



CHILDREN NOW



## 2018-19 Budget Investments to Advance Children's Health DRAFT--January 29, 2018

The California Children's Health Coverage Coalition seeks to ensure all California children have access to affordable, comprehensive health coverage and care. Thanks to the Affordable Care Act, Medicaid, the Children's Health Insurance Program (CHIP), and California's commitment to extend Medi-Cal coverage to undocumented children, 97% of California's children are insured. As we relentlessly defend this progress against federal threats, California must also continue moving forward to protect and strengthen children's health. The Governor and the Legislature have the opportunity to make investments in the 2018-19 budget to ensure eligible children are enrolled in coverage, improve children's access to appropriate care, and fund preventive and wrap-around services to advance children's health outcomes.

### Streamlining Enrollment to Cover All Eligible Children

#### 1. Women Infant Child (WIC) Express Lane Eligibility (ELE) to Medi-Cal for Children

WIC is a federally funded health and nutrition program for pregnant, postpartum and breastfeeding women, infants and children under age 5 to improve birth and health outcomes. Federal ELE authority and state statute allows for express enrollment into Medi-Cal using WIC income eligibility findings for children and Federal law allows Medicaid presumptive eligibility for WIC pregnant woman. The state statute to implement the WIC automated enrollment gateway requires a budget appropriation, which previously has not been funded.

Streamlining and expediting Medi-Cal enrollment for WIC participants would increase coverage rates among infants, young children, and pregnant mothers, and save administrative costs. Over 90,000 WIC children are not enrolled in Medi-Cal, based on 2017 CalWIC data. While some of these children may have other coverage, Express Lane Eligibility for all the WIC children would offer an expedited enrollment to those without coverage. Up to 13,000 pregnant WIC women could gain Medi-Cal presumptive eligibility.

**Recommendation:** Provide funding for implementing expedited Medi-Cal enrollment for WIC children by using WIC eligibility information and federal Express Lane Eligibility (ELE) authority. **Preliminary Cost Estimate:** One-time system modification costs (with 90/10 federal match) of a few million dollars. Increased Medi-Cal enrollment costs could range from \$24 million to \$40 million General Fund, depending on new Medi-Cal enrollment take up.

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### Improving Access to Care

#### 2. Promote Medi-Cal Developmental Screenings for Infants and Toddlers

A [2017 study](#) by the Department of Health Care Services (DHCS) found that only 36% of infants and toddlers in Medi-Cal received pediatrician-recommended developmental screenings. Developmental screenings for infants and toddlers at 9-, 18-, and 24- or 30-month well-child visits are critical because they create an opportunity for effective early interventions that help kids get on track and ready for school, saving money on costlier interventions down the line. The study also recommended that DHCS include the developmental screenings Child Core Set indicator as part of the External Accountability Set that health plan performance is measured on, which will necessitate some education of providers about screening and coding practices. However, to most meaningfully influence provider behaviors, there must

also be a non-punitive incentive for providers to prioritize developmental screening and change their coding practices.

DHCS could invest more in provider and practice supports, trainings, and technical assistance in order to promote workflow changes that will enhance routine developmental screenings for infants and toddlers in Medi-Cal; as well as regular and reliable reporting and referrals following developmental screenings. These investments would align with AB 11 (McCarthy), a two-year bill currently in the Assembly, that seeks to promote better early identification through the Medicaid EPSDT benefit.

**Recommendation:** Increase funding to support and promote Medi-Cal developmental screening quality improvement and data reporting. **Preliminary Cost Estimate:** \$5-15 million General Fund, to include DHCS and EQRO contractor staff time; provider education activities/trainings/incentives; and evaluation components.

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### 3. Supplement Provider Payments for Pediatric Medical & Dental Preventive Services

The voter-passed Proposition 56 established an opportunity for Medi-Cal Supplemental Payments, for which the Department of Health Care Services established State Plan Amendments to implement the payments for physician services (SPA 17-030) and dental services (SPA 17-031). The goals of the Supplemental Payments were to increase provider participation in the Medi-Cal program and increase access to services. The SPAs, however, missed an opportunity to realize the Proposition 56 goals for children because the health care billing codes identified in the SPAs as eligible for Supplemental Payments were skewed towards codes that covered adult populations and conditions and are problem-oriented evaluation and management services rather than prevention-focused services.

Preventive pediatric physician service and dental service codes that should receive Medi-Cal supplemental payments include:

- 99381, 99382, 99383, 99384, and 99385 which are age-specific initial comprehensive preventive medicine services for new patients;
- 99173, 99174, and 99177 for vision screenings;
- 92551, 92552, and 92567 for hearing screenings;
- 96110 for developmental screenings;
- 96127 for emotional/behavioral assessments;
- 90460 for pediatric immunization administration;
- D1203/1208 for topical application of fluoride to help prevent dental decay;
- D1206 for topical fluoride varnish, therapeutic application for moderate to high caries risk patients;
- D1351 for dental Sealant to prevent the progression of dental decay; and
- D9992 for dental Case Management and care coordination for when dental services are provided in community locations outside of dental offices or clinics.

**Recommendation:** Supplement Medi-Cal provider payment rates for preventive pediatric physician services and dental care billing codes. **Preliminary Cost Estimate:** Dependent on service codes selected for payment.

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### 4. Wellness and Restorative Grants for Schools to Address Student Trauma and Mental Health

Neuroscience research has demonstrated that untreated trauma and toxic stress in childhood has adverse health and developmental impacts in the short and long-term. More than one in five children in school have been exposed to traumatic experiences. Children in vulnerable communities need schools

equipped to address their most pressing challenges and trauma. Unfortunately, there are many barriers to children receiving trauma-informed mental health care, including provider shortages.

An effective trauma-informed care model was implemented in San Diego. With a \$700,000 grant, the Cherokee Point Elementary School partnered with San Diego State University's Master's of Education in Counseling faculty and students to provide mental health services in the school setting. At the end of the grant period, the school district was able to combine funding from multiple sources to continue the program. Pasadena Unified School District also uses graduate student mental health providers under the license and supervision of clinical social work faculty to address provider shortages.

This wellness and restorative practice model could be replicated in other communities located near the 23 Cal State University (CSU) campuses. Two-year pilots could be awarded to CSU's to partner with a local school district or community-based organization to provide trauma-informed treatment and services. These grants would provide one-time start-up funding to implement a model that uses Master's degree students working toward licensure under close faculty supervision to address student trauma and mental health needs, and identify an ongoing funding sustainability plan.

**Recommendation:** Fund a two-year pilot program for CSUs to partner with schools or community-based organizations to provide trauma-informed counseling and mental health services. **Preliminary Cost Estimate:** \$16 million (one-time) to provide grants of \$700,000 over two years to 23 CSU campuses.

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## Investing in Prevention and Intervention Services to Give Children a Healthy Start

### 5. Healthy Start Grant Initiative to Address the Social Determinants of Health

Despite progress in covering all children, disparities in health outcomes persist and children and families lack comprehensive wrap-around support systems to address a child's developmental, health, and educational needs. Between 1992 and 2007, the state Healthy Start Initiative provided grants to school partnerships to provide comprehensive, school-community integrated services and activities to improve the lives of children, youth, and families. The services determined by a school-community collaborative included health, dental, and vision screenings and care; mental health counseling; family support and parenting education; academic support; health education; safety education and violence prevention; youth development; employment preparation; and more as determined by the collaborative. Evaluation found the program improved access to appropriate care and students' physical, mental and emotional health outcomes, as well as notable improvements in academic success.

Much has changed since the height of the Healthy Start program in the late 1990's, such as the expansion of health coverage to all children and the devolution of school funding decisions to the local level. However, within this shifted landscape the need for local coordination of resources is paramount and by establishing a pilot program similar in scope to Healthy Start, the State Department of Education and California Health and Human Services Agency could provide grants to school sites to fund this much needed administration and coordination. This would improve access to wrap-around services to supplement covered physical and mental health programs and education services and address non-medically identified social determinants of health, as well as ensure that all services and funding sources are being utilized, leveraged to their full extent, and supplemented where gaps are identified. The initiative would start with a few demonstration grants to school districts serving a large proportion of high-needs students with a thorough evaluation. While school districts and communities would determine their own priorities, and use their Local Control Funding Formula (LCFF) funds to fund much of the overall project, Healthy Start program would provide technical support, coordination to ensure the mandated services are in place, trainings, best practices and evaluation and fill the gaps in support.

**Recommendation:** Establish a Healthy Start pilot to provide grants to school district to coordinate integrative health and wrap-around services to students and families. **Preliminary Cost Estimate:** \$5 million for demonstration grants in 2018-19, growing to potentially \$50 million annually.

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## **6. Voluntary Home Visiting Services for Vulnerable Young Children and Families**

Home visiting programs are a proven strategy for promoting child health, strengthening parenting, and building family self-sufficiency. Through planned visits, trained professionals provide pregnant mothers and new parents with a range of supports to meet the family's needs. Research shows high-quality home visiting programs improve maternal and child health outcomes, quality of parent-child interactions and school outcomes as children grow older. Need for home visiting services far exceeds capacity in existing home visiting programs funded by local First 5 Commissions and the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program (administered by the California Department of Public Health). Federal funding for MIECHV expired in September 2017 and needs to be extended by Congress.

The Governor's 2018-19 budget proposes \$26.7 million (for a voluntary Home Visiting Initiative for pregnant or first-time parents under 25 years of age enrolled in the CalWORKs program with a child less than 24 months of age).

**Recommendation:** Support the Governor's Home Visiting Initiative proposal and provide additional funding to serve more high-needs families with young children. **Preliminary Cost Estimate:** \$50 million

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