

June 8, 2020

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Director Gilbert:

The Medi-Cal Children's Health Advisory Panel (MCHAP) is an independent, statewide advisory board, legislatively authorized to advise the Department of Health Care Services (DHCS) on matters relevant to all children enrolled in Medi-Cal and their families.

I am writing on behalf of the MCHAP to provide our recommendations intended to ensure DHCS continues to prioritize the health needs of all of California's children and families during this COVID-19 recession, and that the state's Fiscal Year 2020-21 budget supports that priority. With Medi-Cal covering half of California's children, adequate funding for DHCS is vital to California's future.

While the budget proposal before the Legislature preserves direct services to children, the Panel is deeply concerned that it cuts optional benefits for adults, some of them only recently restored after cuts during the last recession. Children rely on families to support them in their health care, and changes that make it harder for adults to receive necessary care cannot help but have consequences for children. This is especially true as the effects of COVID-19 control measures have eroded vaccination rates for children, well-child visits, dental checkups and other vital preventive care.

We urge the Legislature to do everything in its power to preserve services to support children and families, including efforts to ensure access to care in all California communities and integrate physical and behavioral health services as children cope with the increased stressors of the COVID-19 emergency.

In particular, the Panel recommends:

- Restoration of supplemental payments and other initiatives funded through the proceeds of Proposition 56 which have direct effects on services to children or help to ensure their access to care. Specifically, the MCHAP recommends funding:
  - Supplemental payments to physicians and dentists, which increase financial incentives to serve children in Medi-Cal.
  - Value-based payments to providers through increased capitation to managed care plans, which create incentives for improvements in the system of care that serves the largest number of children in Medi-Cal.
  - Supplemental payments to create incentives for developmental screening, a vital element of care for children.

- The CalHealthCares loan repayment program for physicians and dentists who agree to devote a significant portion of their practice to serving Medi-Cal patients, which builds capacity to support greater access to care. The program provides a tool to address the significant workforce shortage of certain provider types, such as child psychiatrists, in the Medi-Cal system.
- Ensuring that full funding to expand Medi-Cal coverage to undocumented seniors, as proposed in January, remains intact. A growing number of undocumented individuals aged 65 and older are raising their grandchildren. Without proper health care coverage, the health and well-being of these seniors, and the children they care for, will be negatively affected.
- Restoring the January 2020 proposal to extend postpartum care for up to 12 months after the last day of pregnancy for patients diagnosed with a mental health condition. Extending this care from the usual 90 days of care makes it more likely these parents are equipped to care for a child.
- Restoring funding for health enrollment navigators, a key role to help low income families and their children negotiate barriers to gaining coverage.
- Reinstating funding for county case-management services in the Child Health and Disability Prevention Program.
- Continuing supplemental payments to support Martin Luther King Jr. Community Hospital, a vital resource for children and families in a low-income area disproportionately harmed

While they are not DHCS programs, the Panel also supports restoring funding for Song-Brown Healthcare Workforce Training, which builds capacity – including in primary care and family medicine – to serve underrepresented minorities in underserved areas, and the Black Infant Health program, which targets support to families facing historically disproportionate health challenges.

In addition, the Panel appreciates the actions already taken to preserve enrollment and ensure access to care through suspension of dis-enrollment and redetermination actions.

Our membership encourages California's leaders, wherever possible, to extend the deadlines for those actions through the full extent of the COVID-19 emergency, through administrative or legislative action, as appropriate.

Sincerely,

Ken Hempstead, M.D.

Chair, Medi-Cal Children's Health Advisory Panel, on behalf of the Panel

CC: Members, Senate Committee on Budget and Fiscal Review  
 Members, Assembly Committee on Budget  
 Members, Senate Budget Subcommittee #3 on Health and Human Services  
 Members, Assembly Budget Subcommittee #1 on Health and Human Services  
 Senate President pro Tempore Toni Atkins  
 Assembly Speaker Anthony Rendon