Improving Care for Children with Complex Medical Needs

The Role of Medicaid and CHIP

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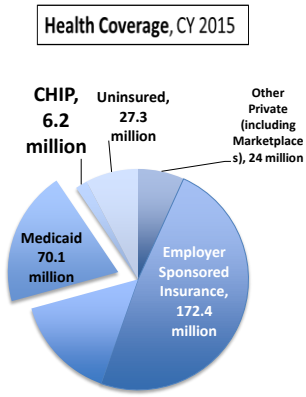
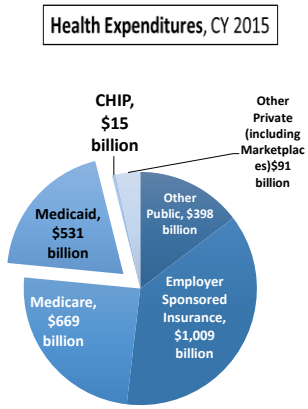
National Health Coverage and Expenditures



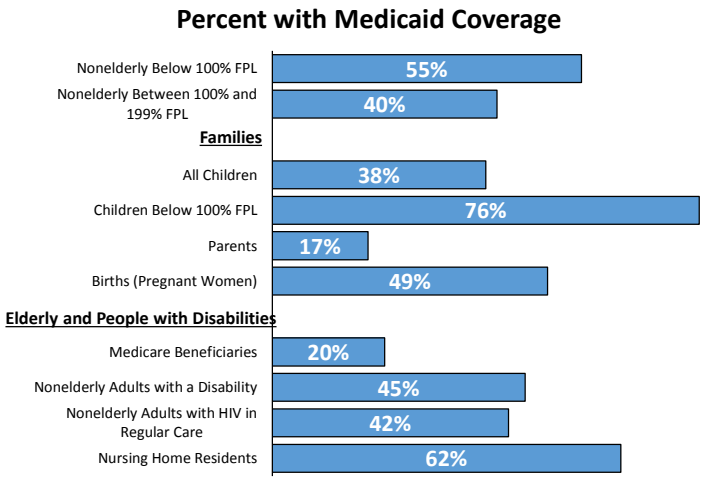


Medicaid covers:

- Nearly half of all births in the US
- Over one-third of all children in the US
- 21% of Medicare beneficiaries

Source: CMS, Office of the Actuary, http://cms.hhs.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/Proj2012.pdf

Medicaid's role for selected populations



NOTE: FPL-- Federal Poverty Level. The U.S. Census Bureau's poverty threshold for a family with two adults and one child was $19,318 in 2016.
SOURCES: KFF analysis of 2017 Current Population Survey, Annual Social and Economic Supplement; Birth data -Implementing Coverage and Payment Initiatives: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2016 and 2017, KFF, October 2016.; Medicare data - Medicare Payment Advisory Commission, *Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid* (January 2018), 2013 data; Disability - KFF Analysis of 2016 ACS; Nonelderly with HIV - 2014 CDC MMP; Nursing Home Residents - 2015 OSCAR/CASPER data.

Children Covered by Medicaid and CHIP

	CHIP	Medicaid	Combined CHIP and Medicaid
FY2015	8,439,933	36,813,533	45,253,466
FY2016	9,013,687	37,054,967	46,068,654
FY2017	9,460,160	36,862,057	46,322,217

Source: CMS analysis of data submitted to the Statistical Enrollment Data System (SEDS).

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Strategies for Addressing Medically Complex children: Health Homes (Section 1945 of the SSA)

- Section 1945 of the Social Security Act (SSA) allows States to elect the Health Home option under their Medicaid State plan
- Health Home providers coordinate all primary, acute, behavioral health and home and community-based services to treat the "whole-person".

https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/index.html

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Key Features of Health Homes

- Coordination and integration of primary, acute, behavioral health, long-term services & supports
- Whole-person perspective
- Person-centered care planning
- Multi-disciplinary team approach
- Available to all categorically needy with selected chronic conditions determined by the State
- May target geographically
- State required to consult with SAMHSA
- State receives 90% enhanced FMAP for first eight fiscal quarters from effective date of the SPA

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Health Home Provider Types

- Designated Providers
  - May be physician, clinical/group practice, rural health clinic, community health center, community mental health center, home health agency, pediatrician, OB/GYN, other.
- Team of Health Care Professionals
  - May include physician, nurse care coordinator, nutritionist, social worker, behavioral health professional, and can be free standing, virtual, hospital-based, community mental health centers, etc.
- Health Team (as defined in section 3502)
  - Must include medical specialists, nurses, pharmacists, nutritionists, dieticians, social workers, behavioral health providers, chiropractors, licensed complementary and alternative care provider

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Health Homes – for children

- Three states have approved health home programs tailored specifically to meet the needs of children.
  - These states also have health homes for adults with behavioral health conditions.
- The Health Home legislative language allows states to submit either
  - a comprehensive amendment making health homes available to all eligible individuals both adults and children or
  - to submit separate amendments one for children and one for adults.
- Note that states may not exclude children in the health home state plan benefit.
- Thus far, states have primarily focused on behavioral health rather than physical health conditions.

Health Homes for Children *Continued…*

New Jersey Behavioral Health Home for Children (NJ SPA 16-0002)

- Targeted Conditions: Serious emotional disturbance (SED), co-occurring developmental disability (DD) and mental illness, co-occurring mental health and substance abuse, or DD eligible with symptomology of SED.
- Providers: Care Management agencies
- Geographic Area: Select Counties

Oklahoma Health Home for Children with Serious Emotional Disturbances (SED) (OK SPA 14-0011)

- Targeted Conditions: Serious Emotional Disturbance (SED) condition
- Providers: Community Behavioral Health Providers
- Geographic Area: Statewide

What is EPSDT?

- Mandatory benefit for most individuals under age 21
- EPSDT is a benefit, not an eligibility option or a "program"
- Acronym "EPSDT" is used to mean "well-child visit," and treatment services
- The goal of EPSDT is to provide the right care to the right child at the right time in the right setting.

Health Homes for Children

Rhode Island Health Home for Children (RI SPA 16-001)

- Targeted Conditions: Severe mental illness, or severe emotional disturbance or having two or more chronic conditions as listed below:
  - Mental Health Condition
  - Asthma
  - Diabetes
  - Developmental Disabilities
  - Down Syndrome
  - Mental Retardation
  - Seizure Disorders
- Providers: Family Support Centers
- Geographic Area: Statewide

Concurrent Hospice and Curative Care for Children

Section 2302 of the Affordable Care Act amended section 1905(o)(1) and 2110(a)(23) of the Social Security Act to remove the prohibition of receiving curative treatment upon the election of the hospice benefit for a Medicaid or CHIP eligible child.

The provision was effective March 23, 2010 upon enactment of the Affordable Care Act.

A CMCS Informational Bulletin was issued on May 27, 2011 with a concurrent hospice care draft preprint for states to use.

https://www.medicaid.gov/Federal-Policy-Guidance/downloads/Info-Bulletin-5-27-11.pdf

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Concurrent Hospice and Curative Care for Children *Continued…*

- In order to qualify for the hospice benefit in either Medicaid or CHIP, a physician must certify that the eligible person is within the last 6 months of life.
- Palliative care provides relief from the symptoms of pain, physical stress, and mental stress at any stage of illness. The goal is to improve quality of life for both the person and their family. Palliative care grew out of the hospice movement.
- Curative care refers to health care with the intent of curing illness or disease, not just reducing pain or stress. Many people receiving curative care benefit from palliative care to address the discomfort, symptoms and stress of serious illness while undergoing treatment.
- Children are able to receive palliative care and curative care simultaneously. Adults only receive palliative care if hospice is elected.

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HCBS Delivery to Children

- Services to children are available through multiple authorities in Medicaid.
- These services are to be provided in home and community-based settings that ensure the child's access to the larger community.
- If the state elects to do so, the state may use these services to preserve the child's family setting whenever possible.

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Integrated Care for Kids Model

Addresses the impact of the opioid crisis on children

The **InCK Model** is a child-centered *local service delivery* and *state payment model* aimed at **reducing expenditures** and **improving the quality of care** for children covered by Medicaid and CHIP, especially those with or at-risk for developing significant health needs.

Goals:

Improving performance on priority measures of child health

Reducing avoidable inpatient stays and out-of-home placements

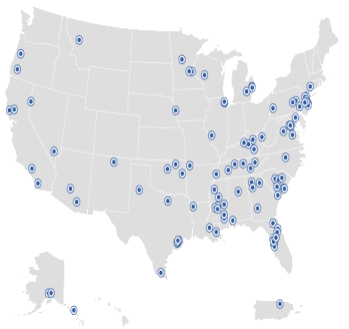
Creation of sustainable Alternative Payment Models (APMs)

Up to 8 cooperative agreement awards anticipated Summer 2019

Strong Start for Mothers and Newborns Initiative

Key Features

- Multi-component initiative to improve outcomes for **pregnant Medicaid/CHIP beneficiaries and their infants**
  - Reduction of **early elective deliveries**
  - Models of **enhanced prenatal care**
- Enhanced prenatal care component
  - Performance: 2013 – 2017; 27 awardees, ~200 sites, 32 states, D.C., and Puerto Rico
  - Tested effect of three approaches - **maternity care homes, group prenatal care, and birth center care** on preterm birth, low birth weight, cost of care, and other key variables
  - Mixed methods evaluation, including **linked data** from vital records and Medicaid claims to assess impacts (TBR within the next few weeks)



Source: Centers for Medicare & Medicaid Services

Findings to Date

- ~46,000 beneficiaries served
- Overall rates of preterm birth and low birth weight only slightly higher than national population rates despite high risk
- Lower C-section and higher VBAC rates than national rates
- Group prenatal care and birth center participants had better outcomes than those in maternity care homes after controlling for key risks (no outside comparison group)