

Coordinating Care and Services for Children

Abbi Coursole, Senior Attorney

ITUP Pre-Conference
February 23, 2020





National Health Law Program

- Founded in 1969, the National Health Law Program (NHeLP) protects and advances the health rights of low-income and underserved individuals and families. NHeLP advocates, educates, and litigates at the federal and state levels.
- Washington D.C., Los Angeles & North Carolina
www.healthlaw.org
- Read our equity stance! <https://healthlaw.org/equity-stance/>



Medicaid Structure: Federal-State Partnership

- State participation is voluntary, but all states now participate
 - Medi-Cal is the name for California's Medicaid Program
- **Flexibility (with a federal floor)**
 - Mandatory & optional coverage groups
 - Mandatory services and optional services
 - Variable income thresholds (within limits for some groups)
 - Fed standards for cost sharing, accessibility, etc.
- States and the Federal government share the costs
 - Federal share (FMAP) varies (CA: 50%; MS: 74.73%)
 - Enhanced federal share for certain groups and services

EPSDT

- Early & Periodic Screening, Diagnosis, & Treatment
 - Medical screens and other required screening at preset periodic intervals and when a problem arises
- Mandatory for Medicaid-eligible children and youth up to age 21
- Outreach and reporting
- Why?
 - Children are not little adults
 - Adolescents are not big children
 - Particularly critical for lower-income children, because health status tends to decrease along with income

All necessary treatment within § 1396d(a)

To “*correct or ameliorate* physical and mental illnesses and conditions,” even if the service is not covered under the state plan

No mandatory/optional distinction

EPSDT – Care Coordination

- Medicaid service: Case management
- EPSDT requirement includes:
 - Informing, in clear and non technical language:
 - Benefits of preventive care for children;
 - Services available in Medicaid & how to obtain;
 - Services available at no cost; and
 - Availability of transportation and appointment scheduling assistance.
 - Transportation assistance
 - Appointment scheduling assistance

EPSDT and care coordination in Medi-Cal

- State regulations specify that case management is a benefit under EPSDT. Can be provided through a TCM program, Regional Center, Managed Care Plan, DHCS, or other agency designated by DHCS.
- Medi-Cal Managed Care Responsibilities for children:
 - Informing
 - Case Management (basic & complex)
 - Coordination with out-of-plan providers
 - Coordination of carved out services
 - Transportation assistance
 - Discharge planning
 - Disease Management
- Medi-Cal Mental Health Plans: Intensive Care Coordination benefit

EPSDT and care coordination in Medi-Cal (cont'd)

- **Basic case management**
 - Initial Health Assessment (IHA);
 - Individual Health Education Behavioral Assessment (IHEBA);
 - Identification of appropriate providers and facilities to meet Member care needs;
 - Direct communication between the provider and Member/family;
 - Member and family education; and
 - Coordination of carved out and linked services, and referral to appropriate community resources and other agencies.
- **Complex case management**
 - Basic Case Management Services;
 - Management of acute or chronic illness, including emotional and social support issues by a multidisciplinary case management team;
 - Intense coordination of resources to ensure member regains optimal health or improved functionality; and
 - With Member and PCP input, development of care plans specific to individual needs, and updating of these plans at least annually

EPSDT and care coordination in Medi-Cal (cont'd)

- Intensive Care Coordination (ICC)
 - Targeted case management service that facilitates assessment of, care planning for, and coordination of services to beneficiaries under age 21 who meet medical necessity criteria.
 - ICC services are provided through the principles of the Integrated Core Practice Model, including the establishment of the Child and Family Team to ensure facilitation of a collaborative relationship among a child, their family, and involved child-serving systems.
 - ICC also provides an ICC Coordinator who:
 - Ensures that medically necessary services are accessed, coordinated, and delivered in a strength-based, individualized, client-driven, and culturally and linguistically competent manner.
 - Ensures that services and supports are guided by the needs of the child.
 - Facilitates a collaborative relationship among the child, their family, and systems.
 - Supports the parent or caregiver in meeting their child's needs.
 - Helps establish the Child and Family Team and provides ongoing support.
 - Organizes and matches care across providers and child serving systems to allow the child to be served in their community.

EPSDT Litigation: Implications for Care Coordination

- Many EPSDT cases manifest around children's' inability to access needed services:
 - Services “not on the menu,” e.g. Katie A. (California, intensive mental health services), Garrido (Florida, ABA services), Ekloff (Arizona, incontinence supplies)
 - Services on the menu but not available in practice, e.g., I.N. (California, in-home nursing services), A.A. (Louisiana, intensive mental health services), Health Care for All (Massachusetts, dental services)
- Improving care coordination, or creating a specialized care coordination program (e.g. intensive care coordination) might be a remedy.

Thank you!



Connect with the National Health Law Program online:



www.healthlaw.org



[@NHeLProgram](https://www.facebook.com/NHeLProgram)



[@NHeLP_org](https://twitter.com/NHeLP_org)