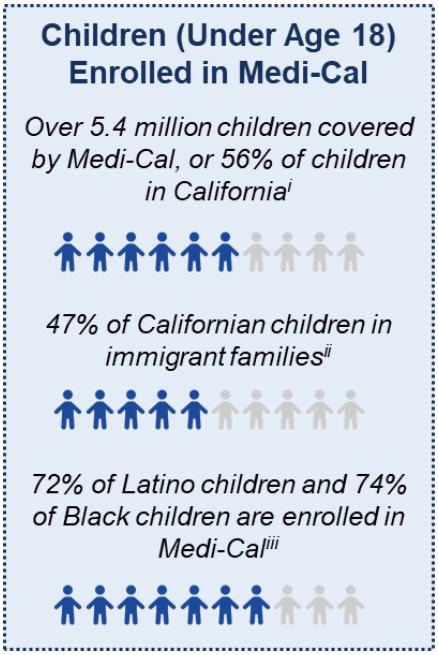
Medi-Cal's Strategy to Support Health and Opportunity for Children and Families

March 2022

DEPARTMENT OF
HEALTH CARE SERVICES

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

The Department of Health Care Services (DHCS) is responsible for the health care of most of California's children and the vast majority of its Black and Latino children. DHCS takes this responsibility seriously and is committed to improving children's health and opportunities. Medi-Cal is an essential tool for pursuing DHCS' strong commitment to addressing entrenched health inequities and the resulting disparities that diminish children's health outcomes and life prospects.



To this end, DHCS is launching **Medi-Cal's Strategy to Support Health and Opportunity for Children and Families,** a forward-looking policy agenda for children and families enrolled in Medi-Cal**.** This Medi-Cal strategy will unify the common threads of existing and newly proposed child and family health initiatives, and will solidify DHCS' accountability and oversight of children's services. Providing a comprehensive vision of children's health investments, Medi-Cal's Strategy to Support Health and Opportunity for Children and Families outlines key policy developments and how they fit together, and new strategies to establish greater accountability for the care provided to children. Given Medi-Cal's reach, DHCS views Medi-Cal's Strategy to Support Health and Opportunity for Children and Families as critical to the health and well-being of California's children and families, and foundational for the long-term health and wellness of all Californians.

Guiding Principles and Considerations

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.** Nearly three in four Latino and Black children in California are enrolled in Medi-Cal, and numerous health disparities exist by race, ethnicity, sexual orientation, gender identity, and other factors. Medi-Cal is an essential tool for addressing inequities across racial and ethnic groups in access to services and health outcomes. Aligned with DHCS' Comprehensive Quality Strategy (CQS) and Health Equity Roadmap, Medi-Cal's Strategy to Support Health and Opportunity for Children and Families will be used to identify, reduce, and mitigate health disparities caused by systemic inequities. This Medi-Cal Strategy includes a focus on gathering and reporting data but also on advancing workforce diversity, providing

culturally and linguistically appropriate care, and establishing greater plan accountability for addressing disparities in access and quality.

- **Implementing a whole-child, preventive approach informed by families.** The health and well-being of children depend on adopting a whole-child approach that considers their physical health, behavioral health, oral health, relationship with their parent(s)/primary caregiver(s), and social and economic circumstances (i.e., social drivers of health). It is essential that children have access to all medically necessary services, as required by the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, including primary and preventive care such as early and regular screening for early childhood development. With ever-deepening concern over the social and emotional health of children, youth, and young adults, a whole-child approach also must squarely address the behavioral health of children and their families and the circumstances in which children live. Many tools are available for doing so, including behavioral health initiatives in California Advancing and Innovating Medi-Cal (CalAIM), the Children and Youth Behavioral Health Initiative (CYBHI), and California's campaign to identify and address adverse childhood experiences (ACEs). Engaging families and incorporating their unique insights into program design should be foundational. DHCS is committed to securing their participation and input, as well as the input of children and adolescents who would like to directly share their experiences.

- **Providing family and community-based care.** Children enrolled in Medi-Cal are part of families and communities, and their health and well-being must be considered alongside the health of their parents, caregivers, and siblings, and in the context of the communities in which they live. It is important to continue to build out dyadic models of care; expand the settings in which care is provided (e.g., home visiting, at home via telehealth, in childcare and school settings); and engage community health workers (inclusive of promotoras, and community health representatives), doulas, peers, and others who are positioned to offer culturally appropriate care rooted in shared lived experiences and community connections.

- **Promoting integrated care.** Given that children receive Medi-Cal services through a variety of delivery systems, it is imperative to improve coordination and promote integrated care as much as possible, particularly for children with special health care needs whose care tends to cross multiple specialties and complex services. While DHCS continues to work toward long-term stronger integration of delivery systems, it is also committed to immediate strategies to improve coordinated care. These include strengthening care coordination and easing entry into the appropriate system of care for children who require mental health, substance use, and/or dental services.

- **Improving accountability and oversight.** In the past few years, litigation and audit reports have highlighted gaps in children's access to guaranteed services. DHCS will continue working to increase oversight of and accountability for the delivery of services to children and youth. This includes new initiatives in the upcoming Medi-Cal managed care contract procurement to establish greater accountability for delivering high-quality care to pregnant individuals, children, and youth enrolled in Medi-Cal. Additionally, DHCS will leverage fiscal incentives and oversight tools to establish greater accountability for the provision of medically necessary care across delivery systems.

- **Looking beyond Medi-Cal.** The whole-child approach to serving children necessitates looking beyond Medi-Cal to improve coordination across the child-serving agencies in California. These include the California Department of Developmental Services (DDS), California Department of Education (CDE), California Department of Public Health (CDPH), and California Department of Social Services (CDSS). This is true for all children, but especially for children and youth in foster care who must navigate multiple systems to receive support and medical care. DHCS will also leverage the California Health and Human Services' (CalHHS) Master Plan for Early Learning and Care, published in December 2020 and developed in collaboration with other state agencies and departments, to support California in implementing key goals to ensure that children from birth to age five thrive with high-quality health care, early learning, and childcare programs.

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

In light of the principles outlined above, Medi-Cal's Strategy to Support Health and Opportunity for Children and Families consists of elements designed to solidify coverage for children, promote whole-child and family-based care, strengthen leadership and accountability structures, and implement evidence-based, data-driven initiatives to support implementation of Medi-Cal's Strategy to Support Health and Opportunity for Children and Families. As summarized in the table below, this Medi-Cal strategy details the steps that DHCS is taking in eight key areas to support children and families.

Medi-Cal's Strategy to Support Health and Opportunity for Children and Families
(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 ***(new)*** • Engage with stakeholders to ensure that family voices help shape policy • Create a new DHCS Consumer Advisory Committee ***(new)***
(2) Strengthen the coverage base for California's children
• 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)***
(3) Fortify the pediatric preventive and primary care foundation
• Design and implement a new population health management (PHM) strategy to establish clear, enforceable requirements for plans to identify and serve children in need of care coordination ***(new)*** • Invest significant new resources in practice transformation for pediatric and other primary care providers who care for pregnant individuals, children, and adolescents ***(new)*** • Conduct an education and outreach campaign regarding EPSDT for enrollees, providers, and managed care plans (MCPs) to support families ***(new)*** • 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 ***(new)*** • Expand preventive pediatric dental benefits from a pilot program to new statewide benefits ***(new)***

Medi-Cal's Strategy to Support Health and Opportunity for Children and Families
• Participate in the Centers for Medicare & Medicaid Services' (CMS) Infant Well-Child Visits Learning Collaborative and Health Care Payment Learning and Action Network State Transformation Collaborative (STC) ***(new)*** • Continue to support the ACEs Aware initiative and provide ACEs training grants to primary care provider
(4) Strengthen access to pediatric vaccinations
• Deploy COVID-19 pediatric vaccines in an equitable manner to meet California's "Vaccinate All 58" goals • Develop a Vaccines For Children (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)***
(5) Enhance accountability for high-quality and equitable care for children
• Improve MCP oversight and accountability and strengthen value-based payments (VBPs) 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 Medical Loss Ratio (MLR) requirements ***(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, including an outreach campaign, training materials, and technical assistance for LEAs • 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 ***(new)*** • Enhance and sustain payments to pediatric providers to increase use of key preventive and screening services for children and families ***(new)*** • Streamline DHCS pediatric dashboards to enhance transparency and increase usability ***(new)***
(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 • 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 into the CalFresh program and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) ***(new)***

Medi-Cal's Strategy to Support Health and Opportunity for Children and Families
• 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 benefited from these programs ***(new)*** • Partner with DDS to better support children who have both an intellectual developmental disability (IDD) diagnosis and behavioral health need ***(new)*** • Launch Enhanced Care Management (ECM) in a manner that recognizes the unique needs of children and builds on EPSDT requirements ***(new)***
(7) Address the child and adolescent behavioral health crisis
Children and Youth Behavioral Health Initiative (CYBHI) • Establish a behavioral health services virtual platform to facilitate behavioral health services and referrals for children • Implement a State-defined all-payers fee schedule for behavioral health services provided at schools • Support behavioral health workforce development, including a new role of Behavioral Health Coach *(implemented by the California Department of Health Care Access and Information (HCAI))* • Provide grants to expand evidence-based, community-defined behavioral health programs and practices for children and youth • Provide direct grants to build infrastructure partnerships and capacity statements to increase school-based behavioral health services • Implement the Behavioral Health Continuum Infrastructure Program, which includes expanding treatment facilities for children and families • Launch pediatric primary care training for managing behavioral health conditions, including targeted strategies for adolescent behavioral health conditions • Continue and expand the CalHOPE Student Support program, currently funded through Fiscal Year 2024 – 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)* • 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
(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

(1) Implement a New Leadership Structure and Engagement Approach

In recognition of the critical importance of focusing on children, DHCS will centralize ownership and accountability for the needs of children and families in the Medi-Cal program and implementation of Medi-Cal's Strategy to Support Health and Opportunity for Children and Families.

- **Identify a DHCS Child Health Champion.** DHCS is identifying a new child health champion, the Assistant Deputy Director in the Quality and Population Health Management Division, to be responsible for engaging with California agencies and departments, Medi-Cal MCPs, advocates, providers, counties, families, and other stakeholders on issues related to children and families with children enrolled in Medi-Cal. With this new leadership role, DHCS is recognizing the paramount importance of creating more coordination and accountability within the department for using Medi-Cal to improve care for children. The child health champion will serve as the lead of several of DHCS' children's health initiatives and the primary point of contact for children's health stakeholders when engaging with DHCS. Given the breadth of DHCS' program areas, many other DHCS leaders and staff will also play leadership roles in implementing the components of Medi-Cal's Strategy to Support Health and Opportunity for Children and Families, but the child health champion will be a critical partner in facilitating this engagement. For example, the child health champion will be responsible for coordinating the comprehensive PHM strategy with DHCS and working with DHCS' Chief Data Officer to oversee diverse data analytic initiatives aimed at analyzing and improving Medi-Cal's role for children.

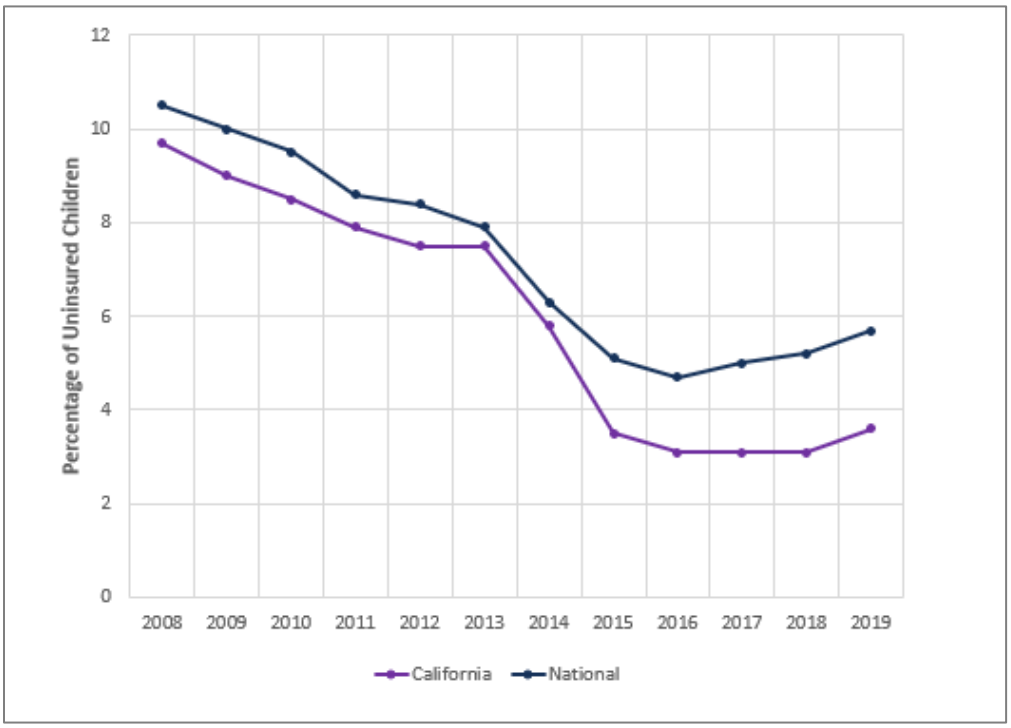
- **Engage with stakeholders to ensure that family voices help shape policy.** DHCS is reviewing and refreshing its approach to stakeholder engagement on child health issues. In its review, DHCS will also identify ways to strengthen the role of other stakeholder forums and advisory groups aimed at improving and addressing children's health, including:
    - Medi-Cal Children's Health Advisory Panel (MCHAP): The MCHAP consists of 15 members who meet at least quarterly to advise DHCS on policy and operational issues impacting children and families enrolled in Medi-Cal. The MCHAP members include representatives from providers, counties, plans, families, and others.
    - California Children's Services (CCS) Advisory Group: The CCS Advisory Group advises DHCS on policy and operational issues related to the CCS program and supports DHCS in the implementation of the Whole-Child Model (WCM) — an organized delivery system implemented via Medi-Cal MCPs in select counties to provide comprehensive, coordinated services for children and youth with special health care needs.

- **Create a new DHCS Consumer Advisory Committee.** DHCS recognizes that to address structural racism, communities and individuals that have been historically marginalized need an active voice in informing and designing DHCS' programs. Many advocates, including those representing community-based organizations, participate in the DHCS stakeholder process, and the MCHAP includes dedicated membership for Medi-Cal enrollees or their parents. However, enrollees' voices are not currently well-represented overall in DHCS' stakeholder engagement efforts. In order to better serve Medi-Cal enrollees and understand their recommendations, DHCS will launch a DHCS Consumer Advisory Committee comprised of Medi-Cal consumers from across the State who will advise on DHCS' policy and programs. The DHCS Consumer Advisory Committee will not be limited to specific focus areas but will focus on any priority Medi-Cal issue in order to gauge consumer input. Launching later in 2022, this new advisory committee will operate alongside existing groups (including MCHAP and Stakeholder Advisory Committee (SAC)/Behavioral Health Stakeholder Advisory Committee (BH-SAC)), but with the participants exclusively being Medi-Cal consumers (including youth of an appropriate age) with direct, lived experience in the Medi-Cal delivery systems. DHCS will also leverage other venues, such as informal focus groups and town halls, site visits and engagement with MCPs and health care delivery systems, and stakeholder meetings.

(2) Strengthen the Coverage Base for California's Children

DHCS recognizes that the effort to improve the health and well-being of California's children must rest on a strong foundation of coverage. Fortunately, California has had considerable success in covering children due to a series of steps it has taken over the years to simplify eligibility and enrollment. After lagging behind the nation as a whole at the beginning of the past decade, California now ranks among the top third of states (15 out of 50 states and D.C.) in its child health coverage rate (Figure 1). Of particular note, California has reduced the uninsured rate among Latino children to less than half of the national average (4.4 percent compared with 9.2 percent), reflecting in part the commitment to providing Medi-Cal to all otherwise-eligible children without regard to immigration status using state-only funds and to serving all pregnant individuals regardless of immigration status.

Figure 1: Rate of Uninsured Children Under Age 19 in California (2008 – 2019)[1]



Now, however, there are troubling signs that this progress may be stalling. In California, as in the rest of the country, the uninsured rate of children began to increase again, even prior to the COVID-19 pandemic, ticking up in California from 3.2 percent in 2018 to 3.6 percent in 2019. In response, DHCS is proposing two significant changes in eligibility and enrollment procedures to simplify and strengthen coverage.

- **Reduce Medi-Cal premiums to zero for families.** Currently, families with incomes between 160 and 266 percent of the federal poverty level must pay premiums of up to $13 per month per child to enroll their children in Medi-Cal (no more than $39 per family, with three or more children, per month).[2] These premiums affect approximately 500,000 individuals. The reduction of these premiums to zero will remove any financial barrier to enrolling in and retaining coverage among these families, as well as simplify the paperwork associated with Medi-Cal enrollment of children.

- **Expand presumptive eligibility.** California has long authorized certain providers — namely Child Health and Disability Prevention (CHDP) Gateway providers (i.e., pediatricians, family practitioners, internists, independent certified family or

[1] Georgetown University Center for Children & Families. Children's Health Care Report Card: Children's Health Coverage in California. 2019. Available here.
[2] DHCS. Medi-Cal Premium Payments for the "Medi-Cal for Families" Program — Frequently Asked Questions. March 2021. Available here.

pediatric nurse practitioners) — to conduct presumptive eligibility determinations. Under presumptive eligibility, a family can quickly and easily enroll their child in Medi-Cal based on a simple attestation of their circumstances. They then must file a full Medi-Cal application to ensure that they are, in fact, eligible to maintain coverage, but, in the interim, their child can secure prompt access to care. DHCS has proposed to expand qualified presumptive eligibility providers for children to all Medi-Cal providers (i.e., federally qualified health centers, community clinics, pediatricians, family practitioners, internists, independent certified family or pediatric nurse practitioners) who have otherwise not historically participated in our presumptive eligibility programs starting no sooner than July 1, 2023. This effectively expands this provider network and will be in addition to the existing CHDP Gateway providers and Hospital Presumptive Eligibility providers.

(3) Fortify the Pediatric Preventive and Primary Care Foundation

The foundation of high-quality care begins with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, which under federal law requires that children enrolled in Medi-Cal receive all medically necessary care. In the past, DHCS has issued guidance via All Plan Letter (APL) 19-010 and Behavioral Health Information Notice 21-019 calling attention to the importance of providers, Medi-Cal MCPs, county mental health plans, Drug Medi-Cal, Drug Medi-Cal Organized Delivery System (DMC-ODS) counties, and Dental Managed Care plans recognizing and delivering services consistent with the EPSDT requirements, and has issued bulletins to providers and enrollees on EPSDT provisions. DHCS recognizes that oversight and enforcement of EPSDT is a key component for children to receive this vital benefit, and the Department is committed to doing so with clear contract requirements in the upcoming Medi-Cal MCP procurement. Building on these initiatives and the MCP procurement, DHCS aims to ensure that the promise of EPSDT is a reality for families, with steps to:

- **Design and implement a new population health management (PHM) strategy with MCPs.** Launching in 2023, the CalAIM PHM initiative will improve data-driven delivery of care, including prenatal and pediatric preventive and primary care. MCPs will be required to design and maintain a PHM strategy to address the needs of enrollees, including children, across the continuum of care. Each MCP's PHM strategy must include how the MCP will accomplish the following:
    - Keep all members healthy by focusing on preventive and wellness services (including well-child visits and immunizations);
    - Identify and assess member risks and needs on an ongoing basis (including developmental and ACEs screenings for children);
    - Manage member safety and outcomes during transitions, across delivery systems or settings, and through effective care coordination; and

- Identify and mitigate social drivers of health and reduce health disparities or inequities (e.g., leveraging doulas for specific groups to address racial disparities in birth outcomes).

In addition, DHCS will have dedicated CalAIM advisory meetings focused on children to solicit input on the implications for children (and their families) relative to the various CalAIM initiatives impacting children, starting with PHM design and implementation.

- **Invest significant new resources in practice transformation for pediatric and other primary care providers who care for pregnant individuals, children, and adolescents.** In the 2022 – 2023 State Budget, DHCS proposes to use $200 million in General Funds ($400 million in total funds) for Equity and Practice Transformation Grants to advance equity reduce COVID-19-driven care disparities, and fund practice transformation to allow Medi-Cal providers to better serve the State's diverse Medi-Cal enrollee population. To align with the goals of the Medi-Cal CQS and Equity Roadmap, these funds would pay for delivery system transformation grants to pediatric, primary care, OB/GYN, and behavioral health providers focused on advancing DHCS' equity goals in the **"50x2025: Bold Goals" Initiative.** Grants would include but are not limited to case management and/or system mechanisms for identifying and addressing underutilization and improving access to care, electronic medical record system updates, population health improvements, telehealth, and remote patient monitoring.

- **Conduct an education and outreach campaign regarding EPSDT for enrollees, providers, and MCPs to support families.** DHCS will launch a plan, provider, and family education campaign on the intent and scope of the EPSDT benefit. DHCS recognizes that plans and providers play an important role in helping families become active participants in decision-making regarding their health care. Primary care providers are especially primed to discuss strategies for wellness and preventive care with their members. This EPSDT campaign will supplement the work that the Department has undertaken to advance EPSDT awareness and close the gap in low rates of and disparities in care that have grown particularly egregious during the COVID-19 public health emergency (PHE). Building on the 2019 APL, the new outreach materials will include a tool kit for MCPs, pediatric primary care providers, and enrollees in Medi-Cal and will describe how EPSDT works, what it covers, its role in preventive care, and the requirement for Medi-Cal to cover all medically necessary care for children and youth under age 21. In conjunction with practice transformation initiatives and new MCP contract requirements, the outreach and education campaign will expand the use of EPSDT services. As part of this campaign, DHCS intends to coordinate with a range of child-serving stakeholders, including key State

agencies, local government entities, and community-based advocates, to deliver targeted messaging related to prevention and early intervention services available under EPSDT, including CDPH (Title V Agency), CDSS, CDE, First 5 county commissions, organizations of child-serving providers, county behavioral health plans, health systems and child welfare agencies, county offices of education and LEAs participating in the LEA-BOP, statewide and local child advocacy organizations, and others. Training, technical assistance, policy guidance, and model communications to enhance the understanding of EPSDT will be available to MCPs, providers, and these child-serving stakeholders.

- **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.** Through CalAIM, DHCS is updating the criteria for children to access specialty mental health services, including by treating exposure to trauma (such as involvement in the child welfare system, juvenile justice involvement, and/or experiencing homelessness) as meeting the criteria. DHCS is also implementing a series of related changes designed to ease access to specialty mental health services and prevent children (and others) from falling through the cracks of multiple delivery systems. These changes include a provision that specialty mental health services can be provided during an assessment period even if a child does not have a diagnosis; a "no wrong door" approach to providing children the needed services, regardless of whether they first present to a provider who is part of an MCP or a mental health plan; and a standardized screening process to connect children to the appropriate delivery system for their behavioral health needs. Taken together, these changes will reduce historical barriers to behavioral health care for children and families.

- **Expand preventive pediatric dental benefits from a pilot program to new statewide benefits.** Through CalAIM, DHCS expanded the Caries Risk Assessment bundle and Silver Diamine Fluoride benefits statewide, available to all children enrolled in Medi-Cal. In addition, DHCS will continue statewide pay-for-performance initiatives initiated under the Dental Transformation Initiative that reward dental providers for focusing on preventive services and maintaining continuity of care through a dental home.

- **Participate in CMS' Learning Collaboratives, including:**
    - **Infant Well-Child Visits Learning Collaborative.** California is participating in CMS' Infant Well-Child Visits Learning Collaborative to improve high-quality care, utilization, and access for infants enrolled in Medi-Cal. As part of this collaborative, DHCS, in collaboration with Children Now and several Medi-Cal MCPs and providers, benefits from CMS technical assistance via group workshops and one-on-one meetings

focused on evidence-based models of care and financial incentives to improve infant well-child visits. Participating states meet monthly through October 2022, with additional support available until October 2023, to develop and test data-driven interventions with a goal of improving infant well-child visit rates by 10 percent in pilot areas. Given that in 2019, only 26 percent of young children in the first 30 months of life attended the recommended six or more well-child visits according to the 2020 DHCS Preventive Services Report, DHCS is participating in this Affinity Group as part of broader efforts to improve preventive care for the youngest California children and with a particular focus on piloting strategies to reduce health disparities in infant well-child visits.[3]

- **Health Care Payment Learning and Action Network State Transformation Collaborative (STC).** Starting in 2022, DHCS will participate in CMS' STC, in partnership with the California Public Employees' Retirement System (CalPERS) and Covered California, to accelerate movement toward alternative payment models through state-level alignment on key elements of health care delivery model design and implementation. Between CalPERS, Covered California, and DHCS, the initiative will represent about 40 percent of California's population and provides an opportunity to collectively move toward more equitable, accessible, and high-value care for all Californians. California is participating alongside Arkansas, Colorado, and North Carolina.

- **Continue to support the ACEs Aware initiative and provide ACEs training grants to primary care providers.** DHCS continues to partner with the California Surgeon General to support the ACEs Aware initiative and provide grants for training Medi-Cal providers on ACEs screening and follow-up. The State is proposing to continue ACEs training for providers through June 2025 and, as noted above, to continue supplemental payments for ACEs screenings ($29 per screening) on an ongoing basis. In addition, the California Surgeon General published the Roadmap for Resilience in December 2020, which details how states and communities can address ACEs and toxic stress impacting children and families.

(4) Strengthen Access to Pediatric Vaccinations

Like states across the country, California saw its vaccination rates fall with the onset of the pandemic — CDPH reported a 40 percent reduction in childhood vaccinations in April 2020. California reported that in 2020, children's immunization rates (for the ten recommended pediatric immunizations received by their second birthday) were 35.5

[3] The National Committee for Quality Assurance and CMS Child Core Set Measures recently modified the metric to capture (1) six or more well-child visits in the first 15 months and (2) two or more well-child visits from 15 to 30 months.

percent, similar to the 35.6 percent rate reported in 2019.[4] Given these trends and the approval of COVID-19 vaccines for children ages five and up, DHCS is further prioritizing access to pediatric immunizations. As part of this effort, it is meeting regularly with Medi-Cal MCPs to encourage pediatric primary care providers to use COVID-19 vaccinations as an opportunity to catch up on other childhood vaccinations and preventive services.

- **Deploy COVID-19 Pediatric Vaccines.** Now that children ages five and up are approved to receive the COVID-19 vaccine, CDPH and DHCS have partnered to improve take-up of COVID-19 vaccines for children enrolled in Medi-Cal through the Vaccinate All 58 campaign. The State developed a public dashboard using the Healthy Places Index (including 25 community characteristics and California's 1,650+ ZIP codes) with updated information on how California is addressing health equity across California as the State reopens and distributes vaccines to diverse communities. As of December 27, 2021, 52.7 percent of Medi-Cal enrollees ages five and up had received one COVID-19 vaccine dose, compared with 79.1 percent of all Californians ages five and up, regardless of health insurance coverage. Through February 2022, DHCS allocated up to $350 million to incentivize Medi-Cal MCPs' COVID-19 vaccination efforts. MCPs that voluntarily participated were required to develop a Vaccination Response Plan to improve vaccine access and infrastructure with a focus on certain key populations, including a plan specifically for youth ages 12 – 25.

- **Develop a Vaccines For Children (VFC) Strategic Plan with CDPH.** DHCS is working with CDPH and partners to identify strategies to ensure that all Medi-Cal providers participate in VFC, as well as to streamline enrollment and oversight processes for VFC sites, and to address disparities in vaccination rates by race, ethnicity, and geography. Currently, it is difficult to determine the extent to which Medi-Cal providers serving children are enrolled in VFC, as the VFC program and Medi-Cal report their provider enrollment differently. The data, however, do indicate that there are fewer than 3,000 sites enrolled in VFC statewide and that 20 of California's 58 counties have fewer than ten VFC providers, with the deeply rural counties of Alpine and Mono only having one; notably, many VFC providers do travel across counties. In addition, with families needing to catch up on their children's immunizations missed during lockdowns and quarantines and access pediatric COVID-19 vaccines, now is a prime opportunity to strengthen the State's VFC program with CDPH.

- **Increase vaccination of pregnant individuals.** With vaccine hesitancy during the pandemic on the rise, DHCS added the prenatal immunization status (PRS-E) quality measure to the Managed Care Accountability Set (MCAS) for

[4] DHCS reported data for Childhood Immunization Status — Combination 10, 2019 and 2020.

measurement year 2022 to monitor and improve vaccination rates in pregnant individuals, a tactic known to increase protection of newborn children.

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

The primary and preventive care that children receive is critical to ensuring their short- and long-term health and well-being. In 2019, a California State Auditor report found that an annual average of 2.4 million children enrolled in Medi-Cal were not receiving all the preventive services, including well-child visits, developmental screenings, and other preventive care guaranteed to children by EPSDT. In response, DHCS has established a number of initiatives, including the PHM program and strategy (described above), which will require MCPs to build and implement a focus strongly on prevention and wellness, as required by EPSDT. In addition, DHCS is now proposing new initiatives to ensure accountability for the delivery of preventive services to children. These include the new EPSDT outreach and education campaign and practice transformation initiative described above, as well as the initiatives outlined below focused on increasing plan accountability for the delivery of required services.

- **Improve MCP oversight and accountability and strengthen value-based payments (VBPs) to MCPs.** DHCS is adopting a multi-pronged strategy to ensure that Medi-Cal spending is achieving high quality and equitable outcomes for its members.
    - **Adjust base capitation rates.** The foundation of this strategy is a shift to VBPs, including using quality and health equity outcome measures to adjust base capitation rates for MCPs, starting in 2023. This approach, as detailed in the Medi-Cal MCP procurement, builds on a number of current programs where financial incentives are tied to MCPs' quality outcomes (e.g., Quality Incentive Pool, COVID-19 Vaccine Incentive Program, CalAIM Incentive Programs, and the Behavioral Health Quality Incentive Pool).
    - **Strengthen Medical Los Ratio (MLR) requirements.** In addition, per the CalAIM Section 1915(b) waiver Special Terms and Conditions, all fully and partially delegated MCPs and subcontractors will report their MLR — a measure of plan spending on medical care and quality improvement

Medi-Cal MCP Procurement

In February 2022, DHCS released the final request for proposal for MCPs to solicit proposals, with the final contract expected to go live in 2024. The procurement has prioritized **children's services as a top goal** in order to improve health outcomes and the well-being of children and families enrolled in Medi-Cal.

activities — and pay a remittance if at least 85 percent of spending is not going to medical and quality activities. This CMS requirement is designed to reduce administrative spending by health plans and subdelegated plans and ensure that more than 85 percent of funds is going toward high-quality care for members.

- **Require primary care expenditure reporting and alternative payment arrangements.** Additionally, starting in 2024, aligning with the MCP procurement, DHCS will require MCPs to report primary care spending for children (as a percentage of total spending) to help ensure sufficient investment in upstream and preventive care. DHCS will also require plans to report the percentage of their contracts with providers that use alternative payment models (including VBPs) to improve equity and quality. DHCS will consider setting targets for these metrics and other advanced primary care metrics.

- **Increase pediatric and maternity care performance standards for MCPs.** DHCS is taking a series of steps to establish higher expectations for plan performance on child health as well as expanding plan accountability for performance. Specifically, DHCS is reviewing and strengthening the measures included in the MCAS. As summarized in Figure 2, plans will be held accountable for meeting a minimum performance level (MPL) for a host of pediatric- and maternity-specific metrics, such as rates of developmental screening in the first three years of life and the promptness and quality of prenatal and postpartum care. Plans will be expected to meet a new, higher MPL set at the 50th percentile and will face financial penalties if a target is not met, including being required to allocate an additional 7.5 percent to community reinvestment.[5] If the plan fails to meet multiple metrics, then it must submit a Corrective Action Plan. DHCS is also requiring reporting for a number of additional child and maternal measures, allowing for the development of enforceable MPL standards in future years (Figure 2). To ensure accountability across all levels of the MCP delivery system, DHCS will require fully and partially delegated health plans and subcontractors — as well as prime MCPs — to meet the MPL requirements. Performance and findings will be incorporated into public-facing report cards. DHCS will also stratify a subset of metrics by race and ethnicity to inform the establishment of future health disparity reduction targets.

[5] The MPL was previously set at the 25th percentile with a proposed increase to the 50th percentile delayed due to the COVID-19 PHE.

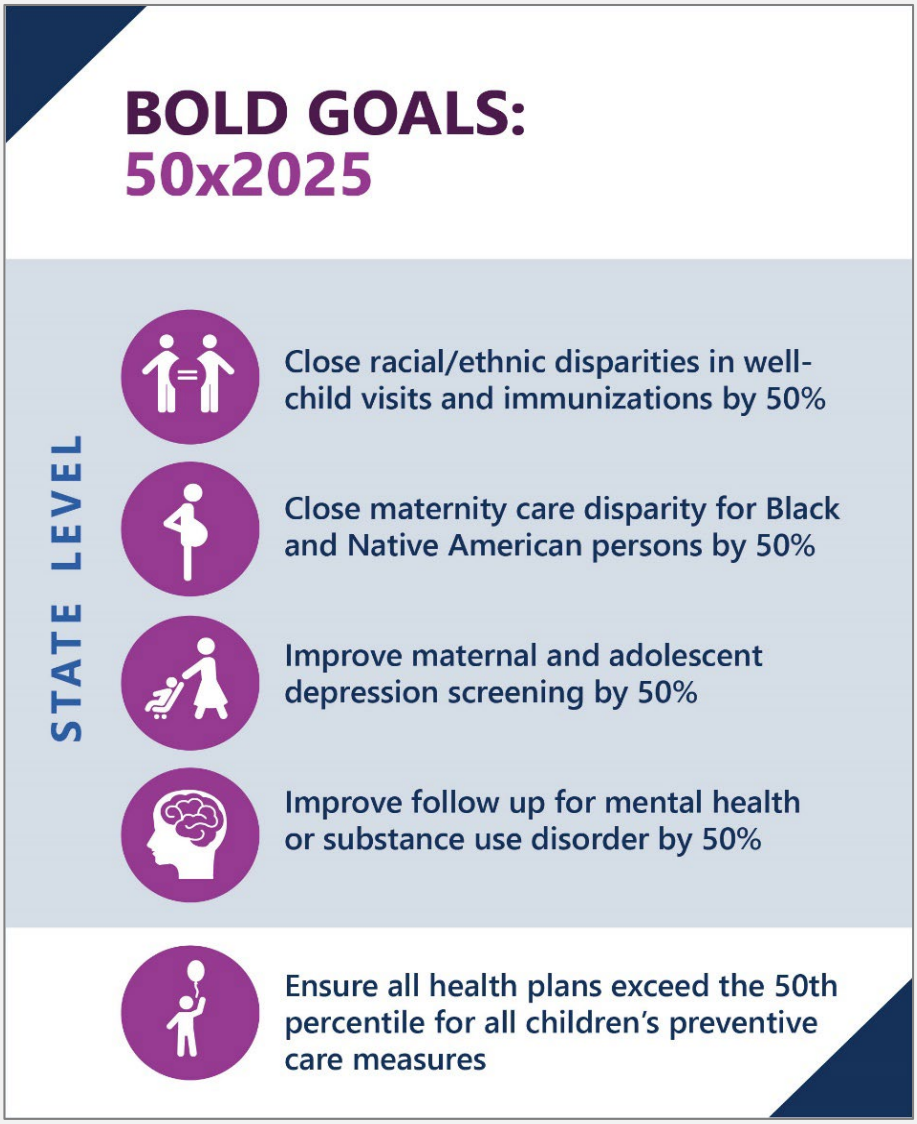
Figure 2: Pediatric- and Maternity-Specific MCAS Changes for Measurement Year 2022 and Reporting Year 2023[6]

Measure Required of MCP	MCP Held Accountable to MPL	MCPs Report on Measure (to develop a future benchmark)
Pediatric MCAS		
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 *(not specific to children)*		X
Maternity MCAS		
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

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

Bold Goals: 50x2025

The Comprehensive Quality Strategy (CQS) has established care for children, maternity care, and birth equity, and integrated behavioral health as top priorities. The CQS introduced **Bold Goals: 50x2025** to help achieve significant improvements in Medi-Cal clinical and health equity outcomes for children and families by 2025, including the following:



- **Support the LEA-BOP by providing resources to support and expand the program.** The existing LEA-BOP will be leveraged to support a continuum of preventive care from the community through health care settings, where every young person has access to help in schools before a crisis occurs. DHCS will support and expand this program through an outreach campaign, training materials to providers, and technical assistance to participating LEAs.

- **Support MCP and LEA partnerships in delivering a statewide continuum of care.**
    - **Covering Medi-Cal services in schools.** Beginning in 2024, MCPs are contractually required to provide Medi-Cal services, including preventive services and adolescent health services provided in schools or by school-affiliated health providers. In addition, MCPs will be required to provide medically necessary behavioral health services in schools and other school-affiliated settings (i.e., at home, in the community).
    - **Memorandums of understanding (MOUs) with LEAs and Local Public Health Jurisdictions.** DHCS will continue to require MCPs to establish MOUs with LEAs and Local Public Health Jurisdictions. Building on this requirement, by 2024, MCPs will be contractually required to establish an MOU with LEAs in each county.

- **Enhance and sustain payments to pediatric providers to increase use of key preventive and screening services for children and families.** DHCS has made initial investments in pediatric preventive and primary care using Proposition 56 funds (derived from tobacco taxes) to provide supplemental payments for developmental screening and ACEs screening, increase base rate payments for well-child visits via physician supplemental payments, and provide enhanced supplemental payments to providers focused on prenatal/postpartum care, early childhood prevention, and behavioral health services.[7] DHCS now is proposing to build on these efforts and further enhance and sustain investments in alignment with the CQS, focusing on children's preventive care, maternity outcomes and birth equity, and behavioral health integration. Funding initiatives proposed in the 2022 – 2023 State Budget include:
    - **Transition select Proposition 56 supplemental payments to General Fund rate increases,** of which the payments that directly impact children include developmental screenings, ACEs screening, home health payments (including private duty nursing), intermediate care facilities/developmental disabilities and pediatric subacute payments (including home- and community-based waiver benefit), and nonemergency medical transportation.

[7] The Proposition 56 supplemental provider payments (known as "Prop 56 VBP Program") also include chronic disease management as an additional bundle, although this mostly targets adult populations.

  - **Eliminate AB 97 reductions for certain providers,** including but not limited to nurses (e.g., certified nurse-midwife, certified pediatric nurse practitioner, certified family nurse practitioner, group certified pediatric nurse practitioner, nurse anesthetist), alternative birthing centers, audiologist/hearing aid dispensers, and respiratory care providers.[8]

- **Streamline DHCS pediatric dashboards to enhance transparency and increase usability.** In order to better support the agency and stakeholders in identifying quality and access concerns, addressing health disparities, and ensuring that children and families are receiving care, DHCS is reviewing existing dashboards to ensure that they are user-friendly and help guide quality improvement efforts. DHCS will also stratify Medi-Cal data for select pediatric quality measures (starting with key CQS focus areas) reported by MCPs by age ranges, county, sex, race, ethnicity, and language data.[9] DHCS is committed to open, transparent, and easy access to data on the Medi-Cal program, as demonstrated by the expansive CalHHS Open Data Portal with over 130 DHCS public datasets. Appendix A details current data that DHCS publishes on children and youth care and outcomes.

(6) Apply a Family-Centered Approach

The health and well-being of children are linked directly to how their parent(s) or other primary caretaker(s) are faring. This includes their family's circumstances — whether they have a safe place to live, have access to healthy and ample food, have access to community connections and supports, or have experienced exposure to violence inside or outside the home. The following initiatives are underway to promote a family-based approach:

- **Strengthen coverage and care for pregnant and postpartum individuals.** Currently, pregnant individuals are guaranteed Medi-Cal coverage for the 60 days following the end of their pregnancy, and at the end of 60 days, many will remain eligible for Medi-Cal under a different eligibility category, but others will lose eligibility. California will submit a State Plan Amendment (SPA) to implement a new option to extend coverage for individuals postpartum from 60 days to 365 days. These changes will directly support postpartum individuals and their health care needs, along with benefiting their children and families by supporting their health and recovery after giving birth. Beginning in April 2022, the coverage extension will be in effect for up to five years, the maximum period allowed under federal law. In addition, DHCS serves on Stanford University's California

[8] AB 97, passed in 2011, implemented a 10 percent provider payment reduction for most Medi-Cal providers.
[9] DHCS is currently assessing its practices to collect voluntary data on sexual orientation or gender identification on the Medi-Cal application to inform Medi-Cal quality improvement efforts.

Maternal Quality Care Collaborative Executive Committee, which is dedicated to improving the quality of maternity care and reducing disparities in birth outcomes, reducing maternal morbidity and mortality, and increasing access to services, including contraception and pregnancy decision-making. As part of prioritizing care for pregnant and postpartum individuals, DHCS includes a strong focus on maternity care in the CQS and MCAS metrics. (See above in Figure 2.)

- **Implement coverage of services provided by community health workers and doulas.** DHCS will add services provided by doulas and community health workers as a covered Medi-Cal benefit. These groups of health care providers often come from the communities they serve and are a key aspect of DHCS' strategy to address health disparities in communities of color served by Medi-Cal.
    - **Community health worker services** include preventive services provided by community health workers aimed at improving health outcomes and reducing health disparities. Community health workers often have shared experiences with the community/patient population they are supporting, facilitating their ability to establish trusted relationships with patients and families. Many states cover community health workers through their Medicaid programs, aligning with studies that find community health workers can improve chronic health outcomes and reduce medical costs and unnecessary inpatient hospitalizations.[10] Since August 2021, DHCS has worked with and will continue to work with stakeholders to identify community health worker provider qualifications and covered services in preparation for submitting a SPA to CMS to authorize the benefit, beginning July 2022.
    - **Doula services** include emotional and physical support to pregnant individuals and families throughout pregnancy, labor, birth, and the postpartum period. Studies have found that pregnant individuals who were assisted by a doula were more likely to have positive birth outcomes, including being less likely to experience a birth complication, less likely to have a low-birth-weight baby, and more likely to initiate breastfeeding.[11] Beginning in September 2021, DHCS has worked with and will continue to work with stakeholders to identify how best to prepare for submitting a SPA to CMS to authorize the benefit, beginning January 2023.

- **Implement dyadic services for families with children.** Effective January 2023, Medi-Cal will cover integrated physical and behavioral health screenings and services for the whole family, not just the child who is the identified patient. This expansion is especially important for families in which the child is enrolled in

[10] T. A. Henry. How Community Health Workers Can Help Improve Outcomes, Cut Costs. American Medical Association. January 2020. Available here.
[11] K. J. Gruber, S. H. Cupito, C. F. Dobson. Impact of Doulas on Healthy Birth Outcomes. J Perinat Educ. 2013 Winter; 22(1): 49 – 58. Available here.

Medi-Cal but the parent or caregiver is uninsured, and yet there is a need for dyadic treatment. Dyadic services involve simultaneous treatment for the child and parent/caregiver, with studies showing significant improvements in child behavior issues and increases in positive parent/child attachment.[12] Dyadic caregiver services will be delivered during a child's visit in which the caregiver(s) are present and will be provided based on the child's Medi-Cal eligibility. These services will include a number of screening, assessment, evaluation, and case management services, in addition to integrated behavioral health services, tobacco cessation counseling, and alcohol and/or drug use Screening, Brief Interventions and Referral to Treatment (SBIRT).

- **Clarify family therapy as a behavioral health benefit.** In summer 2020, DHCS clarified via guidance to providers and MCPs that family therapy is a covered Medi-Cal benefit, including for children who are at risk for behavioral health concerns but do not have a mental health diagnosis. Family therapy is composed of at least two family members receiving therapy together provided by a mental health provider to improve parent/child relationships and bonding, resolve conflicts, and create a positive home environment. Specifically, DHCS permits children enrolled in Medi-Cal under age 21 to receive up to five family therapy sessions before a mental health diagnosis is required. In addition, children with risk factors for mental health disorders — including separation from a parent/caregiver due to incarceration, immigration, or death; foster care placement; food insecurity; housing instability; exposure to domestic violence or trauma; maltreatment; severe/persistent bullying; and discrimination — or parents/caregivers with related risk factors are eligible for family therapy through their MCPs without regard to the five-visit limitation.

- **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.** Children and families have improved health and social outcomes with enrollment in public benefit programs such as WIC and the Supplemental Nutrition Assistance Program (SNAP), and many states have made strides in integrating data to improve enrollment in these programs for Medicaid enrollees. Currently, only 30 percent of Medi-Cal members are enrolled in CalFresh (California SNAP), and California ranks last in the nation in enrollment of eligible children in Medi-Cal in CalFresh. Leveraging DHCS' PHM strategy that will integrate data across sectors, DHCS intends to partner with CDPH and CDSS to develop a strategy to increase enrollment of eligible Medi-Cal children and families in WIC and CalFresh as a key part of its children's health strategy.

[12] National Center for Children in Poverty. Dyadic Treatment. October 2019. Available here.

- **Increase enrollment, in partnership with CDPH and CDSS, of Medi-Cal-covered pregnant individuals and families into CDPH/CDSS home visiting programs.** California supports evidence-based home visiting programs from pregnancy through early childhood across departments with federal, state, and local funding. However, there remain gaps in care with eligible families not accessing the home visiting services and challenges in leveraging data to identify those families at greatest risk. DHCS, CDPH, and CDSS will partner to identify how to increase enrollment in home visiting programs overseen by CDPH/CDSS for pregnant individuals insured by Medi-Cal that are known to reduce costs of services to children, including by leveraging the new PHM Medi-Cal service to provide analytical support. The agencies will also explore how local home visiting administrators could benefit from technical assistance to leverage additional funding streams and better understand EPSDT.

- **Partner with DDS to better support children who have both an IDD diagnosis and behavioral health need** by developing a cross-agency working session and meeting on a regular basis to share resources.

- **Launch Enhanced Care Management (ECM) in a manner that recognizes the unique needs of children and builds on EPSDT requirements.** ECM provides a whole-person, interdisciplinary approach to comprehensive care management that addresses the clinical and nonclinical needs of high-cost, high-need enrollees in MCPs. Starting in 2022, children with families experiencing homelessness will be eligible for ECM. Starting in July 2023, children will be eligible for ECM if they are a Medi-Cal managed care plan member and meet one of the following criteria:[13]
    - High utilizers of services
    - Diagnosed with a serious emotional disturbance
    - Identified to be at clinical high risk for psychosis or experiencing a first episode of psychosis
    - Enrolled in CCS or CCS WCM with additional needs beyond the CCS qualifying condition
    - Involved in or with a history of involvement in child welfare
    - Transitioning from a juvenile justice facility

  ECM includes systematic coordination of services across other children's care management programs — CCS, CCS WCM, and specialty mental health services' Intensive Care Coordination for children — and will include services that are community-based and high-touch. In addition, DHCS is engaging with dedicated CalAIM advisory meetings focused on children to solicit insight and advice on the implications for children (and their families) of key CalAIM

[13] Children who are currently served by Whole Person Care (WPC)/ Health Homes Program (HHP) and are experiencing homelessness and/or transitioning from incarceration will be eligible prior to July 2023 for ECM.

initiatives, including ECM and the new population health strategy for Medi-Cal managed care enrollees.

(7) Address the Child and Adolescent Behavioral Health Crisis

DHCS recognizes the urgent need for concentrated attention and focus on the behavioral health of children enrolled in Medi-Cal (and more broadly in the State). One in 13 children in California has a serious emotional disturbance, with rates higher for low-income children and those who are Black or Latino, relative to other racial and ethnic groups.[14] Even before the pandemic, the suicide rate among youth in California was on the rise. Since 2007, the State has seen a nearly 30 percent increase in youth ages 15 to 24 dying by suicide.[15] In addition, California has experienced a 38 percent increase in hospitalizations due to mental health concerns for children ages five to 19 over the past decade; this has only been exacerbated by the pandemic.[16] Finally, The Commonwealth Fund ranked California in its 2020 report card as 48th nationwide for providing access for children who need mental health care.[17]

Impact of COVID-19 on the Mental Health and Well-Being of Children and Families

- Over **16,000 children in California lost one parent/caregiver** due to COVID-19, the highest of any state; 2 out of 3 of the parents/caregivers who died were Latino[iv]
- During 2019 and 2020, **children's preventive services declined dramatically**[v]
  - Over 10% decline in vaccinations and mental health visits
  - Over 30% decline in outpatient visits (including well-child visits)
  - Nearly 40% decline in dental visits
- 15% of children reported one **ACE** with 6% reporting 4 or more ACEs and 32% of parents/caregivers experienced **intimate partner violence** in July 2021[vi]

The 2021 Budget Act featured a package of proposals to address the increase in behavioral health issues for California's children and youth, collectively known as the **Children and Youth Behavioral Health Initiative (CYBHI).**[18] The goal of the CYBHI is to transform California's children and youth behavioral health system into an innovative, upstream-focused ecosystem where all children and youth are routinely screened, supported, and served for emerging and existing behavioral health (mental health and substance use) needs. To support this goal, the CYBHI includes $4.7 billion over five years (through 2026), with key components of the initiative including:

- **Establish a behavioral health services virtual platform** to facilitate behavioral health services and referrals for children up to age 25. DHCS is procuring a

[14] California Health Care Foundation. California Health Care Almanac. Mental Health in California: For Too Many, Care Not There. March 2018. Available here.
[15] Kids Data. Youth Suicide Rates Rise in California. August 2021. Available here.
[16] Kids Data. How COVID-19 Impacts Children's Mental Health. May 2020. Available here.
[17] The Commonwealth Fund. 2020 Scorecard on State Health System Performance: California. 2020. Available here.
[18] California Welfare and Institutions Code: Division 5, Part 7, Chapter 2, Section 5961. Available here.

vendor that will implement the platform, which will include interactive exercises and games, automated screening and assessment tools, and direct services provided by peers/coaches.

- **Implement a State-defined all-payers fee schedule** for behavioral health services provided at schools for students ages 25 years and younger.

- **Support behavioral health workforce development** with funding to increase the workforce and provide training to existing professionals. This is particularly pertinent given the shortage of pediatric behavioral health providers in California and the deep need for more treatment options. A new role of **Behavioral Health Coach** is part of this proposal, to expand the workforce and provide support to children and youth experiencing distress before symptoms worsen into a mental health disorder. (Implemented by HCAI)

- **Provide grants to expand evidence-based, community-defined behavioral health programs and practices for children and youth** with a variety of entities eligible, including counties, Tribal entities, commercial health insurance plans, Medi-Cal MCPs, community-based organizations, and behavioral health providers.

- **Provide direct grants to build infrastructure partnerships and capacity statements to increase school-based behavioral health services.**

- **Implement the Behavioral Health Continuum Infrastructure Program,** which provides funding to support new and expanded behavioral health treatment facilities and programs for children and families, fill gaps, and expand the continuum of care.

- **Launch pediatric and primary care training** for managing behavioral health conditions, including targeted strategies for adolescent behavioral health conditions, to expand skills and capacity in the primary care workforce for managing behavioral health conditions.

- **Continue and expand the CalHOPE Student Support program,** a crisis counseling training program for educators to identify students who are in distress, provide them with support, and help facilitate connections to mental health resources. DHCS will support all 58 County Offices of Education in enhancing social and emotional learning environments and incorporating a student training component. The program will work closely with the behavioral health services virtual platform, providing a distribution mechanism to engage schools and students to use the platform.

- **Conduct a public education campaign that is culturally and linguistically appropriate** to reduce stigma and increase the number of children, youth, and families willing to seek help. (Implemented by CDPH and the Office of the Surgeon General)

- **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 for transitional kindergarten – grade 12 children in public schools. Qualifying MCPs that meet DHCS' predefined goals and metrics will receive incentive payments to support targeted interventions aimed at increasing access to preventive, early intervention, and behavioral health services in schools. The 2021 Budget Act allocated $400 million ($200 million in General Funds) for this initiative. Higher incentive payments may be made for activities that increase access to Medi-Cal reimbursable services that reduce health equity gaps and support children who are experiencing homelessness, living in transition, and/or involved in the child welfare system.

(8) Next Steps on the Foster Care Model of Care

An additional goal of CalAIM is to develop a new Foster Care Model of Care. Nearly 60,000 children up to age 20 are in the California foster care system and receive their physical, behavioral, and oral health care through Medi-Cal, with about one in three children in foster care under the age of five. DHCS implemented the Foster Care Model of Care Workgroup beginning in June 2020 to coordinate with stakeholders and CDSS on a long-term plan to improve health care services and to support children and youth in foster care.

To address the complex medical and behavioral health needs of foster youth and to build on the Continuum of Care Reforms, DHCS will continue to work with stakeholders in 2022 to develop a new model of care. DHCS and CDSS will center this effort on establishing an accountability framework across systems, advancing equity, and integrating services and care.

Conclusion

DHCS recognizes that Medi-Cal's unparalleled reach with children presents an important opportunity and moral obligation to support health and opportunity for the future of California. Medi-Cal's Strategy to Support Health and Opportunity for Children and Families reflects DHCS' strong commitment and comprehensive approach to ensuring that the needs of children and families are prioritized and embedded across Medi-Cal initiatives. DHCS looks forward to working with stakeholders across California to advance Medi-Cal's Strategy to Support Health and Opportunity for Children and Families.

Appendix

Appendix A: Pediatric-Specific DHCS Dashboards and Reports[19]

Dashboard	Frequency of Publication	Brief Summary
Medi-Cal Program Overall		
DHCS Pediatric Dashboard	Quarterly	Dashboard including demographics, delivery system, select performance measures, and utilization rates; developed with MCHAP
County-Certified Eligibles	Monthly	Data on eligibility trends for full Medi-Cal program by county, including eligibility aid code group — Parent/Caretaker Relative & Child
Medi-Cal Birth Statistics by Select Characteristics and California Resident Hospital Births	Annually	Datasets detailing birth reports in California, including stratification by geographic region, maternal race/ethnicity, eligibility aid codes, payer, delivery system, and health outcomes
Medi-Cal Managed Care Delivery System		
Managed Care Performance Dashboard	Quarterly	MCP data on enrollment, health care utilization, member grievances, network adequacy, and quality of care
Integrated CCS/WCM Dashboard	Quarterly	Integrated dashboard with CCS and WCM program data on select metrics
Health Disparity Report	Annually	Medi-Cal Managed Care Quality Improvement Report that reviews MCAS measures by MCPs across select demographic categories; conducted by the External Quality Review Organization
Preventive Services Report	Annually	Report on select pediatric preventive services (e.g., well-child visits, vaccinations, screenings) stratified by race/ethnicity, primary language, MCP delivery type model, county, region
External Quality Review Technical Report's MCP-Specific Evaluation Report	Annually	Medi-Cal Managed Care Quality Improvement Report that reviews aggregated data on service utilization for each MCP with a plan-specific evaluation; conducted by the External Quality Review Organization

[19] DHCS is currently developing a performance dashboard for the DMC-ODS delivery system.

Dashboard	Frequency of Publication	Brief Summary
Specialty Mental Health Services (SMHS) Delivery System		
Children & Youth Under the Age of 21 Performance Dashboard Datasets	Annually	Datasets detailing SMHS services for children under age 21, including utilization rates, step-downs from inpatient services, and demographics
Mental Health Services Dashboard Children & Youth Demographic Datasets & Report Tool	Annually	Datasets detailing SMHS services for children under age 21 by race/ethnicity, sex, written language, age group, and top ICD-10 Diagnosis Code
Children & Youth in Foster Care Datasets	Annually	Datasets detailing SMHS services for children under age 21 involved in the foster care system, including utilization rates, step-downs from inpatient services, and demographics
Children & Youth with an Open Child Welfare Case Datasets	Annually	Datasets detailing SMHS services for children under age 21 with an open child welfare case, including utilization rates, step-downs from inpatient services, and demographics
Katie A. Specialty Mental Health Datasets	Monthly	Datasets detailing Katie A. claims for intensive home-based services, intensive care coordination, and/or therapeutic foster care services
Dental Managed Care Delivery System		
Dental Managed Care & Dental Fee-for-Service (FFS) Performance Measures	Quarterly	Datasets monitoring utilization through performance measures for Dental Managed Care and FFS
Medi-Cal Dental Complaints & Grievances Reports	Annually	Complaints and grievances reported for Dental Managed Care and FFS

[i] Kaiser Family Foundation. Child Enrollment in Medicaid and CHIP. November 2020. Available here. U.S. Census Bureau. Quick Facts: California. July 2019. Available here.
[ii] Kids Data & Population Reference Bureau. Children Living with Foreign-Born Parents. 2018. Available here.
[iii] 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.

[iv] S. D. Hillis, A. Blenkinsop, A. Villaveces, et al. COVID-19 Associated Orphanhood and Caregiver Death in the United States. Pediatrics. October 2021. Available here.
[v] California Legislative Analyst's Office. Impact of COVID-19 on Health Care Access. May 2021. Available here.
[vi] Kids Data & Population Reference Bureau. Adverse Childhood Experiences, by Number. July 2021. Available here. Kids Data & Population Reference Bureau. Intimate Partner Violence Against Caregivers. July 2021. Available here.