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Testimony Before the District of Columbia Council
Committee on Health and Human Services
February 10, 2016

Performance Oversight Hearing
Department of Health Care Finance

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Introduction

Good morning Chairperson Alexander and members of the Committee. My name is Judith Sandalow. I am the Executive Director of Children's Law Center[1] 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 100 staff and hundreds of pro bono lawyers, Children's Law Center reaches 1 out of every 8 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 101,000 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. Under Director Wayne Turnage's leadership, the Department continued to make progress last year. More resources are being invested in children's mental health. Better information is being collected to help understand service needs and gaps

in service. Changes are being made to make expansion of services to more children with developmental delays easier. There is a lot more work to be done, but strides continue to be made in the right direction.

In my testimony today, I will highlight three main areas:

1) Improved utilization of mental health services;

2) Integration of primary care with developmental and behavioral health care; and

3) Increased Medicaid funding for early intervention.

Improved Utilization of Mental Health Services

Connecting children to appropriate mental health services and the lack of timely, quality and appropriate mental health services is one of the greatest barriers to success for our clients. One significant difficulty is that no one agency reports about and monitors all children receiving mental health services through DC Medicaid. Ninety percent of children on Medicaid receive their care through one of the three major MCOs - AmeriHealth DC, MedStar Family Choice, and Trusted Health Plan -- or through Health Services for Children with Special Needs (HSCSN) which serves disabled children up to age 26.[3] In addition to providing care for their beneficiaries' physical health needs, the MCOs are also responsible for providing office-based mental health services. However, for children diagnosed with serious mental illness and who need more intensive in-home therapies, the responsibility for providing those intensive services shifts to the Department of Behavioral Health's (DBH) provider network and

the payments shift directly to DHCF. Unfortunately, even though both the MCOs and DBH have been providing mental health care to the same group of children and families for many years, there has been insufficient coordination between them. This has resulted in many complications for providers and, ultimately, made it difficult for children and families to obtain services.

The complexity of the system also makes it quite difficult to get a comprehensive and clear picture of what mental health services children are receiving. As I mentioned at the oversight hearing for DBH, that Department only reports on the number of children being served through its Mental Health Rehabilitation Services (MHRS) system; DBH doesn't report any data or outcomes about the children who receive services through a Medicaid managed care organization (MCO).

The data both agencies currently report leaves us with an incomplete understanding of how many children are receiving what services. DHCF has made progress towards gathering data to provide a more robust picture of what mental health services children are receiving. We do know that more children are receiving a mental health service and that spending on mental health services for children by MCOs has increased. In large part this is due to DHCF's increased focus and reporting on MCO utilization for children's mental health in the last year and one half. When the reporting began in FY13, DHCF described MCOs' medical spending for behavioral health services as "negligible."[4] MCOs are now spending on average $13.86 per child

per month for behavioral health services.[5] This is compared to $10.94 last year and $6.25 when this number was first reported in February 2014.[6] DHCF's most recent report shows 8.7% of MCO members receiving a mental health service and an overall uptick in behavioral health utilization.[7] More than 11% of children on Medicaid are receiving a mental health service.[8] Although we are far from serving all the children who need treatment (DBH estimates as many as 20% of children and adolescents may have a mental health disorder that can be identified and require treatment), this is significant progress.[9]

Integration of Primary Care with Developmental and Behavioral Health Care

Another area where there has been progress is in the Department's integration of children's mental health with primary care. The Children's Division, under the leadership of Associate Director Colleen Sonosky, has made significant steps to improve the integration of primary care with developmental and behavioral health care. 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, American Academy of Pediatrics, Georgetown University, DBH, DHCF and the Department of Health.

One of the main goals of this project is to ensure that pediatricians are screening children for mental health needs using standardized screening tools. The pediatric practices serving 80% of the children on Medicaid have now been trained on a variety

of mental health topics, including how to implement the mental health screening tool adopted in DC.[10] In addition, last year DHCF implemented coding changes which required providers to bill separately for mental health screening to encourage use of the screen.[11] DHCF has held multiple trainings on the new billing requirements. Over 70 providers, including the four major provider groups that serve the majority of DC Medicaid children - Children's National Health System, Georgetown University, Unity Health Care, and Mary's Center- have been trained.[12] DHCF has created a reporting mechanism to track the adoption of the new code and receives quarterly reports from the MCOs on its use.[13]

In addition to tracking whether or not the screening tool is being used, DHCF can analyze whether children have been identified as needing mental health services and then can then track what services the children received.[14] The change is new and the number of pediatricians reporting is currently small.[15] Once more practices are reporting their data, it will provide real insight into the demand for services, what services are needed and whether children are receiving services.

Increased Medicaid Funding for Early Intervention

Years of research show that a child's earliest experiences play a critical role in brain development.[16] 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,[17] language and

communication,[18] cognitive development,[19] and social/emotional development.[20] The majority of children receiving early intervention services catch up to peers.[21] Research on early intervention programs shows that they produce long-lasting and substantial gains in outcomes, such as reducing the need for special education placement, preventing grade retention, increasing high school graduation rates, improving labor market outcomes, reducing social welfare program use, and reducing crime.[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] This expansion will require funding. Fully utilizing Medicaid for the program would make more local dollars available to serve more children.

The District is not currently billing Medicaid for all of the services being provided. For the majority of dually Medicaid- and DC EIP-eligible children on MCOs, DC EIP pays

for some evaluations and services when MCO processes have created delays or gaps in service provision or restricted the pool of possible providers for some therapies.[26] In addition, unlike in Maryland, service coordination is not billable to Medicaid. 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 will be able to bill for services it provides for the small number of children on Medicaid Fee for Service.[27] We urge DHCF and OSSE to work together to solve the problem that OSSE needs be able to bill for or be reimbursed for services provided for the larger number of children enrolled in Medicaid MCOs and continue to maximize federal funding for this program and make this necessary expansion of services. [28]

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 be the voice 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 100 staff and hundreds of pro bono lawyers, we reach 1 out of every 8 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] Department of Health Care Finance, FY15-16 Performance Oversight Questions, Question 50.

[3] Department of Health Care Finance, FY15-16 Performance Oversight Questions, Question 45.
[4] Department of Health Care Finance, District of Columbia's Managed Care Quarterly Performance Report (July 2013 - September 2013), 17 (Feb 2014). http://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Managed%20Care%201st%20Quarter%20Report%20FY2014_1.pdf
[5] Department of Health Care Finance, District of Columbia's Managed Care Quarterly Performance Report (January 2015 – June 2015), (Dec 2015). http://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Managed%20Care%201st%20and%202nd%20Quarter%20Report%20CY2015.pdf p. 56.
[6] Department of Health Care Finance, District of Columbia's Managed Care Quarterly Performance Report (July 2013-June 2014), 51 (Apr 2015). http://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Managed%20Care%20%28Financial%29%202014%20EOY%20Report.pdf. Department of Health Care Finance, District of Columbia's Managed Care Quarterly Performance Report (July 2013-Sept 2013), 43 (Feb 2014). http://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Managed%20Care%201st%20Quarter%20Report%20FY2014_1.pdf
[7] Department of Health Care Finance, District of Columbia's Managed Care Quarterly Performance Report (January 2015 – June 2015), (Dec 2015). http://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Managed%20Care%201st%20and%202nd%20Quarter%20Report%20CY2015.pdf p. 54.
[8] In a conversation February 8, 2016, DHCF Associate Director Colleen Sonosky advised Sharra E. Greer, CLC's Policy Director, that a different methodology using additional codes had been used to prepare the number of children receiving mental health services by DHCF for CLC's annual report on children's mental health. CLC will continue to work with DHCF on this revised number in future reporting and it is expected to be slightly larger than the number in response to Question 50.
[9] 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
[10] Department of Behavioral Health, FY15-16 Performance Oversight Questions, Question 43.
[11] Department of Health Care Finance, FY15-16 Performance Oversight Questions, Question 46. On October 27, 2015, DHCF sent pediatric providers Transmittal 15-39.
[12] Department of Health Care Finance, FY15-16 Performance Oversight Questions, Question 46.
[13] Department of Health Care Finance, FY15-16 Performance Oversight Questions, Question 46.
[14] Department of Health Care Finance, FY15-16 Performance Oversight Questions, Question 46.
[15] DHCF data reveals that in FY15 98 children screened positive for behavioral health needs using the new code. Of those, 26 received mental health services. Department of Health Care Finance, FY15-16 Performance Oversight Questions, Question 47.
[16] 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.
[17] 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/
[18] 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
[19] 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

[20] 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.

[21] Early Childhood Technical Assistance Center. (July 2015). *Child Outcomes Highlights for FFY 2013: Outcomes for Children Served through IDEA's Early Childhood Programs*.

[22] Karoly, L. A., Kilburn, R. M., & Cannon, J. S. (2005). *Proven benefits of early childhood interventions*. Santa Monica, CA: RAND Corporation. http://www.rand.org/pubs/research_briefs/RB9145.html. See also, Law, J., Todd, L., Clark, J., Mroz, M. & Carr, J. (2013). *Early Language Delays in the UK*. London, UK: Save the Children. (Citing studies from around the world about early language delay's connections with emotional or mental health concerns and later behavioral and criminal issues at pages 10-11.)

[23] Robert Wood Johnson Foundation. (2008). Issue Brief. *Early childhood experiences and health*. 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] Specifically, at least one Medicaid MCO has restrictive criteria for Applied Behavior Analysis (ABA) therapy (for children with Autism and other developmental disorders), which has resulted in no available providers. OSSE and DC EIP have paid for all ABA therapy for children on that MCO since wait lists or delays for services are not allowed.

[27] Department of Health Care Finance, FY15-16 Performance Oversight Questions, Question 48.

[28] Reimbursement to the Early Intervention Program is federally required, 34 CFR 303.510(b).