# Housekeeping Items

- Welcome to L.A. Care Provider Continuing Education (PCE) Program's Live Webinar! Today's webinar is in collaboration with First 5 LA.
- The Live Webinar is being recorded.
- Webinar participants are muted upon entry and exit of webinar.
- ***Webinar attendance will be noted via log in and call in with assigned unique Attendee ID #. Please log in through a computer (instead of cell phone) to Join Webinar / Join Event and choose the Call In option to call in by telephone with the event call in number, event access code and assigned unique attendee ID number. If your name does not appear on our WebEx Final Attendance and Activity Report (only as Caller User #) and no submission of online survey, no CME or CE certificate will be provided.***
- Questions will be managed through the Chat feature and will be answered at the end of the presentation. ***Please keep questions brief and send to All Panelists. One of our Learning and Development Team members and/or webinar host***, will read the questions via Chat when it's time for Q & A session (last 30 minutes of live webinar).
- Please send a message to the Host via Chat if you cannot hear the presenter or see the presentation slides.

# L.A. Care PCE Program Friendly Reminders

- ***Partial credits are not allowed at L.A. Care's CME/CE activities for those who log in late (more than 15 minutes late) and/or log off early.***

- The PowerPoint Presentations by two presenters are allotted 30 minutes each, Welcome and Introductions for 5 minutes and the last 25 minutes for Q&A session, total of 90-minute webinar, 1.50 CME credits for L.A. Care Providers and other Physicians, 1.50 CE credits for NPs, RNs, LCSWs, LMFTs, LPCCs, LEPs, and other healthcare professionals. A Certificate of Attendance will be provided to webinar attendees without credentials.

- **Friendly Reminder,** a survey will pop up on your web browser after the webinar ends. Please do not close your web browser and wait a few seconds, and please complete the survey. ***Please note:*** ***the online survey may appear in another window or tab after the webinar ends.***

- Within two (2) weeks after webinar and upon completion of the online survey, you will receive the PDF CME or CE certificate based on your credential and after verification of your name and attendance duration time of at least 75 minutes for this 90-minute webinar.

- Any questions about L.A. Care Health Plan's Provider Continuing Education (PCE) Program and our CME/CE activities, please email Leilanie Mercurio at lmercurio@lacare.org

# About Help Me Grow LA

Help Me Grow LA helps families find services that can support their child's development. Help Me Grow LA helps improve the coordination of programs and services in local communities. Learn more at helpmegrowla.org.

HMG LA & L.A. Care Health Plan partnership objectives:

1. Integrating early identification and intervention protocols into participating practices' workflow; and
2. Increasing awareness and education of developmental screening and milestones with providers, families and caregivers.

# Presenter’s Bio

**Sophia Stavros, MD, FAAP,** is a board-certified general pediatrician at Children's Hospital Los Angeles (CHLA) and an Assistant Professor of Clinical Pediatrics at Keck School of Medicine at the University of Southern California (USC).

Dr. Stavros completed her medical school training at Case Western Reserve University School of Medicine and her pediatric residency at CHLA. Her work involves direct patient care at the CHLA and Goodrich AltaMed sites as well as promoting developmental screening and linkage to services in the community.

The latter has been accomplished through her involvement in various initiatives including First 5 LA’s First Connections Program and a LADPH community health project known as ENRICH (Early Needs Response for Infant and Child Health) which have both involved the implementation of developmental screening and case management to enhance linkage to early start services for young children with or at risk of developmental disabilities in underserved communities at various AltaMed Sites in the Los Angeles area.

# Presenter's Bio

**Helen DuPlessis, MD, FAAP**, is an accomplished pediatrician and physician executive with leadership experience in maternal and child health policy and programs, health management, program and policy development, practice transformation, public health, community systems development, performance improvement, government-sponsored programs and managed care.

Dr. DuPlessis is currently a principal with Health Management Associates, bringing broad expertise to health plans and systems, state and local agencies and governments, national health organizations and programs, community clinics and provider groups, community-based and other health and human services programs.

Dr. DuPlessis served as the Chief Medical Officer with St. John's Well Child and Family Center and at L.A. Care earlier in her career. She served as senior advisor to the UCLA Center for Healthier Children, Families and Communities.

Dr. DuPlessis earned her Master of Public Health degree from the University of California, Los Angeles and her Doctor of Medicine degree from the University of California, San Francisco. She also has a bachelor's degree from the University of Southern California.

# AGENDA

## Children's Health & Developmental Screenings

**March 27, 2024, Live Webinar 12:00 PM – 1:30 PM PST, 1.50 CME/CE Credits**

| Topic | Speaker | Time |
|---|---|---|
| • Introductions | Ann Isbell, PhD - First 5 LA | 5 minutes |
| • Developmental screenings as a critical component of well-child visits | Sophia Stavros, MD | 30 minutes |
| • Statewide initiatives within the Medi-Cal system to improve developmental screening rates and address disparities in early intervention services | Helen DuPlessis, MD | 30 minutes |
| • Panel Discussion / Q & A<br>• Adjourn | All | 25 minutes |

# CHILDREN'S HEALTH AND DEVELOPMENTAL SCREENING

Sophia Stavros, MD, FAAP

Assistant Professor of Clinical Pediatrics

Keck School of Medicine of USC/Children's Hospital Los Angeles

March 27, 2024 Live Webinar via WebEx

L.A. Care Children's Health Webinar In Collaboration with First 5 LA

# Financial Disclosures

The following CME planners and faculty do not have any relevant financial relationships with ineligible companies in the past 24 months:

- Leilanie Mercurio, L.A. Care Provider Continuing Education (PCE) Program Manager, CME Planner.
- Myishea Peters, L.A. Care Program Manager, Practice Transformation, QI Dept., CME Planner.
- Cathy Mechsner, L.A. Care Manager, Practice Transformation, QI Dept., CME Planner.
- Helen DuPlessis, MD, MPH, FAAP, Principal, Los Angeles, Health Management Associates, CME Faculty.
- Sophia Stavros, MD, FAAP, Pediatrician, Children's Hospital Los Angeles, and Assistant Professor of Clinical Pediatrics at Keck School of Medicine, University of Southern California (USC), CME Faculty.

An ineligible company is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Commercial support was not received for this CME activity.

# Learning Objectives

1. Summarize developmental and behavioral screening recommendations as a critical component of well-child visits.

2. Recognize differences between developmental surveillance and screening and understand their role in early identification of developmental delays.

3. Become familiar with strengths based developmental screening program techniques at the practice and provider levels.

4. Identify at least three (3) available resources for implementation of a screening program through the CDC and AAP.

- The early identification and intervention of developmental disorders are considered critical to the well-being of children

- As trusted individuals in the medical home with early and frequent contacts with families, pediatric providers can develop trusting relationships and play an integral role in the early identification of developmental delays

# Why Monitor Development?

- Developmental disabilities are common and often not identified before school age:
  - Up to 1 in 4 (<5yo) are at risk for developmental, behavioral, or social-emotional delays
  - 1 in 6 (3-17yo) has a developmental disability
  - 1 in 36 (8yo) are estimated to have autism spectrum disorder

# Why is screening important?

- Early intervention can help optimize outcomes and school readiness
- Per the National Survey of Children's Health, 2020-21, only 34.8% of children's parents completed a developmental screen (down from 36.4% in 2018-2019)
- CA ranks 31st in the nation with 34.4%  of parents reporting the receipt of a developmental screen
- Unfortunately, half of children go unidentified before entering school

# AAP clinical report

CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

## Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening

Paul H. Lipkin, MD, FAAP,[a] Michelle M. Macias, MD, FAAP,[b] COUNCIL ON CHILDREN WITH DISABILITIES, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS

# Surveillance vs Screening

- **Surveillance**: recognizing children who may be at risk for developmental delays
- **Screening**: using standardized tools to identify and refine that recognized risk for developmental delay
- **Evaluation**: assessing various aspects of a child's functioning to identify specific developmental disorders that affect a child, usually performed by a trained specialist

# AAP Recommendations

**Developmental surveillance should be performed at every health supervision visit**

Developmental surveillance has 6 components:

1. Elicit parents' concerns about their child's development
2. Obtain, document, and maintain a developmental history
3. Observe the child
4. Identify risks and strengths and protective factors
5. Document the findings
6. Communicate with other professionals especially when concerns arise

# AAP Recommendations

Developmental concerns elicited on surveillance at any visit should be followed by standardized developmental screening testing or direct referral to intervention and specialty medical care

# AAP Recommendations

- Standardized development screening should be performed at the 9-, 18-, and 30-month visits
- Screening for behavioral and emotional problems is recommended at the same time points, at a minimum
- Screening for ASD is recommended at the 18- and 24-month visits

# Bright Futures/AAP Periodicity Recommendations

| | INFANCY | | | | | | | | EARLY CHILDHOOD | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **AGE**[1] | **Prenatal**[2] | **Newborn**[3] | **3-5 d**[4] | **By 1 mo** | **2 mo** | **4 mo** | **6 mo** | **9 mo** | **12 mo** | **15 mo** | **18 mo** | **24 mo** | **30 mo** | **3 y** | **4 y** |
| **HISTORY** Initial/Interval | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| **MEASUREMENTS** | | | | | | | | | | | | | | | |
| Length/Height and Weight | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Head Circumference | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | |
| Weight for Length | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | | | | |
| Body Mass Index[5] | | | | | | | | | | | | ● | ● | ● | ● |
| Blood Pressure[6] | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ● | ● |
| **SENSORY SCREENING** | | | | | | | | | | | | | | | |
| Vision[7] | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ● | ● |
| Hearing | | ●[8] | ●[9] → | | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ● |
| **DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH** | | | | | | | | | | | | | | | |
| Maternal Depression Screening[11] | | | | ● | ● | ● | ● | | | | | | | | |
| Developmental Screening[12] | | | | | | | | ● | | | ● | | ● | | |
| Autism Spectrum Disorder Screening[13] | | | | | | | | | | | ● | ● | | | |
| Developmental Surveillance | | ● | ● | ● | ● | ● | ● | | ● | ● | | ● | | ● | ● |
| Behavioral/Social/Emotional Screening[14] | | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● | ● |
| Tobacco, Alcohol, or Drug Use Assessment[15] | | | | | | | | | | | | | | | |
| Depression and Suicide Risk Screening[16] | | | | | | | | | | | | | | | |

# AAP Recommendations

- The recommended ages for developmental screening are a starting point for children without known identified risks or suspected developmental concern.
- Periodic screening with a validated instrument should occur so that developmental concerns not previously detected can be identified with subsequent screening.

# Examples of Developmental Screeners

- Ages and Stages Questionnaires-3
- PEDS
- PEDS: Developmental Milestones Screening version
- SWYC: milestones

https://www.aap.org/en/patient-care/screening-technical-assistance-and-resource-center/screening-tool-finder/

# Reviewing Developmental Screening Results

- Developmental screening does not result in a **diagnosis** but rather identifies areas in which a child's development differs from same-aged norms.
- When reviewing results be direct and clear
- Try to avoid words like pass, fail, normal and abnormal
- Listen and be ready for emotional responses or hesitance

# Reviewing Developmental Screening Results

- Normal screening results provide an opportunity to focus on developmental and behavioral health promotion.

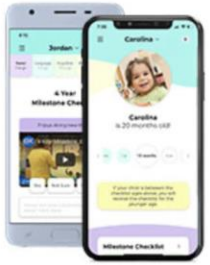
- For a child who is determined to be at increased risk for a developmental disorder, referral to early intervention or preschool special education (under IDEA – Individuals with Disabilities Act) is recommended.

# Reviewing Developmental Screening Results

- Developmental milestones and “red flag” resources are available:
  - Centers for Disease Control and Prevention’s (CDC) “Learn the Signs. Act Early” program Web site **http://www.cdc.gov/ncbddd/actearly/**
  - AAP Screening Technical Assistance and Resource Center Web site – Child development screening resources

# CDC Learn the Signs. Act Early

## Tools for Tracking Milestones



### CDC's *Milestone Tracker* App

- Learn more about the *Milestone Tracker* app – now available in English and Spanish
- Promote the *Milestone Tracker* app with a promotional toolkit English [3 MB, 17 Pages, 508], and Spanish [3 MB, 17 Pages, 508]
- Download the *Milestone Tracker* app from the App Store
- Download the *Milestone Tracker* app from Google Play


### Checklists

- 2 months
- 4 months
- 6 months
- 9 months
- 1 year
- 15 months
- 18 months
- 2 years
- 30 months
- 3 years
- 4 years
- 5 years

### Checklists with Tips in All Available Languages

- English [4 MB, 24 Pages, 508]
- Spanish [5.7 MB, 24 Pages, 508]
- Arabic [6 MB, 20 Pages, 508]
- Brazilian Portuguese [10 MB, 20 Pages, 508]
- Farsi [848 KB, 24 Pages, 508]
- French [6 MB, 24 Pages, 508]
- Haitian Creole [12 MB, 24 Pages, 508]
- Hindi [1.9 MB KB, 24 Pages, 508]
- Korean [7 MB, 24 Pages, Print Only]
- Simplified Chinese [7 MB, 24 Pages, Print Only]
- Somali [1.65 MB, 24 pages, 508]
- Vietnamese [4 MB, 24 Pages, Print Only]

- **Developmental Milestone Checklists for WIC**

Some strategies to build trust with developmental surveillance/screening

1) Integrate surveillance into each health supervision visit
2) Thank families for completing forms including screening tools
3) Emphasize child and family's strengths
4) Avoid deficit-based language
5) Review the results with families even if not concerning
6) Discuss development during other parts of the visit
7) Create a safe space and promote continuity of care

# Referrals

- Early intervention (EI) is a program for infants and toddlers with disabilities under the federal legislation IDEA. In California EI is called Early Start administered via Regional centers
- Services are designed to meet the developmental needs of an infant or toddler in any one or more of the following areas, including:
    - Physical development
    - Cognitive development
    - Communication development
    - Social or emotional development
    - Adaptive development
- **To the maximum extent appropriate, are provided in natural environments**

# Early Start Eligibility

- Infants and toddlers (age 0 to 36 months) who are at risk of having developmental disabilities or who have a developmental delay
  - 25% delay in one or more developmental areas (cognitive, physical, communication, social or emotional, or adaptive development)
  - Infants and toddlers with established risk conditions
  - Infants and toddlers who are at high risk for developmental delay due to a combination of biomedical risk factors

- HELPMEGROWLA regional center look up

# Incorporating screening into your practice

- Incorporating developmental surveillance and screening into the pediatric office takes a “whole-office,” team-based approach.

- Pediatric health care professionals or clinical team can lead the office team in integrating the practice into the clinic flow.

- With the assistance of office staff, parents can complete paper or electronic developmental surveillance and screening forms either before the office visit or within the medical office itself.

# Incorporating screening into your practice

- A quality improvement approach may be the most effective means to build surveillance and screening workflows.

- When a concern has been identified, office-based procedures can be used to schedule preventive care or follow-up visits, flag children with established risk factors, and help families with referrals to early intervention and medical specialists as needed

# Implementation in practice

- In busy FQHC setting, administrative buy in was obtained and all providers and clinic staff were notified of the decision to implement screening to standardize practice
- Developmental screener was chosen based on patient population, clinic work flow, and EMR
- Screening time points were identified
- Trainings held with providers and clinic staff including front office and MA/nursing team. Provided re-trainings (important)
- Implemented PDSA cycles and obtained input from all participants in screening workflow to optimize screening practices
- At one site was able to increase screening from 50 to 100%

- Resources:
  - STAR Center
  - AAP Developmental Screening and Surveillance web page
  - Bright futures toolkit
  - Coding Fact Sheet
  - First5LA Toolkit
  - CDC, Learn the Signs. Act Early

# References


- Lipkin P, Macias M and COUNCIL ON CHILDREN WITH DISABILITIES, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS. Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening. *Pediatrics*. 2020; 145 (1) e20193449
- Zablotsky B, Black LI, Maenner MJ, Schieve LA, Danielson ML, Bitsko RH, Blumberg SJ, Kogan MD, Boyle CA. Prevalence and Trends of Developmental Disabilities among Children in the US: 2009–2017. *Pediatrics*. 2019; 144(4):e20190811
- https://www.aap.org/en/patient-care/developmental-surveillance-and-screening-patient-care/developmental-surveillance-resources-for-pediatricians/
- https://downloads.aap.org/AAP/PDF/LTSAE_2of3_Establishing-Trusting-Relationships-with-Families-and-Caregivers-through-Developmental-Surveillance-and-Screening.pdf

# FAQs

1) Why is regularly scheduled and periodic developmental screening important?

By performing standardized developmental screening at discrete ages, potential developmental delays can be discovered earlier. Screening tools such as ASQ-3, SWYC, and PEDS-DM give parents an opportunity to share their understanding of their child's general, social, and emotional development while allowing for earlier identification of a child's special needs. This can then allow providers the opportunity to engage families on what typical development is and their possible concerns as well as help families connect to the right early intervention services and community resources.

# FAQs

2) What are the benefits of parent completed screeners and are they reliable and accurate?

Parents who know their child well are reliable sources of information about their child's development. Parent completed screeners can be considered accurate and reliable considering the screening tool asks about current, observable behaviors that parents can report that the child can or cannot do across various settings. Parents in turn can learn about developmental milestones and implement new learning experiences to encourage progress.

# FAQs

3) What if a concern is identified on developmental screening?

Developmental screening tools identify risks for delays and do not provide a diagnosis. If a screening tool is identifying a risk, it is an opportunity to open a conversation about the results while also eliciting a child's strengths, concerning risk factors, and discussing possible benefits of evaluation and intervention if indicated. If a more in-depth evaluation is recommended, between the ages of 0-3 years this can be completed through Regional Centers who can determine if a child qualifies for early intervention (Early Start in California).

# FAQs

4) What resources are available for both parents and professionals to learn more about developmental screening and implementation of a screening program?

The CDC has updated milestone checklists and a family friendly app through Learn the Signs. Act Early. program. ZERO TO THREE has information regarding development and parenting. The AAP's section on developmental surveillance and screening has educational tools and resources to help providers. Finally, the Help Me Grow LA website has many resources directed at providers and the families they serve.

Thank you!

soplim@chla.usc.edu

# Statewide Initiatives: The Pitfalls and Promises of Policy

## Children's Health and Developmental Screenings

**Date: March 27, 2024 Live Webinar via WebEx, 12:00 pm – 1:30 pm PST, 1.50 CME/CE Credits**
**Presenter(s): Helen DuPlessis, MD**

**Helen DuPlessis, MD, MPH, FAAP**
***Principal, Los Angeles***
Health Management Associates



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- Sophia Stavros, MD, FAAP, Pediatrician, Children's Hospital Los Angeles, and Assistant Professor of Clinical Pediatrics at Keck School of Medicine, University of Southern California (USC), CME Faculty.

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Commercial support was not received for this CME activity.





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# Learning Objectives for this Webinar

*At the completion of the activity, learners can:*

- Identify at least two (2) statewide initiatives, programs, or policies designed to improve developmental screening rates and address disparities in early intervention services for Medi-Cal beneficiaries.
- Provide a high-level description of how providers can access direct payment for conducting developmental screening.
- List three (3) of the eight (8) key areas the California Department of Healthcare Services has identified in the Medi-Cal Strategy to Support Healthy Opportunity for Children and Families





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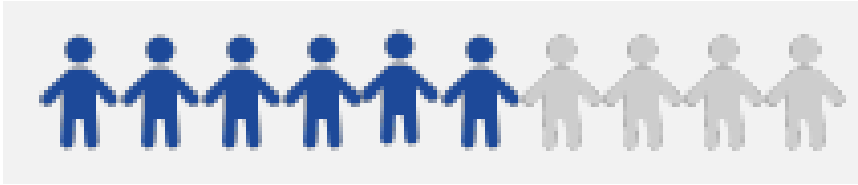
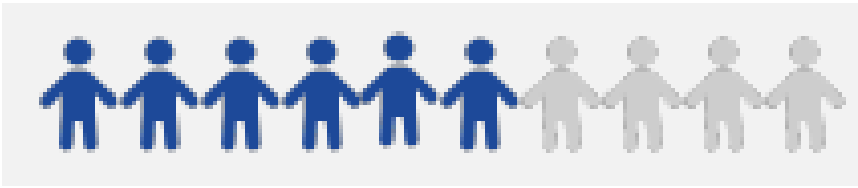
# CONTEXT: MEDI-CAL'S OPPORTUNITY TO AFFECT CHILDREN AND YOUTH

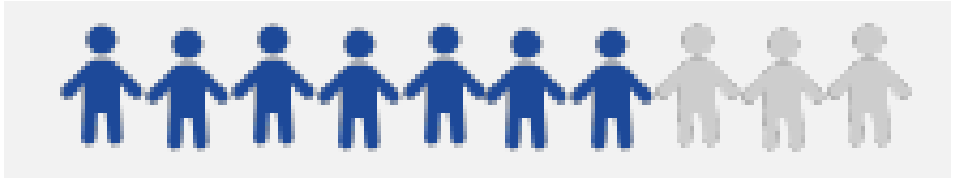
**Over 5.7 Million children are covered by Medi-Cal** (>50% of children in CA)



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



**72% of Latinx** children and **74% of African American** children are enrolled in Medi-Cal





SOURCES: 1) DHCS Medi-Cal Enrollment Statistics https://www.dhcs.ca.gov/dataandstats/Pages/Medi-Cal-Eligibility-Statistics.aspx;
2) Kaiser Family Foundation https://www.kff.org/medicaid/



HMA

# The Status of Our Children's Heath

2.4 million children do not receive required preventive services (nearly half)


**Accountability for Medi-Cal Children's Preventive Services:**
Medi-Cal Health Plans are Key to the Preventive Care Guarantee for Kids
May 2021

Rates of developmental screening during the first three years of life have shown some improvement over time but are abysmally low

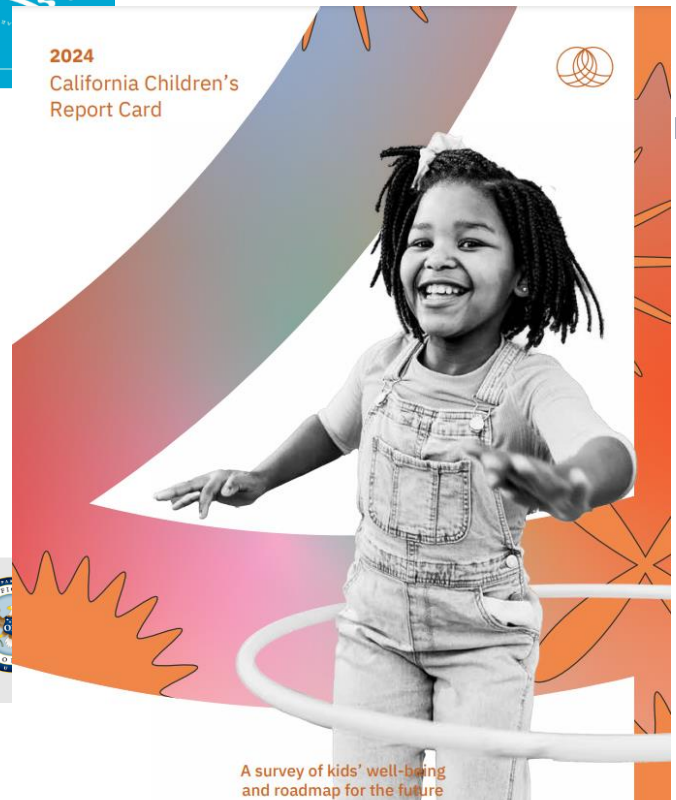
Children Now®

U.S. Department of Health and Human Services
Office of Inspector General

More Than One-Third of Medicaid-Enrolled Children Five States Did Not Receive Required Blood Lead Screening Tests

Christi A. Grimm
Principal Deputy Inspector General
October 2021, OEI-07-18-00371

42% and 27% did not receive blood lead screening at 12 and 24 months, respectively

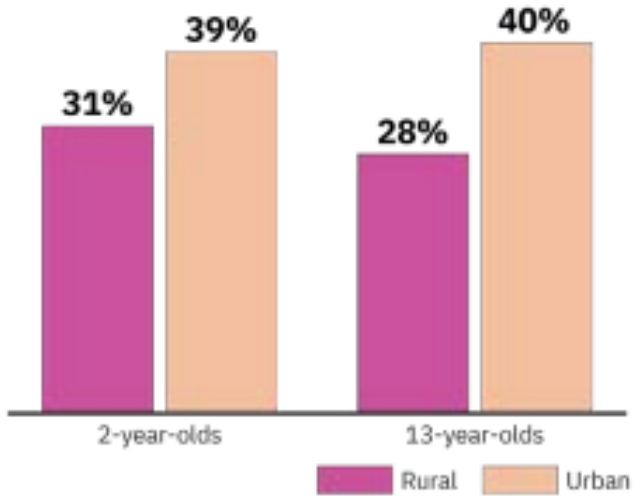



The Children Now Children's Health Report Card rates CA

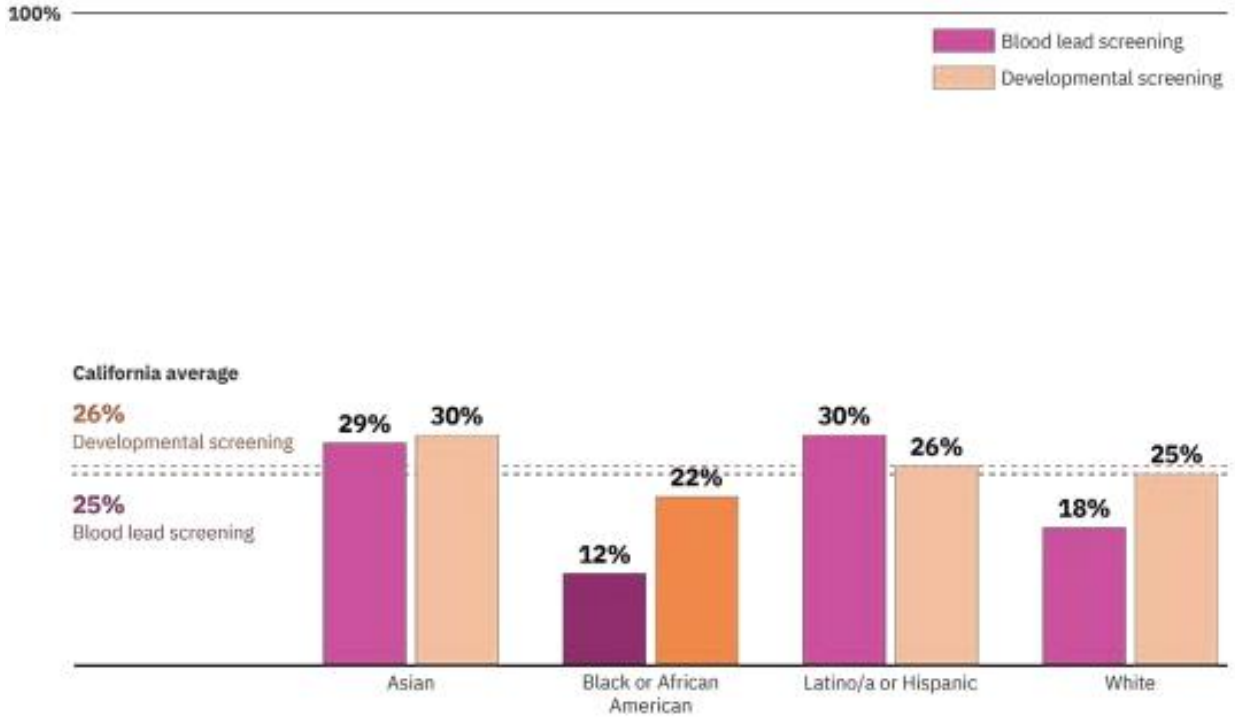
- D+ in Healthcare Access and Accountability
- D in Preventive Screenings

# More on Children's Preventive Services

**California Medi-Cal Children Under Receiving Routine Vaccinations (2021)**




**California Medi-Cal Children Receiving Developmental and Blood Lead Screening by Race/Ethnicity (average 2019-2021)**




SOURCE: CA DHCS Preventive Services Report 2022 of Children's Health 2022

# Medi-Cal Managed Care Accountability Set (MCAS) - Trends in Child Health Outcomes

| Measure | MY 2019 | MY 2020 | MY 2021 | Difference 2020-2021 | Minimum Performance Level 2021 |
|---|---|---|---|---|---|
| Developmental Screening in the First Three Years of Life— Total | 25.42% | 23.11% | 28.83% | 5.72 | N/A |
| Child and Adolescent Well-Care Visits* | -- | 41.13% | 47.51% | 6.38 | 45.31% |
| Childhood Immunization Status—Combination 10* | 38.32% | 37.95% | 36.63% | -1.32 | 38.20% |
| Immunizations for Adolescents—Combination 2* | 43.57% | 43.05% | 39.23% | -3.82 | 36.74% |
| Well-Child Visits in the First 30 Months of Life— Well-Child Visits in the First 15 Months—Six or More Well-Child Visits* | -- | 37.70% | 40.23% | 2.53 | 54.92% |
| Well-Child Visits in the First 30 Months of Life— Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits* | -- | 66.40% | 60.23% | -6.12 | 70.67% |
| Lead Screening | New measures in MY 2023 | | | | |
| Topical Fluoride for children | | | | | |

MY = Measurement Year

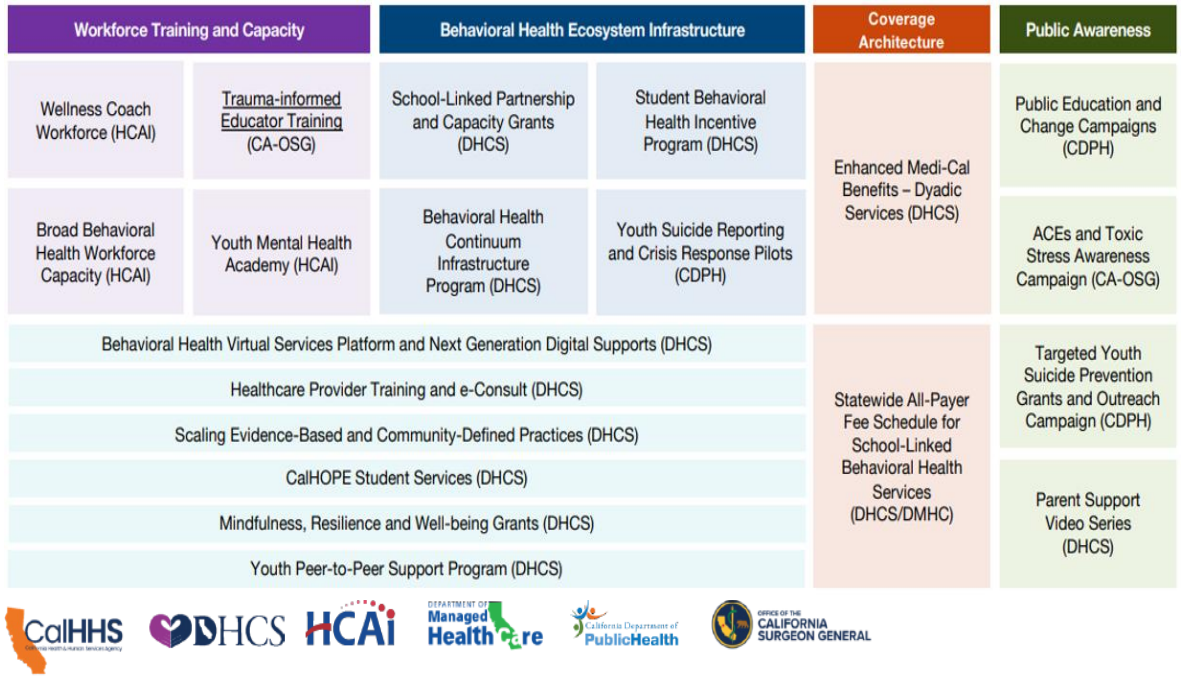
# WHAT ARE WE DOING ABOUT THESE FAILURES?

# BOLD INITITAIVES

## California Innovating and Advancing Medi-Cal (CalAIM)

| ECM Population of Focus (POFs) | | Adults | Children & Youth |
|---|---|---|---|
| 1a | Individuals Experiencing Homelessness: *Adults without Dependent Children/Youth Living with Them Experiencing Homelessness* | √ | |
| 1b | Individuals Experiencing Homelessness: *Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness* | | √ |
| 2 | Individuals At Risk for Avoidable Hospital or ED Utilization (*Formerly "High Utilizers")* | √ | √ |
| 3 | Individuals with Serious Mental Health and/or SUD Needs | √ | √ |
| 4 | Individuals Transitioning from Incarceration | √ | √ |
| 5 | Adults Living in the Community and At Risk for LTC Institutionalization | √ | |
| 6 | Adult Nursing Facility Residents Transitioning to the Community | √ | |
| 7 | Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition | | √ |
| 8 | Children and Youth Involved in Child Welfare | | √ |
| 9 | Birth Equity and Pregnancy Population of Focus | √ | √ |

## Children and Youth Behavioral Health initiative (CYBHI)




- **Workforce Expansion**
- **New/expanded Access Venues**
- **Payment Reform**

SOURCES: 1) DHCS CalAIM https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM.aspx; 2) CYBHI https://cybhi.chhs.ca.gov/



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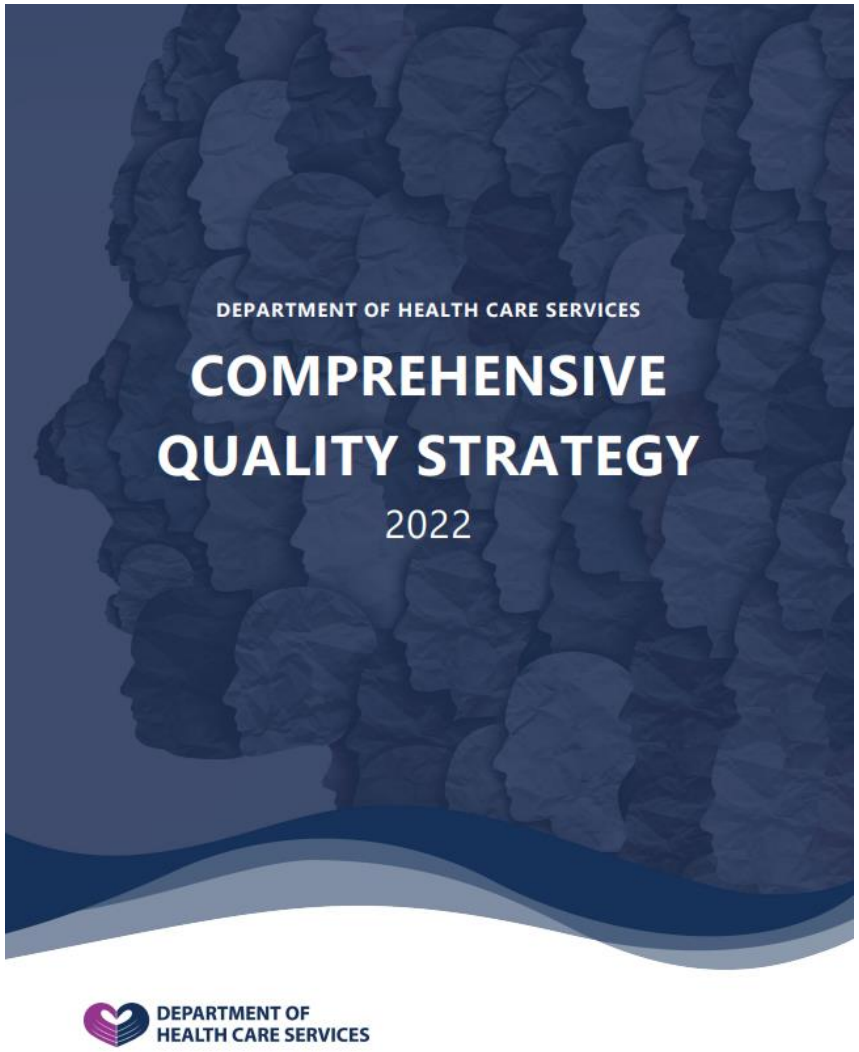
# The State's Comprehensive Quality Strategy





SOURCE: DHCS

# Statewide Strategies for Children and Families

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

*March 2022*

DEPARTMENT OF HEALTH CARE SERVICES


SOURCE: DHCS





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# Other Medi-Cal Changes in California

- New Medical benefits
  - **Doula services as a covered Medi-Cal benefit** (January 1, 2023)
  - **Dyadic care** benefits (January 1, 2023)
  - **Community Health Worker services** benefit (effective July 1, 2022)
  - Coverage of services for 90 days prior to release for justice involved populations (CalAIM) (staggered implementation January 2023 thru Sept. 30, 2026)
- Sanctions for Managed Care Plans Not Meeting Grow Up Healthy and Other Targets
- Continuous coverage of children for first five years (January 2025)
- Sunsetting and transition of the Child Health and Disability Prevention Program
  - **Health care program for children in Foster Care**
  - **Childhood Lead Poison Prevention Program**
  - **Gateway**

# Other Medi-Cal Changes in California (2)

- Aligning financial incentives
  - **Prop. 56 direct payments made permanent for developmental and ACE screening** incentivizing well child visits ($550 million, ongoing)
  - FQHC Alternative Payment Model and QI capacity building
  - Adjusting capitation based on performance to the minimum performance level (MPL)
  - New contract requirements stress quality and equity
  - Health equity and practice transformation payments
- Birthing Care Pathway
  - Care model, benefits, payment strategy to ↓ maternal morbidity, mortality and disparities
  - **Multiple stakeholders engaged in program design** (Clinical Care; Social Drivers, Member Voice Workgroups and Post-Partum Sub-group)
  - Report due Summer 2024

# Other Medi-Cal Changes in California (3)

- Medi-Cal Expansion
  - Expanding **Medi-Cal coverage to undocumented adults aged 50 years and older**, including access for In-Home Support Services
  - Extension of **Medi-Cal eligibility for postpartum individuals to 12 months** after birth (five years)
- Other
  - Anticipated Expansion of the CCS Whole Child Model
  - **County Managed Care Model changes** (Alameda. Contra Costa, Imperial, effective 2024)

# How Does All of This Affect Pediatric Care?

- Specific new benefits (reimbursement) to support children and families
- Opportunity to address social determinants of health (SDOH)
- Opportunity to advance equity and address disparities
- Focus and accountability on children's health measures, some with direct payments



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# What Are the Potential Risks?


Historic state budget deficit

Insufficient input from experts on children's health and wellbeing

MCPs may not be ready to manage unique aspects of child health

Inadequate and poorly prepared workforce

Data and technology capacity are critical

Resources to ensure and sustain implementation are vital

# SUMMARY OF NEW BENEFITS

## Dyadic Care Benefit (Jan-23)

- Covers **physical and behavioral health screenings and services for the whole family** (eligibility is based on child's Medi-Cal enrollment)
- Screenings include behavioral health, interpersonal safety, tobacco, substance misuse and SDOH (housing, food, etc.)
- Includes age-appropriate anticipatory guidance referrals, connections to community resources
- Dyadic services can be provided virtually or in-person with locations in any setting; ideally same day as the medical well-child visit
- Must be a **recognized Medi-Cal provider**, such as LCSW, LPCC, LMFT or other licensed provider
- **Children under age 21 can receive up to five family therapy** sessions before a mental health diagnosis is required.

## Community Health Worker (Jul-22)

- Allows for a non-licensed provider to support Medi-Cal beneficiaries with:
  - **Health education** to promote the beneficiary's health or address barriers to physical and mental health care
  - **Health navigation** to provide information, training, referrals, or support to assist beneficiaries in accessing care
  - **Screening and assessment** that does not require a license and assists a beneficiary to connect to appropriate services to improve their health.
  - **Individual support or advocacy** that assists a beneficiary in preventing the onset or exacerbation of a health condition or prevent injury or violence.
- DHCS Priorities (per All Plan Letter)
  - Support improved **access and utilization of children's preventive care services**
  - Support **improved birth outcomes by thru support of pregnant persons during the prenatal and postpartum period (12 months) in clinical and home settings**

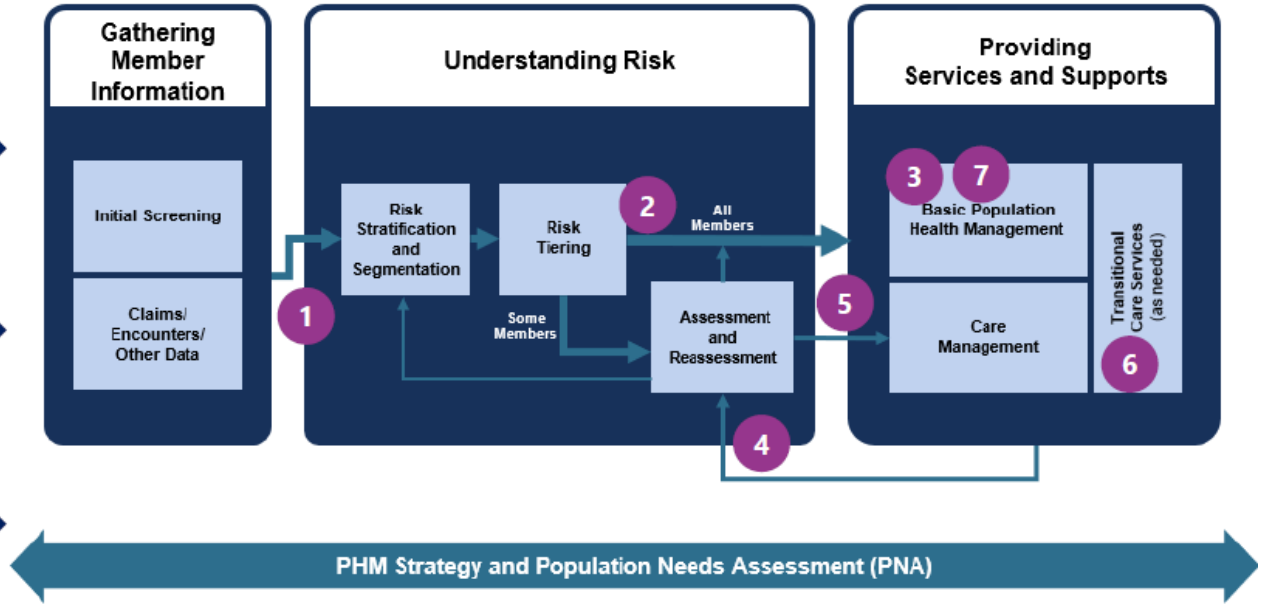
## Doula (Jan-23)

- Preventive personal support to women and families throughout a woman's pregnancy, childbirth, and postpartum experience.
- Includes emotional and physical support, provided during pregnancy, labor, birth, and the postpartum period.
- All pregnant women enrolled in Medi-Cal (fee for service and managed care members) are eligible with provider recommendation
- Pursuant to federal regulations, a physician or other licensed practitioner must recommend doula services.

# CalAIM Population Health Management

## Member Vignette: PHM in Action

1. Linda has her first prenatal appointment;
2. Her provider does a history and physical, diagnosing her with gestational diabetes. Her health plan receives the information.
3. A care coordinator from Linda's health plan reaches out and connects Linda to WIC services and a doula
4. At 28 weeks, Linda is diagnosed with high blood pressure and depression, referred to a high-risk pregnancy specialist, and
5. enrolled in Complex Care Management (CCM).
6. At 37 weeks pregnant, Linda is diagnosed with preeclampsia and admitted for labor induction. Supported by her doula, she delivers her healthy son, Jacob. Her CCM care manager helps with the transitions from hospital.
7. Linda's health conditions have resolved. Linda and Jacob receive dyadic services during Jacob's well-child visits. Linda no longer needs support from CCM. Her plan continues to monitor and support her family through BPHM.



# References


- All Plan Letters APL 23-016 - The updated policy for developmental screening is included in https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-016.pdf
- APL 23-017- The updated policy for ACEs screening is included in https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-017.pdf
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- Children and Youth Behavioral Health Initiative (CYBHI) main webpage can be accessed at https://cybhi.chhs.ca.gov/
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- Department of Health Care Services. Comprehensive Quality Strategy 2022. Accessed on February 26, 2024 https://www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf
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- Department of Health Care Services. Millions of Children in Medi-Cal are not Receiving Preventive Health Services. March 2019. Accessed on February 12, 2024 https://www.auditor.ca.gov/pdfs/reports/2018-111.pdf
- U.S. Department of Health and Human Services Office of the Inspector General. More than One Third of Medicaid Enrolled Children in Five States Did Not Receive Required Blood Lead Screening Tests. OEI-07 – 18-00371. Accessed on February 12, 2024 https://oig.hhs.gov/oei/reports/OEI-07-18-00371.pdf

# FAQs

1. What is the status of direct payments to Medi-Cal providers for conducting developmental screening?

Providers are still able to access direct payments for developmental screening (and ACEs screening). This is because the California Budget Act of 2021 authorized continued funding for those payments even after the sunset date (December 31, 2021) of regulations stipulating use of tobacco tax revenue (from Prop 56). To be eligible for these payments, Medi-Cal providers must provide developmental screening in accordance with the American Academy of Pediatrics/Bright Futures periodicity schedule (at 9, 18, and 30 months of age and when medically necessary based on developmental surveillance); utilize age-appropriate, qualified, standardized developmental screening tools, adhere to requirements for discussion of results with the caregiver, medical record documentation, encounter data coding (i.e., CPT code 96110 without the KX modifier) and submission requirements.





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# FAQs

2. How is California performing in terms of conducting developmental screening on children enrolled in the Medi-Cal program?

Between 2019 and 2022, several reports at the state a national level highlighted the gaps in preventive care services, including developmental screening for children in the Medi-Cal program.

a) The Auditor of the State of California (March 2019) reported that an annual average of 2.4 million(nearly half of Medi-Cal enrolled) children do not receive required preventive services. At the time of the report, the utilization rate for children's preventive services in California ranked 40th in the country. A follow-up audit in 2022 indicated that millions of Medi-Cal enrolled children are still not receiving preventive services.

# FAQs

b) A report of the Office of the Inspector General of the US Department of Health and Human Services (October 2021) revealed that 38% of children in a five-state analysis that include California, did not receive required blood lead screening at 12 and 24 months of age (in CA, only 42% and 27% received blood lead screening at 12 and 24 months, respectively). Blood lead screening can be viewed as a proxy measure for preventive services including developmental screening.

# FAQs

c) In a report on the Accountability for Medi-Cal Children‘s Preventive Services (May 2021), Children Now analyzed data from the California Department of Healthcare Services 2020 Preventive Services Report and identified low rates of children’s preventive services, specifically citing well child rates (by 15 months) at 26% and child and adolescent well child visits at 51%. Moreover, the report indicated that preventive care utilization rates for children of color were disproportionately lower compared to white children and the State’s average.

d) In general, rates for developmental screening in the first three years of life have shown some improvement over time, but are still abysmally low (25.9% in MY 2019, 23.11% in MY 2020, and 28.8% in MY 2021). Managed Medi-Cal Quality reports can be found here.

# FAQs

3. We've been discussing the need for improvements in developmental screening rates for many years. What is being done at the state and local level to move the needle on efforts to improve developmental screening rates?

Among the initiatives driving improvement in developmental screening rates are:

a) The developmental screening measure (Developmental Screening in the First Three Years of Life) will be held to a minimum performance level (MPL) in measurement year (MY) 2023 (the MPL will be set at 50%ile for the national HEDIS measure). As part of the State's Comprehensive Quality Strategy plans will be rewarded or financial sanctions levied depending on the number of measures achieving the MPL in any given domain.





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# FAQs

b) Direct payments for developmental screening are being continued (see FAQ #X).

c) In support of health equity efforts, reporting on performance measures and other data capture efforts will be required to include race, ethnicity, language, sexual orientation and gender identity (SOGI).

d) New benefits are now in place, including dyadic care, which encourages evidence-based approaches that position the primary care environment as the setting for identifying and intervening in behavioral and relational challenges in a family (including developmental issues), even before a formal diagnosis is made. Community health workers (CHW) may support developmental screening and identification of developmental concerns in home visiting, primary care and other settings (e.g., by supporting caregiver completion of screening tools, or linking children and families with well child appointments).

e) Data Sharing and related technology initiatives to optimize capture of data on developmental screening.

f) At the local level, some MCPs utilize pay for performance incentives and support provider training about developmental screening. Additionally, counties and First 5 Commissions may support Health Me Grow, home visiting and other initiatives that support developmental screening.





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THANK YOU

# QUESTIONS

# L.A. Care PCE Program Friendly Reminders

**Friendly Reminder,** a survey will pop up on your web browser after the webinar ends. Please do not close your web browser and wait a few seconds, and please complete the online survey.

***Please note:*** ***the online survey may appear in another window or tab after the webinar ends.***

Upon completion of the online survey, you will receive the PDF CME or CE certificate based on your credential, verification of name and attendance duration time of at least 75 minutes, ***within two (2) weeks after today's webinar.***

***Webinar participants will only have up to two weeks after webinar date to email Leilanie Mercurio at lmercurio@lacare.org to request the evaluation form if the online survey is not completed yet. No name, no survey or completed evaluation and less than 75 minutes attendance duration time via log in means No CME or CE credit, No CME or CE certificate.***

## *Thank you!*