guardian reports of experiencing problems with *getting a referral* to a specialist ranged from 7 percent (MFC) to 27 percent (Naples). Parents or guardians reports of experiencing problems in *seeing* the specialist ranged from 10 percent (MFC) to 25 percent (CMSN). Access to specialty care may vary due to different factors including geographic barriers within Florida, a shortage of specialists participating in the program, and primary care provider variability in the management of specialty referrals. The overall results about specialty care continue to be positive. However, in follow up evaluations, CMS staff may want to consider adding some additional items asking about the type of difficulty that families experienced in obtaining such care.

**Table 8. Specialty Care**

		Total		Children's Medical Services		Children's Multidisciplinary Assessment Team		Medical Foster Care		Primary Care		Naples Title 21		Safety Net	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%
		<i>In the last 12 months, did you or a doctor think your child needed to see a specialist?</i>													
Yes		1,657	72.3%	680	73.0%	210	85.7%	29	93.5%	482	64.9%	33	76.7%	223	74.6%
No		636	27.7%	252	27.0%	35	14.3%	2	6.5%	261	35.1%	10	23.3%	76	25.4%
<i>In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that your child needed to see?</i>															
A big problem		156	9.5%	70	10.4%	19	9.0%	1	3.6%	43	9.1%	5	15.2%	18	8.1%
A small problem		203	12.3%	82	12.1%	22	10.5%	1	3.6%	64	13.5%	4	12.1%	30	13.5%
Not a problem		1,285	78.2%	523	77.5%	169	80.5%	26	92.9%	368	77.5%	24	72.7%	175	78.5%
<i>In the last 12 months, how much of a problem, if any, was it to see a specialist that your child needed to see?</i>															
A big problem		156	9.5%	70	10.3%	19	9.1%	0	0.0%	45	9.4%	3	9.1%	19	8.5%
A small problem		234	14.2%	100	14.8%	30	14.4%	3	10.3%	65	13.6%	3	9.1%	33	14.8%
Not a problem		1,258	76.3%	507	74.9%	160	76.6%	26	89.7%	367	76.9%	27	81.8%	171	76.7%
<i>In the last 12 months, did your child see a specialist?</i>															
Yes		1,776	77.0%	750	80.0%	226	91.5%	31	100.0%	498	66.6%	37	86.0%	234	78.0%
No		531	23.0%	188	20.0%	21	8.5%	0	0.0%	250	33.4%	6	14.0%	66	22.0%

## IX. Care Coordination

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All of the survey respondents were asked about their experiences with their respective program care coordinators. Tables 9 and 10 show the responses overall and by program. Ninety-one percent of respondents said the child's care coordinator was knowledgeable and 83 percent said that he or she definitely tried to help the family obtain needed services. Eighty-six percent said the care coordinator communicated regularly with the child's provider. The most significant difference across programs was in the Naples program where 83 percent of the parents reported that the child's care coordinator was definitely knowledgeable as compared to other program findings that ranged from 90 percent (PC) to 100 percent (MFC). In addition, 97 percent of MFC parents or guardians indicated that their care coordinator definitely helped get supplies and communicated regularly with other providers. Although the MFC program is a small, unique program, it is important to highlight these findings.

After completing the series of questions regarding their specific program care coordinator, parents and guardians of children enrolled in CMS programs were asked to identify who else also may coordinate the child's care. Respondents were allowed to choose from multiple answers. Families in the overall sample indicated that the parent or guardian was also the care coordinator. The CMS or Medical Foster Care (MFC) nurse also was named in about 68 percent of the cases overall and the child's primary care provider was named in 68 percent of the cases overall. Respondents were asked a follow up question asking them to identify the person considered most responsible. Seventy-four percent of families indicated the parent or guardian as the most responsible for the child's care coordination. In summary, families play an important role as care coordinators and define themselves as such based on this survey. However, the CMS/MFC nurses play a significant role (11 percent), as do the children's primary care providers (6 percent). Satisfaction with the care coordinators continues to be high. Continuation of outreach to families who may not be currently utilizing care coordinators may benefit in terms of reduced duplication of services and increased efficiency.

**Table 9. Care Coordination- General**

		Total		Children's Medical Services		Children's Multidisciplinary Assessment Team		Medical Foster Care		Primary Care		Naples Title 21		Safety Net	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%
<i>Is PERSON knowledgeable about your child's health care needs?</i>	Definitely	1,735	90.7%	692	90.9%	199	92.1%	30	100.0%	562	89.6%	30	83.3%	222	91.7%
	Probably	154	8.1%	63	8.3%	13	6.0%	0	0.0%	56	8.9%	5	13.9%	17	7.0%
	Probably not	16	0.8%	5	0.7%	3	1.4%	0	0.0%	5	0.8%	1	2.8%	2	0.8%
	Definitely not	7	0.4%	1	0.1%	1	0.5%	0	0.0%	4	0.6%	0	0.0%	1	0.4%
<i>Did PERSON help you find places to get services or supplies that you need for your child over the past six months?</i>	Definitely	1,580	83.2%	625	82.6%	181	83.0%	29	96.7%	523	84.1%	26	74.3%	196	83.1%
	Probably	183	9.6%	72	9.5%	24	11.0%	1	3.3%	61	9.8%	4	11.4%	21	8.9%
	Probably not	55	2.9%	23	3.0%	4	1.8%	0	0.0%	21	3.4%	1	2.9%	6	2.5%
	Definitely not	80	4.2%	37	4.9%	9	4.1%	0	0.0%	17	2.7%	4	11.4%	13	5.5%
<i>Did this person communicate regularly with your child's other health care providers over the last 6 months?</i>	Definitely	1,640	86.4%	645	85.5%	191	86.8%	29	96.7%	541	87.1%	30	83.3%	204	85.7%
	Probably	180	9.5%	77	10.2%	22	10.0%	1	3.3%	53	8.5%	4	11.1%	23	9.7%
	Probably not	40	2.1%	18	2.4%	2	0.9%	0	0.0%	12	1.9%	0	0.0%	8	3.4%
	Definitely not	39	2.1%	14	1.9%	5	2.3%	0	0.0%	15	2.4%	2	5.6%	3	1.3%
<i>Can you call this person on the phone to discuss your child's health care needs?</i>	Definitely	1,552	85.0%	614	84.5%	182	87.5%	26	89.7%	509	84.7%	30	88.2%	191	84.1%
	Probably	149	8.2%	61	8.4%	14	6.7%	1	3.4%	48	8.0%	3	8.8%	22	9.7%
	Probably not	52	2.8%	19	2.6%	8	3.8%	1	3.4%	19	3.2%	1	2.9%	4	1.8%
	Definitely not	73	4.0%	33	4.5%	4	1.9%	1	3.4%	25	4.2%	0	0.0%	10	4.4%
<i>Did this person help you to make appointments for doctor visits over the past 6 months?</i>	Definitely	1,488	78.5%	594	78.5%	170	79.4%	23	76.7%	479	77.1%	29	80.6%	193	81.1%
	Probably	153	8.1%	61	8.1%	20	9.3%	3	10.0%	53	8.5%	3	8.3%	13	5.5%
	Probably not	88	4.6%	29	3.8%	10	4.7%	3	10.0%	32	5.2%	2	5.6%	12	5.0%
	Definitely not	167	8.8%	73	9.6%	14	6.5%	1	3.3%	57	9.2%	2	5.6%	20	8.4%
<i>Did this person know the results from your child's doctor visits over the past 6 months?</i>	Definitely	1,586	83.9%	628	83.4%	184	84.0%	27	90.0%	513	83.0%	32	88.9%	202	86.3%
	Probably	199	10.5%	84	11.2%	24	11.0%	3	10.0%	65	10.5%	3	8.3%	20	8.5%
	Probably not	57	3.0%	24	3.2%	6	2.7%	0	0.0%	21	3.4%	0	0.0%	6	2.6%
	Definitely not	48	2.5%	17	2.3%	5	2.3%	0	0.0%	19	3.1%	1	2.8%	6	2.6%
<i>Did this person work with you to develop a care plan for your child's care over the past 6 months?</i>	Definitely	1,453	76.8%	581	77.1%	175	81.0%	26	86.7%	467	75.4%	27	75.0%	177	74.7%
	Probably	191	10.1%	72	9.5%	24	11.1%	4	13.3%	65	10.5%	2	5.6%	24	10.1%
	Probably not	102	5.4%	40	5.3%	7	3.2%	0	0.0%	35	5.7%	5	13.9%	15	6.3%
	Definitely not	146	7.7%	61	8.1%	10	4.6%	0	0.0%	52	8.4%	2	5.6%	21	8.9%
<i>Does this person understand the impact of your child's special health care needs on you and your family?</i>	Definitely	1,625	85.5%	645	85.4%	188	85.8%	27	90.0%	532	85.7%	33	91.7%	200	83.3%
	Probably	190	10.0%	79	10.5%	17	7.8%	2	6.7%	64	10.3%	1	2.8%	27	11.3%
	Probably not	59	3.1%	21	2.8%	10	4.6%	1	3.3%	16	2.6%	2	5.6%	9	3.8%
	Definitely not	27	1.4%	10	1.3%	4	1.8%	0	0.0%	9	1.4%	0	0.0%	4	1.7%

**Table 10. Care Coordination- Who is the Specific Coordinator?**

		Total		Children's Medical Services		Children's Multidisciplinary Assessment Team		Medical Foster Care		Primary Care		Naples Title 21		Safety Net	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%
<i>Please tell me if the following person helped to coordinate your child's care over the past six months: parent/guardian?</i>	Yes	2,074	97.0%	831	97.0%	222	93.3%	27	90.0%	675	97.8%	37	94.9%	282	98.9%
	No	65	3.0%	26	3.0%	16	6.7%	3	10.0%	15	2.2%	2	5.1%	3	1.1%
<i>Please tell me if the following person helped to coordinate your child's care over the past six months: friend/other family member?</i>	Yes	518	24.2%	185	21.6%	57	23.9%	5	16.7%	215	31.2%	8	20.5%	48	16.8%
	No	1,622	75.8%	673	78.4%	181	76.1%	25	83.3%	475	68.8%	31	79.5%	237	83.2%
<i>Please tell me if the following person helped to coordinate your child's care over the past six months: my child's primary care provider?</i>	Yes	1,445	67.9%	536	63.2%	169	71.3%	25	83.3%	536	77.7%	24	63.2%	155	54.6%
	No	682	32.1%	312	36.8%	68	28.7%	5	16.7%	154	22.3%	14	36.8%	129	45.4%
<i>Please tell me if the following person helped to coordinate your child's care over the past six months: the CMS/MFC nurse?</i>	Yes	1,449	68.1%	611	71.5%	169	71.9%	29	96.7%	439	63.9%	32	82.1%	169	59.7%
	No	679	31.9%	243	28.5%	66	28.1%	1	3.3%	248	36.1%	7	17.9%	114	40.3%
<i>Please tell me if the following person helped to coordinate your child's care over the past six months: the CMS/MFC social worker?</i>	Yes	864	41.2%	339	40.6%	125	53.2%	23	76.7%	265	38.9%	20	54.1%	92	32.7%
	No	1,234	58.8%	495	59.4%	110	46.8%	7	23.3%	416	61.1%	17	45.9%	189	67.3%
<i>Please tell me if the following person helped to coordinate your child's care over the past six months: a nurse in my child's doctor's office?</i>	Yes	1,046	49.2%	376	44.4%	118	49.6%	15	50.0%	398	57.8%	16	41.0%	123	43.3%
	No	1,080	50.8%	471	55.6%	120	50.4%	15	50.0%	290	42.2%	23	59.0%	161	56.7%
<i>Please tell me if the following person helped to coordinate your child's care over the past six months: a nurse in the managed care company?</i>	Yes	345	16.8%	113	13.6%	53	23.5%	2	6.9%	142	21.5%	7	18.4%	28	10.1%
	No	1,713	83.2%	716	86.4%	173	76.5%	27	93.1%	518	78.5%	31	81.6%	248	89.9%
<i>Please tell me if the following person helped to coordinate your child's care over the past six months: a therapist?</i>	Yes	615	28.9%	218	25.5%	118	50.2%	11	36.7%	210	30.6%	7	18.4%	51	17.9%
	No	1,514	71.1%	636	74.5%	117	49.8%	19	63.3%	477	69.4%	31	81.6%	234	82.1%
<i>Please tell me if the following person helped to coordinate your child's care over the past six months: a social worker?</i>	Yes	468	22.0%	167	19.6%	89	37.9%	12	40.0%	152	22.1%	10	25.6%	38	13.4%
	No	1,660	78.0%	685	80.4%	146	62.1%	18	60.0%	536	77.9%	29	74.4%	246	86.6%
<i>Please tell me if the following person helped to coordinate your child's care over the past six months: other (please specify)?</i>	Yes	281	13.2%	96	11.2%	54	22.7%	8	26.7%	83	12.1%	2	5.1%	38	13.4%
	No	1,852	86.8%	759	88.8%	184	77.3%	22	73.3%	604	87.9%	37	94.9%	246	86.6%

**Table 11. Care Coordination- Who is the Specific Coordinator? Continued**

	Total		Children's Medical		Children's Multidisciplinary		Medical Foster Care		Primary Care		Naples Title 21		Safety Net		
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
<i>Which person do you consider to be the one who was most responsible for coordinating your child's care over the past six months?</i>	(a) Parent/guardian	686	72.7%	196	69.0%	131	72.8%	19	65.5%	268	76.4%	22	64.7%	50	76.9%
	(b) Friend/other family member	9	1.0%	3	1.1%	0	0.0%	0	0.0%	6	1.7%	0	0.0%	0	0.0%
	(c) My child's primary care provider	58	6.2%	18	6.3%	7	3.9%	0	0.0%	28	8.0%	0	0.0%	5	7.7%
	(d) The CMS/MFC nurse	106	11.2%	38	13.4%	21	11.7%	8	27.6%	25	7.1%	9	26.5%	5	7.7%
	(e) The CMS/MFC social worker	34	3.6%	14	4.9%	8	4.4%	2	6.9%	7	2.0%	3	8.8%	0	0.0%
	(f) A nurse in my child's doctors office	19	2.0%	5	1.8%	3	1.7%	0	0.0%	9	2.6%	0	0.0%	2	3.1%
	(g) A nurse in the MCO	2	0.2%	1	0.4%	1	0.6%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	(h) A therapist	3	0.3%	2	0.7%	0	0.0%	0	0.0%	1	0.3%	0	0.0%	0	0.0%
	(i) A social worker	4	0.4%	2	0.7%	0	0.0%	0	0.0%	1	0.3%	0	0.0%	1	1.5%
	(j) Other	22	2.3%	5	1.8%	9	5.0%	0	0.0%	6	1.7%	0	0.0%	2	3.1%



## **X. CAHPS Composite Scores**

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The CAHPS reporting composites are used to rate closely grouped items. A mean score was calculated for each of the composites listed previously, which ranged from 0 to 100 percent, with 100 percent being fully satisfied. Therefore, higher scores in Tables 12, 13, and 14 indicate higher levels of satisfaction. The table also presents the standard deviation of the cluster scores.

Overall, means were lower for getting needed care than any other cluster ranging from 56 for CMAT and 77 for MFC. The lowest individual score was for CMAT satisfaction with the customer service of the health plan. The highest means were for satisfaction with the office staff.

For getting needed prescriptions, CMSN had the highest mean of 80 whereas CMAT and Safety Net both had means of 69. For family centered care, CMAT and MFC had the highest means of 87 and 82 respectively. PC and Naples had the lowest means for family centered care of 68 and 67, respectively. Satisfaction with care coordination ranged from 40 (CMS) to 54 MFC. Finally, for getting specialized services, PC and CMS had the highest means of 57 and 52 while Naples and Safety Net had the lowest means of 40 and 43, respectively.

**Table 12. CAHPS Composite Scores**

Cluster= Getting Needed Care, Scored from 0 to 100			
	Mean	Count	Std. Deviation
CMSN	58.14	884	0.49
CMAT	56.61	242	0.50
MFC	77.42	31	0.43
PC	62.24	670	0.49
Naples Title 21	65.00	40	0.48
Safety Net	60.14	291	0.49
Total	59.92	2,158	0.49
Cluster= Getting Care Quickly, Scored from 0 to 100			
	Mean	Count	Std. Deviation
CMSN	70.59	918	0.46
CMAT	77.14	245	0.42
MFC	80.65	31	0.40
PC	75.27	728	0.43
Naples Title 21	64.29	42	0.48
Safety Net	73.04	293	0.44
Total	73.15	2,257	0.44
Cluster=Satisfied with Provider Interactions, Scored from 0 to 100			
	Mean	Count	Std. Deviation
CMSN	87.09	891	0.34
CMAT	90.30	237	0.30
MFC	93.33	30	0.25
PC	89.60	702	0.31
Naples Title 21	92.86	42	0.26
Safety Net	89.79	284	0.30
Total	88.79	2,186	0.32

**Table 13. CAHPS Composite Scores Continued**

Cluster=Satisfied with Provider Office Staff, Scored from 0 to 100			
	Mean	Count	Std. Deviation
CMSN	91.14	892	0.28
CMAT	92.83	237	0.26
MFC	90.00	30	0.31
PC	89.74	702	0.30
Naples Title 21	80.95	42	0.40
Safety Net	90.49	284	0.29
Total	90.58	2,187	0.29
Cluster=Satisfied with Plan Customer Service, Scored from 0 to 100			
	Mean	Count	Std. Deviation
CMSN	55.89	603	0.50
CMAT	47.22	144	0.50
PC	58.89	433	0.49
Naples Title 21	61.11	36	0.49
Safety Net	53.25	231	0.50
Total	55.63	1,447	0.50

**Table 14. CAHPS Composite Scores Continued**

1=Satisfied with Specialized Services, 0=Not			
	Mean	Count	Std. Deviation
CMSN	52.32	560	0.50
CMAT	44.64	224	0.50
MFC	42.31	26	0.50
PC	57.64	406	0.49
Naples Title 21	40.00	15	0.51
Safety Net	43.33	150	0.50
Total	51.34	1,381	0.50
1=Satisfied with Care Coordination, 0=Not			
	Mean	Count	Std. Deviation
CMSN	40.49	941	0.49
CMAT	53.04	247	0.50
MFC	54.84	31	0.51
PC	41.04	748	0.49
Naples Title 21	34.88	43	0.48
Safety Net	42.52	301	0.50
Total	42.36	2,311	0.49
1=Satisfied with Family Centered Care, 0=Not			
	Mean	Count	Std. Deviation
CMSN	73.80	939	0.44
CMAT	81.78	247	0.39
MFC	87.10	31	0.34
PC	68.59	745	0.46
Naples Title 21	67.44	43	0.47
Safety Net	80.60	299	0.40
Total	73.91	2,304	0.44

## **XI. Primary Care Program**

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For each of the CMS Primary Care Program (PC) areas sampled in this survey, respondents were asked a series of program questions. The overall results are contained in Tables 15 and 16 and the individual responses for each site will be included in this final report's companion document.

Overall, the majority of families agreed or strongly agreed with each of the items. Table 15 shows that the majority of respondents agreed or strongly agreed with the satisfaction statements. For example, 84 percent agreed or strongly agreed that the time to get in touch with their PC Coordinator was reasonable, while 86 percent of families perceived the CMS Coordinator as available and helpful. The highest satisfaction in the PC program found in Table 15 was that a parent's rights had been explained to him/her (90 percent agreed or strongly agreed). The lowest level of satisfaction was that the primary care coordinator followed up in a timely manner (71 percent agreed or strongly agreed).

Table 16 shows that respondents were most satisfied with the care coordinator allowing for privacy and safety (89 percent agreed or strongly agreed), while knowing where to call after hours had the least level of satisfaction (77 percent agreed or strongly agreed). Fourteen percent of respondents said they disagree to strongly disagree that there is timely follow-up by the PC care coordinator after their child has seen a physician. In addition, 19 percent of respondents said they disagree to strongly disagree that they know where to call if their child needs something and the PC program office is closed.

**Table 15. Primary Care Coordinator**

		n	%
<i>The time it takes for me to get in touch with my CMS Primary Care Program Care Coordinator (nurse) is reasonable.</i>	Total	731	100.0%
	Strongly Agree	201	27.5%
	Agree	409	56.0%
	Neither Agree nor Disagree	44	6.0%
	Disagree	58	7.9%
	Strongly Disagree	19	2.6%
<i>The CMS Primary Care Program staff is efficient in helping me obtain answers to questions I have about my child and the CMS Primary Care Program.</i>	Total	731	100.0%
	Strongly Agree	241	33.0%
	Agree	396	54.2%
	Neither Agree nor Disagree	34	4.7%
	Disagree	47	6.4%
	Strongly Disagree	13	1.8%
<i>My CMS Primary Care Program care coordinator is available and helpful.</i>	Total	730	100.0%
	Strongly Agree	252	34.5%
	Agree	374	51.2%
	Neither Agree nor Disagree	41	5.6%
	Disagree	52	7.1%
	Strongly Disagree	11	1.5%
<i>My rights as a primary care patient or family member have been explained to me and I understand the CMS Primary Care Program enrollment agreement and consent form.</i>	Total	731	100.0%
	Strongly Agree	214	29.3%
	Agree	443	60.6%
	Neither Agree nor Disagree	26	3.6%
	Disagree	42	5.7%
	Strongly Disagree	6	0.8%
<i>The CMS Primary Care Program care coordinator has reviewed with me the primary care program and the services that are available.</i>	Total	730	100.0%
	Strongly Agree	199	27.3%
	Agree	395	54.1%
	Neither Agree nor Disagree	40	5.5%
	Disagree	78	10.7%
	Strongly Disagree	18	2.5%
<i>After my child is seen by the primary care physician, there is follow-up in a timely manner by my CMS Primary Care Program care coordinator.</i>	Total	719	100.0%
	Strongly Agree	164	22.8%
	Agree	344	47.8%
	Neither Agree nor Disagree	43	6.0%
	Disagree	125	17.4%
	Strongly Disagree	43	6.0%

**Table 16. Primary Care Program**

	n	%
<i>After my child is seen by the primary care physician, there is follow-up in a timely manner of the results of tests or consults, concerns, etc.</i>	Total	730 100.0%
	Strongly Agree	188 25.8%
	Agree	412 56.4%
	Neither Agree nor Disagree	30 4.1%
	Disagree	74 10.1%
	Strongly Disagree	26 3.6%
<i>When I meet with my CMS Primary Care Program care coordinator, the environment allows for privacy and safety.</i>	Total	712 100.0%
	Strongly Agree	201 28.2%
	Agree	431 60.5%
	Neither Agree nor Disagree	35 4.9%
	Disagree	34 4.8%
	Strongly Disagree	11 1.5%
<i>I am able to reach the CMS Primary Care Program staff by telephone easily during CMS Primary Care Program office hours.</i>	Total	734 100.0%
	Strongly Agree	199 27.1%
	Agree	416 56.7%
	Neither Agree nor Disagree	34 4.6%
	Disagree	73 9.9%
	Strongly Disagree	12 1.6%
<i>I know where to call and what to do when my child needs something.</i>	Total	743 100.0%
	Strongly Agree	255 34.3%
	Agree	437 58.8%
	Neither Agree nor Disagree	12 1.6%
	Disagree	26 3.5%
	Strongly Disagree	13 1.7%
<i>I know where to call and what to do when my child needs something and the CMS Primary Care Program office is closed.</i>	Total	729 100.0%
	Strongly Agree	182 25.0%
	Agree	380 52.1%
	Neither Agree nor Disagree	29 4.0%
	Disagree	113 15.5%
	Strongly Disagree	25 3.4%
<i>I am allowed to select a doctor from those available in the CMS Primary Care Program as necessary.</i>	Total	716 100.0%
	Strongly Agree	184 25.7%
	Agree	431 60.2%
	Neither Agree nor Disagree	34 4.7%
	Disagree	50 7.0%
	Strongly Disagree	17 2.4%
<i>Overall, the CMS Primary Care Program is meeting the needs I have concerning my child's health care.</i>	Total	739 100.0%
	Strongly Agree	234 31.7%
	Agree	416 56.3%
	Neither Agree nor Disagree	36 4.9%
	Disagree	36 4.9%
	Strongly Disagree	17 2.3%

## **XII. Medical Foster Care Program**

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Specific questions were asked of respondents participating in the MFC program. MFC has a small number of foster care parent respondents due to the unique nature of the program. If contact information was available, biological parents were administered a separate telephone survey. There are multiple reasons for having minimal contact information for biological parents. These include termination of parental rights, death, and incarceration.

Table 17 presents the results from the telephone survey conducted with MFC foster parents. Thirty respondents reported that they usually to always receive important information in a timely manner and are treated with courtesy and respect. Twenty-seven of the respondents usually to always received staff assistance related to approval status and other foster families. In general, respondents are very satisfied with their interactions with the MFC staff.



**Table 17. Table Medical Foster Care**

		n	%
<i>How often do the MFC staff share important information about you MFC child(ren) with you in a timely manner?</i>	Total	31	100.0%
	Never	0	0.0%
	Sometimes	1	3.2%
	Usually	6	19.4%
	Always	24	77.4%
<i>How often does the MFC staff treat you and your MFC child(ren) with courtesy and respect?</i>	Total	31	100.0%
	Never	0	0.0%
	Sometimes	1	3.2%
	Usually	4	12.9%
	Always	26	83.9%
<i>Do you receive thorough child-specific training for each MFC child prior to their placement in your home?</i>	Total	31	100.0%
	Never	0	0.0%
	Sometimes	0	0.0%
	Usually	0	0.0%
	Always	31	100.0%
<i>Do MFC staff assist and support your work with birth/adoptive/other foster families related to MDC children in your home?</i>	Total	31	100.0%
	Never	1	3.2%
	Sometimes	3	9.7%
	Usually	4	12.9%
	Always	23	74.2%
<i>Do MFC staff assist and support you in maintaining MFC approval status?</i>	Total	29	100.0%
	Never	0	0.0%
	Sometimes	2	6.9%
	Usually	2	6.9%
	Always	25	86.2%

### **XIII. Children's Multidisciplinary Assessment Team Program**

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Specific questions were asked of respondents participating in the Children's Multidisciplinary Assessment Team (CMAT) Program and the results are shown in Tables 18 and 19. Eighty-one percent of respondents attended at least one CMAT staffing in the last 12 months and 98 percent indicated that they were encouraged to do so. Of those who participated in the CMAT staffings, 93 percent did so, at least once, in person. In addition, 37 percent attended staffings by telephone at least one time.

Ninety-four percent report that the CMAT staff members were accessible to them and 78 percent said that they knew what to expect when they attended a staffing. Seventy-one percent of the time respondents felt their concerns were taken into account when recommendations were made, while 71 percent said the CMAT considered the psychosocial assessment information when making those recommendations. Transportation was a barrier to respondents 12 percent of the time, and when that occurred CMSN never helped with transportation 71 percent of the time. Respondents are 90 percent very to somewhat satisfied with the services CMAT provides.

**Table 18. CMAT Staffings**

	n	%	
<i>How many CMAT staffings have you attended in the past 12 months?</i>	Total	246	100.0%
	None	46	18.7%
	1	54	22.0%
	2	100	40.7%
	3	21	8.5%
	4	14	5.7%
	5 to 9	8	3.3%
	10 or more	3	1.2%
<i>How many CMAT staffings have you attended in the past 12 months?</i>	Total	246	100.0%
	None	46	18.7%
	1	54	22.0%
	2	100	40.7%
	3	21	8.5%
	4	14	5.7%
	5 to 9	8	3.3%
	10 or more	3	1.2%
<i>Were you encouraged to participate in CMAT staffings either in person or by telephone?</i>	Total	199	100.0%
	Yes	195	98.0%
	No	4	2.0%
<i>How many CMAT staffings did you attend in person?</i>	Total	200	100.0%
	None	14	7.0%
	1	46	23.0%
	2	85	42.5%
	3	24	12.0%
	4	11	5.5%
	5 to 9	10	5.0%
	10 or more	10	5.0%
<i>How many CMAT staffings did you attend by telephone?</i>	Total	198	100.0%
	None	125	63.1%
	1	40	20.2%
	2	24	12.1%
	3	4	2.0%
	4	1	0.5%
	5 to 9	2	1.0%
10 or more	2	1.0%	

**Table 19. CMAT Satisfaction**

	n	%
<i>Prior to the CMAT staffing, were you provided with the Family Guide to CMAT material?</i>	Total	189 100.0%
	Yes	133 70.4%
	No	56 29.6%
<i>Prior to the CMAT staffing, if you needed to ask questions of the CMAT nurse or social worker, how accessible did you find the CMAT staff members?</i>	Total	195 100.0%
	Very Accessible	115 59.0%
	Somewhat Accessible	68 34.9%
	Inaccessible	8 4.1%
	Very Inaccessible	4 2.1%
<i>Did you arrive at the CMAT staffing knowing what to expect based upon information provided by CMAT staff?</i>	Total	198 100.0%
	Yes	154 77.8%
	No	44 22.2%
<i>At the time of the CMAT staffing, how often were you treated as an equal member of the CMAT team?</i>	Total	200 100.0%
	Never	15 7.5%
	Sometimes	27 13.5%
	Usually	33 16.5%
	Always	125 62.5%
<i>At the time of the CMAT staffing, how often were your concerns, priorities and resources taken into account when service recommendations were generated?</i>	Total	200 100.0%
	Never	16 8.0%
	Sometimes	43 21.5%
	Usually	36 18.0%
	Always	105 52.5%
<i>Is transportation a barrier for you to attend CMAT staffings?</i>	Total	198 100.0%
	Yes	24 12.1%
	No	174 87.9%
<i>When you have transportation problems, how often is transportation available through CMS?</i>	Total	21 100.0%
	Never	15 71.4%
	Sometimes	1 4.8%
	Usually	2 9.5%
	Always	3 14.3%
<i>How adequate is the length of the CMAT staffing to meet the needs of your family?</i>	Total	196 100.0%
	Very adequate	113 57.7%
	Somewhat adequate	61 31.1%
	Inadequate	16 8.2%
	Very inadequate	6 3.1%
<i>Does CMAT consider the psychosocial assessment information when making recommendations for services?</i>	Total	189 100.0%
	Never	16 8.5%
	Sometimes	38 20.1%
	Usually	44 23.3%
	Always	91 48.1%
<i>Are you satisfied with the services being received by CMAT?</i>	Total	198 100.0%
	Very satisfied	106 53.5%
	Somewhat satisfied	72 36.4%
	Dissatisfied	10 5.1%
	Very dissatisfied	10 5.1%

#### **XIV. Overall Program Satisfaction**

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Survey respondents were asked general satisfaction questions about their specific program, CMAT, CMSN, MFC, Naples Title XXI, or the Primary Care programs and the results are presented in Table 20. Overall, 93 percent of parents or guardians of children enrolled in CMSN or CMSN- related programs are satisfied to very satisfied with the overall program benefits. By program, overall program benefit satisfaction ranged from 88 percent (CMAT) to 98 percent (Naples).

Eighty -nine percent of parents or guardians of children enrolled in the CMSN or CMSN- related programs reported they did not delay seeking medical care due to the money that would be required to pay at the visit. About 11 percent of the parents or guardians reported delaying medical care due to payment requirements. Of those respondents that did report delaying medical care, the responses ranged from 0 percent (MFC) to 26 percent (Naples Title XXI).

Overall, 55 percent of the parents or guardians of children enrolled in the CMSN or CMSN- related programs reported they are working with a CMS and/or MFC Social Worker. By program, these findings ranged from 48 percent (Safety Net) to 97 percent (MFC). Ninety-six percent of the respondents who are currently working with CMS and/or MFC Social Workers reported they were satisfied to very satisfied with the services they are receiving from their social workers.

**Table 20. Overall Program Satisfaction**

		Total		Children's Medical Services		Children's Multidisciplinary Assessment Team		Medical Foster Care		Primary Care		Naples Title 21		Safety Net	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%
<i>In general, how satisfied are you with the overall program benefits of the CMSN, PC, MFC, or CMAT?</i>	Very satisfied	1,128	49.5%	485	51.8%	96	39.3%	15	48.4%	362	49.7%	24	57.1%	146	49.3%
	Satisfied	998	43.8%	391	41.8%	119	48.8%	15	48.4%	330	45.3%	17	40.5%	126	42.6%
	Dissatisfied	114	5.0%	44	4.7%	23	9.4%	1	3.2%	26	3.6%	0	0.0%	20	6.8%
	Very dissatisfied	38	1.7%	16	1.7%	6	2.5%	0	0.0%	11	1.5%	1	2.4%	4	1.4%
<i>Are there other items you would like to see covered which are not included in the CMSN, PC, MFC, or CMAT?</i>	Yes	723	32.9%	287	32.7%	90	37.5%	11	35.5%	209	29.1%	8	19.0%	118	41.5%
	No	1,472	67.1%	592	67.3%	150	62.5%	20	64.5%	510	70.9%	34	81.0%	166	58.5%
<i>At any time since you joined the CMSN, PC, MFC, or CMAT did you not seek medical care for NAME because of the money that you would have been required to pay at the time of the visit?</i>	Yes	257	11.3%	101	10.9%	20	8.2%	0	0.0%	79	10.9%	11	25.6%	46	15.5%
	No	2,010	88.7%	827	89.1%	225	91.8%	31	100.0%	644	89.1%	32	74.4%	251	84.5%
<i>Are you currently involved with a CMS Social Worker/MFC Social Worker?</i>	Yes	1,237	55.4%	487	54.0%	176	72.1%	30	96.8%	371	51.1%	34	81.0%	139	48.4%
	No	995	44.6%	415	46.0%	68	27.9%	1	3.2%	355	48.9%	8	19.0%	148	51.6%
<i>How satisfied are you with the services you receive from the CMS Social Worker/MFC Social Worker?</i>	Very satisfied	746	61.0%	293	60.9%	102	58.3%	16	55.2%	222	60.7%	21	61.8%	92	67.2%
	Satisfied	425	34.8%	166	34.5%	58	33.1%	12	41.4%	133	36.3%	13	38.2%	43	31.4%
	Dissatisfied	41	3.4%	19	4.0%	11	6.3%	1	3.4%	9	2.5%	0	0.0%	1	0.7%
	Very dissatisfied	10	0.8%	3	0.6%	4	2.3%	0	0.0%	2	0.5%	0	0.0%	1	0.7%

## **XV. Provider Interviews**

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Another component of the 2004-2005 CMS program evaluation involved assessing provider satisfaction with the program. This data collection effort supplements the information gathered from families about their satisfaction with the CMS program and provides a window into ideas for future program development. Due to the difficulty in securing provider participation in any type of survey effort, a variety of approaches were utilized to obtain information directly from the providers. Focus groups were conducted in the Gainesville and Tampa areas and a combination of individual face-to-face interviews as well as telephone, faxed, and e-mailed surveys were conducted in the Miami and Pensacola areas. A total of 19 providers contributed to the evaluation across these four geographic areas. No significant differences were noted in the provider responses and therefore regional comparisons were not made.

General demographic information on the participating providers is presented in Table 21. Approximately equal numbers of male and female providers participated in the surveys, with one more male provider than female. The majority of the providers were White although one-third indicated they represented Asians (21 percent) and Other (10 percent) races. Three providers (16 percent) indicated that they were of Hispanic origin. Although the provider participants were primarily general pediatricians or pediatricians with a subspecialty focus (N=13 or 69 percent), three sub-specialists, 2 family physicians, and a nurse practitioner also participated in the interviews. The practice settings in which the providers practice are primarily solo or two physician practices (37 percent) or practices within an academic health center (42 percent). The provider participants collectively represent a wealth of experience caring for children, especially children with special health care needs; 50 percent of the providers have been in practice for more than 20 years and an additional 39 percent have been in practice for 11 to 20 years; only one provider indicated that he had been in practice for five years or less.

Provider participants were asked about the number of children in their practice who have special health care needs (CSHCN), the percentage of their entire practice represented by those CSHCN, and whether or not they feel like they are able to provide a medical home for these children. This information is included in Table 22. The participating providers appear to represent the spectrum of providers caring for children with special needs – from those with relatively few numbers of CSHCN to those, primarily in academic health center settings who are for large numbers of CSHCN. A similar number of providers indicated that they had relatively small numbers of CSHCN (47 percent indicated that they had less than 50 CSHCN) as did those who indicated they had over 100 in their practices (21 percent) and or over 500 in their practices (21 percent). With the exception of one provider, all of the participants indicated that they were able to provide a medical home to CSHCN, with 8, or 42 percent, indicating that they were the medical home

for all of the CSHCN for whom they provide care and an additional 53 percent indicating that they are able to provide a medical home for some of the CSHCN in their practice.

**Table 21. Provider Demographic Information**

		<b>Total N=19</b>	
		<b>n</b>	<b>%*</b>
<i>Provider gender</i>	Male	10	53%
	Female	9	47%
<i>Provider race</i>	White	13	68%
	African-American	0	0%
	Asian	4	21%
	Other	2	10%
<i>Provider Minority Status</i>	Hispanic	3	16%
	Non-Hispanic	16	84%
<i>Provider Type</i>	Generalist Pediatrician	10	53%
	Pediatrician with subspecialty focus	3	16%
	Pediatric Subspecialist	3	16%
	Family Physician	2	10%
	Nurse Practitioner	1	5%
<i>Practice Setting</i>	Solo or two physician practice	7	37%
	Pediatric Group Practice	3	16%
	Public Health Department	1	5%
	Practice within an academic health center	8	42%
<i>Years in practice</i>	1-5 years	1	5%
	6-10 years	2	10%
	11-15 years	4	21%
	16-20 years	3	16%
	More than 20 years	9	53%
*because of rounding, some of these reported percentages do not total 100%			



**Table 22. CSHCN and Medical Home**

		Total N=19	
<i>Estimate of the number of children with special health care needs in practice</i>	Less than 50	8	44%
	50-100	1	6%
	101-500	4	22%
	More than 500	4	22%
	Not reported	1	6%
<i>Estimate of the percentage of the practice that these children represent</i>	<25%	9	50%
	26%-50%	4	22%
	51%-75%	1	6%
	76%-99%	2	11%
	Not reported	2	11%
<i>Provider Assessment of Ability to Provide a Medical Home to CSHCN</i>	Yes, for all CSHCN	7	39%
	Yes, for some CSHCN	10	56%
	No	1	6%
	Not Sure/Don't Know	0	0%
*because of rounding, some of these reported percentages do not total 100%			

The provider interviews asked a series of questions about the CMS program and the providers' experiences working with the CMS nurse care coordinators. These questions included the following:

- Why do you participate in the CMS Program?
- What do you like the *most/least* about participating in the program?
- How would you describe your relationship with the CMS coordinators? What do you like the best about that relationship? What would you like to change or improve with that relationship? Do you think the nurse coordinators are responsive to you? Your office staff? Your patients?

- Do you think your participation in the CMS Program helps you to provide better quality of care for the children with special needs that you care for? What could the CMS Program do differently that would help you provide better quality of care?
- What do you see as the greatest barrier you face in providing quality health care to children with special needs? Do you think CMS helps you to address that barrier?
- What would you recommend to improve the health care delivery system for children with special health care needs?
- How do you prepare adolescents for the transition to the adult health care delivery system? Does CMS assist you with this transition planning? How so? If not, would you like CSM to assist you and how could they best do that?
- What would you recommend to improve the health care delivery system for children with special health care needs? What should the role of the CMS Program be in these improvements?

This section of the report summarizes selected, key findings from the provider interviews. *Although the providers identify a number of critical issues with the current program structure, the key message from these interviews is that the providers feel that CMS is an essential partner in their work with CSHCN and their families. The providers indicated that CMS is a critical component of the health care delivery system for CSHCN, without which the children would not get the care, services, and equipment they need. The nurse care coordinators also are seen as vital to the children, their families, and the providers – as a facilitator and coordinator of services and as an emotional support to the families.* For many, the conclusion was that, in the absence of the Title V CMS Program, and the nurse care coordinators, their jobs as providers would be extremely difficult and the health care and other needed services would difficult to access.

- **Why do you participate in the CMS Program?**

Many of the participating providers indicated that they feel a moral or ethical obligation to care for CSHCN. Some mentioned the intellectual stimulation and gratification they feel when they provide high quality care to these children. For the majority of providers, caring for CSHCN and their families was a “mission” or fulfillment of a responsibility that they perceived as physicians to care for these children. Caring only for children with routine health care needs was not as personally gratifying for these physicians as was caring for CSHCN. Participating in the CMS program allowed them, in their opinions, to provide better care for the children with special needs in their practice.

- **What do you like the most/least about participating in the program?**

The responses to this set of questions mirror many of the comments raised during previous evaluation efforts. The providers indicated that inadequate reimbursement and lack of access to specialty care or pediatric sub-specialists were problematic. The providers indicated that they would be amenable to providing care for a greater number of CSHCN if reimbursement issues were resolved.

- **How would you describe your relationship with the CMS coordinators? What do you like the best about that relationship? What would you like to change or improve with that relationship? Do you think the nurse coordinators are responsive to you? Your office staff? Your patients?**

These questions generated the most diverse responses from the participating providers. Many were very pleased with the relationship they had with the care coordinators although there were comments about the diversity in the competence and commitment of individuals who function in that role. There appears to be, according to the providers, little uniformity in the qualifications of the care coordinators. In addition, the large caseloads and nurse coordinator turnover were cited as contributing negatively to the relationship providers and families had with the care coordinators. Some providers indicated that they did not even know who the care coordinators were. However, the majority, but not all, of the providers thought that the families knew the care coordinators.

Many of the providers indicated that they preferred nurse coordinator assignments to clinics or to sub-specialties. The providers believed this organizing framework strengthens the relationship the nurse care coordinators have with the physicians (and their office staff). The providers participating in the Gainesville focus group indicated that the organizational structure of the CMS program,

“Gator Kids” was a perfect model to replicate across the state. This model assigns a few coordinators to the UF Primary Care Practice site and the CMS nurse care coordinator is physically present at the clinics to facilitate and coordinate the child’s care.

Another sentiment expressed during the focus groups was the observation that the paperwork and bureaucracy was increasing and interfering with the care coordinators abilities to do their jobs.

- **How do you prepare adolescents for the transition to the adult health care delivery system? Does CMS assist you with this transition planning? How so? If not, would you like CMS to assist?**

Providers indicated that transition planning is a “black hole”, even for healthy children, but especially for CSHCN. The providers saw this area as a unique contribution that the CMS program and the care coordinators could make to the health care delivery system. The care coordinators could work closely with the pediatrician and the family to identify the needs that the adolescent has and is projected to have after the age of 21. Many providers felt that a minimum of three years was required to adequately plan for the transition.

The providers also believed that there was a role for the CMS nurse coordinators in locating providers willing to care for young adults with special health care needs, even accompanying the young adult and his or her family to the initial visit. The absence of a financing mechanism for young adults with special health care needs beyond the age of 21 was identified as a system-wide failure. Providers thought that CMS program and administrative staff could push the legislative and funding agendas to acknowledge the care needs of these young adults.

In conclusion, although many suggestions emerged during the provider interviews about how the CMS Program and the organization/structure of the nurse care coordinators could be better designed, the providers were very grateful for the support that the CMS Program provides for them and for the children and families. The providers believed that care coordination offered through CMS was essential for these children.

## **XVII. Summary and Recommendations**

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In summary, the CMS programs evaluated are serving a racially and ethnically diverse group. Forty-six percent of the child enrollees were white, non-Hispanic. Twenty-six percent of the enrollees were black, non-Hispanic and 20 percent were Hispanic. Among the child enrollees who were Hispanic, 49 percent were of Mexican descent and 29 percent were of Puerto Rican descent. Twenty-seven percent of parents or guardians of child enrollees have less than a high school education. Thirty-eight percent of the child enrollees live in single parent households.

Overall the quality of care in the CMS programs evaluated, for the dimensions assessed in this study, is very good. Ninety-two percent of children have a usual source of care, which is either a single person or place. In contrast, only about 75 percent of the uninsured report a usual source of care. A usual source of care is associated with the receipt of preventive care and the prompt detection and treatment of health problems.

The Consumer Assessment of Health Plans Survey (CAHPS) was used to assess parental satisfaction. Overall, most parents or guardians of child enrollees were satisfied with the care received. However, for particular CAHPS questions some areas of concern were noted. Specifically, for children, access to specialty services posed some problems. For example, about 28 percent of children had problems obtaining referrals for specialty care. In follow-up evaluations, CMS staff may want to consider adding some additional items asking about the type of difficulty that families experienced in obtaining such care.

In conjunction with the statewide satisfaction survey, a focused provider study was also conducted. Findings from these interviews indicated that, although critical about certain aspects of the program, the providers believe that CMS is an essential partner in their work with CSHCN and their families. The nurse care coordinators also are seen as vital to the children, their families, and the providers, especially if assigned to the child's medical home.

Parents or guardians of child enrollees reported high satisfaction regarding care coordinators. However, program differences were noted between the MFC program and the other evaluated programs. These differences may exist due to the variations on how care coordinators are perceived by parents or guardians and because of the structure of each specific program evaluated, as well as the cap on caseload. Appendix A contains a discussion of statistical models that were developed to assess the differences in satisfaction between the evaluated CMSN programs after controlling for factors such as child's race and ethnicity as well as health status.

## **Appendix A: Statistical Analyses of CMAT, CMSN, and PC Programs**

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Statistical models were developed to assess the differences in satisfaction between the evaluated CMSN and CMSN- related programs after controlling for factors such as child's race and ethnicity as well as health status. These models do not include the MFC and Naples Title XXI programs due to the small sample sizes.

The selected dependent variables used in each of the models were as follows:

- 1) Satisfaction with Program (item GS1),
- 2) Satisfaction with Social Worker (item GS9), and
- 3) CAHPS composites
  - i. Getting Needed Care,
  - ii. Getting Care Quickly,
  - iii. Provider/Doctor Communication,
  - iv. Office Staff Helpfulness,
  - v. Health Plan Customer Service Helpfulness,
  - vi. Getting Needed Prescriptions,
  - vii. Getting Specialized Services,
  - viii. Care Coordination, and
  - ix. Family Centered Care.

The selected independent variables used in the each of the models were as follows:

- 1) CMSN and PC Program vs. CMAT (reference group)
- 2) Child's Race – Hispanic, Black Non-Hispanic, and Other vs. White Non-Hispanic (reference group)
- 3) Parent's Education - High School Grad, Some College, and Associates Degree+ vs. Not a high school grad (reference group)
- 4) Household Structure - Two Parent Family vs. Single parent family (reference group)
- 5) CSHCN Screener - Met None, Met One, Met Two CSHCN screeners vs. Met all Three (reference group)

It should be noted that item GS1 inserts the appropriate program that the child is enrolled in. The question asks the respondent, “*In general, how satisfied are you with the overall program benefits of the (CMAT, CMSN, Primary Care Program)?*” Item GS9 also made appropriate programmatic changes to reflect the difference between CMS and Primary Care. The question asks the respondent, “*How satisfied are you with the services you receive from the CMS Social Worker?*”

The remainder of Appendix A provides tables containing results for each of the models developed. In addition, a discussion section highlights significant findings.







In terms of overall program benefits (Table B1), families whose children are enrolled in the CMSN and PC programs were more likely to be satisfied with their children's benefits than those whose children are in CMAT. After considering the children's health status and other sociodemographic variables in the models, respondents with college education or vocational training were about 65 to 74 percent less likely to be satisfied with their children's benefits when compared to those with less than a high school education. These findings raise interesting questions about the role of families' expectations when they are asked to rate their satisfaction with their children's care and benefits. One possible explanation for these findings is that more educated families have higher expectations of the health care system than less educated families and therefore are more likely to express dissatisfaction.

Children's health status also plays an important role in influencing parental responses about their satisfaction with their children's benefits. Families who reported that their children had no condition consequences or only one condition consequence were more than twice as likely as families whose children had three condition consequences to be satisfied with their benefits. Families whose children had two condition consequences were about 1.4 times more satisfied with their children's benefits than those with three condition consequences but the results were only marginally significant ( $p=0.095$ ). These findings are not surprising. In several Florida KidCare Program evaluations, families whose children are more severely ill tend to express greater dissatisfaction with their children's health care. It is possible that the benefit package or access to services in the benefit package is not sufficient for families with the most severely ill children. It is also possible that the severity of the children's conditions, in and of itself, contributes to families perceiving their children's overall health care options more negatively.

Table B2 contains the results of the statistical models examining families' satisfaction with their children's social workers. Families whose children are enrolled in the PC program were more likely to be satisfied with their children's benefits than those whose children are in CMAT. None of the sociodemographic or health variables were significantly related to satisfaction with this aspect of care.





Several programmatic, sociodemographic, and health variables were significantly related to families' satisfaction with getting needed care for their children (Table B3). Hispanic families were about 29 percent less likely to report being satisfied with getting needed care than White non-Hispanic families. However, no significant differences were noted between Black non-Hispanic and White non-Hispanic families in getting needed care. It is not known if this finding is related to language barriers or other issues related to providing culturally competent care. Further examination of these results exploring language barriers and other factors that may influence access to care for Hispanic children should be conducted. Respondents with a college education were about 27% less likely to be satisfied with getting needed care for their children compared to those with less than a high school education.

The children's health status also was related to families' reports of getting needed care. Families whose children had no, one, or two condition consequences were .9 times, .6 times, and .5 times more likely to report satisfaction with getting needed care, respectively, than families whose children had three condition consequences.

When examining factors related to getting care quickly (Table B4), similar programmatic and sociodemographic findings as those described in the preceding two paragraphs were obtained. Those families whose children were in CMS-N were 38 percent less satisfied with getting care quickly when compared to CMAT. Also, black non-Hispanic families were about 31 percent less likely to be satisfied with getting care quickly than White non-Hispanic families. Finally, college-educated and vocationally trained respondents were about 41 and 36 percent more likely to be satisfied with getting care quickly than respondents with less than a high school education, respectively. However, unlike the findings described above where families of children who were less severely ill were more satisfied with getting needed care than those with more severely ill children, the number of the children's condition consequences was not significantly related to satisfaction with getting care quickly.









No programmatic differences were noted in satisfaction with health plan customer service (Table B7). However several sociodemographic and health variables were significantly related to this aspect of care. Families with college and vocational education were about 68 and 50 percent less likely to be satisfied than families with less than a high school education, respectively. Finally, families whose children had no, one, or two condition consequences were between .3 and .9 times more likely to be satisfied with health plan customer service when compared to families whose children had three condition consequences.



Several programmatic, sociodemographic, and health variables were significantly related to families' satisfaction with getting needed prescriptions (Table B8). Hispanic families and Black families were more likely to report being satisfied with getting needed prescriptions than White non-Hispanic families. Respondents with a college or vocational education were less likely to be satisfied with getting needed prescriptions for their children compared to those with less than a high school education.

The children's health status also was related to families' reports of getting needed prescriptions. Families whose children had no, one, or two condition consequences were 1.5 times, .9 times, and .8 times more likely to report satisfaction with getting needed prescriptionse, respectively, than families whose children had three condition consequences.



more satisfied with getting specialized care than CMAT. Also, a high school graduate was 34 percent more likely to be satisfied with getting specialized care than respondents with less than a high school education.





Table B10 shows that no variables were significant in explaining satisfaction with care coordination except the CSHCN Screeners. Children with zero, one and two domains were less likely to be satisfied with their care coordinator.

Table B11 shows that both CMS and PC were less likely to be satisfied with getting family centered care than CMAT, while all levels of education were more likely to be satisfied with getting family centered care than families with less than high school education.