

# ABC for health: Funding medical home services for Wisconsin children with special health care needs

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## Abstract

Medical home services for families with children with special health care needs can provide needed help for families struggling to gain access to coverage and needed services. Wisconsin, through Medicaid Early and Periodic Screening, Diagnosis, and Treatment Services, has an opportunity to provide this important and necessary service.

## The Medical Home

The medical home is an approach to providing health care services in a high-quality and cost-effective manner. The medical and dental home is a health care team of professionals led by a trusted physician working in partnership with parents to make sure children get quality, cost-effective health care. Families, family physicians, pediatricians, dentists, nurses, and other allied health care professionals act as partners in a medical and dental home to identify and access all the medical, dental, and non-medical services needed to help children and their families achieve optimal health.<sup>1</sup> As part of the US Department of Health and Human Services' *Healthy People 2010* goals, Wisconsin is committed to sup-

porting the idea that all children with special health care needs have access to a medical home.<sup>2</sup>

Pediatricians agree that the medical home helps families and improves outcomes, but find the cost of building a medical home practice prohibitive. However, Medicaid Early and Periodic Screening, Diagnosis, and Treatment Services (EPSDT), known in Wisconsin as HealthCheck, can fund medical homes.

## Identifying Children with Special Health Needs

Children with special health needs (CSHN) are "those who have or are at increased risk for chronic physical, developmental, behavioral, or emotional conditions and who also require health and related services of a type and amount beyond that required by children generally."<sup>3</sup> They "often require specialty care, diagnostic and intervention strategies, home therapies, and ongoing ancillary services, such as occupational therapy, physical therapy, speech therapy, and individual and family counseling, as well as the long-term management of ongoing medical complications."<sup>4</sup> Some diagnoses that may be classified in this category include cerebral palsy, leukemia, diabetes, and autism.

Typically, CSHN receive health and social services from a variety of providers. For example, private health insurance and Medicaid may

fund some of the services a CSHN child receives; school and community resources may fund other services. Parents face an additional challenge in understanding the variety of coverage and service options as well as the procedures they must follow. Of course, parents must juggle all of these responsibilities while still trying to balance family and work responsibilities. Case management and care coordination can improve outcomes for children with special health needs and their families.

## Case Management

Case management may be formal or informal, and can occur at the state or plan level. Case management is the function of coordinating health, substance abuse, mental health, and social services by linking clients with appropriate services to address specific needs and achieve stated goals.<sup>5</sup> It helps children and their families receive the services necessary to reach their greatest potential and prevent further complications.

## Care Coordination

Care coordination is a process that links CSHN and their families to services and resources that maximize the potential of the children and provide them with optimal health care.<sup>6</sup> These resources may include

- primary and specialty health care providers
- dental care providers

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- educational services such as Head Start or education services from Birth to 3
- human service providers such as child care providers or legal aid,
- basic needs providers such as Special Supplemental Nutrition Program for Women, Infants and Children (WIC) or Supplemental Security Income (SSI)
- other services such as the food stamps program or housing and transportation needs<sup>7</sup>

Case management and care coordination are similar, but can be distinguished by their scope. Care coordination implies day-to-day hands-on involvement. Case management is usually done at a distance with periodic contact to assist with a problem, trouble shoot issues, and provide crisis intervention.<sup>8</sup>

Dr Richard Antonelli, Assistant Professor of Pediatrics of the University of Massachusetts Medical School, describes Care Coordination as “patient and family needs focused” and Case Management as “resource utilization focused.”<sup>9</sup>

### Early and Periodic Screening, Diagnosis, and Treatment Services

Federal law requires states participating in Medicaid to provide early and periodic screening, diagnosis, and treatment (EPSDT) services to Medicaid-eligible children.<sup>10</sup> In Wisconsin, this service is known as HealthCheck.<sup>11</sup> As part of HealthCheck, Wisconsin has a legal responsibility to provide services to CSHN when such services are medically necessary.

Medically necessary services for CSHN can include case management activities related to assisting eligible individuals in gaining access to needed medical, social, educational, and other services. These services must be “medically necessary” for the child, but do not have to be medical in nature.<sup>12</sup> Services

can include assisting recipients in obtaining both Medicaid and non-Medicaid services.<sup>13</sup> For example, they may include a referral to Alateen for an adolescent with an abusive alcoholic parent.<sup>14</sup>

Currently, Wisconsin provides limited HealthCheck case management activities. These services are limited to those activities necessary to inform the client of the availability of HealthCheck services, make arrangements and assist clients to follow through with diagnosis and treatment, and refer clients, upon request, to the appropriate local government agencies for transportation assistance.<sup>15</sup>

According to federal law, all states must provide more expansive case management services to help families with a CSHN navigate our complex health care system and obtain necessary services. Medicaid case management provides the opportunity to furnish this comprehensive service, which is much broader than what HealthCheck now provides. Moreover, by providing a broader case management service, Wisconsin will ensure that CSHN receive all necessary services, reduce family stress, and prevent the increased costs of delayed treatment. The medical home model incorporates the case management and care coordination that CSHN families need.

### Funding for Medical Home Services

States can fund the medically necessary medical home services, which include care coordination and case management services, through EPSDT. Federal financial participation is available to help recipients gain access to both Medicaid and non-Medicaid services.<sup>16</sup> In addition, according to federal and state law, Wisconsin is required to fund HealthCheck case management services when they are

found to be medically necessary. At this time, the majority of case management services provided by Wisconsin are targeted. They require counties to provide the matching funds to secure federal financial participation.

Ultimately, medically necessary care coordination services should be available to all Wisconsin Medicaid-eligible children who currently are not receiving such services through other sources like B-3 or targeted case management. Wisconsin, like many other states, has both the opportunity and the legal responsibility to provide HealthCheck case management services to CSHN.

ABC for Health is working with staff from the Wisconsin Division of Health Care Financing to identify the funding pathways to serve the care coordination needs of CSHN. Our hope is to evaluate the process and document the positive effects on children and families, as well as the cost implications.

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