



Children  
Now

# The Future of Medi-Cal for Kids

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Children Now is a non-partisan, whole-child research, policy development and advocacy organization dedicated to promoting children's health, education, and well-being in California.

*Children Now also leads The Children's Movement of California, a network of more than 4,500 direct service, parent, youth, civil rights, faith-based and community groups dedicated to improving children's well-being.*

# Setting the Context of Medi-Cal for Kids

## The Early & Periodic Screening, Diagnosis, & Treatment (EPSDT) benefit:<sup>15</sup>



Applies to every child in Medi-Cal



Covers medical, dental, vision, and hearing screens



Requires timely access to language-appropriate care, including transportation to and from appointments if needed



Guarantees any Medicaid services necessary to "correct or ameliorate" a diagnosed physical or mental condition



Requires state monitoring of health plan compliance to ensure children are getting care

**Children have a unique legal guarantee to medically necessary services in Medi-Cal.**

This standard is broader for children than adults. Services to maintain or improve a child's health, not just to correct a problem, must be covered.



Developmental screenings at the 9-, 18-, and 30-month well-child visits



Vision screenings regularly throughout childhood and adolescence



Psychosocial/behavioral assessments at every visit



Autism Spectrum Disorder screening at the 24-month well-child visit



Hearing screenings for newborns and then periodically throughout childhood



Trauma screenings



Maternal depression screening during the first 6 months of a child's life



Dental screenings for children up to age 21



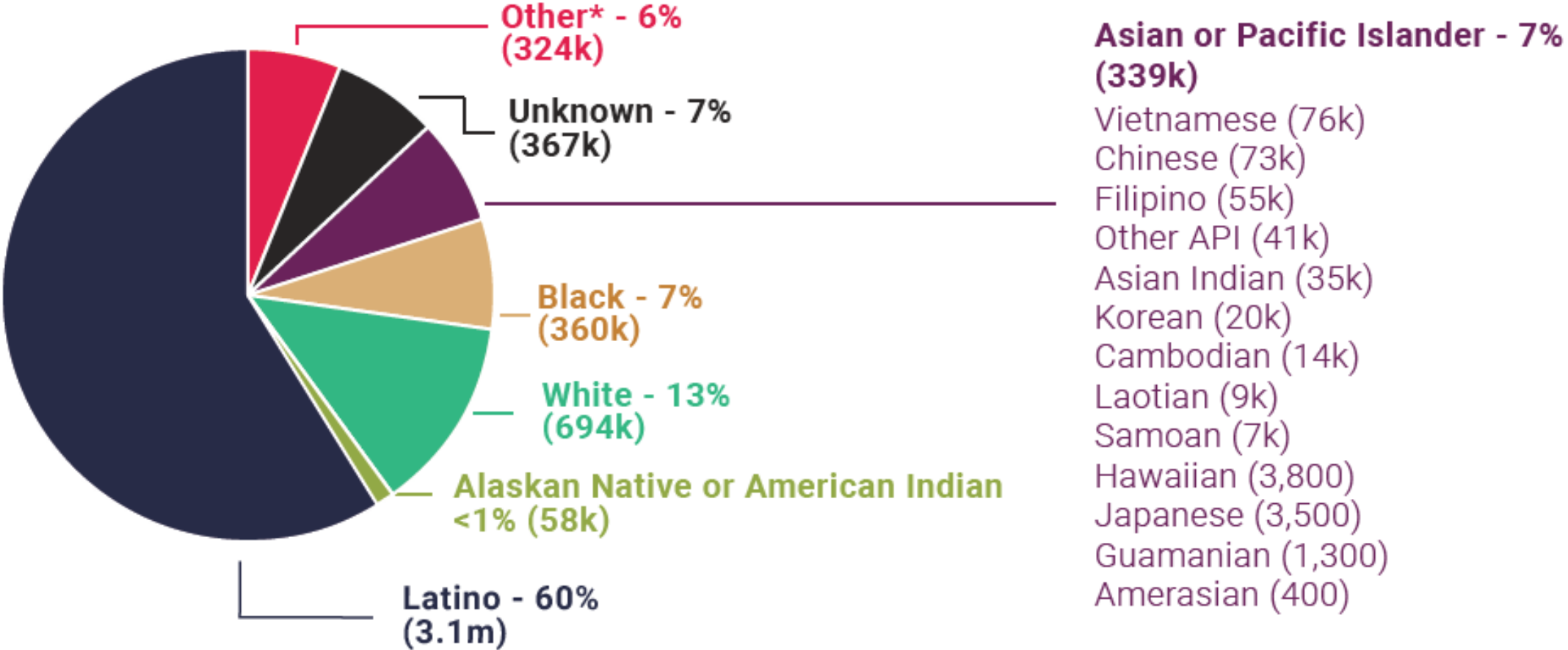
Blood lead screening for young children

## Young kids need several types of preventive screenings.

The American Academy of Pediatrics has identified guidelines for preventive care that include regular well-child visits and a range of screenings.

# The Medi-Cal Population of Children is Diverse

Figure 1: Medi-Cal Enrollment of Children by Race/Ethnicity<sup>2</sup>



\*This group may include single race/ethnicity individuals who are not categorized in one of the other groups and it also may include individuals with more than one race/ethnicity.

# Some Children and Pregnant Individuals Are Required to Pay Premiums for Medi-Cal

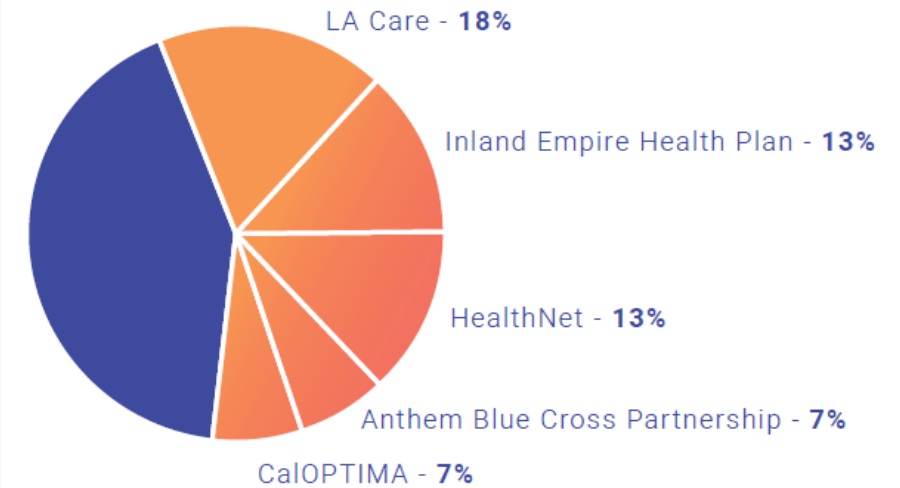
Medi-Cal premium policies create inequitable barriers to health coverage for 702,000 individuals and threaten economic security for more than 470,000 families across the state.



# Medi-Cal Contracts With A Lot of Health Plans

- 92% of kids with Medi-Cal are enrolled in managed care
- County-based service areas (or reporting units)
  - Some counties have one plan;
  - Many counties have two plans that compete
  - A few counties have six or seven plans competing
  - Some multi-county service areas as well
- California is re-procuring Medi-Cal managed care contracts which will begin in 2024
  - State plans to limit contracts to 2 plans per county max

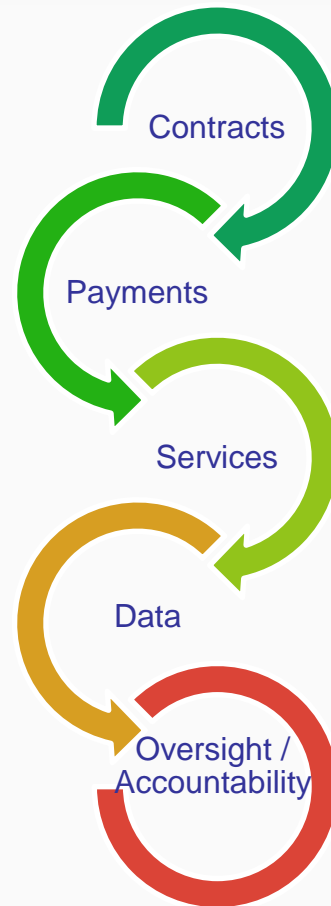
*The top 5 health plans make up 58% of total child managed care enrollment*



# Medi-Cal Managed Care: A DHCS & Health Plan Partnership



- Writes & enforces contracts, regulations
- Sets rates and pays health plans
- Collects & oversees data
- Responsible entity for ensuring EPSDT guarantee



## Health Plan Partners


- Agrees to contracts, regulations
- Accepts capitated and other payments
- Reports data
- Responsible for creating access & delivering EPSDT services



# Medi-Cal Managed Care Has History of Documented Poor Access and Oversight

- **State Auditor Reports:**

- Children’s preventive care in Medi-Cal (2018-111)
- Children’s dental care in Medi-Cal (2013-125)
- Childhood lead levels (2019-105)
- Youth suicide (2019-125)
- Medi-Cal access in rural areas (2018-122)
- Medi-Cal eligibility system issues (2018-603 and 2020-613)
- Medi-Cal managed care oversight and administration (2011-104, 2014-134, and 2018-115)




Statewide, fewer than half of kids (48%) with Medi-Cal received an annual check-up.

- **Past HEDIS Reports**

- **Academic Research**

- **New! Children’s Preventive Services Report**



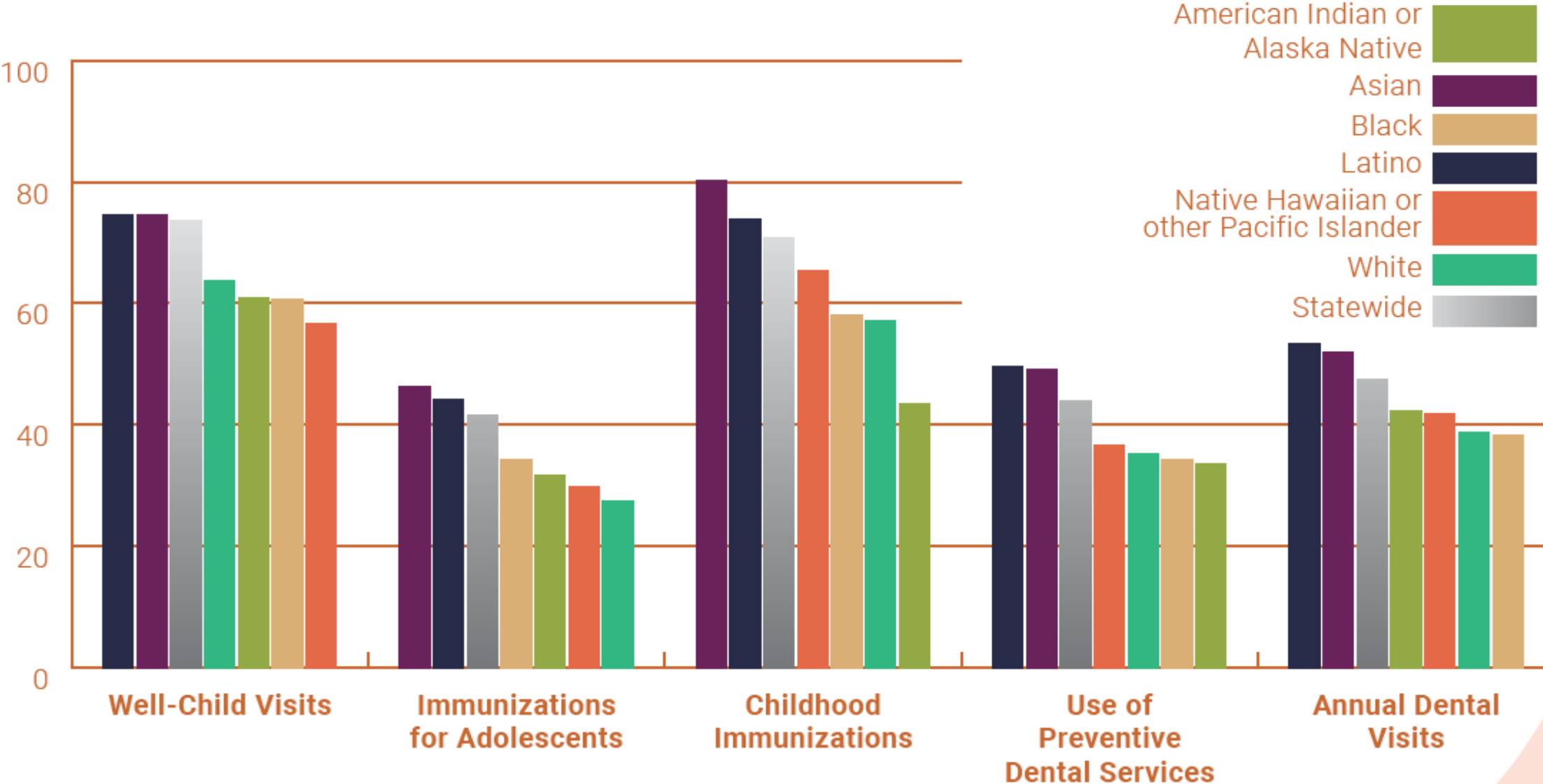
California is the worst of all states (50th place) for well-baby (less than one year old) screening rates in Medi-Cal.

# Children's Quality in Medi-Cal is Low Statewide, 2019

<b>Children's Preventive Health Service</b>	<b>Medi-Cal Managed Care Statewide Average</b>
Lead screening in children who turned 2 years of age	61%
Well-child visits in the first 15 months of life	26%
Child and adolescent well-care visits	51%
Dental fluoride varnish application for children 6 months to 5 years of age	23%
Tobacco use screening for children and youth ages 12 to 21 years	1%

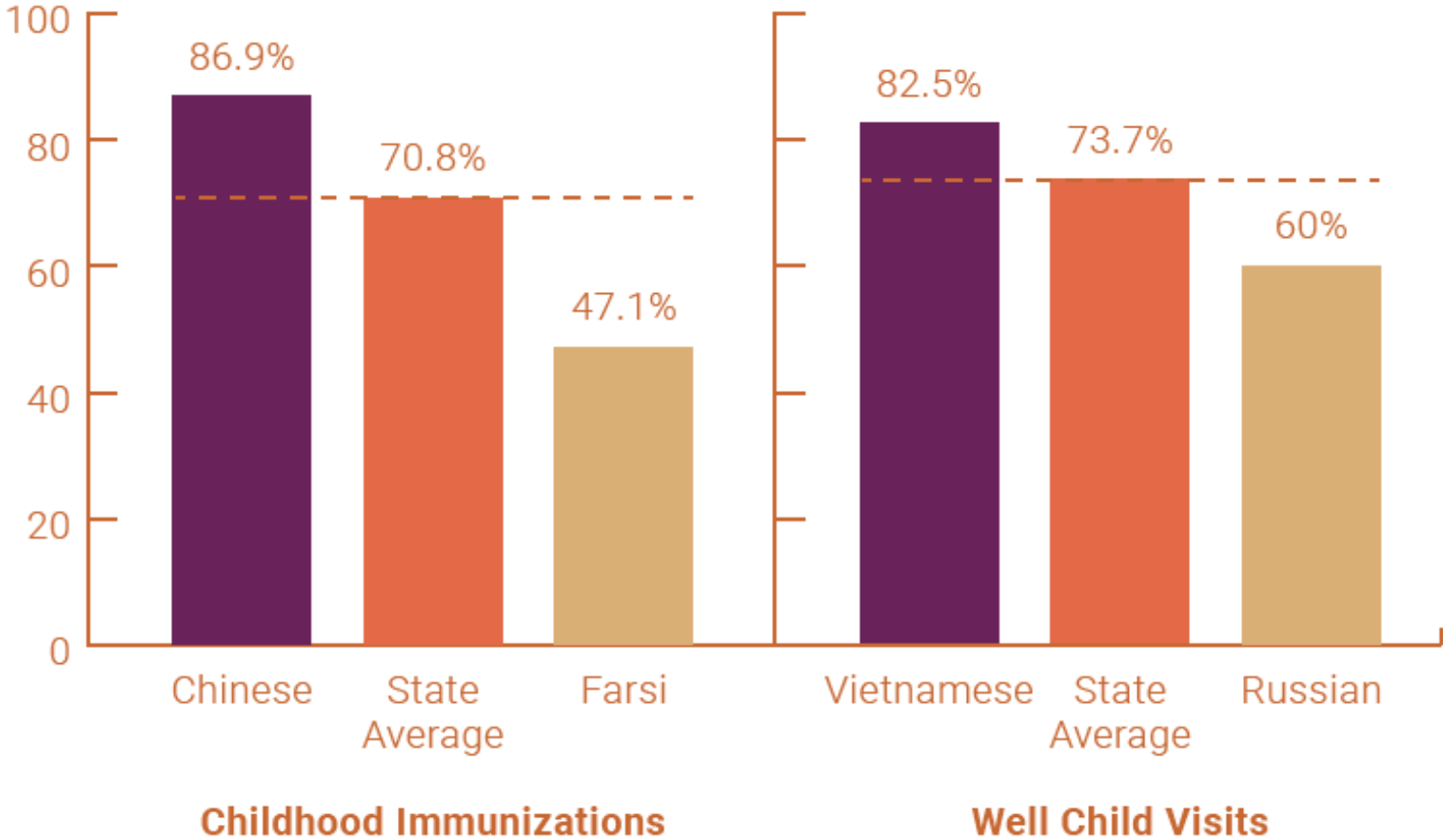
# Children's Quality in Medi-Cal Managed Care Has Notable Disparities by Race

Figure 2: Disparities in Children's Preventive Care Utilization by Race/Ethnicity<sup>3</sup>



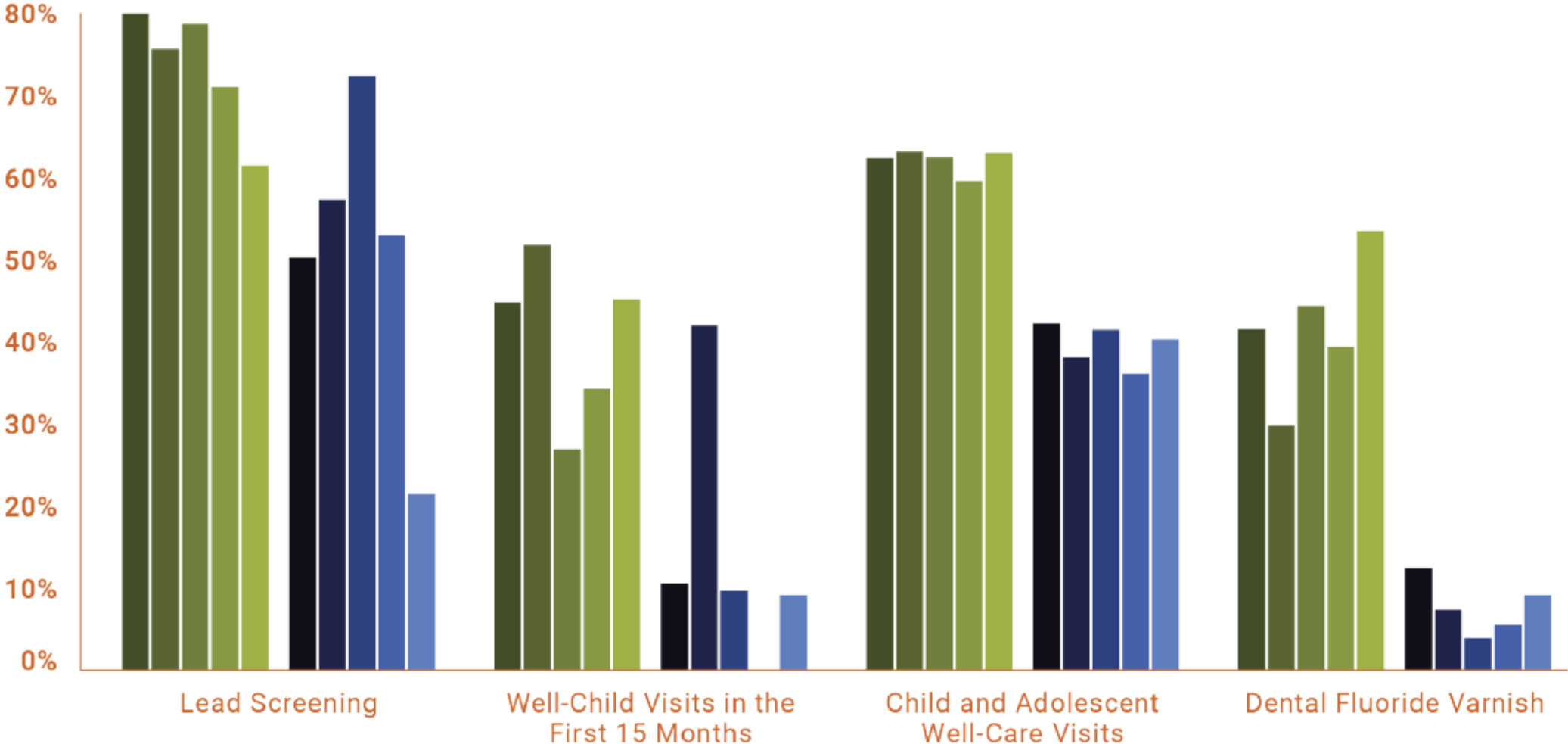
# Children's Quality in Medi-Cal Managed Care Has Notable Disparities by Language

**Figure 3: Widest Disparities in Children's Preventive Care by Language<sup>3</sup>**



# Children's Quality in Medi-Cal Managed Care Varies by Health Plan

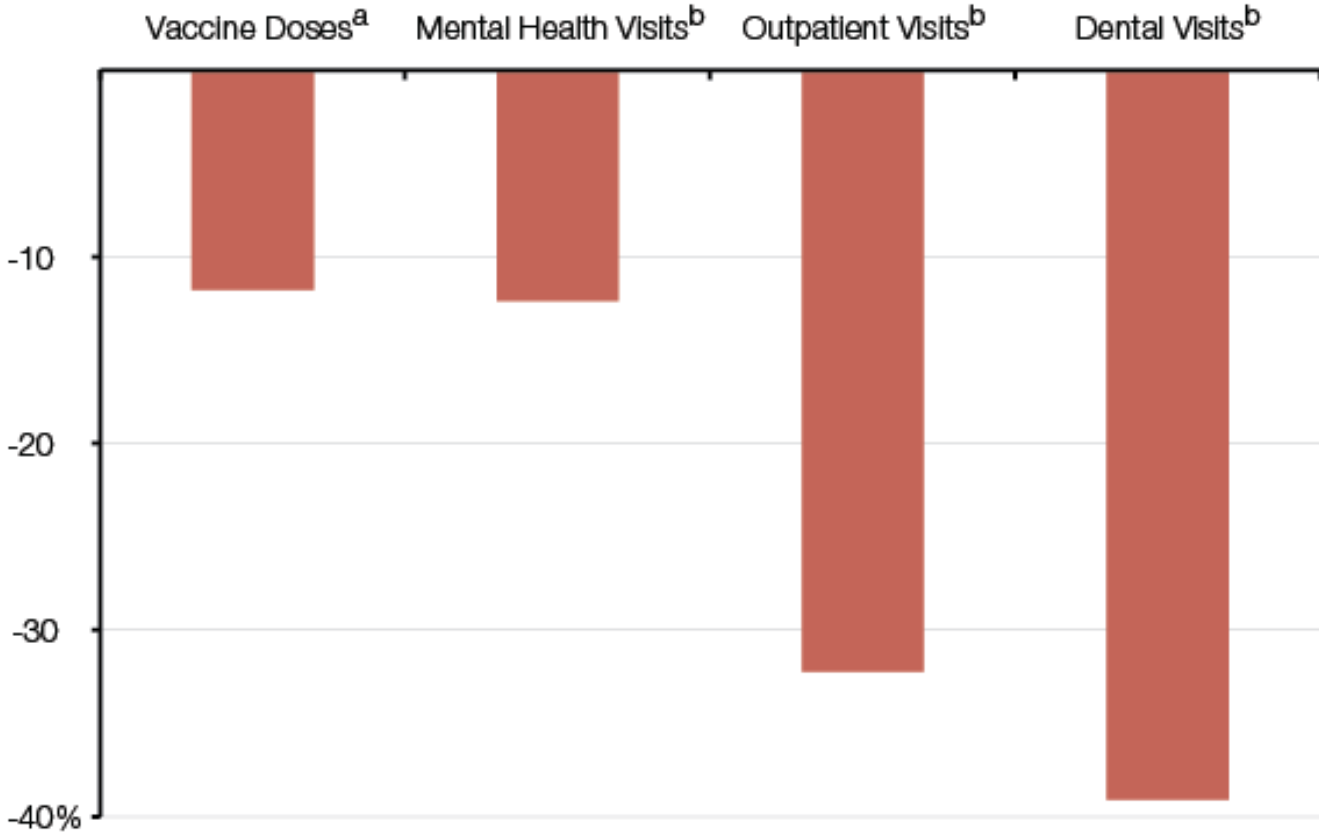
**Figure 1: Wide Variation in Children's Utilization of Preventive Services Among Medi-Cal Health Plans**  
As demonstrated by the overall top- and bottom-ranked plans:



# Children's Utilization Declined During the Public Health Emergency

## Medi-Cal Children's Preventive Services Are Down Significantly During the COVID-19 Pandemic

*Percent Change in Services Delivered Between 2019 and 2020*



Source: LAO, "Impact of COVID-19 on Health Care Access"

“The power of DHCS is in the fact that it pays for, we pay for, the care for this population. And if we are **adept in our purchasing processes and working with our partners in setting the incentives in the right places, we can really move the system of care to a place that is much more holistic in addressing the totality**, a place where it’s much more of a wraparound to people’s needs.”

- Will Lightbourne, Immediate Past DHCS Director

**What is Ahead for Medi-Cal?**

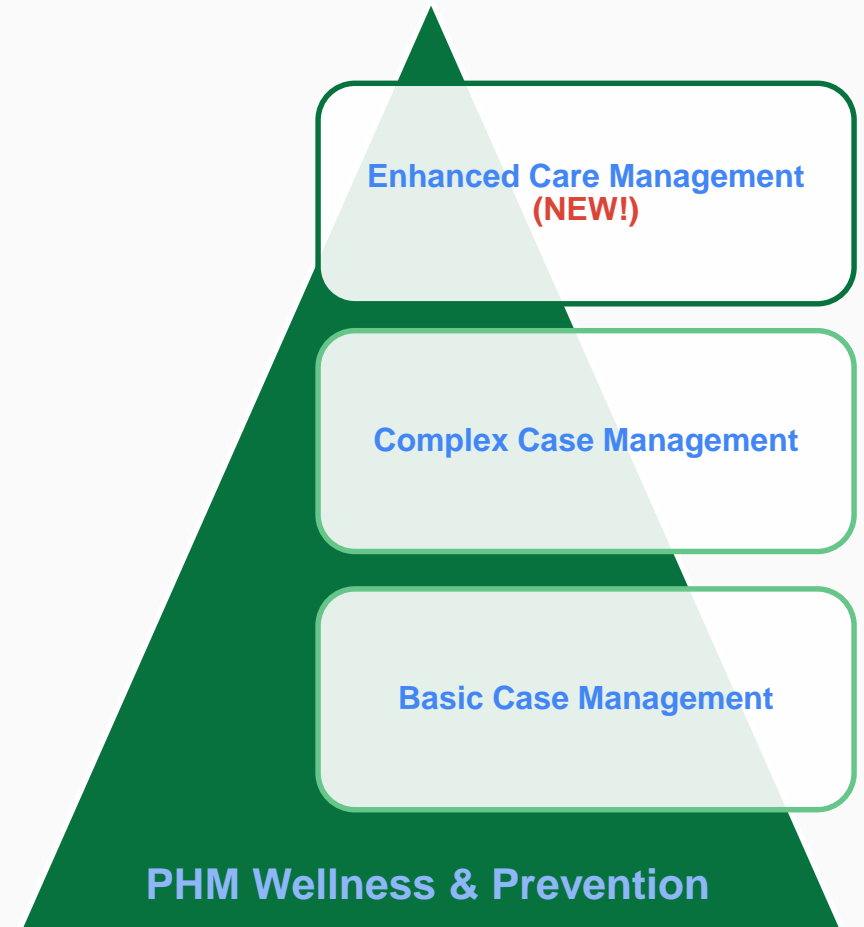
**CalAIM is “a multi-year initiative by DHCS to improve the quality of life and health outcomes of our population by implementing broad delivery system, program and payment reform across the Medi-Cal program.”**

The major components of CalAIM will:

- **build upon previous successes and pilots** (e.g., Whole Person Care Pilots, Health Homes Program)
- result in a **better quality of life** for Medi-Cal members
- result in **long-term cost savings/avoidance**

# Population Health Management is the Lynchpin of CalAIM

- As lynchpin, the CalAIM population health management (PHM) program will comprehensively address Medi-Cal member risk and need across a **full spectrum of wellness, prevention, & care management** based on:
  - Individual Risk Assessment
  - Predictive analytics to identify communities emerging as high risk
- PHM design will systematically **risk stratify** member so that health plans can offer a menu of care management interventions at different levels of intensity
- At the highest intensity, the new **Enhanced Care Management (ECM)** benefit will provide a whole-person approach to care that addresses the clinical and non-clinical needs of high-cost and/or high-need members



# CalAIM Community Supports (formerly called In Lieu of Services)



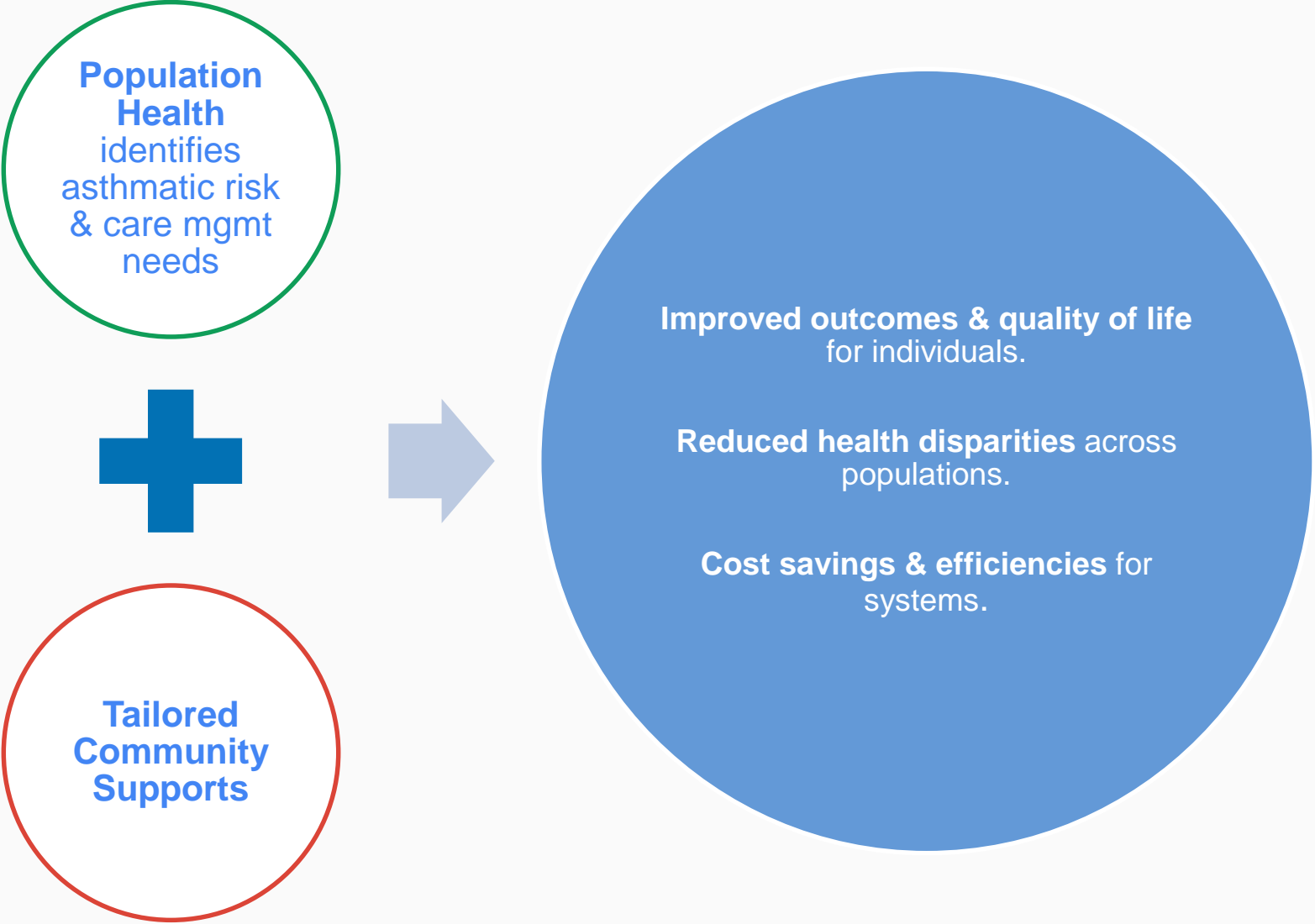
- Community Support services are a substitute for or to avoid utilization of other, costlier services such as emergency department use

- CalAIM proposes a menu of pre-approved 14 Community Support services that a Medi-Cal managed care plan will integrate into their PHM programs and can make available beginning January 1, 2022

- Managed care plans can expand and add additional Community Supports every six months



# Conceptual Example of CaAIM Potential



# CalAIM Reforms Are Part of Many New Statewide Opportunities in Medi-Cal to Improve Care for Children and Youth

## In 2022

- Community Health Worker benefit
- Asthma Preventive Services benefit
- Doula benefit
- Initial health plan Community Supports (formerly In Lieu of Services) selections
- CalAIM implementation incentives
- Student behavioral health incentive payments
- Infant Well-Child Visit Learning Collaborative
- Medi-Cal Rx Initiative
- Medi-Cal Comprehensive Quality & Equity Strategy

## In 2023 & 2024

- New managed care contracts take effect 2024
- Population Health Management platform
- Enhanced Care Management benefit for children and youth
- Additional health plan Community Supports selections
- Additional CalAIM implementation incentives to health plans
- New health plan value-based payment incentive programs

# So. Many. Medi-Cal. Initiatives.

DHCS Major Program Initiatives - Go-Live Dates (pending readiness and federal approvals)		Updated: 10/13/2021																			
Category	Activity	7/21	8/21	9/21	10/21	11/21	12/21	1/22	4/22	5/22	7/22	8/22	10/22	12/22	1/23	7/23	1/24	1/25	1/26	2027	
CalAIM/Waiver	Administrative Integration of SMH and SUD							Start													Fully Integrated
	Benefits Standardization							Transplant In/MSP out							LTC						
	Dental (new benefits and PAP)							X													
	Enhanced Care Management (ECM)/Community Supports (LOS)							X			X				X	X					
	Incentive Payments							X							X						
	Mandatory Managed Care Enrollment							Non-Dual							Dual		X				
	PATH Funds (ECM, Community Supports, Justice-Involved)							X							X			X	X	X	
	Regional Capitation Rates and Shared Savings/Risk							X							X						
	Specialty Mental Health Services - Criteria for Services							X							X						
	Behavioral Health No Wrong Door										X										
	Contingency Management										X										
	SM/SED IMD Waiver										Earlier to Out						X				
	Transition to Statewide LTSS and D-SNP (CO ends)										Feasibility Study					CO Counties				Non-CO Counties	Statewide MLTS
	Behavioral Health CPT Code Transition														X						
	Behavioral Health Standard Screening and Transition Tools														X						
	Improving Beneficiary Contact and Demographic Information														X						
	Justice Involved Package														X						
	Population Health Management (Including Service)														X						
	Behavioral Health Payment Reform																X				
	County CCS Oversight																X				
	HCQA Accreditation																			X	
	Full Integration Plans																				X
	County Eligibility and Oversight (BO based on end of PHE)																				X
	Foster Care Model of Care (BOC)																				
	DMC-QDS Traditional Healers and Natural Helpers (TRD)																				
School-Linked Capacity/Infrastructure Grants								X													
Children and Youth Behavioral Health (BH) Initiative	BH Evidence Based Programs Grants										X										
	Provider Education Campaign											X									
Behavioral Health Continuum Infrastructure Program (BHCIP)	BH Service Virtual Platform (including e-Consult)															X	X				
	Statewide BH Network and Fee Structure for School Based Services																				
	Award Round One: Mobile Clin																				
	County Gap and Needs Assessment Report																				
	Round Two: County and Tribal Planning Grants																				
	Release Round Three RFAs: Launch Ready																				
Home and Community Based Services (HCBS) Spending Plan	Release Round Four RFAs: Children and Youth																				
	Release Round Five RFAs: Addressing Gaps Phase 1																				
	Release Round Six RFAs: Addressing Gaps Phase 2																				
	Assisted Living Waiver Expansion		X																		
	CalBridge Behavioral Health Program								X												
	Dementia Aware and Geriatric/Dementia Continuing Education								X												
Eligibility	Non-RHS HCBS Care Economy Payments							X													
	Homeless and Housing Incentives							X													
	Community Based Residential Continuum Pilots														X						
Benefits	LTSS Data Transparency														X						
	Accelerated Enrollment for Adults		X																		
Financial	Medi-Cal Eligibility Expansion for Postpartum Individuals									X											
	Expand Medi-Cal to Older Californians									X											
	Eliminate Medi-Cal Asset Test											X									
	Medication Therapy Management																				
	Remote Patient Monitoring																				
	Continuous Glucose Monitoring																				
	Medi-Cal Rx																				
Other	Whole Genome Sequencing																				
	Behavioral Health Peers																				
Financial	Community Health Worker																				
	Doula																				
Financial	Dyadic Services																				
	Universal Intermediate Care Facilities for the Developmentally Disabled and Free-Standing Pediatric Subacute Rates																				
Financial	COVID-19 Vaccine Incentive Plan/Program																				
	Medi-Cal BH in Schools Incentive Payments																				
Other	FQHC Alternative Payment Model																				
	Skilled Nursing Facility - Quality Assurance Fee Reform																				
Other	Launch Office of Medicare Innovation and Integration																				
	Family First Prevention Services Act																				
Other	Comprehensive Quality Strategy and Equity Roadmap																				
	Unrug Medi-Cal parity investments																				
Other	HCRA Waiver Renewal																				
	Health Plan of San Mateo - Dental Project																				



See: <https://www.dhcs.ca.gov/Documents/Major-Initiatives/DHCS-Initiatives-Go-Live.pdf>

# Thank you!

Email: [modeh@childrennow.org](mailto:modeh@childrennow.org)

*Check out other Children Now resources on Medi-Cal for children:*

- [Children's Medi-Cal Managed Care in California Counties: A State and County Analysis of Medi-Cal Managed Care for Children](#)
- [Accountability for Medi-Cal Children's Preventive Services: Medi-Cal Health Plans are Key to the Preventive Care Guarantee for Kids](#)
- [Spotlighting Racial, Ethnic & Language Inequities For Children On Medi-Cal](#)
- [Eliminating Medi-Cal Premiums for Children and Pregnant Individuals: Removing Inequitable Economic Barriers to Health Care in California](#)

