



CARING FOR KIDS THE RIGHT WAY

A Whole-Child Approach to Children's Health and Well-Being

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Medi-Cal's Whole-Person Care pilots—now CalAIM's Enhanced Care Management with community supports program—focused on comprehensive and coordinated health care targeted at those with complex health needs or “high utilizers,” usually those with multiple chronic conditions coupled with homelessness. While some children are included in this benefit, the needs of the general population of children enrolled in Medi-Cal do not fit into this “high-utilizer” framework, as children are less likely to use the health care system in the same way as adults or those with more complex conditions.

Children's health is unique in that childhood is the period in which early identification and subsequent treatment and interventions can mitigate lifelong conditions that otherwise would lead to adult high utilization. Children's health is the upstream care for their adulthood.

When it comes to children, the “Whole-Person Care” framework needs to shift from targeting “high-utilizers” to one that instead centers on prevention and looks at social and economic needs in addition to health.





A whole-child approach¹ to children's health and well-being involves a unique array of services and supports focused on prevention. Children's rapid brain and physical development warrant regular well-child visits and screenings to identify and address issues early to promote



healthy development and mitigate chronic conditions later in life. In addition, because children's health is intrinsically linked to their family's well-being, the parent/caregiver's health is part of children's health care. Additionally, a whole-child approach must recognize the overarching impact and pervasiveness of structural racism that disrupts children's health, well-being and family stability. Children's social and economic circumstances have a tremendous impact on their health and development. **Overall, children of color endure higher rates of low birth weight, asthma, hospitalizations, homelessness and poverty—all of which have devastating impacts on their well-being and underscore the importance of including social supports in a whole-child package of care.**

A Whole-Child Package of Care Services

Below is a description of **services and interventions that constitute a whole-child package of care** with four main areas:

-  **1. Care coordination and care management services**
-  **2. Primary and well-child preventive care**
-  **3. Treatment and interventions indicated from screenings and assessments**
-  **4. Social and family support services**

The Medi-Cal program through its Early Periodic Screening, Diagnosis and Treatment (EPSDT) benefit covers this full array of services with the exception of direct coverage of most social services (shown below in green). However, Medi-Cal has the responsibility to assist children in accessing social services.

Whole-Child Care Approach



A Whole-Child Package of Care Services



1. Care Coordination Services

Care coordination knits together the full array of services across multiple systems and programs for families.⁴ As a service itself, care coordination is a collaborative, multidisciplinary team working on behalf of a child's health care plan.⁵ Care coordination also includes a dedicated staff that serves as the ongoing relational contact for the family, optimally with similar native language, cultural background, and lived experiences. The range of care coordination activities includes conducting screenings, connecting families to a network of local resources and programs, making appointments to referrals, following through on referred services, and assisting with enrollment in social support programs.⁶

The EPSDT benefit requires Medi-Cal and its contracted health plans to cover all levels of care coordination.⁷ This includes assisting families with making appointments for services not covered by Medi-Cal.⁸ In a corresponding report, we have examined a few examples of care coordination and its core components essential for children's health care.

EPSDT: Children's Unique Entitlement for Comprehensive Health Care

Federal policy requires all Medicaid children under the age of 21 to receive the EPSDT benefit, which provides a comprehensive preventive care schedule and all medically necessary physical, dental, vision, mental health, and developmental and specialty health care services.

California contracts with managed care plans to provide Medi-Cal benefits to the vast majority of children and uses the American Academy of Pediatrics' Bright Futures standards for defining its EPSDT package. This EPSDT entitlement does not only require coverage or payment of these services but is an explicit, proactive obligation of Medi-Cal (and its contracted managed care plans) to ensure that families know about the child-specific benefits and the preventive well-child schedule. It also ensures that children are receiving enabling services² such as non-medical transportation, interpretation services, and assistance with making appointments for referrals, including referrals to community social support services outside the scope of benefits. However, many social services such as housing and legal services, are not eligible for Medi-Cal coverage unless as value-added services or through a federal section 1115 waiver authority.³ Through Medi-Cal's CalAIM reform some community supports, for example home remediations to address asthma triggers, were approved for coverage as "in lieu of" services. These types of services are cost effective alternatives to health care.





2. Primary and Well-Child Preventive Care

Children need care coordination that tackles problems in the early years of life with regular check-ups at age-appropriate intervals, with well-child visits, screening tests and immunizations performed according to recommended schedules to detect potential physical, mental, developmental, dental, auditory, vision and other problems or needs of the child.

→ Periodic Well-Child Visits

Well-child visits are visits among a child, their family and their health care provider. These visits include head-to-toe examinations and assessments that look at a child's growth and development and spot issues that might negatively affect them. During the visit, parents might share their child's birth experience, as well as food, sleep and dental history. These visits also include family and social background assessments, which offer families the opportunity to address concerns they may have about the development of their child and allow the provider to understand more about the child and their family, enabling the families to receive age-appropriate guidance. In these visits, the health needs of parents or caregivers are

sometimes also assessed. For example, new moms with infants are screened for postpartum depression. Well-child visits not only let pediatricians examine physical problems but also allow the family to establish a trusting relationship with their physicians.⁹ The American Academy of Pediatrics (AAP) recommends that children receive at least 14 well-child visits from birth up to the age of five.¹⁰

→ Frequent Screenings

Medi-Cal uses the AAP's Bright Futures guidelines as its EPSDT early periodic screening standards, which recommend several regular screening assessments to detect potential physical, mental, developmental, dental, auditory and vision issues at age-appropriate intervals.¹¹ (Table 1 below shows the screenings recommended for children at different ages). Additionally, Bright Futures recommends screenings for health-related social risks, such as Adverse Childhood Experiences (ACEs) screenings. The ACEs screenings also include questions regarding food and housing insecurity. The following Table 2 provides examples of some questions parents are asked as part of the Pediatric ACEs and Related Life Events Screener (PEARLS).

Table 1. Bright Futures Recommended Child Universal Screenings^a

SCREENING	AGE							
	Newborn	3-5 days	1 mo, 2 mo, 4 mo, AND 6 mo	9 mo	12 mo, 15 mo, AND 18 mo	2 yrs AND 2.5 yrs	Annually from age 3	Annually from age 11 to 21
Maternal Depression Screening			✓					
Sensory Screening (Vision and Hearing) ^b	✓	✓	✓	✓	✓	✓	✓	✓
Developmental Screening and Surveillance ^c	✓	✓	✓	✓	✓	✓	✓	✓
Psychosocial/Behavioral Health Assessment	✓	✓	✓	✓	✓	✓	✓	✓
Autism Spectrum Disorder Screening					✓	✓		
Blood Lead Screening ^d			✓	✓	✓	✓	✓	
Oral Health ^e			✓	✓	✓	✓	✓	
Depression Screening								✓
Tobacco, Alcohol, and Drug Use Assessment								✓

^a American Academy of Pediatrics. "Bright Futures Toolkit: Links to Commonly Used Screening Instruments and Tools," June 21, 2022.

<https://publications.aap.org/toolkits/resources/15625/?autologincheck=redirected>.

^b Audiometry performed once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years.

^c Screening is a formalized assessment usually performed with a standardized screening tool compared to an assessment which is more visual observation. Screenings occur at 9 months, 18 months and 30 months.

^d Testing at 6 months, 9 months, 12 months, 18 months and 24 months, then annually from age 3 through age 6.

^e If no regular dentist, then risk assess after one years old. AAP Bright Futures, Recommendations for Preventive Pediatric Health Care, Periodicity Schedule, Updated July 2022, footnote #35. https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.



Table 2. Examples of Pediatric ACEs and Related Life Events Screener (PEARLS) Questions (to Be Completed by the Parent/Caregiver)¹²

<input type="checkbox"/>	Has your child ever lived with a parent/caregiver who had mental health issues? (for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)?
<input type="checkbox"/>	Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?
<input type="checkbox"/>	Have there ever been significant changes in the relationship status of the child's caregiver(s)? (for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)?
<input type="checkbox"/>	Has your child ever had problems with housing? (for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)?
<input type="checkbox"/>	Have you ever worried that your child did not have enough food to eat or that the food for your child would run out before you could buy more?
<input type="checkbox"/>	Has your child ever been separated from their parent or caregiver due to foster care, or immigration?

→ Immunizations

The Centers for Disease Control and Prevention recommends eleven vaccines—including the COVID-19 vaccine for those over age 5—and a schedule for immunizations by age range for children up to age 18.¹³ As part of the AAP Bright Futures, Medi-Cal's preventive care services are required to include adequate information about vaccines, vaccine education, patient reminders, and assistance with scheduling appointments to receive them.¹⁴

→ Parent Education

DHCS is required by federal law to inform children and their families—in both verbal and written form—of their eligible preventive health care services and benefits to help ensure children and their families know how to access and use these resources.¹⁵ In addition to requiring plans to provide this outreach, DHCS is investing in an outreach campaign to educate families on preventive care available.¹⁶ Information about these services includes notifications about screening and diagnostic services available under the EPSDT program, such as transportation and appointment scheduling assistance.



3. Treatment and Interventions Indicated From Screenings and Assessments

As part of EPSDT, children must also be provided with all medically necessary services and treatments identified by screenings and diagnostics, as compared to the set benefit package provided to Medi-Cal adults.¹⁷ In addition to the standard Medi-Cal benefit package of outpatient visits, inpatient care, diagnostics, medical devices and prescription medications, there are other several pediatric services to note:

→ Pediatric Specialty Care

Children require pediatric specialists for specialty care, such as pediatric cardiology or pediatric neurology. Children with specified conditions such as cerebral palsy, cystic fibrosis, heart disease and traumatic injuries qualify for California Children's Services (CCS) which is coordinated through county case management and which authorizes specialty medical services for these children.¹⁸

→ Developmental Care and Support

When providers identify potential developmental delays, children should receive early intervention services and developmental supports. According to the Individual with Disabilities Education Act (IDEA), children who are at risk of developing developmental impairments may be eligible for early intervention therapy programs even if they have not received a formal diagnosis.¹⁹ After further assessments and evaluations, an Individual Family Service Plan is developed. The range of services that may be included in this plan includes case management, services for speech and hearing pathologies, occupational therapy, home health services, mental health and cognitive specialists, and applied behavioral analysis.

→ Dyadic Care/Relational Bonding/Family Social-Emotional Support

Dyadic treatments address family problems including emotional and complex trauma as well as family concerns, and provide therapies to improve the child-caregiver relationship, which is essential for psychological well-being. Dyadic-care models recognize that to support the child, service providers must also support their caregivers. Particularly in the child's first three years, the relational bonding with a caregiver and the family's social-emotional condition are pivotal to the child's own healthy development. Very young children are uniquely dependent on their parents and caregivers to have their needs met, including their social-emotional needs. This type of care includes support therapy and education, as well as direct treatment for caregivers and families to address their own social-emotional concerns and trauma.

→ Child and Youth Mental Health Services

EPSDT requires the provision of mental health services in which children are entitled to receive non-specialty and specialty mental health services regardless of the severity of their condition. With newly implemented reforms in CalAIM, children are not required to have a diagnosis before receiving care, which opens up access to services for children with a broader range of mental health needs. Child-specific mental and social-emotional support services might take the form of family social-emotional therapy, therapeutic behavioral health services, or school-based mental health care depending on the child and their situation. Mental health specialists such as psychologists, social workers and psychiatrists often provide children with coordinated and accessible mental health services at primary care clinics and utilize telehealth to connect with them at schools, early childhood centers, or at their homes. Family, parent and peer support specialists also visit families with children or youth receiving clinical mental health care to mitigate stigma and ensure that the care received is culturally responsive based on the family and child's background and preferences.

→ Dental, Vision and Hearing Care

Dental services must include dental screens, cleanings, fluoride varnishes, caries, relief of pain and infections, restoration of teeth, and maintenance of dental health. While dental services are already provided outside of Medi-Cal health plans, medical providers and plans are still required to provide regular dental screenings and assistance with making appointments to referrals. Vision services must also include vision screens and diagnosis and treatment of vision defects, including eyeglasses. Additionally, hearing services must include hearing screenings and diagnosis and treatment for defects in hearing, including hearing aids. Care coordination that includes connecting families to dental, vision and hearing assistance and providers is essential for children to not miss important appointments.

→ Non-Medical Transportation and Interpretation Services

As with all Medi-Cal beneficiaries, caregivers for Medi-Cal children should be receiving coverage for non-medical transportation as well as interpretation services during their care or treatment. During a child's service, that child should not be put in the position of having to attempt to interpret for their caregivers what a provider is asking or conveying.



4. Social and Family Support Services

Sufficient screenings for health-related social drivers and social determinants of health in the population can identify related social support services that would benefit the child and their family. As previously mentioned, Bright Futures' periodicity schedule includes "psycho-social" screenings or screenings of health-related social risks. While Medi-Cal may not cover all social services identified by these screenings, the EPSDT benefit does require coverage of the care coordination to social supports, including assistance with accessing those services. Also, Medi-Cal's CalAIM includes optional "Community Supports" under the Enhanced Care Management benefit, and the 2024 managed care plan model contract does require a portion of net income to be dedicated to community investments. Below are a few examples of social supports that are linked to children's health and that should be considered in the integration of additional support children and their families receive.



Housing Needs

Without a stable place to live, families have greater difficulty coping with day-to-day stresses of supporting their children, which can potentially cause trauma and worsen substance abuse or mental illness conditions. In addition, substandard housing can directly exacerbate health conditions²⁰ such as asthma, for which remediation is needed. Care coordinators can bridge the gap between health providers and case managers from supportive housing programs to assist families in enrolling in public assistance programs, job training and support groups.



Legal Assistance

It may sometimes be difficult for families to identify reliable resources and professionals to help them navigate and resolve legal issues, such as those related to immigration, family separation, engagement with the justice system, obtaining public benefits, and securing housing or maintaining employment. Thus, providing legal services as part of the essential services children and their families should receive through care coordination could help them obtain legal assistance. This support can further assist them in directly addressing the root cause of family and child stress, anxiety and depression.



Food Security

There are several food assistance programs and services for children and families, such as WIC, school lunch programs, CalFresh, California Food Assistance Program as well as food banks. Parents could benefit from more than referrals, such as assistance with applying for food assistance programs and compiling the necessary documentation or leveraging their Medi-Cal eligibility to streamline enrollment into food assistance programs.



Asthma Remediation Services

For children and adolescents with asthma, the Community Preventive Services Task Force (CPSTF) recommends the use of home-based, multi-trigger, multicomponent treatments with an environmental focus that are delivered in the home.²¹ For example, CalAIM provides Asthma Remediation Services as an optional community support for managed care plans to choose to offer under Enhanced Care Management.²² This approach tries to decrease exposure to a variety of indoor asthma triggers such as allergens and irritants. These interventions entail home visits by trained professionals who conduct two or more activities to improve conditions in which children live that could trigger asthma reactions.²³

Child-Specific Settings

Children have varying settings for accessing their health care and support services based on their age and stage of development (e.g., child care, early learning centers or school). Thus, models of child care coordination should be customized to reflect the changes in care needed for a child depending on the different stages of their childhood and development. These care models should be implemented under the following child-specific settings:

Pediatric Setting

The pediatrician's office is often the first place where a newborn's parents connect with service providers and additional resources, and, thus, it is a valuable entry point to identify children's various needs and link them to the specific care and support services they need. Those linkages, referrals and follow-throughs may occur with the pediatrician or with other family support staff either within the practice or clinic or in partnership with them.

Early Learning Centers and Schools

School-based care across age ranges is also part of the framework of child-centered care. Early learning centers and K-12 school districts collaborate with community clinics and other health care providers that frequently interact with young children. For example, schools can directly coordinate for students and families with mental health providers. In addition, early childhood programs, such as Head Start, have specific health-focused staff to support children's development. Mental health care is a particularly relevant example of child-specific needs being inextricably linked to the setting where children are, namely at schools and early learning centers.

Regional Centers

As a core part of the early identification and intervention system, regional centers purchase and arrange for an array of early intervention services and developmental supports but are intended to be integrated into medical care systems.

In Homes

Home-based programs that provide new and

expectant parents with assistance in developing their fundamental caregiving skills, as well as assisting parents and other primary caregivers in bonding with children, promote healthy child development and a positive home environment for children. Issues such as mother and child health, effective parenting techniques, safe home settings, and access to resources are all addressed by these programs.²⁴ Therefore, having the ability to address these issues and have these conversations with parents/caregivers at their homes provides a valuable opportunity to build trust and identify issues that might not be noticed outside the home, such as in a pediatric setting.



Endnotes

- 1** This is distinct from DHCS' California Children's Services (CCS) "Whole Child" model, which is an integration of CCS services into Medi-Cal managed care plans for children with specified CCS conditions.
- 2** Federal: Subchapter XIX (commencing with Section 1396) of Chapter 7 of Title 42 of the United States Code. State: Welfare and Institutions Code (WIC) Section 14132(v); and Kent, Jennifer, and Gavin Newsom, 2019. <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-010.pdf>.
- 3** Hinton, Elizabeth, and Lina Stolyar. "Medicaid Authorities and Options to Address Social Determinants of Health (SDOH)." KFF, August 5, 2021. <https://www.kff.org/medicaid/issue-brief/medicaid-authorities-and-options-to-address-social-determinants-of-health-sdoh/#:~:text=%E2%80%9C9CIn%2Ddieu%2Dof%E2%80%9D,medically%20appropriate%20and%20cost%20effective>.
- 4** The Children's Partnership. "Care Coordination for Children in Medi-Cal," June 2021. <https://childrenspartnership.org/wp-content/uploads/2021/06/Care-Coordination-Brief.pdf>.
- 5** Ibid.
- 6** Ibid.
- 7** Kent, Jennifer, and Gavin Newsom, 2019. <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-010.pdf>.
- 8** DHCS All Plan Letter on EPSDT Services, April 2019.
- 9** "Community Health Workers Advancing Child Health Equity," July 2021. <https://childrenspartnership.org/wp-content/uploads/2021/07/TCP-Community-Health-Workers-Final-Single-Pages-1.pdf>, and INCK Marks. "Building a Relational Health Workforce for Young Children: A Framework for Improving Child Well-Being," March 2021. <https://www.inckmarks.org/rsrscs/RelationalHealthWorkforceWP7.pdf>.
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- 13** CDC/NCIRD. "2017 Combined Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, United States," 2017. <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>.
- 14** Department of Healthcare Services. "Millions of Children in Medi-Cal Are Not Receiving Preventive Health Services." <https://www.auditor.ca.gov/Reports/2018-111/Chapters.html>, n.d. Accessed 2018.
- 15** Ibid.
- 16** Department of Health Care Services. "Medi-Cal's Strategy to Support Health and Opportunity for Children and Families," 2022. <https://www.dhcs.ca.gov/Documents/DHCS-Medi-Cal%27s-Strategy-to-Support-Health-and-Opportunity-for-Children-and-Families.pdf>.
- 17** Kent, Jennifer, and Gavin Newsom, 2019. <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-010.pdf>.
- 18** Ca.gov. "California Children's Services," 2019. <https://www.dhcs.ca.gov/services/ccs/Pages/default.aspx>.
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- 21** The Guide to Community Preventive Services (The Community Guide). "About the Community Preventive Services Task Force," August 16, 2018. <https://www.thecommunityguide.org/task-force/about-community-preventive-services-task-force>.
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The Children's Partnership (TCP) is a California advocacy organization advancing child health equity through research, policy and community engagement. We envision a California where all children—regardless of their race, ethnicity or place of birth—have the resources and opportunities they need to grow up healthy and thrive. For more information, visit www.childrenspartnership.org.



**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. For more information, visit www.cachildrenstrust.org.

This information brief is part of our **Equity Through Engagement (ETE)** project—a partnership with [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 ETE project examines opportunities for Medi-Cal managed care to partner with community collaboratives, CBOs and families to advance child health equity. This information brief is a companion piece to our Care Coordination report, [Caring for Kids the Right Way: Key Components of Children's Care Coordination](#), and also related to [Care Coordination for Children in Medi-Cal](#).