



Care Coordination for Children in Medi-Cal

The Managed Care Obligation Couldn't Be Clearer— It's Time to Make It Work

Care is critical to connecting children and their families to comprehensive services and the necessary support to navigate multiple systems and providers. Medi-Cal managed care plans (MCPs) have an overarching obligation to provide care coordination for child and youth beneficiaries. While contracts between MCPs and the California Department of Health Care Services (DHCS) require plans to provide children's care coordination, the extent to which this is actually happening is not tracked or enforced. And yet it is clear that children's needs are not being met: California currently ranks 44th in the nation in access to care for children.

The Children's Partnership and the California Children's Trust prepared this snapshot in anticipation of the upcoming re-procurement of the commercial Medi-Cal MCPs, when for the first time in more than 15 years the state will rewrite its contracts with MCPs. This snapshot provides an overview of the current MCP care coordination obligation for all children in Medi-Cal, recommendations for improvement, and links to additional resources.

Needs of Children in Medi-Cal Are Not Being Met, Including Their Need for Care Coordination

Medi-Cal insures more than 5 million children—60% of all children in the state. Almost all children in Medi-Cal (96%) get their care delivered through a public or private MCP, making MCPs the central player in how vulnerable youth and their families are served.

At its core, this is an equity issue; 81% of children in Medi-Cal are children of color and they are not coming close to getting what they need or are entitled to in the program. According to a 2019 audit and a [2020 Preventive Services Report](#), only 50% of children ages 7–11 in Medi-Cal managed care had a well-care visit in 2019 and only 25% of adolescents got required screenings. California ranks in the lowest 10% of states for providing critical early behavioral, social, and developmental screenings, and 44th in the nation in access to mental health services for children.

California does not spend what it would take to meet the needs of children. Only 14% of Medi-Cal expenditures are on children, yet they represent nearly 40% of all beneficiaries. Medi-Cal is the primary form of coverage for California's children, particularly Black and Latinx children. The state must therefore require MCPs to invest more on children, and hold them accountable in doing so, if it is going to improve outcomes.

Of critical importance to this spotlight, the 2019 [National Survey of Children's Health](#) found 40% or 517,501 children with public health insurance in California who needed care coordination (approximately 1.2 million children) did not receive it.



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Promise of Care Coordination for Children

[Care coordination](#) refers to efforts by Medicaid programs to ensure that children and adolescents get the right care at the right time in the right setting by creating a bridge across multiple systems that serve children and families.

[States](#) have implemented or are designing a variety of integrated health care delivery systems and medical or health home models that include children. These include separate care coordination entities, managed care contracting strategies, and multi-faceted interventions to improve how clinical and psycho-social care for children is coordinated.

Without care coordination, children miss out on the full range of needed services to which they are entitled, including those that extend beyond physical and mental health, such as educational and social supports, and services that must be provided outside of the MCP's provider network by community based organizations or schools.

The Medi-Cal MCP Care Coordination Obligation Is Clear

Medi-Cal managed care plans are required by law under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate and obligated via their Medi-Cal contracts with DHCS to coordinate care. Requirements are also reinforced in an important August 2019 statewide All Plan Letter (APL) and in the Medi-Cal Provider Manual. Below are examples of key language that underscore the care coordination obligation.

DHCS All Plan Letter Reinforcing Language

[The DHCS All Plan Letter APL 19-010](#) clarifies the EPSDT care coordination obligation of MCPs in California as specified in “MCP Contract, Exhibit A, Attachment 11, Comprehensive Case Managements Including Coordination of Care Services.”

KEY LANGUAGE INCLUDES:

“Consistent with the MCP contract, MCPs must ensure the provision of Comprehensive Medical Case Management services including coordination of care for all medically necessary EPSDT services delivered both within and outside the MCP’s provider networks.”

“MCPs are also responsible for the coordination of carved-out and linked services and referral to appropriate community resources and other agencies regardless of whether the MCP is responsible for paying for the service. Services include medical, social, educational and other services.”

“MCPs are also required to provide appointment scheduling assistance and necessary transportation, including non-emergency medical transportation and non-medical transportation (NMT) to and from medical appointments for the medically necessary EPSDT services they are responsible for providing pursuant to their contracts with DHCS. Consistent with the requirements in APL 17-010, MCPs must provide NMT for all medically necessary EPSDT services, including those services that are carved-out of the MCP’s contract. MCPs are also required to establish procedures for members to obtain necessary transportation services.”

Boilerplate MCP Contract Language

KEY LANGUAGE INCLUDES:

“Contractor shall ensure the provision of Comprehensive Medical Case Management to each Member. Contractor shall maintain procedures for monitoring the coordination of care provided to Members, including but not limited to all Medically Necessary services delivered both within and outside the Contractor’s Provider Network. These services are provided through either Basic or Complex Case Management activities based on the medical needs of the Member.”

Two-Plan Coordinated Care Initiative Boilerplate

Exhibit A, Attachment 11 CASE MANAGEMENT AND COORDINATION OF CARE–Section 1; page 90 / 303
<https://www.dhcs.ca.gov/provgovpart/Documents/Two-PlanCCIFinalRuleBoilerplate.pdf>

Targeted Case Management Services Contract Language

KEY LANGUAGE INCLUDES:

“Targeted Case Management Services Contractor is responsible for determining whether a Member requires Targeted Case Management (TCM) services, and must refer Members who are eligible for TCM services to a Regional Center or local governmental health program as appropriate for the provision of TCM services.”

Two-Plan Non-Coordinated Care Boilerplate Final Rule Amendment

Exhibit A, Attachment 11 CASE MANAGEMENT AND COORDINATION OF CARE–Section 3; pages 93-94 / 291
<https://www.dhcs.ca.gov/provgovpart/Documents/2-Plan-Non-CCI-Boilerplate-Final-Rule-Amendment.pdf>



MCP Re-Procurement Offers a Chance to Make Care Coordination a Reality

While the language seems clear, the obligation to provide care coordination is not being met. Language must therefore be strengthened and tied to accountability measures and rates/reimbursement. The state's CalAIM proposal and the upcoming Medi-Cal MCO re-procurement signal intention and offer opportunities to strengthen care coordination requirements and to ensure they are enforced.

The following points should be included in the DHCS RFP and model contract, the drafts of which will be released for public comment in June 2021 as part of the MCP re-procurement process.

- ✓ **Clarify and specify existing MCP care coordination responsibilities**, including defining standards for protocols for providers and child-serving systems such as schools, early care and education settings, and Regional Centers.
- ✓ **Create effective care coordination MCP performance measures to reflect EPSDT requirements**, including measurable and meaningful access to support services for social determinants of health. These performance measures, as with other preventive care performance measures, should be tied to MCP capitation payments.
- ✓ **Make care coordination a distinct category of service** for purposes of Medi-Cal rate setting.
- ✓ **Provide an explicit care coordination payment** to ensure MCP compliance in coordinating timely access to prescribed medical and non-medical services provided by county mental and dental health plans,

Regional Centers, school districts, and other support agencies.

- ✓ **Provide care coordination infrastructure investments for all tiers and categories of care coordination/ case management**, including basic care coordination, not just investments in the newly proposed enhanced case management for only specified complex health conditions with high utilization or for “at risk” children and youth.
- ✓ **Require MCPs to initiate EPSDT care coordination services immediately** after a suspected illness, condition, or risk is detected during a required EPSDT screening, including from an SDOH or trauma screening (instead of waiting to engage after a child is already receiving treatment at either a carved out or in network provider).
- ✓ **Require MCPs to Include the community health workforce in care coordination** or partner with community based organizations who employ community health workers to ensure children and families are not just screened but actually access and utilize the health, mental health, and social services to which they are referred.

The Children's Partnership and the California Children's Trust look forward to working with colleagues and allies to leverage the re-procurement process and to further vet ideas and solutions to improve care coordination for children and youth in Medi-Cal. We recognize there are promising examples of local care coordination efforts (e.g. [Health Me Grow](#), [Healthy Steps](#), and [DULCE](#)) and we plan to release another issue brief on these efforts soon to continue to inform dialogue and action.

Additional Resources

Additional detail on care coordination can be found in the [comments](#) made to the MCO RFI by child health advocates and in the resources below.

- ✓ [Strengthening the Social and Emotional Health of California's Young Children](#), Manatt Health and DCR Initiatives, February 2021 (pp 13–15)
- ✓ [Meeting the Moment: Understanding EPSDT and Improving Implementation in California to Address Growing Mental Health Needs](#), National Center for Youth Law and National Health Law Program, January 2021
- ✓ [Comments on DHCS draft ECM and ILOS Requirements](#), The Children's Partnership and the California Children's Trust, March 2021
- ✓ [Comments on DHCS MCP RFI](#), October 2020, Children's Health Advocates



**California
Children's
Trust**

The California Children's Trust (The Trust) is a statewide initiative to reinvent our state's approach to children's social, emotional, and developmental health. We work to transform the administration, delivery, and financing of child-serving systems to ensure that they are equity driven and accountable for improved outcomes. The Trust regularly presents its Framework for Solutions and policy recommendations in statewide and national forums.



The Children's Partnership (TCP) is a California-based children's advocacy organization committed to improving the lives of underserved children where they live, learn, and play with breakthrough solutions at the intersection of research, policy, and community engagement. Since 1993, TCP has been a leading voice for children and a critical resource for communities across California and the nation, working every day to champion policies that provide all children with the resources and opportunities they need to thrive.

This issue brief is part of a larger body of work known as the Equity Through Engagement project, a partnership between [The Children's Partnership](#), the [California Children's Trust](#) and the [Georgetown Center on Poverty and Inequality](#). Funded by the Robert Wood Johnson Foundation, the partners are conducting policy-relevant quantitative and qualitative research and analysis to highlight opportunities for California to integrate community partnerships and interventions into its Medi-Cal health care financing and delivery systems in order to advance child health equity. Support for this brief was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.