

Medi-Cal's Strategy to Support Health & Opportunity for Children & Families

Monday, March 14, 2022

10:00 – 11:00 AM PT

Today's Agenda

- Welcome
- Medi-Cal's Impact & DHCS' Commitment to Children
- Overview of Medi-Cal's Strategy to Support Health and Opportunity for Children and Families
- Deep Dive on Key Initiatives
- Questions & Comments

Medi-Cal's Impact

DHCS is responsible for the health care of most of California's children and the vast majority of Black and Latino children in the State.

Children (Under Age 18) Enrolled in Medi-Cal

Over 5.4 million children covered by Medi-Cal, or 56% of children in California



47% of Californian children in immigrant families are enrolled in Medi-Cal



72% of Latino children and 74% of Black children are enrolled in Medi-Cal



Sources: Kaiser Family Foundation. Child Enrollment in Medicaid and CHIP. November 2020. Available [here](#); U.S. Census Bureau. Quick Facts: California. July 2019. Available [here](#); Kids Data & Population Reference Bureau. Children Living with Foreign-Born Parents. 2018. Available [here](#); DHCS. Eligible Individuals Under Age 21 Enrolled in Medi-Cal. April 2021. Available [here](#); California Department of Finance, Demographic Research Unit. Demographic Estimates and Projections. July 2021. Available [here](#).

DHCS' Commitment to Improving Children's Care

Medi-Cal's Strategy to Support Health and Opportunity for Children and Families was born out of a recognition of the challenges in Medi-Cal identified by State audits and stakeholders and a State commitment to support health and opportunity for California's children and families.

Stakeholder Concerns / Issues

- » Low pediatric preventive care rates and access to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit
- » Low immunization rates and provider enrollment in Vaccines For Children (VFC)
- » Wide health disparities for Black and Brown children
- » Increase in adolescent behavioral health concerns, with increases in overdoses and suicides statewide
- » Low base reimbursement rates for Medi-Cal's pediatric primary care providers (*not including supplemental payments*)
- » No clear owner of children's health at DHCS

In 2021, the **David & Lucile Packard Foundation** supported preliminary research for DHCS that laid the foundation for Medi-Cal's Strategy to Support Health and Opportunity for Children and Families.

Through this work, DHCS:

- » **Interviewed stakeholders** (including children's health advocates, MCP leaders, and pediatric primary care providers)
- » **Reviewed existing and new initiatives**
- » **Analyzed data on children's access to Medi-Cal care**

DHCS' Approach

- » **DHCS has a strong commitment to addressing entrenched health inequities and the resulting disparities that diminish children's health outcomes and life prospects**
- » **Medi-Cal's Strategy to Support Health and Opportunity for Children and Families is a living, breathing document** and DHCS' first step in organizing and communicating a **cohesive, coordinated strategy** to support children enrolled in Medi-Cal
- » Through the strategy, DHCS is **seeking to tie together existing and new** children's health initiatives proposed in the initiatives noted in the graphic



Medi-Cal's Strategy to Support Health and Opportunity for Children and Families

Medi-Cal's Strategy to Support Health and Opportunity for Children and Families

March 2022



Forward-looking policy agenda for children and families enrolled in Medi-Cal that **unifies the common threads of existing and newly proposed** child and family health initiatives



Eight Action Areas with detailed **key initiatives** that are designed to:

- » Solidify coverage for children
- » Promote whole-child and family-based care
- » Strengthen leadership and accountability structures
- » Implement evidence-based, data-driven initiatives



Two infographics, including an **easy to read [one pager](#)** with Action Areas and a **[detailed table](#) with a status update and expected implementation timing** for each key initiative

Guiding Principles

In shaping Medi-Cal's Strategy to Support Health and Opportunity for Children and Families, DHCS was guided by the following principles and considerations:



- » Addressing health disparities and advancing health equity
- » Implementing a whole-child, preventive approach informed by families
- » Providing family and community-based care
- » Promoting integrated care
- » Improving accountability and oversight
- » Looking beyond Medi-Cal

Action Areas

Each action area includes key initiatives – some already underway and others newly proposed – with detailed approaches on how to solidify coverage for children, promote whole-child and family-based care, strengthen accountability structures, and implement data-driven initiatives to support implementation.



New leadership structure and engagement approach



New health plan accountability for quality outcomes



Stronger coverage base for California's children



Family-centered approach



Stronger pediatric preventive and primary care



Child and adolescent behavioral health investments



Streamline access to pediatric vaccinations



Next steps on the foster care model of care



1) Implement a New Leadership Structure & Engagement Approach

Key Initiatives

- » **Identify a DHCS Child Health Champion** *(new)*
- » Engage with stakeholders to ensure that family voices help shape policy
- » Create a new DHCS Consumer Advisory Committee *(new)*

Deep Dive: DHCS Child Health Champion

- DHCS recognizes the importance of creating more **coordination and accountability** within DHCS for using Medi-Cal to improve care for children
- DHCS' new **Assistant Deputy Director of Quality and Population Health Management Division** will be DHCS' child health champion
- The child health champion is responsible for:
 - **Engaging with children's health stakeholders**, including California agencies, Medi-Cal MCPs, advocates, providers, counties, and families
 - **Serving as the lead of several DHCS children's health initiatives**

2) Strengthen the Coverage Base for California's Children



Key Initiatives

- » **Reduce Medi-Cal premiums to zero for families to make coverage more accessible** *(new)*
- » Expand presumptive eligibility to make it easier for children to be quickly and efficiently enrolled in Medi-Cal *(new)*

Deep Dive: Reduce Families' Medi-Cal Premiums to Zero

- About **500,000 individuals** with incomes between 160 – 266% of the federal poverty level must currently pay premiums for children enrolled in Medi-Cal
- Premiums are **up to \$13 per month per child**, with no more than \$39 per family
- With the Governor's proposed 2022 – 2023 budget, the State **would reduce to zero Medi-Cal premiums for these families, removing the financial barrier to retaining coverage**

3) Fortify the Pediatric Preventive & Primary Care Foundation



Key Initiatives

- » Design and implement a new population health management (PHM) strategy *(new)*
- » **Conduct an education and outreach campaign regarding EPSDT for enrollees, providers, MCPs to support families** *(new)*
- » Implement changes to improve the criteria and procedures used to determine when children will receive behavioral health services *(new)*
- » Expand preventive pediatric dental benefits from a pilot program to new statewide benefits *(new)*

Deep Dive: EPSDT Toolkit

- Millions of children enrolled in Medi-Cal do not access their **federally guaranteed Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit**
- DHCS is launching **education campaigns for families and enrollees, pediatric primary care providers, and MCPs** to:
 - Improve understanding of the EPSDT benefit
 - Explain EPSDT' role in preventive care
 - Clarify “medical necessity” and MCPs' responsibilities

3) Fortify the Pediatric Preventive & Primary Care Foundation (Cont'd)



Key Initiatives

- » Invest significant new resources in practice transformation for pediatric and other primary care providers who care for pregnant individuals, children, and adolescents *(new)*
- » Participate in CMS' Infant Well-Child Visits Learning Collaborative and Health Care Payment Learning and Action Network State Transformation Collaborative *(new)*
- » Continue to support the ACEs Aware initiative and provide ACEs training grants to primary care provider

Deep Dive: Equity and Practice Transformation Grants

- Provider grants aim to **reduce COVID-19 driven care disparities** and fund practice transformation to **support a diverse Medi-Cal enrollee population**
- Grants will be provided to **pediatric, primary care, OB/GYN, and behavioral health providers** to advance the **Bold Goals 50x2025 Initiative**
- The Governor's proposed 2022 – 2023 budget includes **\$200 M in General Funds (\$400 M total)** for these grants



4) Strengthen Access to Pediatric Vaccinations

Key Initiatives

- » Deploy COVID-19 pediatric vaccines in an equitable manner to meet California's "Vaccinate All 58" goals
- » **Develop a VFC Strategic Plan with CDPH to ensure that there is a comprehensive effort to maximize the catch up of vaccinations, distribute vaccines, and support family engagement (new)**
- » Increase vaccination of pregnant individuals enrolled in Medi-Cal (new)

Deep Dive: Vaccines For Children (VFC)

- CDPH and DHCS will partner to **strengthen the State's VFC program**, as Medi-Cal enrolled children often receive vaccines through VFC
- DHCS aims to **improve Medi-Cal provider participation in VFC** and **strengthen data collections** to better identify Medi-Cal and VFC joint-enrollment
- **Disparities in vaccination rates amongst race, ethnicity, and geography** have risen due to the pandemic and missed preventive care during lockdowns



5) Enhance Accountability for High-Quality and Equitable Care for Children

Key Initiatives

- » **Improve MCP oversight and accountability (new)**
- » Increase pediatric and maternity care performance standards for MCPs (new)
- » Support the local educational agency-billing option program (LEA-BOP) by providing resources to support and expand the program
- » Support MCP and LEA partnerships by requiring MCPs to provide Medi-Cal services (new)
- » Enhance and sustain payments to pediatric providers (new)
- » Streamline DHCS pediatric dashboards (new)

Deep Dive: MCP Oversight & Accountability

- Starting in 2023, DHCS will **adjust base capitation rates for MCPs**
- Starting in 2023, all MCPs and their fully and partially delegated subcontractors **must report their medical loss ratio (MLR)** to DHCS *and* starting in 2025, the plans must **pay a remittance** if at least 85% of spending is not going to medical and quality activities
- Starting in 2024, MCPs must **report primary care spending for children** and the **percentage of providers paid using alternative payment models**

6) Apply a Family-Centered Approach



Key Initiatives

- » Implement coverage of services provided by community health workers and doulas
- » Implement dyadic services for families with children
- » Clarify family therapy as a behavioral health benefit
- » **Develop a strategic plan with CDPH and CDSS partners to maximize enrollment of eligible Medi-Cal children and families in CalFresh and WIC (new)**

Deep Dive: CalFresh & WIC Enrollment

DHCS, CDPH, and CDSS are developing a **strategy to increase enrollment of eligible Medi-Cal children and families in WIC and CalFresh**, including improved data integration across public benefit programs

- Only 30% of Medi-Cal members are enrolled in CalFresh, with California ranking *last nationwide* in enrollment of Medi-Cal eligible children enrolled in SNAP
- Greater WIC participation has been found to boost health and developmental outcomes for pregnant individuals and young children eligible for SNAP and Medicaid



6) Apply a Family-Centered Approach (Cont'd)

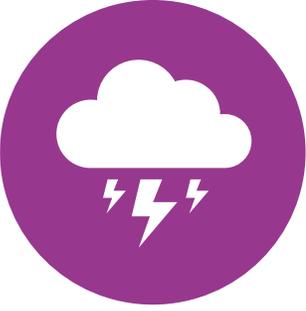
Key Initiatives

- » Strengthen coverage and care for pregnant and postpartum individuals by extending postpartum eligibility to 12 months postpartum
- » Increase enrollment of Medi-Cal covered pregnant individuals and families into CDPH/CDSS home visiting programs *(new)*
- » Partner with DDS to better support children who have both an IDD diagnosis and behavioral health need *(new)*
- » **Launch ECM in a manner that recognizes the unique needs of children and builds on EPSDT requirements *(new)***

Deep Dive: Enhanced Care Management (ECM)

- ECM is comprehensive care management to address clinical and nonclinical needs of high-cost, high-need enrollees in MCPs
- **ECM is currently available to children with families experiencing homelessness**
- **Starting July 2023**, children and youth enrolled in MCPs and meeting select criteria (e.g., involvement in foster care, transition from juvenile justice facility, diagnosis of SED) will be eligible for ECM

7) Address the Child and Adolescent Behavioral Health Crisis



Key Initiatives: Children and Youth Behavioral Health Initiative (CYBHI)

- » **Implement a State-defined all-payers fee schedule for behavioral health services provided at schools**
- » **Provide direct grants to build infrastructure partnerships and capacity statements to increase school-based behavioral health services**
- » **Continue and expand the CalHOPE Student Support program**
- » Establish a behavioral health services virtual platform to facilitate behavioral health services and referrals for children
- » Conduct a public education campaign

Deep Dive: Behavioral Health Services in Schools

- DHCS is developing a State-defined, all-payers (including Medi-Cal) fee schedule and statewide network of school-linked behavioral health providers to **support behavioral health services provided at schools** for students up to age 25
- Grants will be provided to **build up infrastructure for school-based behavioral health services**
- The CalHOPE program will **engage with educators and students** to support students in distress

7) Address the Child and Adolescent Behavioral Health Crisis (Cont'd)



Key Initiatives: CYBHI

- » Support behavioral health workforce development, including a new role of Behavioral Health Coach
- » Provide grants to expand evidence-based, community-defined behavioral health programs and practices for children
- » Implement the Behavioral Health Continuum Infrastructure Program
- » Launch pediatric primary care training for managing behavioral health conditions
- » **Implement a MCMC incentive program to increase access to preventive, early intervention, and behavioral health services provided by school-health providers**

Deep Dive: MCMC Incentive Program

- \$200 M in General Funds (\$400 M total funds) support incentive payments qualifying MCPs that meet predefined goals and metrics to **increase access to preventive, early intervention, and behavioral health services in schools,**
- Activities will support reduction in health equity gaps and children experiencing homelessness, living in transition, and/or involved in the child welfare system



8) Next Steps on the Foster Care Model of Care

Key Initiatives

- » Continue to work with CDSS and stakeholders to develop a new model of care centered on establishing an accountability framework across systems, advancing equity, and integrating services and care

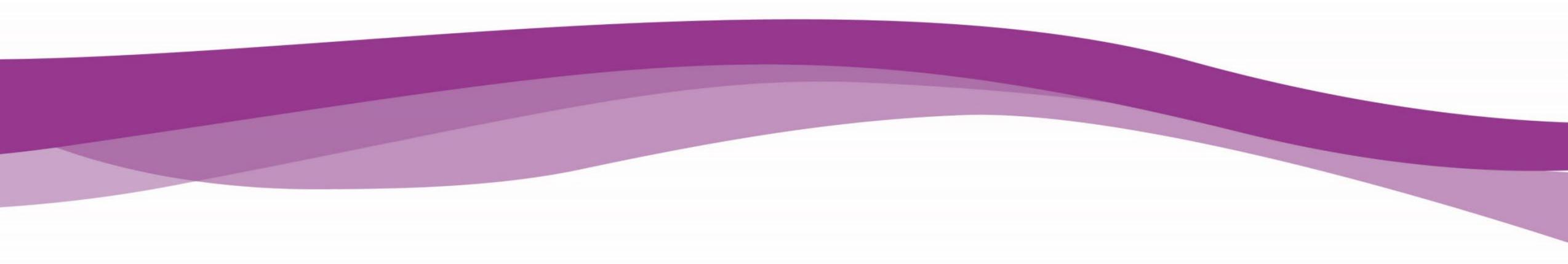
Deep Dive: Foster Care Model of Care (MOC)

- Medi-Cal provides physical, behavioral, and oral healthcare to the nearly 60,000 children in the California foster care system
- Since June 2020, DHCS has been working with the **Foster Care MOC Workgroup and CDSS** on a long-term plan to improve healthcare services for children in foster care
- DHCS and CDSS will **re-launch the Foster Care MOC Workgroup on August 4, 2022** to support:
 - Establishing an accountability framework
 - Advancing equity
 - Integrating services and care

Q&A

Thank You!

Appendix

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, spanning the width of the page below the title.

Resources

- » [Medi-Cal's Strategy to Support Health & Opportunity for Children & Families](#)
 - [Infographic: One Pager](#)
 - [Infographic: Detailed Table](#)
- » [Comprehensive Quality Strategy](#)
- » [CalAIM](#)
- » [Managed Care Procurement – Request for Proposal](#)
- » [Governor's Proposed Budget 2022 – 2023](#)

Action Areas & Key Initiatives

Key Initiatives	Status	Implementation Timing
(1) Implement a new leadership structure and engagement approach		
Identify a DHCS child health champion who will be accountable for strengthening Medi-Cal’s role in serving children and overseeing implementation of Medi-Cal’s Strategy to Support Health and Opportunity for Children and Families <i>(new)</i>	In Progress	March 2022
Engage with stakeholders to ensure that family voices help shape policy	In Progress	June 2022
Create a new DHCS Consumer Advisory Committee <i>(new)</i>	In Progress	Late 2022
(2) Strengthen the coverage base for California’s children		
Reduce Medi-Cal premiums to zero for families to make coverage more accessible <i>(new)</i>	Proposed in 2022 – 2023 State Budget	July 2022
Expand presumptive eligibility to make it easier for children to be quickly and efficiently enrolled in Medi-Cal <i>(new)</i>	Proposed in 2022 – 2023 State Budget	July 2023

Action Areas & Key Initiatives (Cont'd)

Key Initiatives	Status	Implementation Timing
(3) Fortify the pediatric preventive and primary care foundation		
Design and implement a new population health management strategy to establish clear, enforceable requirements for plans to identify and serve children in need of care coordination <i>(new)</i>	In Progress	January 2023
Invest significant new resources in practice transformation for pediatric and other primary care providers who care for pregnant individuals, children, and adolescents <i>(new)</i>	Proposed in 2022 – 2023 State Budget	July 2022
Conduct an education and outreach campaign regarding EPSDT for enrollees, providers, and MCPs to support families <i>(new)</i>	In Progress	July 2022

Action Areas & Key Initiatives (Cont'd)

Key Initiatives	Status	Implementation Timing
(3) Fortify the pediatric preventive and primary care foundation		
Implement changes to improve the criteria and procedures used to determine when children will receive behavioral health services, including specialty mental health and substance use disorder treatment <i>(new)</i>	Complete	January 2022
Expand preventive pediatric dental benefits from a pilot program to new statewide benefits <i>(new)</i>	Complete	January 2022
Participate in CMS' Infant Well-Child Visits Learning Collaborative and Health Care Payment Learning and Action Network State Transformation Collaborative <i>(new)</i>	Complete	December 2021 – 2023
Continue to support the ACEs Aware initiative and provide ACEs training grants to primary care providers	Proposed in 2022 – 2023 State Budget	July 2022 – June 2025

Action Areas & Key Initiatives

Key Initiatives	Status	Implementation Timing
(4) Strengthen access to pediatric vaccinations		
Deploy COVID-19 pediatric vaccines in an equitable manner to meet California's "Vaccinate All 58" goals	Complete	October 2021
Develop a Vaccines For Children Strategic Plan with CDPH to ensure that there is a comprehensive effort to maximize the catch up of vaccinations, distribute vaccines, and support family engagement <i>(new)</i>	In Progress	<i>Timeline Being Developed</i>
Increase vaccination of pregnant individuals enrolled in Medi-Cal <i>(new)</i>	Complete	January 2022

Action Areas & Key Initiatives (Cont'd)

Key Initiatives	Status	Implementation Timing
(5) Enhance accountability for high-quality and equitable care for children		
Improve MCP oversight and accountability and strengthen value-based payments to MCPs by adjusting base capitation rates based on quality and equity; requiring MCPs to report on primary care expenditures; requiring MCPs to report alternative payment arrangements with providers; and strengthening MLR requirements <i>(new)</i>	In Progress	2023 – 2025
Increase pediatric and maternity care performance standards for MCPs <i>(new)</i>	Complete	January 2022
Support the LEA-BOP by providing resources to support and expand the program, including an outreach campaign, training materials, and technical assistance for LEAs	In Progress	April 2022

Action Areas & Key Initiatives (Cont'd)

Key Initiatives	Status	Implementation Timing
(5) Enhance accountability for high-quality and equitable care for children		
Support MCP and LEA partnerships in delivering a statewide continuum of care by requiring MCPs to provide Medi-Cal services, including preventive services and adolescent health services provided in schools or by school-affiliated health providers <i>(new)</i>	In Progress	January 2024
Enhance and sustain payments to pediatric providers to increase use of key preventive and screening services for children and families <i>(new)</i>	Proposed in 2022 – 2023 State Budget	July 2022
Streamline DHCS pediatric dashboards to enhance transparency and increase usability <i>(new)</i>	In Progress	January 2023

Action Areas & Key Initiatives (Cont'd)

Key Initiatives	Status	Implementation Timing
(6) Apply a family-centered approach		
Strengthen coverage and care for pregnant and postpartum individuals by extending postpartum eligibility to 12 months postpartum and participating in quality improvement initiatives	In Progress	April 2022
Implement coverage of services provided by community health workers (July 2022) and doulas (January 2023)	In Progress	2022 – 2023
Implement dyadic services for families with children	In Progress	January 2023
Clarify family therapy as a behavioral health benefit	Complete	July 2020
Develop a strategic plan with CDPH and CDSS partners to maximize enrollment of eligible Medi-Cal children and families into the CalFresh program and WIC <i>(new)</i>	In Progress	January 2023

Action Areas & Key Initiatives (Cont'd)

Key Initiatives	Status	Implementation Timing
(6) Apply a family-centered approach		
Increase enrollment, in partnership with CDPH and CDSS, of Medi-Cal covered pregnant individuals and families into CDPH/CDSS home visiting programs known to reduce costs of services to children who have benefitted from these programs <i>(new)</i>	In Progress	<i>Timeline Being Developed</i>
Partner with DDS to better support children who have both an intellectual disability diagnosis and behavioral health need <i>(new)</i>	In Progress	<i>Timeline Being Developed</i>
Launch ECM in a manner that recognizes the unique needs of children and builds on EPSDT requirements <i>(new)</i>	<i>Complete for WPC/HHP counties, families experiencing homelessness, justice-involved families</i>	January 2022
	<i>In Progress for non-WPC/HHP counties</i>	July 2023

Action Areas & Key Initiatives (Cont'd)

Key Initiatives	Status	Implementation Timing
(7) Address the child and adolescent behavioral health crisis		
Establish a behavioral health services virtual platform to facilitate behavioral health services and referrals for children	In Progress	January 2024
Implement a State-defined all-payers fee schedule for behavioral health services provided at schools	In Progress	January 2024
Support behavioral health workforce development, including a new role of Behavioral Health Coach (implemented by HCAI)	In Progress	2022 – 2023
Provide grants to expand evidence-based, community-defined behavioral health programs and practices for children and youth	In Progress	September 2022 – January 2023
Provide direct grants to build infrastructure partnerships and capacity statements to increase school-based behavioral health services	In Progress	September 2022 – January 2023

Action Areas & Key Initiatives (Cont'd)

Key Initiatives	Status	Implementation Timing
(7) Address the child and adolescent behavioral health crisis		
Implement the Behavioral Health Continuum Infrastructure Program, which includes expanding treatment facilities for children and families	Complete <i>for Round 3 RFA</i>	January 2022
Launch pediatric primary care training for managing behavioral health conditions, including targeted strategies for adolescent behavioral health conditions	In Progress	2023 – 2024
Continue and expand the CalHOPE Student Support program, currently funded through Fiscal Year 2024 – 2025	In Progress	2022 – 2025
Conduct a public education campaign that is culturally and linguistically appropriate to reduce stigma surrounding the use of behavioral health services (implemented by CDPH and the Office of the Surgeon General)	In Progress	2022 – 2023
Implement a Medi-Cal managed care incentive program to increase access to preventive, early intervention, and behavioral health services provided by school-affiliated health providers	In Progress	January 2022

Action Areas & Key Initiatives

Key Initiatives	Status	Implementation Timing
(8) Next steps on the foster care model of care		
Continue to work with CDSS and stakeholders to develop a new model of care centered on establishing an accountability framework across systems, advancing equity, and integrating services and care	In Progress	Late Summer 2022

MCAS Measures for MY 2022 & RY 2023

Pediatric MCAS Measures Required of MCP	MCP Held Accountable to MPL	MCPs Report on Measure (to develop a future benchmark)
Child and Adolescent Well-Care Visits*	X	
Childhood Immunization Status: Combination 10*	X	
Immunization for Adolescents: Combination 2*	X	
Well-Child Visits in the First 30 Months of Life – 0 to 15 Months	X	
Well-Child Visits in the First 30 Months of Life – 15 to 30 Months	X	
Lead Screening for Children	X	
Developmental Screening in the First Three Years of Life		X
Follow-Up Care for Children Prescribed ADHD Medication: Continuation and Maintenance Phase		X
Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase		X
Metabolic Monitoring for Children and Adolescents on Antipsychotics		X
Dental Fluoride Varnish		X
Asthma Medication Ratio (<i>not specific to children</i>)		X

MCAS Measures for MY 2022 & RY 2023

Maternity MCAS Measures Required of MCP	MCP Held Accountable to MPL	MCPs Report on Measure (to develop a future benchmark)
Prenatal and Postpartum Care: Postpartum Care*	X	
Prenatal and Postpartum Care: Timeliness of Prenatal Care*	X	
Prenatal Depression Screening and Follow-Up		X
Postpartum Depression Screening and Follow-Up		X
Prenatal Immunization Status		X
Cesarean Birth Rate		X

* Metrics with an asterisk denote MCAS measurements that MCPs must stratify by race and ethnicity to help inform future health equity metrics

For more information, see Table 2 in the [Comprehensive Quality Strategy](#)