State of California—Health and Human Services Agency

Department of Developmental Services

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Methodology Overview
Research, Audits, and Evaluation Branch
Public Comprehensive Dashboard

OBJECTIVE

Provide access to caseload, demographics, diagnostic, and Purchase of Service (POS) expenditures.

SCOPE

- Population: Individuals in intake (Status 0), in Early Start (Status 1), with an active status (2, 3, 5, 8, U), or POS expenditure in the time period(s)

- Time period(s): Fiscal Year (FY) 2011/12 - current (less 120 days for claim processing)

- Topics: Summaries of caseload, claim amounts, and average POS expenditures, by Regional Center (RC) and demographic characteristics and diagnostic categories

DESIGN

This is a cross-sectional description of the caseload served by the Department and POS expenditure records by FY.

DATA SOURCE(S)

- Data sources: Data used in this Public Comprehensive Dashboard come from information collected by local RCs, sent to the Department each month, and stored in the Department's Data Warehouse.

  o Client Master File (CMF): Client identifiers and demographics

  o Client Development Evaluation Report (CDER): Reported diagnoses from the most recent CDER file

  o State Claims: POS expenditures

- Data preparation:

- Records are extracted for individuals with a non-missing CMF record of active status or at least one POS expenditure record in any month of the time period. Then records are linked, by Unique Client Identifier (UCI), to diagnostic indicators from the CDER and claims data from the State Claims file.

- Inclusions/exclusions:

  - All non-missing claim records are included. Claim records include zero dollar claims as well as any credits/adjustments (negative claim amounts).

  - Contract records (i.e., UCIs with 'CONTRACT' or another contract identifier) are excluded.

  - Individuals with a claim record but no corresponding CMF record, are excluded.

  - No other exclusions are applied.

DATA TRANSFORMATION OR CLEANING

- RC caseload: RC caseload represents the unique count of UCIs served by each RC based on their CMF record. Individuals who change RCs may be counted more than once at the FY level.

- Total POS expenditures: Total POS expenditures reflect the sum of all claims.

- Average POS: Average POS expenditures are calculated by dividing the total expenditures by the number of unique individuals in a given time period. Average POS calculations include all individuals in the Population defined earlier in this document.

- Age: At the monthly level, age is computed at the end of the month and organized into three groups: 0-2, 3-21, and 22 and older. At the FY level, age groups reflect all individuals in the age group at any time in the FY. Individuals can be counted in more than one age group at the FY level.

- Race/ethnicity: Race/ethnicity is reported based on the latest record in the CMF. Individuals with multiple, missing, or other ethnicities are included in the "Other" category.

- Language: Language is reported based on the primary language in the latest CMF.

- Developmental Disability: Developmental disability is reported based on the latest information in the CDER. The categories include:

- Autism: Presence of Autism or Pervasive Developmental Disorder (PDD), defined as an AUTLEVEL value of 1 or PDD value of 3 or 4.

- Cerebral Palsy: Presence of Cerebral Palsy or other significant motor dysfunction, defined as a CPALSY value of 1, 2, or 3.

- Epilepsy: Presence of partial, generalized, or unclassified seizures, defined as an EPSEIZ1 value greater than 0.

- Intellectual Disability: Presence of an intellectual disability, defined as a MRLEVEL value of 317, 3170, 70, F70, 318, 3180, 71, F71, 3181, 72, F72, 3182, 73, F73, 319, F78, or F79.

- Fifth Category: Presence of a disabling condition found to be closely related to intellectual disability, defined as a CAT5 value of Y or any value of ICD33A other than 0 or *.

- Residence type: Residence is displayed in two categories based on the residence code in the individual's CMF record each month. Individuals may be counted in more than one residence category at the FY level.

  - In-Home: Home of Parent/Guardian/Family Home Agency/Foster Home (residence codes 11, 78, 79, 80).

  - Out of Home: All other residence types (residence codes 9, 13, 14, 20-24, 29-31, 40-50, 52-58, 59, 60, 81-87, 89, 90, 98).

DATA ANALYSIS

- Caseload, claims, and average POS expenditures can be filtered by:

  - Status category (Early Start, Intake, Lanterman, and Other Status)

  - RC

  - Age group

  - Race/ethnicity

  - Primary language

  - Major disability (note: individuals may have more than one diagnosis, in which case they are counted for whichever diagnosis is within the applied filter)

  - Residence type

- This Dashboard limits filtering and applies cell suppression to comply with [California Health and Human Services De-Identification Guidelines](). To maximize the amount of available data, suppression is applied to caseload, total expenditures, and total authorization fields so that average POS values can be retained. Values are suppressed if the caseload represents fewer than 11 individuals.

- Software used: Power BI

ADDITIONAL INFORMATION

- The first year of publication is 2024.

- Individuals may have more than one diagnosis. Therefore, counts by diagnostic category will not sum to the Department's total caseload.

- Considerations when interpreting the data:

  o POS expenditures are only one way to evaluate service access. Other important factors include, but are not limited to, service availability, accessibility, acceptability, and quality.

  o Average POS is sensitive to outliers. This means one (or a few) individuals with very high or very low POS can make the overall average appear higher or lower than what most individuals actually spend.

  o This report summarizes information using large age groups (e.g., 3 – 21 years). These large age groups combine individuals with very different service needs. Differences among groups should be interpreted with caution, as they may have different shares of younger and older individuals.

  o Care should be taken when comparing FY 2020/21 data to previous or current data due to spending practices during the COVID-19 pandemic.

  o Data may show an incomplete caseload of young individuals with Autism and other diagnoses in the most recent FYs, particularly for Early Start (Status 1) individuals. These declines can be due to delays in receipt of diagnosis information rather than true population trends. For example, most children enter Early Start (Status 1) at between 18 to 24 months of age, while most Autism diagnoses are not received until age 3 or 4.