



HEALTH MANAGEMENT ASSOCIATES

Lessons Learned from Regulatory and Other Responses to the Pandemic

Supporting Children with Disabilities: Lessons from the Pandemic

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■ HIGH LEVEL FINDINGS AND THEMES

- + Finding #1: Policies that expanded the use of Telehealth (TH) have significantly impacted and been largely advantageous to CYSHCN and their families

- + Finding #2: Other temporary flexibilities have also been beneficial to CYSHCN
 - + Federal Medicaid funding
 - + Medicaid eligibility and enrollment (providers and beneficiaries)
 - + Prior authorization requirements
 - + Scope-of-practice
 - + Expanded ability to pay family caregivers

- + Finding #3: School closures, unemployment, isolation, & social drivers of health put tremendous strains on CYSHCN and their caregivers, affecting behavioral health

■ HEALTHCARE OPERATIONS AND ADMINISTRATIVE FLEXIBILITIES: Benefits and Challenges



- + Maintenance of Effort requirements alleviated concerns about losing coverage or benefits
- + Relaxing provider enrollment, eligibility, out of state licensure requirements helped maintain access to specialists
 - + Concerns about quality and oversight
- + Relaxing scope of practice limitations for healthcare workers alleviated some workforce shortages (e.g., specialists and therapists) on whom CYSHCN depend
 - + Concerns about quality and oversight
- + Easing prior authorization rules and extending authorizations reduced anxiety among families and administrative burden among providers
- + Temporary expansion of pay to family caregivers eased concerns about the shortage of home care workers and even some financial burdens

■ BEHAVIORAL HEALTH: Limited Flexibilities, Underreported Toll

PANDEMIC REALITIES

- + Sudden school closures
- + Cessation of in-person therapy, clinical and home-care visits
- + Lack of respite, childcare, home care and underemployment
- + Dearth of flexibilities focused on behavioral health (apart from telehealth)
- + Lack of preparedness or anticipation of behavioral health toll

PANDEMIC CONSEQUENCES

- + Disruption, isolation, significant stresses that take a HUGE behavioral health toll on CYSHCN
- + More strain on family caregivers
- + ...especially BIPOC and low SES families



■ ABOUT CARE COORDINATION AND SOCIAL DETERMINANTS OF HEALTH

- + CMS and State Medicaid Agencies should clarify or interpret that care coordination is an EPSDT benefit (beyond the explicitly delineated case management benefit)
 - + At the federal level, may require a significant Title XIX amendment
 - + At the state and plan level it's an interpretation of OBRA 88 ("...all medically necessary services to correct or ameliorate...")
- + State Medicaid agencies should secure and increase Medicaid reimbursement for care coordination for CYSHCN including for paraprofessionals
- + States should ensure that CYSHCN and their families are screened for SDOH using established tools and protocols (or refined as needed)



RECOMMENDATIONS ON POLICIES TO RETAIN OR EXPAND OF HEALTH

TELEHEALTH	ADMINISTRATIVE	BEHAVIORAL HEALTH
Expand use of appropriate telephonic / audio-only services, other virtual communication, remote monitoring devices	Easing prior authorization rules and extending authorizations	Medicaid/CHIP screening for SDOH, referrals, and interventions should become standard practice and incentivized
Expand synchronous and asynchronous TH to those in 1915(c) programs	Relaxing provider enrollment , eligibility, out of state licensure requirements when needed to maintain access to specialists	Mobilize leaders to incentivize routine behavioral health screening for all, especially CYSHCN
Allow new patient visits via TH for FQHCs/RHCs in designated shortage areas	Extend expanded scope of practice for non-physicians , while maintaining or establishing new clinical and training standards	Increase training and confidence of primary care providers to deliver behavioral health services
Continue payment parity for synchronous TH modalities, including audio-only (including for FQHCs/RHCs)	Leverage Title V “Registries” of CYSHCN to play a connector role in future emergencies (e.g., data surveillance, and provisions of info to local CCS agencies)	Encourage and allow incentives for routine behavioral health screening for all including CYSHCN
Allow payment parity for synchronous audio-only PLUS e-visits and eConsults including for some FQHCs/RHCs (or test APMs for clinics)	Federal government to coordinate with states and private health sector a thorough analysis of impact of the temporary flexibilities	Allow <i>reimbursement</i> to pediatric providers to screen caregivers of CYSHCN
Make permanent the removal of site limitations on FQHCs/RHCs	Clarify and support coverage for care coordination services (define care coordination, and develop /adopt standards	Continue reimbursement for behavioral health services via TH including audio-only

Federal/CMS
States and Medicaid Plans
Federal and State
Other



RECOMMENDATIONS ON POLICIES TO RETAIN OR EXPAND OF HEALTH

TELEHEALTH	ADMINISTRATIVE	BEHAVIORAL HEALTH				
Allow synchronous telephonic / audio-only and other virtual communication for certain new patients under prescribed circumstances (access limitations)	CMS and State Medicaid Agencies should clarify or interpret that care coordination is an EPSDT benefit (beyond the explicitly delineated case management benefit)					
States could identify and expand reimbursement for school-based physical and behavioral health services appropriate for TH delivery	Relax or issue flexible guidance on CMS rule related to reimbursement of legally responsible relatives					
Funding must be targeted to reduce disparities in access to telehealth, telehealth equipment and training for families, providers, and schools; expanding broadband coverage , especially in low-income and rural areas; and interpretation services during telehealth visits.	Extend the enhanced FMAP and continue /expand continuous enrollment efforts that balance need for redetermination					
Pediatric clinical guidelines should be developed to identify the appropriate use of telehealth services for specific conditions among CYSHCN,		<table><tr><td>Federal/CMS</td></tr><tr><td>States and Medicaid Plans</td></tr><tr><td>Federal and State</td></tr><tr><td>Other</td></tr></table>	Federal/CMS	States and Medicaid Plans	Federal and State	Other
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