

2023 Annual Child Welfare Law Update

Children With Complex Needs: The Medicaid Perspective

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Origin of Medicaid

- 1962 Selective Service draft: 49.7 % failure rate
- 1963 JFK Task Force on Manpower Conservation
- 1964 report: Results linked health to poverty data
- 1965 Social Security Act:
 - Title XVIII Medicare
 - Title XIX Medicaid
- Impetus for Medicaid and EPSDT
 - Research with Early Head Start Demonstrations
 - Task Force on Manpower Conservation, JFK Sept 1963



1964 JFK Task Force on Manpower Conservation Findings

Disqualification resulting from:

- Musculoskeletal
- Vision disorders and hearing defects
- Psychiatric disorders
- Above combined for 44% recruits disqualified

Majority disqualified from poverty and often preventable or treatable conditions.



1965 SSA: Title XVIII (Medicare), Title XIX (Medicaid)

Medicaid originally for children in poverty and pregnant mothers

Medicaid Overview

2015 References: “Medicaid at 50”

Medicaid at 50: Overview of Medicaid and Uninsured

<https://files.kff.org/attachment/report-medicaid-at-50>

**Medicaid at 50: A Look at the Long-Term Benefits of
Childhood Medicaid**

https://ccf.georgetown.edu/wp-content/uploads/2015/08/Medicaid-at-50_final.pdf

Medicaid High Cost Areas

Rising: Pharmaceuticals, Hospitalizations, Long Term Care
Flat: Physician Fees, Spend on Children

Figure 1: Inflation Adjusted Medicaid LTC Expenditures 1990-2020

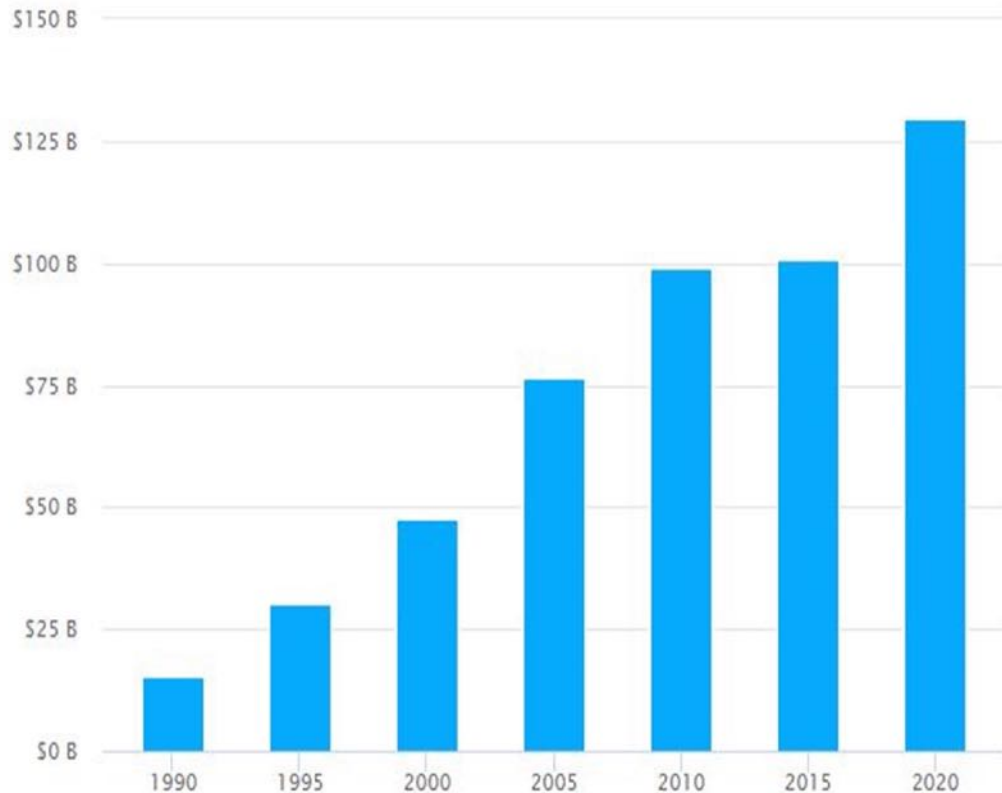
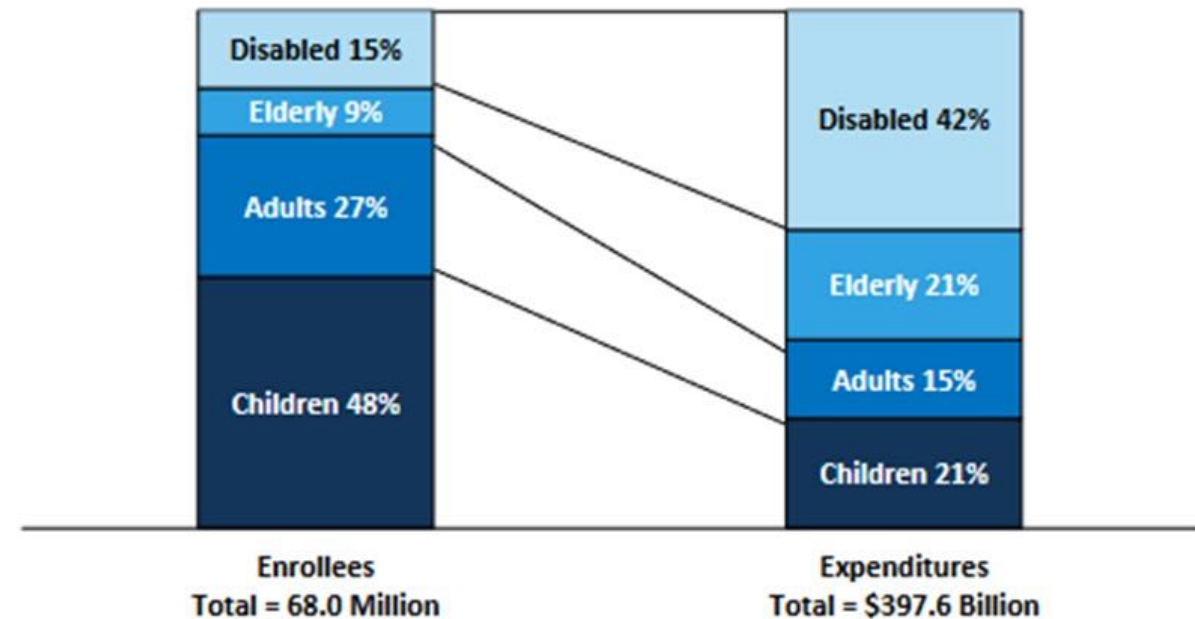


Figure 5

Most Medicaid enrollees are children, but most Medicaid spending is for the elderly and people with disabilities.



SOURCE: KCMU/Urban Institute estimates based on data from FY 2011 MSIS and CMS-64. MSIS FY 2010 data were used for FL, KS, ME, MD, MT, NM, NJ, OK, TX, and UT, but adjusted to 2011 CMS-64.

Medicaid
More intention and
attention to Keiki

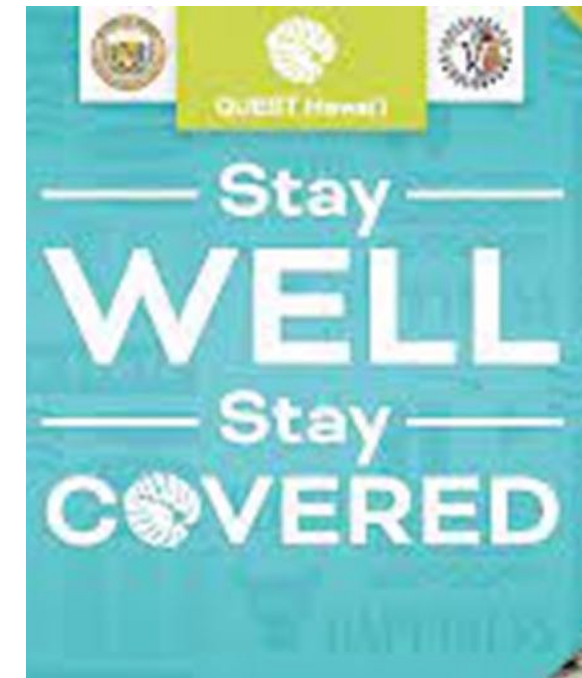
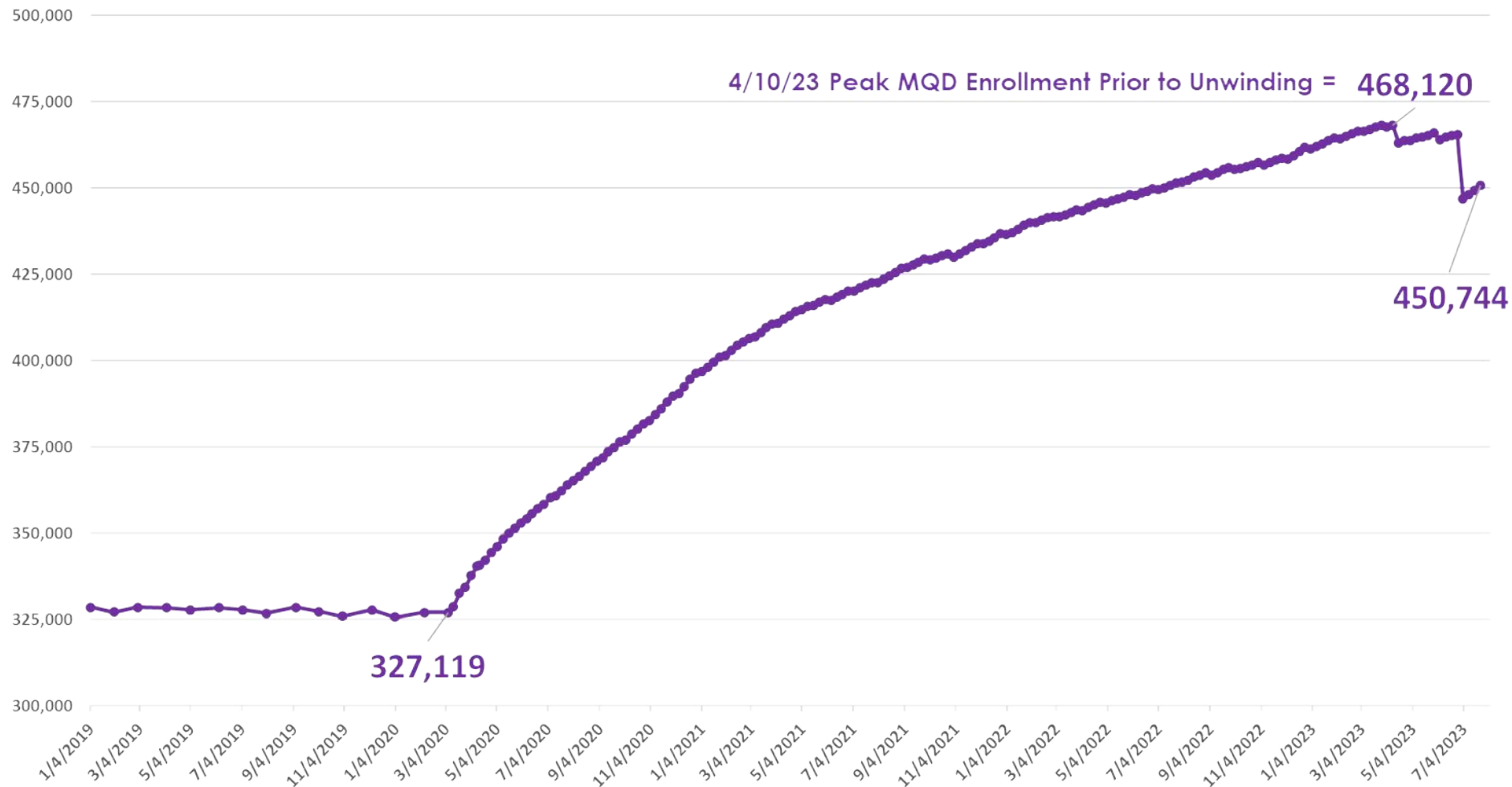
We can do more and we
can do better



Medicaid Eligibility

- Eligibility based on income relative to FPL
- Children < age 19 qualify with family/parent
- Children higher income limit than parents
- At age 19 individuals apply on their own
- CWS children qualify for medicaid automatically regardless of parental income. Hawaii resident.
- Former foster can qualify for medicaid to age 26





Med Quest Home Page: www.medquest.hawaii.gov

Stay Well Stay Covered:

www.medquest.hawaii.gov/en/members-applicants/already-covered/Stay_Well_Stay_Covered_Toolkit.html

Healthcare Payors : Inverse Relationship

[illegible]

Health Care is the only business model in which there is an inverse relationship between complexity and reimbursement

Medicaid Benefits

- Comprehensive health care benefits
- No copays for medicaid covered benefits
- If there is also commercial insurance, medicaid covers copay
- EPSDT for children under age 21



EPSDT

EPSDT:	<p>Provide medically necessary services to correct or ameliorate defects along with physical and mental illness and other conditions discovered by the screening services.</p> <p>In general, states define medically necessary services as those that: improve health or lessen the impact of a condition, prevent a condition, or restore health.</p> <p>Medical Necessity Definition: HAR 17-1700.1-2 Definitions</p>
Early:	Assess and ID problems early
Periodic:	<p>Well Child Check/Physicals as well as interperiodic screenings.</p> <p>American Academy of Pediatrics (AAP) Schedule/toolkits and periodicity schedule https://publications.aap.org/toolkits (AAP Bright Futures Schedule)</p>
Screening:	Physical, mental, developmental, dental, hearing, vision, immunizations, labs, health education, other.
Diagnostic:	Test to follow up from screening
Treatment:	Control, correct or reduce health problems

Medicaid

- Quest Plans: Comprehensive Health care Physical and Behavior Health
(~ 450,000 individuals, pre Covid 330,000)

Medicaid Carve Outs from Quest Plan

- SHOTT (Koan): Solid Organ and stem cell transplants (<100)
- CCS (Ohana): Adults with SMI
- Dental (HDS): Dental Coverage (~450,000)
- DDD (DOH): Medicaid Waiver or DD population
- CAMHD (DOH): Specialized BH for children
- EIS (DOH): Additional Services for 0-3 year old

Keiki Oral Health

- Hawaii ranks last among the 50 states for municipal water fluoridation
www.cdc.gov/fluoridation/statistics/2016stats.htm
- Hawaii Highest Rate of Childrens Tooth Decay in Nation:
Hawaii 71% vs 52 % national
- Hawaii Oral Health Disparities: Untreated Tooth Decay
By Income: NSLP 31% vs 13% not on NSLP
Micronesian 56%, Other PI 41%, Hawaiian 30%, Hawaii 22%
- Urgent Dental: NSLP 12%, not on NSLP 2%.
Children in poverty 6x risk for urgent dental.
Micronesian 30%, Other PI 23%, Hawaiian 7%



Community Case Management Corp (CCMC)

Case Management for Hawaii Medicaid Dental

- www.ccmchawaii.com/dental_program
- **If you or your children need help finding a dentist, please call CCMC at:**
 - **Oahu : 792-1070**
 - **Toll Free : 1-888-792-1070**
 - **Hours 7:45 am – 4:30 pm**
 - **Able to leave message before or after hours**
- **Medicaid covers free dental without copay.**
- **Medicaid covers preventive dental visit 2 x/year. Analogous to medical Well Child Check.**

States with the Largest Difference in Children Covered by Medicaid Rural Areas vs. Metro Areas, 2014-2015

Percentage of Children with Medicaid

State	Rural (%)	Metro (%)	Rural vs Metro Difference (% points)
Hawaii	48%	27%	21%
Virginia	44%	25%	18%
Arizona	54%	36%	18%
South Carolina	57%	41%	16%
Alaska	47%	31%	16%

Source: Medicaid in Small Towns and Rural America, Georgetown University Health Policy Institute, June 2017

	<u>Gen Pop</u>	<u>Medicaid</u>	<u>Kids Medicaid</u>
State	1.4 M (100 %)	350,000 (100 %)	160,000 (100 %)
Oahu	1.0 M (71 %)	212,000 (61%)	96,000 (60 %)
Big Island	190,000 (13 %)	73,000 (21 %)	33,000 (21 %)
Maui	160,000 (11 %)	43,000 (12 %)	21,000 (13 %)
Kauai	70,000 (5 %)	20,000 (6 %)	9,800 (6 %)

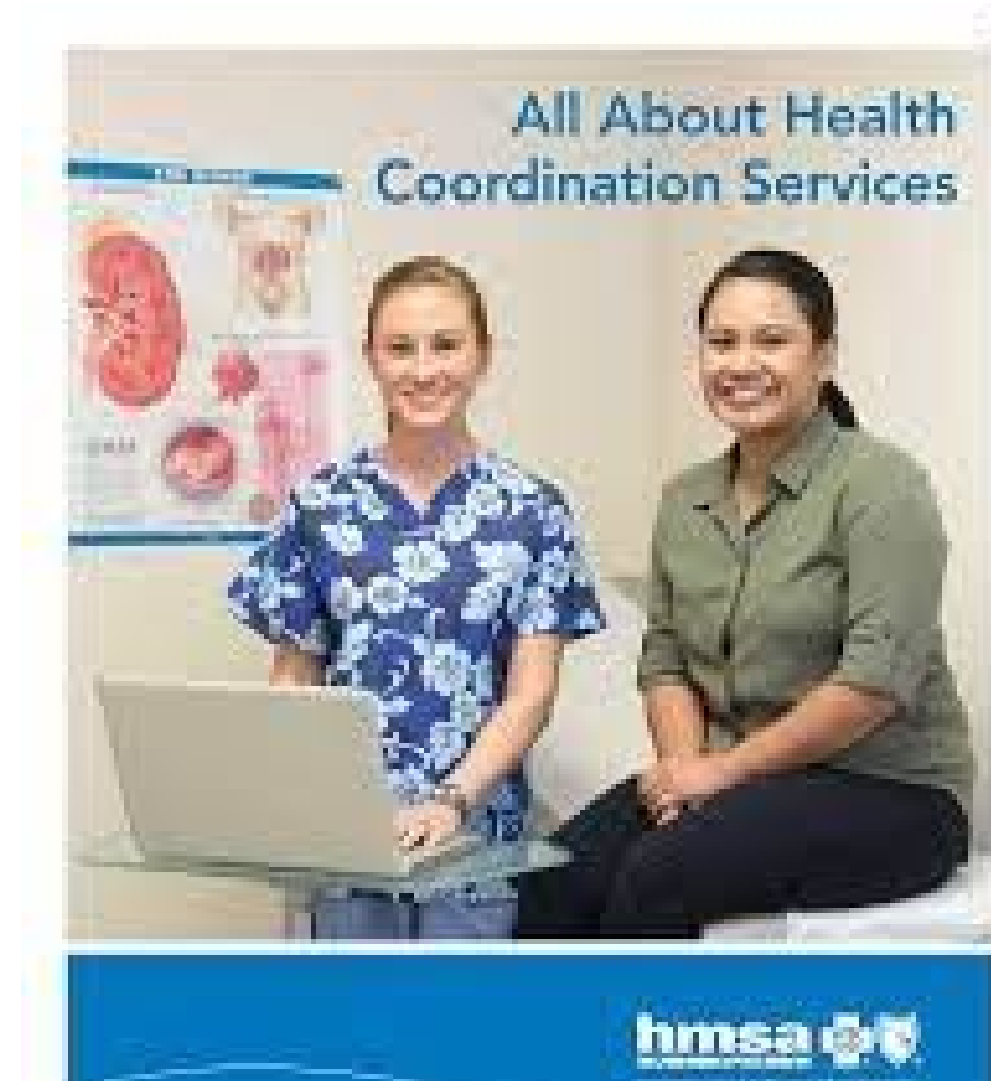
Quest Plan Health Coordinator

Medicaid Capitation to Quest Plans

- Medical Services
- Case Management (Health Coordinators)

Quest Case Management (HC)

- Helpful to have CM on payor side
- CM can be added by request
- CM can do functional assessment to see if services paid by Quest can be provided in home



Quest Plan Health Coordinator (HC) Escalation Process

If you don't already have a HC, can request for one

- 1) Work with Quest HC on case
- 2) Escalate up CWS, DDD, CAMHD in similar fashion
- 3) Add Quest HC Supervisor
 - For CAMHD Add FGC Supervisor and Clinical Lead
- 4) Add Quest HC Director and Quest Medical Director
- 5) Add MQD RN Sharon Thomas and Medical Director Curtis Toma

SThomas2@dhs.Hawaii.gov

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Assuming you have the benefit of time.

Extenuating cases may need escalation fast track.



EPSDT: Quest Plan Contacts

	Child and Adolescent Mental Health Division	DOH Early Intervention	DOH DD waiver	Child Welfare Services	EPSDT Coordinator
AlohaCare	Steven Balcom, BH Manager: sbalcom@alohacare.org	Elena Tangonan etangonan@alohacare.org (808)973-1548			
HMSA	Kim Fuke kimberly.fuke@carelon.com	Juanito Torres Juanito_torres@hmsa.com	Asha Mullikin asha_Mullikin@hmsa.com (808)224-0294	Geoff Mayfield Geoff_mayfield@hmsa.com	
Kaiser	Jennifer Riel Jennifer.k.riel@kp.org (808)282-3334				
‘Ohana	Carene Chrash carene.chrash@centene.com (808)286-4702				Joella Speelman Joella.Speelman@CENTENE.COM
United	Francisco Caballes Jr francisco.caballes@optum.com	Anna Crane (EIP) anna_crane@uhc.com (808) 332-0388			Evalani Miguel evalani_miguel@uhc.com

Medical Directors

AlohaCare Quest:	Gary Okamoto, MD	GOkamoto@alohacare.org
HMA Quest:	Brian Wu, MD	Brian_Wu@hmsa.com
Kaiser Quest:	Anthea Wang, MD	Anthea.X.Wang@kp.org
Ohana Quest:	Andy Lee, MD	Andy.Lee@centene.com
Ohana CCS:	Andy Lee, MD	Andy.Lee@centene.com
United Quest:	Denise Leonardi, MD	Denise.Leonardi@uhc.com
Koan SHOTT (Transplant)	Lynette Honbo, MD	LHonbo@koanrisksolutions.com
DOH DDD:	Ryan Lee, MD	Ryan.Lee@doh.Hawaii.gov
CAMHD:	FGC Clinical Lead	Vary by FGC
CAMHD Med Dir:	Kurt Humphrey, MD	Kurt.Humphrey@doh.hawaii.gov
MQD Med Dir:	Curtis Toma, MD	ctoma@dhs.Hawaii.gov
MQD RN:	Sharon Thomas, RN	stthomas2@dhs.hawaii.gov

CWS Complex Case and Medicaid

- DDD
- CAMHD
- Adult: Placement options if meet DDD or medical LOC criteria
- Children
 - Services to the home DDD/CAMHD/Quest
 - Quest: RN or Personal Assistance
 - Shortage agency support, can have QI plan help work on
 - Another option is self direct

Complex Case and CWS

- Move all processes upstream as much as possible
- Find which agencies may be helpful (CAMHD, DDD, EIS, MQD, DOE, Other DOH services).
- If not already enrolled, try and fast track eligibility (CAMHD, DDD, EIS, DOE).
- Find out who case manager is for each program, if none ask for one.
- Arrange interdisciplinary team meeting, recurring if needed.
- Rapidly escalate within each agency (CWS, CAMHD, DDD, MQD)
 - CM supervisors, FGC providers
 - CM Directors, Medical Directors (CAMHD, DDD)
 - MQD (MQD Sharon Thomas RN and Curtis Toma, MD)
 - Fast Track when needed
- Examples: Nursing Agency Shortage

Maslow's Hierarchy of Needs (original)



The Star Thrower

