Coordinating Care and Services for Children

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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
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.
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!

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