

HOW DO MOST CALIFORNIA YOUTH RECEIVE PHYSICAL AND MENTAL HEALTH SERVICES? PART I

CALIFORNIA'S MEDICAID: MEDI-CAL

WHAT IS MEDI-CAL?

- California's version of the national health care program Medicaid
- geared for those who are impoverished
- entitles youth to preventative medical and dental services
- beneficiaries receive services either through managed care, fee-for-service, or a specialty plan

WHICH YOUTH ARE ELIGIBLE FOR MEDI-CAL? *

- Impoverished youth
- Low-income youth
- Foster youth
- Juvenile justice youth
- Undocumented youth
- Youth with disabilities
- Eligibility group:
 - Impoverished youth:
 - Age range and income threshold: 0 to 1 (0 to 213% FPL**); 1 to 5 (0 to 142% FPL); 6 to 18 (0 to 133% FPL)
 - o Foster youth:
 - Age range and income threshold: 0 to 26 (None)
 - o Juvenile justice youth***:
 - Age range and income threshold: 10 to 17 (0 to 133% FPL)
 - Undocumented youth:
 - Age range and income threshold: 0 to 18 (0 to 266% FPL)

MEDI-CAL PATHWAYS*

WHICH PATHWAYS CAN YOUTH BE ELIGIBLE?

■ Income Pathway- Adult: 41%

Income Pathway- Child: 20%

■ Non-income Pathway- Adult: 15%

■ CHIP: 9%

Limited-scope Medi-Cal/State-Only: 8%

Non-income Pathway- Child: 6%

Majority of enrollees are eligible via income pathway

HOW DO YOUTH RECEIVE SERVICES?

Fee-for-Service: 8%Managed Care: 92%



^{*} Based on December 2021 report data

^{**}FPL stands for federal poverty level

^{***}Youth under age 21 placed in a "public institution" (juvenile hall, camp or ranch) have Medi-Cal services suspended while those in foster care placements are automatically eligible for full-scope medi-cal



Vast majority of enrollees receive services via managed care

CALIFORNIA'S MEDICAID: CHIP

WHAT IS CHIP?

- stands for Children's Health Insurance Program (CHIP)
- expands health care coverage for youth with low to moderate incomes (up to 322% of the FPL)
- beneficiaries receive services either through managed care or fee-for-service

WHICH YOUTH ARE ELIGIBLE FOR CHIP? *

- Low- and moderate-income youth:
 - o Age range: 0 to 1
 - Threshold: 213 to 322% FPL
 - Age range: 1 to 5
 - Threshold: 143 to 266% FPL
 - o Age range: 6 to 18
 - Threshold: 134 to 266% FPL

HOW IS IT ADMINISTERED IN RELATION TO MEDI-CAL?

- California administers a combination CHIP program
 - 1. has separate CHIP programs:
 - o Medi-Cal Access Program
 - o County Children's Health Initiative
 - 2. a CHIP program within its Medi-Cal program:
 - Optional Targeted Low Income Children Program (OTLICP)

CHIP ENROLLEES*

- Enrolled in Medi-Cal monthly through CHIP: 9%
- Youth received mental health services via CHIP: 30%

WHAT SERVICES DO CHIP YOUTH RECEIVE?

- 1. Some states have CHIP programs that are stand-alone programs, some within their Medicaid expansion programs, others have a combination program (both)
 - o California has a combination program
- 2. Since OTLICP is part of the Medicaid expansion program in California, it entitles CHIP youth to mental health services

CALIFORNIA YOUTH ON MEDI-CAL/CHIP: EPSDT MENTAL HEALTH SERVICES

WHAT IS EPSDT?

- stands for Early Periodic Screening Diagnostic Treatment (EPSDT)
- entitles Medi-Cal and CHIP youth under age 21 to preventive health care services including mental health services:
 - o screenings and immunizations
 - physician and hospital visits
 - o vision, hearing and dental care
 - o physical, speech and occupational therapies



^{*} Based on December 2021 report data

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- home therapies
- o mental health and substance abuse treatment

PATHWAY YOUTH RECEIVE MENTAL HEALTH SERVICES UNDER EPSDT

WHO DELIVERS MENTAL HEALTH SERVICES TO YOUTH?

- County mental health plan (MHP)
- Managed care provider (MCP)
- Fee-for-service (FFS)

WHAT TYPE OF MENTAL HEALTH SERVICES CAN YOUTH RECEIVE?

- 1. Specialty mental health services (SMHS)
- Non-specialty mental health services (non-SMHS)

WHAT DETERMINES WHICH MENTAL HEALTH SERVICE TYPE YOUTH RECEIVE?

- MHP assesses whether EPSDT medical necessity criteria met for each youth:
 - 1. Criteria met:
 - o MHP provides SMHS
 - 2. Criteria not met:
 - o MCP provides non-SMHS
 - FFS provides non-SMHS
- MHP tasked with ensuring youth receive mental health services, regardless of whether they meet the EPSDT medical necessity criteria

SOURCES

California Health Care Foundation
California Department of Health Care Services
Centers for Medicare and Medicaid Services
Medicaid and CHIP Payment and Access Commission

HOW DO MOST CALIFORNIA YOUTH RECEIVE PHYSICAL AND MENTAL HEALTH SERVICES? PART II

ALL YOUTH ENROLLEES (DECEMBER 2021)

- By Count
 - Youth 0-20 enrolled in Medi-Cal: roughly 5.6 million
- Be Sex:
 - Female: 49%Male: 51%
 - Males slightly outnumber females
- By Race/ethnicity:
 - Hispanic/Latino: 59%
 Other/Net Benerted: 1
 - Other/Not Reported: 15%
 - White: 13%Black: 7%
 - o Asian: 6%
 - o Native American: 0.3%
 - o Nearly 60% are Hispanic/Latino
- By Age:
 - o 0 to 2: 12%
 - o 3 to 5: 14%





- o 6 to 11: 29%
- o 12 to 17: 31%
- o 18 to 20: 14%
- Majority consist of 6-17 age group
- By Written Language:
 - o English: 66.88%
 - Spanish: 30.96%
 - Vietnamese: 0.68%
 - o Cantonese: 0.38%
 - o Mandarin: 0.20%
 - o Russian: 0.19%
 - o Arabic: 0.17%
 - o Korean: 0.13%
 - Other Chinese: 0.12%
 - o Farsi: 0.11%
 - o Armenian: 0.04%
 - o Hmong: 0.04%
 - Spanish is the second most used language among youth medi-cal enrollees and their families

YOUTH ENROLLEES BY SUBGROUP

- All Youth:
 - State youth enrolled in Medi-Cal*: roughly 38%
 - Share of total monthly enrollees**: nearly 40%
- Impoverished:
 - Living below the FPL who are covered by Medi-Cal: roughly 82%
- Foster Care***:
 - o Eligible for Medi-Cal: 100%
 - Enrolled in Medi-Cal: roughly 79,000
- Juvenile Justice****:
 - o Covered by Medi-Cal/CHIP (nationwide)(2015-2019): roughly 60%
- Undocumented****:
 - o Enrolled in Medi-Cal monthly: roughly 558,000
- * This data point includes data on children and youth under 18 years old
- ** This data point includes data on children and youth under 21 years old
- ***Children and youth who receive federal foster care benefits are automatically eligible for Medi-Cal (this data point does not include all who fall under the Adoption/Foster Care aide category-just those in foster care)
- **** This data point includes children and youth 12 to 17 years old nationwide who stayed overnight in jail/detention in past year (2015-2019 NSDUH)
- *****This data point is an under-estimate given most undocumented youth under 25 years old are entitled to full-scope Medi-Cal and dispersed throughout other aid categories

MEDI-CAL'S EPSDT BENEFIT: USE OF SERVICES

- The Early Periodic Screening Diagnosis and Treatment (EPSDT) benefit guarantees youth Medi-Cal enrollees with screening services, corrective treatment, and dental services
- Annual EPSDT Reporting Data (as of 11/2020):
 - Youth eligible via CHIP expansion: 30%
 - Received mental health services via managed care: 90%
 - Enrolled in EPSDT for 90 continuous days: 94%
 - o Received initial or periodic screenings: roughly 2.7 million
 - o Received dental or oral health services: roughly 2.8 million

MEDI-CAL'S EPSDT BENEFIT USE OF SPECIALTY MENTAL HEALTH SERVICES (SMHS)

WHAT ARE SPECIALTY MENTAL HEALTH SERVICES (SMHS)?

Mental health services delivered through county mental health plans





- Available to youth under 21 who meet the medical necessary criteria for "specialty" mental health services
- Specialty Mental Health Services (SMHS) include:
 - Intensive care coordination (ICC)
 - Intensive home-based services (IHBS)
 - Therapeutic behavioral services (TBS)
 - o Psychotropic medication evaluation
 - Individual group and family therapy
 - o Crisis counselling and stabilization
 - Special day programs
- Youth 0-20 receiving Specialty Metal Health Services (SMHS): roughly 256,000

SMHS BENEFICIARIES (2019-2020)

- By sex:
 - o Female: 48%
 - o Male: 52%
- By age:
 - o 0 to 2: 3%
 - o 3 to 5: 7%
 - o 6 to 11: 31%
 - o 12 to 17: 46%
 - o 18 to 20: 12%
- By race/ethnicity:
 - o Hispanic/Latino: 60%
 - White: 17%
 - o Black: 10%
 - o Unknown: 5%
 - o Other: 4%
 - Asian/Pacific Islander: 3%
 - o Native American: 0.5%
- By count:
 - o 2016-17: 260,252
 - 0 2017-18: 267,461
 - o 2018-19: 271,357
 - o 2019-20: 256,385
- By SMHS Services Used:
 - Therapy and other service activities: 48%
 - Targeted case management: 18%
 - Medication support services: 14%
 - o Intensive care coordination: 5%
 - Crisis intervention: 4%
 - o Intensive home-based services: 4%
 - Psychiatric inpatient hospital services: 3%
 - o Crisis stabilization: 2%
 - Therapeutic behavioral services: 1%
 - Psychiatric health facility services: 0.2%
 - Day rehabilitation: 0.1%
 - Adult crisis residential treatment services: 0.1%
 - Day treatment intensive: 0.02%
 - o Adult residential treatment services: 0.01%
 - Therapeutic foster care: 0.01%
- By patient usage:
 - o Arrivals to SMHS: 18%





- SMHS > 2 years: 6%SMHS < 2 years: 9%
- o Exiting: 25%
- Arriving & Exiting*: 37%
- Continuing & exiting**: 5%
- By mental health diagnosis (Top 5)***
 - Penetration (1+ visits):
 - Reaction to severe stress & adjustment disorders: 30%
 - Major depressive disorder (1 episode): 23%
 - Other anxiety disorders: 17%
 - Major depressive disorder (recurrent): 16%
 - Other diagnosis: 15%
 - Penetration (5+ visits):
 - Reaction to severe stress & adjustment disorders: 31%
 - Major depressive disorder (1 episode): 24%
 - Other anxiety disorders: 19%
 - Major depressive disorder (recurrent): 16%
 - Other diagnosis: 10%
- * Children who had first service date in FY with no prior date in previous 3 months and had last service date in FY with no service date in next 3 months after that date
- ** Children who have had 2+ years of service continuation going into a FY and then no service date for 3 next months in that FY
- ***Penetration rate is calculated by taking total youth who received 1+ SMHS visits divided by total Medi-Cal eligible youth for that FY

SOURCES

California Health Care Foundation California Department of Health Care Services Kaiser Family Foundation

Centers for Medicare & Medicaid Services- FFY 2019 form CMS-416 Data

California Department of Health Care Services- Performance Dashboard AB 470 Report Application

