

Senate Bill 1112

Medi-Cal: Families with Subsidized Child Care Senator Caroline Menjivar (D – San Fernando Valley)

SUMMARY

This bill would provide tens of thousands of children with access to early childhood developmental screenings and other appropriate developmental screenings. It will also ensure that children ages 0-5 who need additional services after screening are referred for further assessment and intervention at no cost to the parent. This bill would expand training, mentoring and coaching to child care providers to expand support to child care providers who are serving children across the developmental spectrum.

PROBLEM

Unidentified delays during a child's first years of life can have long-term effects on their well-being. Nationally, only 17% of children younger than 5 years of age with developmental delays received services for those delays. Further, 1 in 6 children ages 3-17 have developmental disabilities. Studies of children younger than three show that many presumably eligible children are not enrolled in early intervention. In California, approximately 50% of young children receive their care through the Medi-Cal system. Of those, less than 1 in 4 children received a developmental screening in 2020. California ranked 43rd in the nation in the rate of young children who received a timely screening. The greatest need for improved developmental screenings is in communities of color, where children are less likely to be diagnosed by their provider and less likely to receive services, regardless of the result of a developmental assessment.

Furthermore, the Medi-Cal systems have a historically poor performance on developmental screenings. Less than 1/3 of children in Medi-Cal managed care received developmental screenings in the first 3 years of life.

BACKGROUND

In the first five years, a child's brain develops more than at any other time in life. And while genetics play a significant role, the quality of a child's experiences in the first few years of life helps shape how their brain develops. Regular monitoring of a child's development can help identify a child in need of additional resources or

services; unidentified delays during a child's first years of life can significantly affect their school readiness and have long-term effects on their overall wellbeing. National guidelines recommend that a developmental screening performed at well-child visits for all children at 9 months, 18 months, and 30 months of age, or when medically necessary based on identified risks through ongoing developmental surveillance. Per federal mandate, all infants and toddlers participating in Medi-Cal should receive routine developmental screenings with a validated tool during a health care visit, as recommended by pediatricians.

SOLUTION

On average, at any time, the subsidized child care system will have 288,000 children enrolled statewide. Children of color make up 74% of all children ages five and under but comprise 87% of children eligible for subsidized care. Approximately 85% of children enrolled in subsidized care are Medi-Cal eligible. Ninety-nine percent of children currently enrolled in Medi-Cal are projected to be in managed care by 2024.

The California Department of Health Care Services (DHCS) requires Medi-Cal managed care plans (MCPs) and Third-Party Entities to enter a Memorandum of Understanding (MOU) under the Medi-Cal Managed Care Contract (MCP Contract) to specify the responsibilities of the MCP under the MOU. The MCP contract requires MCPs to build partnerships with third party entities to ensure member care is coordinated and members have access to community-based resources to support whole person care.

The MOU is intended to be an effective vehicle to clarify the roles and responsibilities among the parties involved, support local engagement, and facilitate care coordination and the exchange of information necessary to enable care coordination and improve the referral process between the parties. The MOU is also intended to improve transparency and accountability by setting forth existing requirements for each party as it relates to service or care delivery and coordination so that the parties are aware of each other's obligations.

Child care service agencies (also known as Resource and Referral and Alternative Payment agencies) already play an important role in the subsidized child care system and are well-positioned to support early identification and intervention. This bill will add child care agencies who administer CalWORKs and Alternative Payment Child Care Programs as a required partner for an MOU with Managed Care Plans. This will ensure that children in subsidized child care are connected to developmental screenings currently available and funded through managed care. Additionally, child care agencies can address the systems of care coordination gap and serve as primary prevention coordination partners with expanded navigation and training.

In addition, child care providers often care for children with mild to moderate special needs. In the wake of the COVID-19 pandemic, many children need additional support. A child care environment where caregivers are trained to look for signs of potential concerns and are equipped with tools to promote child development can help mitigate the short- and long-term impacts of developmental delays. This bill would provide funding to the child care resource and referral programs to expand training, coaching, and support to providers who are caring for children with Special Needs.

STATUS

SUPPORT

Child Care Resource Center

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