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**Testimony before the District of Columbia Council  
Committee on Health  
April 29, 2014**

**Agency Budget Hearing:  
Department of Health Care Finance**

**Judith Sandalow  
Executive Director  
Children's Law Center**

Good morning Chairman Alexander and members of the Committee. My name is Judith Sandalow. I am the Executive Director of Children's Law Center<sup>1</sup> (CLC) and a resident of the District. I am testifying today on behalf of CLC, the largest non-profit legal services organization in the District and the only one devoted to children. Last year, we provided services to more than 5,000 low-income children and families, with a focus on abused and neglected children and on those with special health and educational needs. Almost every one of our clients is a Medicaid beneficiary. In 2013, we helped 1 in 7 children living in poverty in Ward 7.

I am testifying today in support of the Mayor's proposed FY15 budget for the Department of Health Care Finance (DHCF). Seventy percent of children in the District, 97,000 children and youth under 21 years of age, were enrolled in the District's Medicaid program during FY12.<sup>2</sup> A properly functioning Medicaid system is vital not only 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.

The Department's budget has been increased by 6% for FY15, demonstrating the District's continued commitment to public insurance for our neediest residents.

One of the areas where we have seen much progress this year is the Department's initiative to improve the integration of children's health. One of the best

ways to detect developmental, behavioral and oral health issues early and ensure children receive proper care is to ensure pediatricians are trained and reimbursed to properly screen children for these issues. The FY15 proposed budget includes approximately \$900,000 in local dollars to support this initiative.<sup>3</sup> Once fully implemented, we are optimistic these screenings and the improved integration of children's health will lead to improved health outcomes for the District's children.

Among other things, these funds will support reimbursing pediatricians for screening children for mental health needs using standardized screening tools. Currently, over 100 pediatricians, representing clinics and health centers caring for over 80 percent of children insured through DC Medicaid, are being trained on how to use and implement mental health screening tools. DHCF is also working on a larger project to improve the billing procedures not only for mental health screening, but for the entire well-child visit.<sup>4</sup> DHCF is evaluating the changes needed to billing and reimbursement procedures to support this practice change. We look forward to continuing our work with the Department on this initiative.

Thank you for the opportunity to testify. I welcome any questions.

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1 Children’s Law Center works to give every child in the District of Columbia a solid foundation of family, health and education. We are the largest provider of free legal services in the District and the only to focus on children. Our 80-person staff partners with local pro bono attorneys to serve more than 2,000 at-risk children each year. We use this expertise to advocate for changes in the District’s laws, policies and programs. Learn more at [www.childrenslawcenter.org](http://www.childrenslawcenter.org).

2 Department of Health Care Finance, District of Columbia’s Managed Care Quarterly Performance Report (July 2013-September 2013), 3 (Feb. 2014). Approximately 97,000 children and youth under 21 years of age were enrolled in DC Medicaid at some point during FY12.

3 The budget proposed \$867,000 in local funds for “incentives for Early Periodic Screening, Diagnosis and Treatment,” DHCF FY15 Proposed Budget and Financial Plan, Table HT0-5 (E-178).

4 Per the Early and Periodic Screening, Diagnostic and Treatment (EPDST) benefit and the District’s periodicity schedule, children receive many different services during a well-child visit. The District’s current billing practices do not allow DHCF to confirm that all the components of the well-child visit were performed. DHCF is also unable to undertake analyses on any one component (e.g., developmental or mental health screen) or explain the need for enhanced diagnostic or treatment services. With this new billing manual, scheduled to be completed this spring many more details about what services children in the District are receiving will be available. DHCF FY13 Oversight Responses, Question 54.