

Policy for Children with Special Health Care Needs: Hot Topics

Tools for Today and Tomorrow

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April 4, 2008



Outline

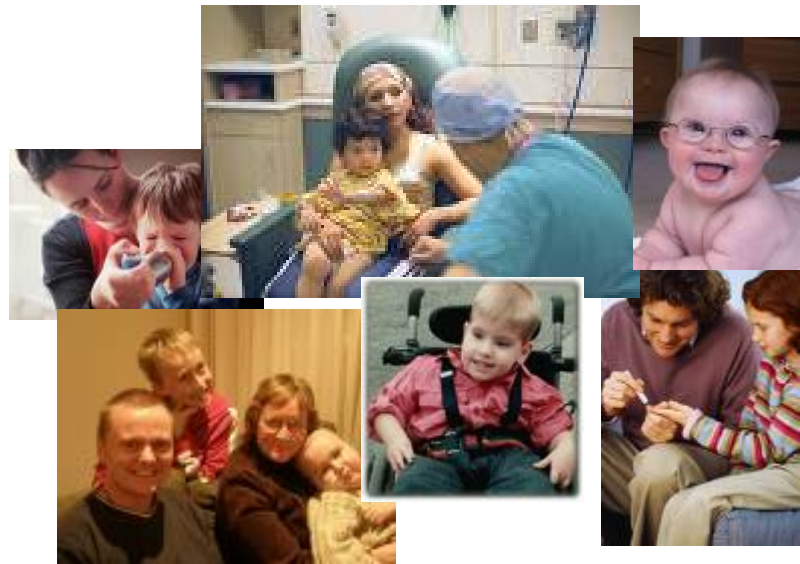
- Background
- Hot topics include
 1. State Children's Health Insurance Plan (SCHIP)
 2. Ohio: expand children's Medicaid eligibility
 3. Medicaid: new federal regulations
 4. Ohio Medicaid buy-in for CSHCN above 300% FPL
 5. Ohio Medicaid buy-in for disabled workers (16y+)
 6. Medical home initiatives
 7. Ohio project to increase developmental screening
- Policy and advocacy contacts

Children with special health care needs (CSHCN): Terminology

- Children having a chronic physical, developmental, behavioral, or emotional condition as well as a need for health and related services of a type and amount beyond that required by children generally.

(Newachek, 2000 based on Maternal and Child Health Bureau)

Policy has huge impact on CSHCN and their families



Policy has huge impact on CSHCN and their families

How can their families get support?
(social and health policy)

Do these children have health insurance
to access health care?

If not, are they eligible
for public insurance?

Will their insurance meet
their medical needs?
(scope of benefits)

Will their physicians
utilize best practices?
(quality)

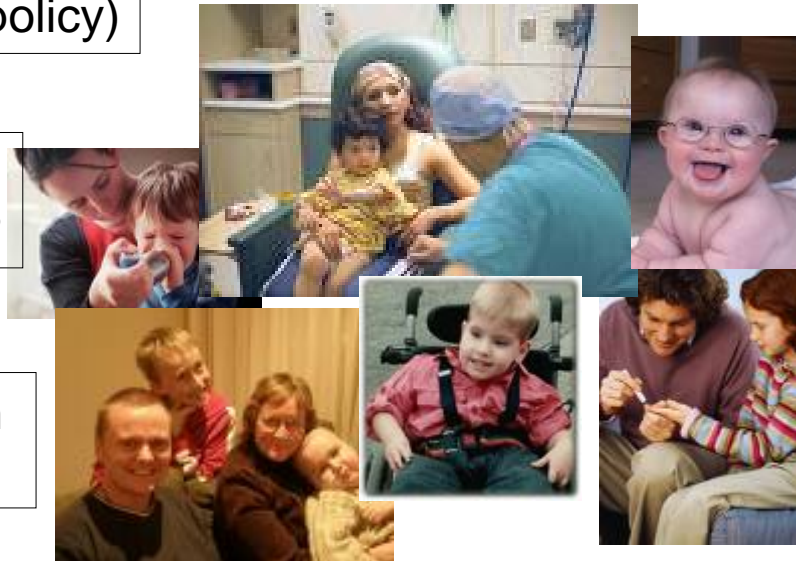
How to ensure that new
treatments for them are
safe and effective? (FDA)

Can we prevent
damaging
environmental triggers?
(public health)

Do they have medical homes?
(professional societies, state)

How will they obtain
best education?

What happens when
they become adults?



Health policy refers to the laws and rules that determine the system under which health care is delivered, health research is conducted, and health care is taught.

Why is health policy so important for CSHCN?

- Large and growing numbers of CSHCN
 - 16.2% in OH (445,000) 13.9% in U.S.(> 9 million)*
- CSHCN depend on health policies – esp. insurance and benefits
 - 1 in 11 uninsured all or part of past yr (7.1% OH)*
 - 1 in 5 uninsured CSHCN:
 - lacks usual source of care**
 - delays care due to cost**
 - 1 in 3 CSHCN: insurance does not meet needs*

* National Survey of CSHCN 2006; ** NHIS 1994-5

Children without health insurance

Number of Uninsured Children Rises

Census Figures Show 8.3 Million Youths Lacked Health Coverage in 2005

By [Christopher Lee](#)

Washington Post Staff Writer

Tuesday, September 5, 2006; Page A06

The number of uninsured U.S. children increased from 10.8% in 2004 to **11.2%** in 2005 and **12.1%** in 2006 (RWJF; CDF)

→ **9 million** uninsured children (2/3 eligible for public programs)

Public insurance is particularly important to CSHCN

- 1 in 4 U.S. children are now covered by public insurance
 - Medicaid 24 million
 - SCHIP 6 million
- More and more CSHCN have public insurance
 - 2001: 65% private, 22% public
 - 2006: 59% private, 28-35% public
(1% rise in unemployment → 0.43% rise in child uninsurance)
- Good outcomes

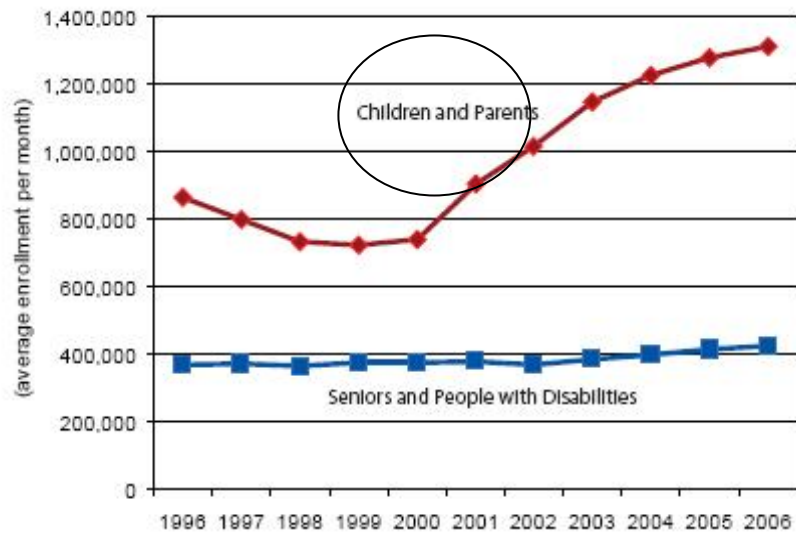
Scope of benefits is key for CSHCN

- **Medicaid**
 - broader coverage than most commercial ins.
 - prohibits exclusion for pre-existing condition
 - no waiting period for coverage
 - **E**arly **P**eriodic **S**creening **D**iagnosis **T**reatment is unique statutory requirement (**EPSDT**)



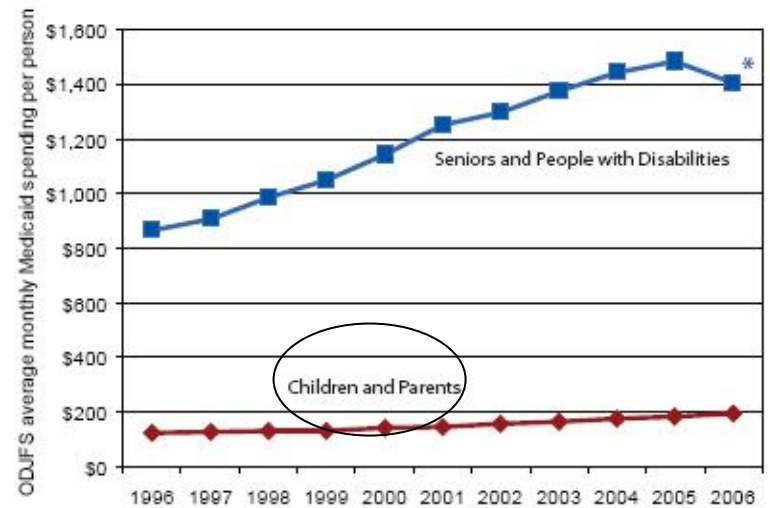
- Broad, comprehensive care
- Requirement that children actually receive care (public health nurses in community settings)
- Outreach, prevention, access, transport, etc

Ohio Medicaid Enrollment Trends



Source: Ohio Department of Job and Family Services.

Ohio Medicaid Per Member Per Month Spending Trends



Source: Ohio Department of Job and Family Services.

* This decrease in 2006 reflects pharmacy coverage moving to Medicare for dual eligibles.

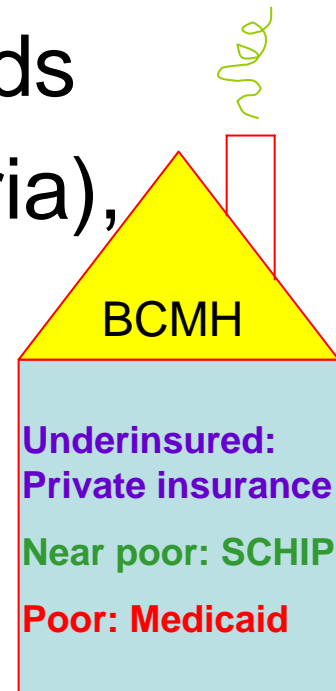
2 Main Public Insurance Programs

Medicaid (1965)	SCHIP (1997)
Larger (24 million)	Smaller (6 million)
Poor	Near-poor
Entitlement (all who qualify)	Block grant (limited funds)
Federal: State (~ 60:40)	Federal: State (~ 70:30)
EPSDT and many rules	More state flexibility
Federally mandated structure	Medicaid add-on (OH) or separate program

* Center for Medicare and Medicaid Services (CMS) is responsible for implementing federal statutes for Medicaid and SCHIP. States administer both.

Additional public program for CSHCN: Title V (Bureau for Children with Medical Handicaps, BCMH)

- To assure that CSHCN and families obtain comprehensive, coordinated care
- Provides financial aid and care management
- Block grant from HRSA plus state funds
- Diagnostic services (no financial criteria),
Treatment (sliding scale), and more



#1 Federal SCHIP Reauthorization: Policy Battles

Governors criticize provisions on SCHIP in fiscal year 2008 budget request from President Bush

Healthcare News
Published: Tuesday, 27-Feb-2007

Democrats Focus On President Bush's SCHIP Funding, Eligibility Proposals

Main Category: [Health Insurance / Medical Insurance News](#)
Article Date: 09 Feb 2007 - 7:00 PDT
[email to a friend](#) | [printer friendly](#) | [view or write opinions](#)

nyronpost.com

Beyond Health-Care Band-Aids

By Ezekiel J. Emanuel and Victor R. Fuchs
Wednesday, February 7, 2007; Page A17

It seems everyone has ideas for health-care reform. But the administration has proposed tax breaks to encourage the un-

Testimony of Dr. Lolita McDavid

March 1, 2007

Lolita M. McDavid, M.D., M.P.H.
Medical Director, Child Advocacy and Protection
Rainbow Babies and Children's Hospital
Located on the Campus of
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Cleveland, OH

"Health Coverage Through the Eyes of a Child"

Hearing by the
Subcommittee on Health
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC

WJSJ.com THE WALL STREET JOURNAL ONLINE

Republicans Hit Health-Care Rift

Bush Shift on Children's Insurance Leaves Some Candidates Cold

By DAVID ROGERS
May 3, 2007; Page A6

REVIEW & OUTLOOK

HillaryCare Installment

The Schip strategy for government-run health care.

Tuesday, April 24, 2007 12:01 a.m.

The New York Times

Expanded Health Program for Children Causes Clash

By ROBERT PEAR
Published: April 1, 2007

WASHINGTON, March 31 — The Bush administration says it will strenuously resist Democratic plans for a threefold expansion of the Children's Health Insurance Program, ensuring a clash with Congress over the most important health care legislation being considered this year.

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REPRINTS

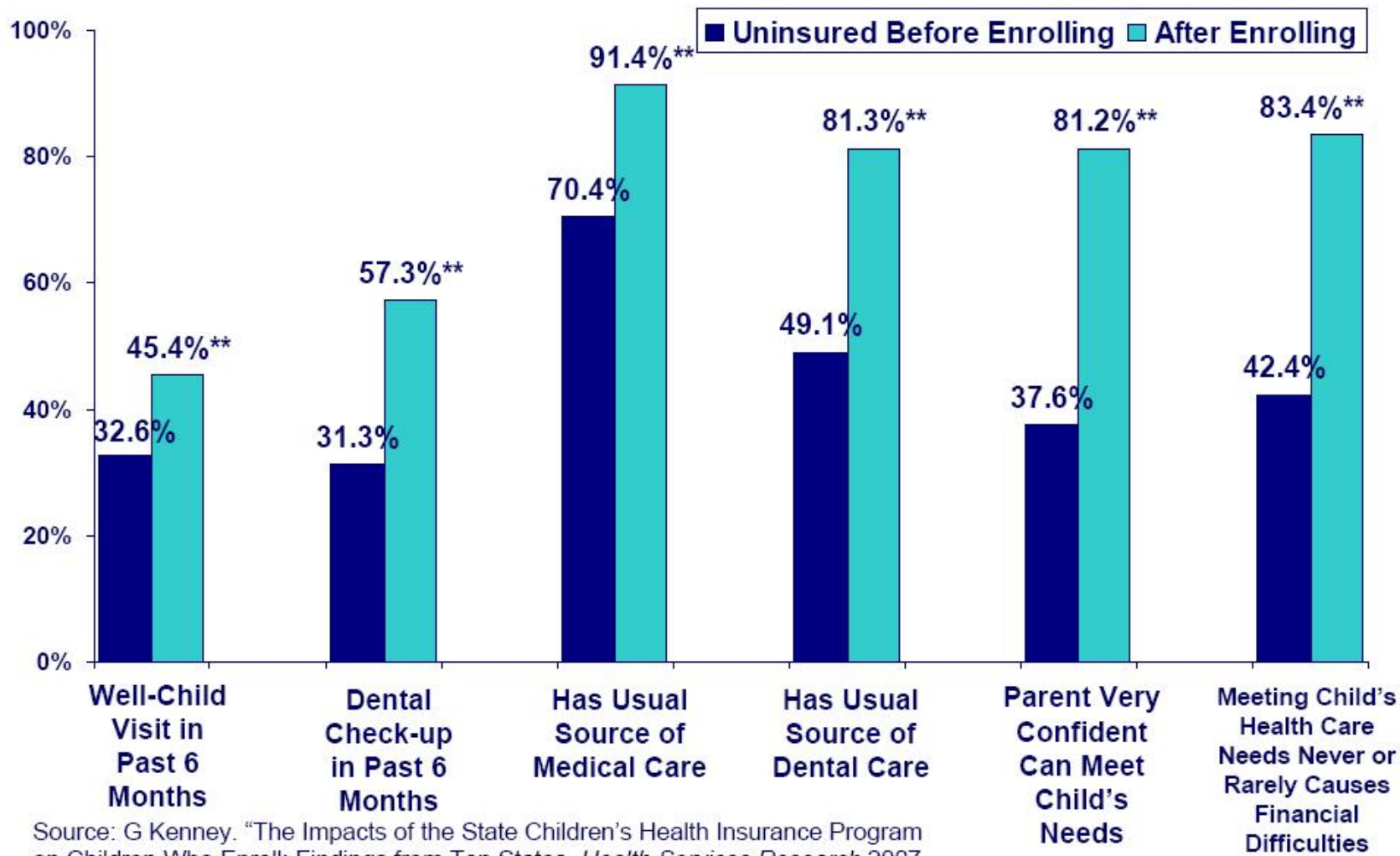
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Federal SCHIP Reauthorization

- Enacted 1997 as a bipartisan effort (10 yr)
- Generally agreed to be successful
 - 9.8% increase in CSHCN on public insurance
 - 6.4% decrease in uninsured CSHCN
 - 8% decrease in unmet needs for CSHCN
- Had to be reauthorized in 2007 to continue
 - 6 million children in SCHIP...cover more? less?

Effect of SCHIP on Previously Uninsured Children



Source: G Kenney. "The Impacts of the State Children's Health Insurance Program on Children Who Enroll: Findings from Ten States." *Health Services Research* 2007.

Note: ** significant at .01 level.

SCHIP Reauthorization (cont'd)

- Key issues:
 - income eligibility? cover adults? formula? cover more kids? crowd-out insurance? Ideology?
- Outcomes:
 - Congress passed twice...Pres. vetoed both
 - 12/07 Congress extended SCHIP funding to 3/09
- Reauthorization decision needed by **3/09**

SCHIP Epilogue and Next Steps

- Aug 2007 CMS regulations (anti-crowd out)
 - Prohibits SCHIP above 250% FPL *unless*
 - 95% poorest children enrolled
 - Assure no loss of employer-based coverage
 - Mandates a 12-month waiting period before eligible
 - Jan 2008 President's budget adds \$19.7 B ...not enough to expand coverage
 - Why was SCHIP not reauthorized in 2007?
 - divided government?
 - ideology?
 - other?
- *Next deadline 3/09*

The Proxy War — SCHIP and the Government's Role
in Health Care Reform

Sara Rosenbaum, J.D.

NEJM 2008

#2 Ohio Medicaid expansion to cover children above 200% FPL

- June 2007: Gov Strickland and state passed expansion to 300% FPL (\$60,000 family of 4; n=35,000)
 - Dec 2007: CMS denied approval for expansion
- Ohio vs. The Feds re Expanding Medicaid to Cover More Children**

Published by michael January 4th, 2008 in Medicaid.

NY Times
- Feb 2008: Ohio reapplied for expansion to 250% FPL

#3 Ohio Medicaid Buy-in for CSHCN: Families with Incomes >300% FPL

- For CSHCN when insurance unavailable or too costly
- Eligibility: age <19 yrs, uninsured for 6 mo *plus* at least 1 of the following criteria:
 - Cannot obtain insurance due to preexisting condition
 - Lost commercial insurance as exhausted lifetime benefit
 - Premium for insurance is >200% premium for this program
 - Participates in BCMH
- Premiums (\$ 250-500) and co-pays (sliding scale)
- Administered by- but not part of - Medicaid



Ohio Medicaid Buy-in for CSHCN: Families with Incomes >300% FPL

- April 1, 2008 (22,000 children eligible)
- Public hearing on permanent rules:
April 22, 2008 at 10 am
31st Floor, Riffe State Office Tower

Ohio Medicaid Buy-in for CSHCN:

<http://jfs.ohio.gov/OHP/cbi/>



**Children's Buy-In (CBI)
Program**

A new option in public health care coverage for certain uninsured Ohio children in working families.

Click here for more info.

> Benefits

Take a look at services for your child covered by CBI.

> Premiums

See what premiums might be for eligible children.

> Resources

CBI Publications, policy and other resources on the Web.

Apply Now!

#4 2007 CMS Regulations that affect Medicaid and SCHIP

- “Targeted case management”: restricts scope
- “School regulation”: eliminates federal funds for administering Medicaid services (e.g. enrollment, transport)*
- “Rehabilitation services regulation”: restricts scope of services eligible for federal match including therapeutic foster care and day habilitation for developmental disabilities*
- And more....

* Congress imposed moratoria until later 2008

Reactions to New CMS Regulations

- Cuts \$12 B (CMS) to \$50 B (Waxman report)
- Congress imposed moratoria on some
- Congressional hearing (Nov 2007)
- Dingell bill for 1 year moratorium (HR 5613)
- Reducing waste **vs.** using regulations instead of laws → shifting burden to states

Governors of Both Parties Oppose Medicaid Rules

By ROBERT PEAR
Published: February 24, 2008

NY Times

E-MAIL

CHILDREN WITH SPECIAL HEALTH CARE NEEDS
BEAR THE BRUNT OF THE ADMINISTRATION'S PROPOSED
ACTIONS TO LIMIT THE SCOPE OF MEDICAID

First Focus March 14, 2008

#5 Ohio Medicaid Buy-In for Workers with Disabilities

- Allows individuals with disabilities to earn income *and* maintain Medicaid coverage
- Eligibility
 - age 16-64 yrs
 - criteria for disability
 - earned income up to 250% FPL (\$26,000)
 - limited resources
 - requires premium
- CMS Approved → begins 4/1/08



#6 Medical Home for CSHCN

- Medical home: a partnership with families to provide care that is continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective
- Healthy People 2010 “*all CSHCN*”
- In Ohio, includes:
 - BCMH: policy on physician payment
 - BCMH: parent focus discussions
 - some primary care pilots
 - Invest in Children
 - Role of hospital for complex needs (Carolyn Green, RBC)

#7

Ohio Screening for Developmental Delay

- Although many of Ohio's Medicaid children are at high risk (16%-30%?) of developmental and emotional problems, few are being screened and <1/3 detected before school
- NASHP (National Academy of State Health Policy) grant project
 - Administered by ODJFS (H Doremus, K Reitz)
 - Follows successful programs in other states
 - Training, collaboration, and policies to gain broad use of a standardized screen for developmental delay at 0-6 yrs

Policy and Advocacy Contacts

- Visit, call, e-mail, write elected officials
- Personal stories are always best
- Send journal or research
- Register to vote
- Work with disease-specific advocacy group (e.g. March of Dimes, Diabetes Association)
- Work with general advocacy groups (e.g. Voices for Ohio's Children, Family Voices, Rainbow Office of Child Advocacy -Heidi Gartland)



Policy and Advocacy Contacts: Get Involved!

- **Elected Officials**

www.house.gov

www.senate.gov

www.whitehouse.gov

www.legislature.state.oh.us

www.governor.ohio.gov



- **Contact us**

- **The Center for Child Health and Policy at Rainbow**
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- Rainbow Office of Child Advocacy **(216) 844-3985**