



Forum Session Meeting Announcement

Friday, December 8, 2006
9:00am — Breakfast
9:30–11:30am — Discussion

Children with Special Health Care Needs and the Role of Medicaid's Early and Periodic Screening, Diagnosis and Treatment Program

A Discussion Featuring:

Paul Newacheck, DrPH

Professor of Health Policy and Pediatrics
Institute for Health Policy Studies and Department of Pediatrics
University of California–San Francisco School of Medicine

Sara Rosenbaum, JD

Harold and Jane Hirsh Professor of Health Law and Policy
George Washington University Medical Center

Estelle Richman

Secretary
Department of Public Welfare
State of Pennsylvania

With comments from experts who have administered Medicaid and EPSDT at the state level

Location

Reserve Officers Association of the United States
One Constitution Avenue, NE
Congressional Hall of Honor
Fifth Floor
(Across from the Dirksen Senate Office Building)

Registration Required

Space is limited. Please respond as soon as possible.

Send your contact information by e-mail to: nhpfmeet@gwu.edu

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Children with Special Health Care Needs and the Role of Medicaid's Early and Periodic Screening, Diagnosis and Treatment Program

OVERVIEW

This Forum session will examine children with special health care needs (CSHCN) and the role of Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program in providing care to this population. The speakers at this session will explore the diverse and often costly needs of CSHCN, public and private health coverage for these children, and the challenges states face in administering EPSDT benefits. Speakers will also provide their insights regarding state experiences with the current EPSDT framework and new state opportunities provided under the Deficit Reduction Act of 2005.

For more information – See two NHPF papers by Christie Provost Peters: “EPSDT: Medicaid’s Critical but Controversial Benefits Program for Children” (IB 819 November 20, 2006), available at www.nhpf.org/pdfs_bp/BP_EPSDT_11-20-06.pdf, and “Children with Special Health Care Needs: Minding the Gaps” (Background Paper, June 27, 2005) available at www.nhpf.org/pdfs_bp/BP_CSHCN_06-27-05.pdf. ■

SESSION

Children with special health care needs (CSHCN) comprise approximately 13 percent of all children in the United States, and 20 percent of households with children include at least one child with such needs. Families with CSHCN seek a variety of services from a complex web of public and private programs in the health care, social service, and education systems. A diverse group with a broad range of health conditions and medical needs, CSHCN use more health care services and have higher health care expenses than other children.

Consistent access to a wide range of health services is important to ensure positive health outcomes for CSHCN. However, their ability to access adequate care and coverage varies, and the cost of caring for CSCHN falls unevenly among families. For low-income families with CSHCN, access to insurance can be a problem. Special needs children from low-income families are more than twice as likely to be uninsured for some or all of the year than those with family incomes at or above 200 percent of the federal poverty level (FPL). In 2000, over 13 percent of CSHCN in families with incomes lower than 200 percent of the FPL were uninsured.

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Medicaid is the single largest source of health insurance, public or private, for CSHCN. Medicaid's comprehensive and preventive child health program Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) provides access to specialized services such as personal care; physical, occupational and speech therapies; rehabilitative services; customized durable medical equipment; and mental health benefits frequently needed by children with chronic medical needs. With its comprehensive benefits and broad medical necessity standard, EPSDT is designed to promote child health and development as well as treat diagnosed illness. For many, the presence of EPSDT paves the way to access to care.

Providing access to all essential preventive and developmental childhood health care services, particularly for families with children facing life-long disease and disability, can be both challenging and expensive for states. States have long struggled to constrain Medicaid costs. The role of EPSDT and its generous benefit package often collides with state concerns regarding program administration and cost containment. The treatment mandate of EPSDT creates unprecedented coverage for low-income children. As a result, EPSDT benefits for Medicaid children are more generous than most private health insurance benefit packages. This level of care is viewed by some as exceeding necessity. Some states have tried to control or limit the "cadillac care" perception of EPSDT through their state medical necessity standards; however, litigation often results.

States have new opportunities under the Deficit Reduction Act (DRA) of 2005 to change Medicaid benefits and increase cost sharing. While states are required to continue providing EPSDT services as a wrap-around benefit if they pursue the new benefits benchmark option, the future of current EPSDT requirements and potential impacts on high-need, high-cost individuals such as CSHCN will likely come into question.

KEY QUESTIONS

- How many children have special health care needs? What is the nature of the health care problem faced by these children and their families?
- What are some of the challenges families with CSHCN face accessing needed care in the private and public insurance markets?
- Why are some groups of CSHCN more vulnerable than others in terms of acquiring adequate health care services and coverage?
- Is EPSDT considered a success? Are current EPSDT requirements, including the treatment mandate for states still relevant and necessary?
- What are state challenges in administering EPSDT and meeting federal requirements?
- Can states ensure that children's specific medical needs are met at the appropriate level without the current EPSDT requirements?

- How will the new state flexibility provisions under the DRA affect CSHCN? What are the potential benefits and risks to CSHCN in states pursuing these new opportunities?

SPEAKERS

Paul Newacheck, DrPH, is a professor of health policy at the University of California–San Francisco (UCSF) School of Medicine’s Institute for Health Policy Studies and Department of Pediatrics. He is also the co-director of the Center on Social Disparities in Health at UCSF. Dr. Newacheck will present an overview of CSHCN highlighting the health care utilization, expenditures, insurance coverage, and unmet needs for this diverse group. He will also address some of the challenges families with CSHCN face within the health care system.

Sara Rosenbaum, JD, is the Harold and Jane Hirsh Professor of Health Law and Policy and chair of the Department of Health Policy at the George Washington University. Ms. Rosenbaum will discuss the role of Medicaid in serving low-income CSHCN. Her presentation will focus on how EPSDT differs from private insurance and how the breadth and depth of services available under EPSDT provide a safety net for low-income CSHCN. Ms. Rosenbaum also will provide her insights on some of the Medicaid changes provided under the DRA and their potential impact on CSHCN.

Estelle Richman is secretary of Pennsylvania’s Department of Public Welfare and will present a state perspective on the tasks of coordinating, delivering and financing services for CSHCN. Ms. Richman’s presentation will highlight the challenges states face in trying to meet the various and often costly needs of special needs kids within state budget constraints. She will discuss issues and decisions states face regarding coverage and payment for health care financed with state and federal funds.

Comments will also be offered by experts who have administered Medicaid and EPSDT at the state level.



The National Health Policy Forum is a nonpartisan research and public policy organization at The George Washington University. All of its publications since 1998 are available online at www.nhpf.org.