

Continuing COVID-19 Policy Flexibilities Affecting Children and Youth with Special Health Care Needs: *Recommendations for Medicaid Managed Care Plans*

By Sharon Silow-Carroll and Helen DuPlessis
[Health Management Associates](#)

Policy and regulatory changes enacted during the COVID-19 public health emergency (PHE) have significantly impacted children and youth with special health care needs (CYSHCN), their families, and their health care providers.

In an effort to ameliorate the negative consequences of the pandemic on access to and utilization of health care services, the federal government and state governments created temporary flexibilities through a variety of legislative, regulatory, and administrative mechanisms. With support from the Lucile Packard Foundation for Children's Health, Health Management Associates conducted a comprehensive review of these policy changes and identified those with particular implications for CYSHCN. We discussed these flexibilities and their impact on CYSHCN with frontline clinicians, legal and family advocates for CYSHCN, researchers, program leaders, and other public and private stakeholders.

The study's findings, which can be found at lpfch.org/COVID-19-HMA-Report include the following:

- Policies that expanded reimbursement for telehealth¹ have significantly affected and been largely advantageous to CYSHCN and their families. These included flexibility in services provided via telehealth, patient and practitioner location, technologies used, and types of providers.
- Expansions in telehealth also highlighted disparities, however, as many low-income and rural families face language barriers or lack broadband access, technologies required for telehealth, safe locations from which to conduct visits in private, or training on how to request or use telehealth. Further, states, health systems, and providers did not consistently adopt the flexibilities and make telehealth opportunities universally available, suggesting additional access challenges and inequities that warrant further study.
- To soften the pandemic's negative consequences on access to care, the federal government and state governments also relaxed provider enrollment, eligibility, and out-of-state licensure requirements for Medicare and Medicaid; broadened the scope of practice for certain health care workers; reduced administrative requirements for accessing specialty care and services; and expanded the ability of states to pay family caregivers for providing personal care to CYSHCN.
- The sudden and long-term school closures, isolation, cessation of many in-person clinical visits and home care visits (both home health and personal care/direct services), lack of child care and respite care, rampant unemployment, and social determinants of health (SDOH) that have been created or exacerbated by the pandemic have put tremendous strains on CYSHCN and their families. While use of telehealth for behavioral health services increased significantly during the PHE, there has been a dearth of policies or flexibilities focused on identifying and addressing the stressors on CYSHCN and their caregivers – many of which will continue beyond the PHE.

Given what has been learned so far, Health Management Associates developed recommendations about temporary policy changes that should continue or cease after the PHE, as well as new actions for consideration to best serve CYSHCN and their families and better prepare for future emergencies. ***This policy brief presents recommendations for Medicaid managed care organizations/health plans.*** As more data become available, further assessment of how flexibilities have affected quality, costs, and experiences of CYSHCN will provide additional guidance to health plans and policymakers.

Recommendations for Retaining and Advancing Telehealth

- Health plans should invest in providing technical assistance and training for clinicians as well as families who are not familiar or comfortable with telehealth, and ensure interpretation services are available during telehealth visits.
- Health plans should think creatively about incentivizing providers (for example, with global payments) to conduct virtual check-ins and reduce the pressure to do everything in one visit.

Recommendations for Other Access-Related Actions

- Health plans should evaluate the impact of suspending prior authorizations during the PHE by periodically conducting quality and cost-effectiveness assessments, and modifying authorization requirements accordingly.
- Given that the pandemic highlighted disparities and unmet social service and support needs, managed care organizations should target resources and incentives to encourage more routinized screenings for SDOH, especially for CYSHCN, and ensure that the care coordination process “closes the loop” to confirm that referred services are completed and to inform referring providers.²

Recommendations to Support Behavioral Health Care for CYSHCN and Caregivers

- Given the reported toll the pandemic has taken and may continue to take on the mental health of CYSHCN and their families, managed care organizations should target resources and incentives to encourage more *routinized behavioral health screenings and services for CYSHCN*, particularly during emergencies.
- Health plans should encourage *new telehealth modalities for behavioral health services*, such as audio-only visits, when appropriate or necessary.

About Health Management Associates

[Health Management Associates \(HMA\)](#) is an independent, national research and consulting firm specializing in publicly funded health care and human services policy, programs, financing, and evaluation. We partner with government, public and private providers, health systems, health plans, community-based organizations, institutional investors, foundations, and associations to improve health care and social services. Drawing knowledge from the frontlines of health care delivery and reform, we work with our clients to explore innovative solutions to complex challenges. HMA has 22 offices and more than 200 multidisciplinary consultants coast to coast. Learn more at healthmanagement.com.

About the Authors

Sharon Silow-Carroll, MSW, MBA, Principal, has more than 30 years of experience in health care policy research and analysis, focusing on innovative initiatives to enhance health care system quality, access, value, and coverage. Her areas of interest include maternal and reproductive health, children and youth with special health care needs, long-term care, and Medicaid managed care.

Helen DuPlessis, MD, MPH, Principal, is an accomplished pediatrician and physician executive with extensive leadership experience and comprehensive knowledge about public sector health programs. She has expertise in program and policy development, practice transformation, public health, maternal and child health (MCH) policy, community systems development, performance improvement, and managed care.

About the Foundation

The Lucile Packard Foundation for Children's Health unlocks philanthropy to transform health for all children and families - in our community and our world. Support for this work was provided by the Foundation's Program for Children with Special Health Care Needs. We invest in creating a more efficient system that ensures high-quality, coordinated, family-centered care to improve health outcomes for children and enhance quality of life for families. The views presented here are those of the authors and do not reflect those of the Foundation or its staff. Learn more at lpfch.org/CSHCN.

Endnotes and Citations

¹ Telehealth or telemedicine refer to the exchange of medical information from one site to another through electronic communication to improve a patient's health.

² Health plans should consider proposed standards and definitions, such as: National Care Coordination Standards for Children and Youth with Special Health Care Needs, National Academy for State Health Policy, October 2020. <https://www.nashp.org/wp-content/uploads/2020/10/care-coordination-report-v5.pdf>