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Introduction

Good afternoon Chairman Gray and members of the Committee. My name is Sharra E. Greer. I am the Policy Director at Children's Law Center¹ and a resident of the District. I am testifying today on behalf of Children's Law Center, which fights so every DC child can grow up with a loving family, good health and a quality education. With more than 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 9 children in DC's poorest neighborhoods – more than 5,000 children and families each year. Almost every one of our clients is a Medicaid beneficiary.

I appreciate this opportunity to testify regarding the performance of the Department of the Health Care Finance (DHCF) over this past year. As you know, DHCF is the Medicaid agency for the District. Approximately 99,000 children and youth under 21 years of age are enrolled in the District's Medicaid program.² A properly functioning Medicaid system is not only vital for ensuring the physical and mental health of DC's children, but it is also the backbone of our early intervention and child welfare systems -- providing the services that ensure children reach developmental milestones, aid their academic achievement and reduce their stay in foster care. DHCF has consistently been a well performing agency. This year continues that trend, although there have been a few challenges.

Utilization of Mental Health Services

After many years of improved data on mental health utilization, this year there was a decrease in the number of children receiving services. During FY17 12% of children on Medicaid received a mental health service – down from 16% of children in FY16.³ Given that the need is estimated at 20%, this decrease is concerning.⁴ In addition, for the last three years there was a steady increase in per child per month spending on children’s behavioral health services by the Medicaid Managed Care Organizations (MCOs). When the reporting began in FY13, DHCF described MCOs’ medical spending for behavioral health services as “negligible.”⁵ MCOs in FY16 were spending on average \$16.29 per child per month for behavioral health services.⁶ This year, we do not have that data. Nearly 70 percent of children on Medicaid receive their care through one of the MCOs so insuring they are providing timely appropriate services is key.⁷

Connecting children to appropriate mental health services is one of the greatest barriers to success for our clients. We hope that this dip in services and lack of data is not indicative of a trend and hope to work with DHCF to understand these changes.

School Based Mental Health

One of the best ways to improve access to mental health care is to provide services where children are. Counseling services in school or at the school building can make a huge difference for the children who need them. In addition, prevention

services and lower level services provided in school can help children from escalating and needing high level and acute services. We know that the Task Force on School Mental Health created by this Council is currently working on a report due March 1, 2018 on how to expand school based mental health services.⁸ A key component of the expansion contemplated is being able to bill services to Medicaid. DHCF coordination with this effort will be critical to success.

In addition, DHCF has tried to take steps to increase reimbursement for services provided at school. Last year we commented on two efforts, one has moved forward and it appears the other will not be successful. DHCF has been working to implement a program where DC Medicaid providers can be reimbursed for services delivered through telemedicine.⁹ Telemedicine can be used at schools to bring providers to the students. While not only for mental health, this has the potential to make more services available and affordable.

Unfortunately, it appears that efforts to clarify the scope of Medicaid reimbursement available for services provided to Medicaid-enrolled students receiving medical services at District schools, regardless of whether the child has an individualized education plan are not going to be fruitful. DHCF states that the contemplated change in policy would not increase Medicaid funding and actually cost money.¹⁰

Integration of Primary Care with Developmental and Behavioral Health Care

There has been continued progress in the integration of children's mental health with primary care. The Division of Children's Health Services, under the leadership of Associate Director Colleen Sonosky, continues to take steps to improve the integration of primary care with developmental and behavioral health care.¹¹

Much of this work has been done with the DC Collaborative for Mental Health in Pediatric Primary Care, a public/private partnership, including: Children's Law Center, Children's National Health System, the American Academy of Pediatrics, Georgetown University, Department of Behavioral Health, and the Department of Health. One of the goals of this project is to ensure that pediatricians are screening children for mental health needs using standardized screening tools. The number of children being screened is up dramatically – from 5,020 in 2013 to over 50,000 in 2017.¹² This is a remarkable achievement.

DHCF is also a key partner coordinating DC MAP (Mental Health Access in Pediatrics), a DBH-funded program to provide assistance to pediatric primary care providers who need mental health consultation for a beneficiary during a well-child visit.¹³ Staffed collaboratively by a team of mental health clinicians (psychiatrists, psychologists, social workers, and a care coordinator) from Children's National Health System and MedStar Georgetown University Hospital, the DC MAP team program offers consultation and training to primary care pediatric practices to manage the

mental health concerns of children and their families.¹⁴ Since its launch in 2015, this program has responded over 1,000 inquiries and requests for assistance.¹⁵

Finally, DHCF continues its work with the State Early Childhood Development Coordinating Committee (SECDCC), as co-chair of the subcommittee on Health/Well-being. This working group of government agencies and pediatric coalitions meets quarterly to improve children's health utilization and outcomes, as well as meeting key school readiness outcomes. A focus of this work is integrating pediatric primary and developmental and behavioral health care.¹⁶

Enabling pediatricians to be part of treating and identifying mental health problems is critical, because in DC and throughout the country, there is a shortage of mental health providers, especially child psychiatrists. All of this continuing work to integrate primary care with developmental and behavioral health care will lead to early identification of problems, earlier treatment and ultimately better outcomes for children.

Increased Medicaid Funding for Early Intervention

Years of research show that a child's earliest experiences play a critical role in brain development.¹⁷ High quality early intervention services to young children who have, or are at risk for, developmental delays have been shown to positively impact outcomes across developmental domains, including: health,¹⁸ language and communication,¹⁹ cognitive development,²⁰ and social/emotional development.²¹ The

majority of children receiving early intervention services catch up to peers.²² Children who do not receive the specialized support they need as infants and toddlers have a much harder time making up lost ground later.²³

The DC Early Intervention Program (EIP), within the Office of the State Superintendent of Education (OSSE), meets the needs of DC's infants and toddlers with developmental delays by providing evaluations, individualized plans for services, and service coordination to ensure that services from a variety of funding sources, including Medicaid, are delivered timely. The *Enhanced Special Education Services Act* made more infants and toddlers eligible for early intervention so that they will receive the help they need when it will be most effective.²⁴ The legislation expanded eligibility to infants and toddlers if they have a 25% delay in just one developmental area.²⁵ While this Act has not yet been fully funded, it is our expectation and OSSE's that this expansion will be funded and the new eligibility criteria will go into effect in July 2018.²⁶ Fully utilizing Medicaid for the program would reduce the local dollars necessary.

One barrier has been that OSSE, which provides many of the early intervention services, has not been able to bill Medicaid for these services. As of FY16, OSSE became a public provider enrolled in Medicaid and the expectation was the OSSE would begin to be able to claim for early intervention services in FY17.²⁷ This has been delayed, billing is now expected to begin in FY18.²⁸ We urge DHCF and OSSE to continue to work together to maximize federal funding for this program.

Lack of Clarity Around Access to Maternal Health Care

New contracts were awarded for Medicaid Managed Care Organizations. This resulted in three of the four MCOs returning - AmeriHealth DC, Trusted Health Plan and Health Services for Children with Special Needs (HSCSN) which serves disabled children up to age 26. The fourth MCO MedStar Family Choice did not receive a contract and a new MCO, Amerigroup, began serving DC residents October 1, 2017.²⁹

This transition did have some hiccups. There was some confusion as MedStar members were transferred. Some of our clients experienced breaks in continuity of care because MedStar providers would not accept their new plan. The most significant impact was revealing a lack of access to maternal health services. Medstar Washington hospital at first would not accept any MCO plans, but now is accepting Amerihealth. However, pregnant women with other plans can't use Washington Hospital's services. Unrelated to the MCO contracts, several other Medicaid accepting maternity wards, Providence Hospital and United Medical Center both closed.³⁰

DHCF in its oversight answers indicates that Medicaid recipients can access both prenatal care and delivery services at five (5) DC hospitals, including George Washington (GW), Georgetown, Howard, Sibley, and MedStar Washington Hospital Center (WHC).³¹ However, under what plan you can access which services at what hospital is unclear. We know WHC only accepts one MCO. A review of the MCO web pages seems to confirm that none of them are accepted at all five and some have closed

facilities listed as options. Many of our clients are finding it difficult even with the help of a lawyer to navigate access. In addition, many of the five (5) hospitals are very difficult to reach for our clients in Wards 7 and 8. Clarity of what resources are available to ensure prenatal services and continuity with delivery is needed.

Conclusion

Thank you for the opportunity to testify. I am happy to answer any questions.

¹ Children’s Law Center fights so every child in DC can grow up with a loving family, good health and a quality education. Judges, pediatricians and families turn to us to advocate for children who are abused or neglected, who aren’t learning in school, or who have health problems that can’t be solved by medicine alone. With more than 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 9 children in DC’s poorest neighborhoods – more than 5,000 children and families each year. And, we multiply this impact by advocating for city-wide solutions that benefit all children.

² DHCF FY17 Performance Oversight Responses, Q40.

³ DHCF FY17 Performance Oversight Responses, Q40 compare to DHCF FY16 Performance Oversight Responses, Q39. In FY15 11% of children received some form of mental health service. DHCF FY15 Performance Oversight Responses, Q50.

⁴ Department of Behavioral Health website states: “It is estimated that as many as one in five children and adolescents may have a mental health disorder that can be identified and require treatment.” <http://dbh.dc.gov/service/children-youth-and-family-services>.

⁵ Department of Health Care Finance (February 2014), *District of Columbia’s Managed Care Quarterly Performance Report: July 2013-September 2013*, p. 17.

⁶ Department of Health Care Finance (October 2016), *District of Columbia’s Managed Care Quarterly Performance Report: April 2016-June 2016*, p. 67.

<https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Managed%20Care%202nd%20Quarter%20Report%20CY2016.pdf>

⁷ DHCF FY17 Performance Oversight Responses, Q40.

⁸ School-Based Behavioral Health Comprehensive Plan Amendment Act of 2017, passed as part of the Fiscal Year 2018 Budget Support Act of 2017, Law L22-0033 Effective from Dec 13, 2017.

⁹ DHCF FY17 Performance Oversight Responses, Q34.

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- ¹⁰ DHCF FY17 Performance Oversight Responses, Q30. The change contemplated stemmed from Centers for Medicaid and Medicare Services (CMS) guidance that clarified that states could use Medicaid funds to pay for covered services furnished to Medicaid eligible beneficiaries when the provider did not bill the beneficiary or any other individuals for the services, or “free care”. See, <https://www.medicaid.gov/federal-policy-guidance/downloads/smd-medicaid-payment-for-services-provided-without-charge-free-care.pdf>
- ¹¹ DBH FY15 Performance Oversight Responses, Q37.
- ¹² Data on file with Children’s Law Center.
- ¹³ DHCF FY17 Performance Oversight Responses, Q37.
- ¹⁴ See, <http://www.dcmmap.org/>.
- ¹⁵ Data from DC Collaborative for Mental Health in Pediatric Primary Care/DC-MAP dated October, 2016 on file with Children’s Law Center.
- ¹⁶ DHCF FY17 Performance Oversight Responses, Q37.
- ¹⁷ National Research Council and Institute of Medicine, Shonkoff, J. & Phillips, D. A. (Eds.). (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press.
- ¹⁸ Center on the Developing Child at Harvard University. (2010). *The foundations of lifelong health are built in early childhood*. <http://developingchild.harvard.edu/resources/the-foundations-of-lifelong-health-are-built-in-early-childhood/>
- ¹⁹ American Speech-Language-Hearing Association. (2008). *Role and responsibilities of speech-language pathologists in early intervention: Technical report*. <http://www.asha.org/policy/TR2008-00290.htm>
- ²⁰ Hebbeler, K., Spiker, D., Bailey, D., Scarborough, A., Mallik, S., Simeonsson, R., & Singer, M. (2007). *Early intervention for infants & toddlers with disabilities and their families: Participants, services, and outcomes. Final report of the National Early Intervention Longitudinal Study (NEILS)*. <https://www.sri.com/work/publications/national-early-intervention-longitudinal-study-neils-final-report>
- ²¹ Landa, R. J., Holman, K. C., O’Neill, A. H., & Stuart, E. A. (2010). Intervention targeting development of socially synchronous engagement in toddlers with autism spectrum disorder: A randomized controlled trial. *Journal of Child Psychology and Psychiatry*, 52(1), 13-21.
- ²² Early Childhood Technical Assistance Center. (July 2015). *Child Outcomes Highlights for FFY 2013: Outcomes for Children Served through IDEA’s Early Childhood Programs*.
- ²³ Robert Wood Johnson Foundation. (2008). Issue Brief. *Early childhood experiences and health*. Retrieved from <http://www.commissiononhealth.org/PDF/095bea47-ae8e-4744-b054-258c9309b3d4/Issue%20Brief%201%20Jun%2008%20-%20Early%20Childhood%20Experiences%20and%20Health.pdf>.
- ²⁴ See *Enhanced Special Education Services Act of 2014*, DC Code § 38-2614.
- ²⁵ See *Enhanced Special Education Services Act of 2014*, DC Code § 38-2614.
- ²⁶ OSSE FY17 Performance Oversight Responses, Q106
- ²⁷ DHCF FY16 Performance Oversight Responses, Q18.
- ²⁸ DHCF FY17 Performance Oversight Responses, Q18
- ²⁹ DHCF FY17 Performance Oversight Responses, Q44. MedStar Health is currently appealing the contract award and the litigation is ongoing. https://www.washingtonpost.com/local/dc-politics/judge-blasts-districts-handling-of-medicaid-contracts-orders-re-evaluate/2017/12/13/b669898a-e02f-11e7-8679-a9728984779c_story.html?utm_term=.79a604e06b0e.
- ³⁰ Providence closed its maternity ward October 16, 2017 and United Medical Center was shut in August of 2017. https://www.washingtonpost.com/local/closure-of-two-dc-maternity-wards-hurts-low-income-women-most/2017/10/28/753e4dee-ad06-11e7-9e58-e6288544af98_story.html?utm_term=.9654fe8389ac.
- ³¹ DHCF FY17 Performance Oversight Responses, Q54.