

Recommendations of the Health and Early Intervention Committee

It is evident that the health of a child affects all aspects of his development. Research studies abound that document the connection between children's physical and mental health and their ability to mature into productive citizens. In the recommendations below the Healthy People 2010 model is cited as it provides a measure for success.

Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designated to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century. Healthy People 2010 objectives are identified by number below of each the primary activities to demonstrate and ensure consistency with national health promotion and disease prevention objectives.

1. The Governor directs the Director of the Division of Medicaid and the State Health Officer to utilize the expertise of nationally recognized expert, Sara Rosenbaum, Hirsch Professor of Health Law and Policy of The George Washington, University School of Public and Health Policy, Center for Public Health Services Research and Policy, to modify the existing Medicaid Plan to take full advantage of existing and any available matching resources to develop a comprehensive system of medical, developmental, and mental health services for infants, toddlers, and young children to age eight (8). Ms. Rosenbaum will assist in the development of a revision to the State Medicaid Plan to be completed no later than August 30, 2001.

Modification of the Medicaid Plan will allow the State to get maximum benefit from our generous matching rate. The "plan" modifications will address specifically:

- a. Increasing the number of primary care physicians and specialists who serve Medicaid and CHIP eligible infants, toddlers and young children to age eight (8) by 50% before the year 2005. In order to increase participation of physicians, reimbursement for Medicaid patients on all charges should be increased to 90% including inpatient charges. Additionally, mental health reimbursement is seriously below the usual and customary charges and should be increased to 90% of usual and customary charges.

Baseline: not available

Target:

Resource Issues:

Addresses: Healthy People 2010: 1-1, 1-2, 1-6, 16-6

- b. Increasing the number of Medicaid recipients with a "medical home" by 50% by 2005.

Baseline: not available

Target:

Resource Issues:

Addresses: Healthy People 2010: 1-4, 1-5, 1-6

- c. Developing a system to provide comprehensive and coordinated medical and developmental services for infants, toddlers, and young children to age eight (8) with special health, mental health and developmental needs and their families by 2003.

Baseline: 2% of the 0 to 3 population statewide. Approximately 3,500 infants and toddlers with special health care needs and their families are currently served.

Target: 5% or 6000 infants and toddlers 0 to 3 statewide.

Resource Issues: Lack of full time therapists, Physical Therapy, Occupational Therapy, and Speech Therapy. Poor or no reimbursement by Medicaid and CHIP. Education has minimal involvement (0-3 years). Lack of funds. Low reimbursement rate when paid by Medicaid. Medicaid has restrictive policies for use of Home Health therapists.

Addresses: Healthy People 2010: 1-1, 1-2, 1-5, 1-6, 1-7, 1-14, 7-7 thru 7-12

MSDH State general Infant and Toddler Funds can be used for match for (c.).

- d. Increase the number and appropriateness developmental screenings provided to for infants, toddlers, and young children to age eight (8).

Baseline: Medicaid total # EPSDT (FY 99) = 106,502 all ages. MSDH total # EPSDT (FY 99) = 44,897 all ages.

Target: One-hundred percent of the 0 – 8 Medicaid and CHIP eligible population in MS receive appropriate health and developmental screening according to American Academy of Pediatrics guidelines.

Resource Issues: No information specific to 0 to 8 years. Medicaid Annual report identifies a 34% drop in expenditures for EPSDT from FY 98 to FY 99 (\$7,454,339 to \$4,921,871). According to Medicaid the annual cost per beneficiary dropped from \$79 to \$46 from FY 98 to FY 99. Medicaid reports that 18% (\$18,808,814) of the total expenditures for Physician services were for children 0 – 8 during FY 99. Eleven-percent or (\$11,381,243) of the total expenditures to physicians were for infants birth to age 1.

Addresses: Healthy People 2010: 1-1, 1-2, 7-7, 7-10, 7-11, 16-14

- e. Effectively provide appropriate pre-natal, post-partum, and infant home visits to 75% of the Medicaid and CHIP eligible mothers in the state. Visits should include at a minimum: developmental screening, health screening, nutritional assessment, parenting skills assessment, appropriate health education on the previous issues, and referral as necessary. Up to four well-baby visits are to be reimbursed by Medicaid and CHIP to occur at a frequency consistent with AAP developmental milestones for the infants first year to begin by July 2002.

Baseline: Medicaid reports that 11,700 individual recipients received enhanced Perinatal High Risk Management (PHRM) services statewide for FY 99. MSDH reports 3971 postpartum home visits. Also during FY 99, through PHRM 7,811 individuals were screened and determined to be “at-risk.”

Target: PHRM and Postpartum home visiting, 100% of pregnant Medicaid and CHIP (depending on CHIP age limitations) recipients and their infants by 2005.

Resource Issues: Inadequate Staffing (Nurses, Nutritionists, Social Workers) within the MSDH.

Addresses: Healthy People 2010: 1-1, 1-2, 1-3, 7-7, 7-10, 7-11, 15-8, 15-9, 15-20, 15-25, 16

- f. **(Reference (3.) below)**
 - g. Require all children three years and younger who are in case status with Child Protective Services at The Department of Human Services for evaluation of suspected abuse or neglect be referred for a developmental-behavioral screening under Part C of the Individuals With Disabilities Education Act.
Resource Issues: Inadequate staffing. Lack of funds under the current funding formula.
2. The Governor directs/supports legislation that mandates the State Department of Health to coordinate with the Departments of Mental Health, Education, Human Services, Medicaid, University Medical Center, Academy of Pediatrics and others as deemed appropriate to implement a well-child and school readiness screening to be administered to every five year old child prior to school entry to begin July 2002.

Model: Florida School Readiness Legislation resulted in the development of a plan whereby children entering kindergarten are being assessed in three areas: health, mental health and on factors such as language and problem solving . This will be done to determine those at risk for developing emotional, cognitive, learning, and other developmental delays or long-term mental or developmental disabilities or conditions. The legislation also directed a study to be done to document appropriate early interventions that would result, if implemented, in a more productive life for children who qualify as well a reduction in cost savings to public systems such as the criminal justice and child welfare systems. Currently the plan is being piloted to determine the effectiveness of the data collection .The approximate cost is \$6 per child which includes the training of kindergarten teachers to administer sections of the assessments. A system such as this would require additional funding to be implemented. In 1999-2000 38,133 children were enrolled in public kindergarten. An approximate cost using those figures is \$228,798 per year for assessment of the children.(FL Senate Bill 1264e1.)

3. The Governor directs all state agencies to increase/maintain efforts to enroll every eligible child in the CHIP so that by January 2002, 85% of eligible children are enrolled

and by January 2004, 98% are enrolled. Additionally, the Governor directs the Office of Insurance and the Division of Medicaid to overcome any continuity of care issues when moving from Medicaid to CHIP (or vice-versa). Currently approximately 25% of eligible children are enrolled.

4. The Governor directs/supports legislation that mandates the Department of Mental Health to develop a plan for the implementation of programs that comprehensively address the need for community-based family focused mental health services and intervention programs. The Department of Mental Health shall utilize the expertise of the Departments of Health, Education, Medicaid, Institutions of Higher Learning, Board of Community and Junior Colleges, UMC, Human Services, Cooperative Extension Service, and additionally, Head Start, Early Head Start, a child care provider, a director of a families first family resource center, a parent of a child with diagnosed emotional disabilities, a director of a community based mental health center, a director of a mental health regional center, law enforcement, and a drug/alcohol rehabilitation program. The plan should be structured in such a way that it may be utilized as an essential part of State Medicaid Plan. The plan should incorporate mechanisms to utilize supervised psychiatric/psychology residents choosing to participate to provide information and limited counseling to pregnant women and mothers with children up to age 8 years. Services that are not completely covered for Medicaid reimbursement shall be submitted to the Governor for review with consideration for funding in the 2002 legislative session.