FIRST 5 CENTER FOR
CHILDREN'S POLICY

BRIEF
March 2025

# Proposal for New Medi-Cal Benefit: Early Childhood Home and Community Based Services[1]

## INTRODUCTION

First 5 Center for Children's Policy developed a proposal for an early childhood home and community-based service (HCBS) Medi-Cal benefit. The proposed Early Childhood HCBS benefit aligns with what may typically be considered home visiting.

This proposal is based on the findings from a state and national landscape review, informational interviews with California's county First 5 commissions, community-based organizations, community health workers and doulas, a family survey, and discussions with home visiting experts in California. First 5 Center also worked with Medicaid experts to determine how the proposed benefit would best fit in the Medi-Cal program and how the Department of Health Care Services (DHCS) would implement the benefit.

The goal of an early childhood home and community-based service Medi-Cal benefit is to expand access to early childhood supports like home visiting, and improve a combination of health, development, and parenting outcomes for families.

Overall studies show home visiting has positive impacts in the following domains: 1) child development and school readiness, 2) family economic self-sufficiency, 3) maternal health, 4) reductions in child maltreatment, 5) child health, 6) linkages and referrals, 7) positive parenting practices, and 8) reductions in juvenile delinquency, family violence, and crimes.[2]

## ABOUT THIS BRIEF

This brief is the second in a series about home and community-based perinatal supports for California families. For more information on the state of maternal and infant health in California and the landscape of home and community-based perinatal/parenting supports, see the brief, Home and Community-Based Perinatal Supports for California Families.

# Supporting California Children and Families

Establishing a statewide Early Childhood HCBS benefit supports DHCS, the Department of Public Health (CDPH), and stakeholder goals. In March 2022, DHCS released *Medi-Cal's Strategy to Support Health and Opportunity for Children and Families*[3], outlining the Department's policy agenda and strategy for children and families enrolled in Medi-Cal.

One of the guiding principles of Medi-Cal's strategy is to "provide family and community-based care" and expand the setting in which care is provided, including home visiting, engaging community health workers, and providing culturally appropriate care. Additionally, California Advancing and Innovating Medi-Cal (CalAIM) has the long-term goal of transforming and strengthening the Medi-Cal program, focusing on an equitable, coordinated, and person-centered approach to health care delivery.[4]

In partnership with CDPH and the California Department of Social Services (CDSS), and in an effort to utilize a family-centered approach, DHCS also intends to increase enrollment of Medi-Cal covered pregnant persons and families into CDPH and CDSS home visiting programs.[5]

Additionally, as part of the recently released Birthing Care Pathways Report, DHCS identified offering at least one voluntary home visit to every newly pregnant Medi-Cal member and developing a standard to identify Medi-Cal beneficiaries who would benefit from more than one home visit in the prenatal and postpartum periods as potential solutions to increasing awareness and utilization of CDPH and CDSS home visiting programs.

Currently, home visiting is offered to families in California through various models, programs, and funding streams. The two main state administered programs are the California Home Visiting Program (CHVP) through CDPH and the CalWORKS Home Visiting Program through CDSS.

**Although these programs have experienced expansions over the last few years, they are only funded to serve a small fraction of birthing individuals and babies in California.[6] Therefore, expanding access to adjacent supports through a statewide Medi-Cal Early Childhood HCBS benefit would provide care for many more children and families.**

This benefit would provide a floor of access for early childhood supports for low-income families, widening beyond our current home visiting infrastructure. By focusing on preventive care, parental education, and nurturing relationships, a statewide Medi-Cal Early Childhood HCBS benefit aims to promote positive child outcomes and foster a stronger and healthier society.

# Considerations for Developing an Early Childhood Home and Community-Based Service Benefit

In 2022, First 5 Center hosted discussions with First 5 home visiting leaders and a variety of home visiting experts. From these interactions, it was clear that there is no agreed upon definition of home visiting and different beliefs about best practices and key components exist. The following were the key areas for which there are wide-ranging opinions on the best structures for the benefit proposal.

### LENGTH OF THE SERVICE

While everyone agreed that supporting children and families throughout the perinatal and early childhood period is vitally important, opinions differed on the appropriate timeframe for an approvable Medi-Cal benefit. Timeframes ranged from prenatal visits through home visits up to 3 years or more. In developing the proposal, we considered what interviewees thought was most critical and most ideal, and what would be approvable by both DHCS and the Center for Medicare and Medicaid Services (CMS).

### NUMBER AND CADENCE OF VISITS

A wide variety of home visiting models are currently used throughout California and the nation. Each model has a different approach to the number of visits provided to a family and how often these visits occur. These can range from fairly intensive contacts, especially in the perinatal period, to monthly or less than monthly in some programs, particularly depending on the child's age. In developing the proposal, we considered again what interviewees thought was most important and appropriate. We also reflected on what would fit within an approvable Medicaid construct as well as the potential cost to the Medi-Cal program.

### TYPES OF PROVIDERS

Different home visiting programs vary in provider type. These include but are not limited to clinically licensed providers (nurses, social workers, etc.), non-licensed professionals (such as community health workers or care managers), and peer-parent individuals who have received specific home visiting training. Some programs use a combination of these providers, while others rely solely on parent educators/coaches. In some programs, the type of provider was dependent on the population of focus (for example, using therapists for parents with mental health concerns). In this proposal, we use non-licensed professionals, building off what is allowable under the Medi-Cal Community Health Worker (CHW) services benefit.

### TYPES OF SERVICES

Depending on the nature and focus of the programs being offered and the type of provider conducting the visit, the actual services provided during visits differ. Allowable services in this proposal are preventive in nature and include assessments and screening, encouraging connections to preventive care, parent education and support, lactation support, and referrals to health and social services.

### ELIGIBLE POPULATIONS

While the home visiting models currently being used outside of the Medi-Cal framework often have targeted eligibility, given Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements, this proposal does not limit the eligible population beyond those parents and children enrolled in Medi-Cal.

# Input from Community-Based Organizations and Families

In 2023, we conducted interviews with community-based organization partners who have a history of investing in or implementing home visiting, CHW services, doula services, or other early childhood developmental supports for families with young children. The purpose of the interviews was to collect reactions on the initial proposal and input on the intersection between home visiting, doula, and CHW services. A few themes emerged from these conversations:

1. **Integration and coordination of perinatal supports for families (including doula services, CHW services, and a potential new benefit) is important for family retention and service effectiveness.** These types of providers could work together as a team, enhancing coordination between services and building trust among providers and families. However, integration is operationally challenging, and all partners need to be bought in on working together towards a common vision. Alternatively, a single provider may be able to deliver different types of support to families throughout this period using different benefits. For example, some doulas may be interested in working with families post doula services through a Medi-Cal Early Childhood HCBS.

2. **Explore the overlap between the current community health worker workforce and the role of a short-term home visitor**. Among community-based organization partners interviewed, questions emerged about the distinct differences between the current community health worker workforce and the workforce in the benefit. An early childhood home and community-based service benefit modeled after the existing CHW services benefit may not provide enough reimbursement to adequately support the services nor staffing type proposed.

3. **Cultural relevancy is critically important in home visiting service delivery and staffing**. Medicalizing community-based supports and delivering in-home services comes with risks given the historical harms done by medical and public institutions to communities of color, and specifically Black people.

4. **The benefit window may need to be longer than six months to be most effective and accommodate perinatal benefit sequencing.** This can also help prevent poor birth outcomes that can occur within the first year after birth.

First 5 Center also conducted a targeted survey of families on these themes. We received responses from 47 individuals in California who had a baby in the last two years. Given the critical importance of supporting Black families in the perinatal period, as outlined in our brief "Home and Community-Based Perinatal Supports for California Families," we centered Black families in our sample.

**Overall, the survey affirmed that families feel positively about receiving perinatal services in the home. In addition, an important consideration for the proposal also emerged. Of the things families look for when choosing to work with a perinatal professional, the provider being "well-trained" was the most important factor.**

## DRAFT PROPOSAL

Based on discussions with First 5 Center partners, direct-service providers, Medi-Cal experts, and families, we developed a distinct and defined Medi-Cal benefit option. It is limited in scope for ease of DHCS implementation from an operational feasibility, CMS approvability, and cost perspective. It creates a path for a universal floor of access to early childhood home and community-based services in Medi-Cal, which in full implementation would coordinate with the rest of the home visiting landscape in California.

# Proposed Early Childhood Home and Community-Based Service Benefit

- Eligible populations include pregnant Medi-Cal enrollees, parents, and families with children up to the age of 12 months. Parents and infants may begin receiving services at any time within this 12-month period.
- The benefit would be both in Medi-Cal fee-for-service (FFS) and managed care.
- The benefit structure would be the same in both FFS and managed care, meaning plans would not have the discretion to modify the types of services, providers, or length of time. This would ensure consistency in the benefit across all delivery systems and all Medi-Cal managed care plans.
- The permitted number of visits would be five in total:
  - One prenatal.
  - Four post-birth. Ideally, at least one visit should be within the first two weeks of birth, either in the hospital or in the home.
- Participation would be voluntary on the part of the family, and they would be permitted to receive as few or as many of the allowable visits. For example, the family could just opt for the prenatal and one at home visit or not participate until after birth.
- The provision of the benefit would be overseen by a licensed provider, clinic, hospital, community-based organization, local health jurisdiction, or First 5 commission. The use of non-licensed professionals, parent educators/coaches, CHWs, doulas, and/or home visitors for non-clinical services is permitted and, when possible, will link the birthing parent and infant to primary care and other social and health supports.
- The services permitted would include:
  - Appropriate assessments and screenings for both the parent and infant
  - Encourage and confirm immunizations, well care visits, and prenatal and postpartum care appointments that are age appropriate and assist with scheduling, as needed
  - Parent education and support
  - Lactation support
  - Referrals to other available resources in Medi-Cal, as well as other social services

# Reimbursement Structure and Cost

Based on the benefit structure outlined above, we propose a reimbursement methodology that aligns with existing structures for similar or identical services in the Medi-Cal program.

Because the provider types and services identified in this proposal significantly align with the CHW and doula provider services recently approved and implemented in Medi-Cal, the payment methodology and rates for this benefit would likely need to align with what the state has already established for these providers. This would be consistent with the argument that this benefit further defines and supplements already established services in the Medi-Cal CHW services and doula benefits.

In the benefit cost model, we assume a new Early Childhood HCBS benefit offsets some CHW services and doula benefit utilization. We use the CHW service and doula benefit rates as base rates for the new benefit, with rate bumps to include both travel time and training to address comments from stakeholders. Assuming the following, the estimated annual cost of the benefit is outlined in the table below.

- 40% of MCP births and 20% of FFS births access the benefit
- An average of 4 visits
- 25% of providers are doulas and 75% are community health workers or adjacent
- 10% of doula service use among the same families is replaced by the new Early Childhood HCBS benefit
- 60% of CHW service use among the same families is replaced by the new Early Childhood HCBS benefit

| OVERALL RESULTS AND POTENTIAL OFFSETS | |
|---|---|
| Total Annual Costs for All Medi-Cal Families Using Services | $30,472,027 |
| Total Estimated Cost Offset of Replaced Services | $10,038,025 |
| Potential Annual Costs for All Families Using Services Net of Replaced Services | $20,434,002 |
| State General Fund Share for Total Annual Cost | $13,712,412 |
| State General Fund Share for Potential Annual Cost Net of Replaced Services | $9,195,301 |

It is important to note the ongoing advocacy for increased Medi-Cal rates for community health workers. Currently, there is a campaign to increase the current Medi-Cal rates for the Community Health Worker Medi-Cal Services benefit from $26.66 per 30 minutes to at least 87.5% of the Medicare rate, or $53.35 per 30 minutes.

Any rate increase for community health workers would necessarily increase the cost of the Early Childhood HCBS benefit because the CHW services benefit rate is used as the base rate for the Early Childhood HCBS benefit.

# Additional Thoughts and Outstanding Questions

This proposal aims to be comprehensive in nature, however, there are pending policy decisions and discussions with stakeholders that are needed to further develop the proposal. The list below outlines what outstanding questions need to be addressed to better define the benefit. Most of these questions would be answered after a benefit was approved:

- What assessments and screenings are included in the benefit and would overall costs increase based on including assessments and screenings?
- Would there be specific provider education, training, or certification requirements? What would this look like?
- What would the visit duration units and expectations be?
- Would the reimbursement rate cover all costs required to administer the service?
- Would there be an initial intake visit that would be priced differently from other visits?
- Is the parent or child's Medi-Cal coverage billed?

## APPENDIX. OTHER PREGNANCY AND EARLY CHILDHOOD SUPPORTS TO INTERACT WITH THE EARLY CHILDHOOD HCBS BENEFIT

The following table includes state offered pregnancy and early childhood supports that would interact with the proposed Early Childhood Home and Community-Based benefit.

| PREGNANCY AND EARLY CHILDHOOD SUPPORTS | OVERVIEW | ELIGIBILITY REQUIREMENTS | SCOPE OF BENEFIT AND SERVICES | ELIGIBLE PROVIDER TYPES |
|---|---|---|---|---|
| Comprehensive Perinatal Services Program (CPSP) [7,8] | The goal of CPSP is to decrease the incidence of low birth weight, improve the outcomes of pregnancy, to give every baby a healthy start in life, and to lower the overall cost of health care by preventing catastrophic and chronic illness in infants and children. | • State of California resident<br>• Pregnant or within 60-days postpartum<br>• Enrolled in Medi-Cal<br>• High-risk pregnancy (e.g., diabetes, hypertension, HIV/AIDS, substance use disorder (SUD), or other health complications) and as determined by a practitioner during an initial prenatal assessment | The maximum services rendered include:<br>• Initial support services (max cost $50.49)<br>• Individual support services (up to 21.5 hours)<br>• Group classes (up to 27 hours)<br>• Coordination<br>• Vitamin/mineral supplements (10 in 9 months)<br>Service types include but are not limited to:<br>• Obstetric services<br>• Nutrition<br>• Psychosocial<br>• Health Education | • Enrolled Medi-Cal FFS or managed care providers<br>• Physician in general practice, family practice, OB/GYN, or pediatrics<br>• Group medical practice[9]<br>• Certified Nurse Midwife (CNM)<br>• Clinic (Federally Qualified Health Center or FQHC, hospital, community, or county)<br>• Alternative Birthing Center<br>• Additionally, a health care provider may employ or contract with the providers listed above or the following practitioners to provide some comprehensive services:<br>  • Certified nurse-midwives<br>  • Licensed midwives<br>  • Nurses<br>  • Nurse practitioners<br>  • Physician assistants<br>  • Social workers<br>  • Health and childbirth educators<br>  • Registered dietitians |

| PREGNANCY AND EARLY CHILDHOOD SUPPORTS | OVERVIEW | ELIGIBILITY REQUIREMENTS | SCOPE OF BENEFIT AND SERVICES | ELIGIBLE PROVIDER TYPES |
|---|---|---|---|---|
| Enhanced Care Management (ECM) for Pregnancy, Postpartum, and Birth Equity Population of Focus (POF) [10,11] | ECM is a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of members with the most complex medical and social needs. ECM includes the systematic coordination of services and comprehensive care management that is community based, interdisciplinary, high touch and person centered. | *Pregnancy, Postpartum, and Birth Equity Population of Focus*<br><br>(1) Adults/youth who are pregnant or postpartum (through 12 months period) AND<br><br>(2) Meet one or more of the following conditions:<br><br>(i) Qualify for eligibility in any other adult or youth ECM Population of Focus;<br><br>(ii) [Birth Equity Population of Focus Effective January 1, 2024] Are subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality. | Services include but are not limited to:<br><br>• Assistance with the facilitation of access to Community Supports (CS) to prepare for or recover from labor and delivery<br><br>• Coordination with the transition from hospital to home with various health and social services providers<br><br>• Treatment adherence (e.g., scheduling prenatal/postpartum appointments, well care visits (WCV), appointment reminders, coordinating transportation, connection to public benefits, identifying barriers to adherence and accompanying members to appointments, as needed)<br><br>• Connecting the pregnant/postpartum individual, their partner, and/or their family with resources to support the member's health and newborn or infant's health.<br><br>• Coordinating care across all applicable delivery systems (Medi-Cal Managed Care or Medi-Cal FFS; Specialty Mental Health Services; Drug Medi-Cal (DMC) or DMC-Organized Delivery System (ODS); Dental Managed Care or Dental FFS; and Medi-Cal Rx) and care coordinators. | There are no limitations on who can be an ECM provider for this POF. However, DHCS suggests:<br><br>• OB/GYNs<br><br>• Family Medicine Physicians<br><br>• Doulas<br><br>• Promotoras<br><br>• Midwives |

| PREGNANCY AND EARLY CHILDHOOD SUPPORTS | OVERVIEW | ELIGIBILITY REQUIREMENTS | SCOPE OF BENEFIT AND SERVICES | ELIGIBLE PROVIDER TYPES |
|---|---|---|---|---|
| Doula Services [12,13] | Doulas provide person-centered, culturally competent care that supports the racial, ethnic, linguistic, and cultural diversity of members while adhering to evidence-based best practices. Doula services are aimed at preventing perinatal complications and improving health outcomes for birthing parents and infants. | • Medi-Cal eligible<br>• Statewide standing recommendation that all Medi-Cal members who are pregnant or were pregnant within the past year would benefit from receiving doula services from a Medi-Cal enrolled doula provider.<br>• Doula services can only be provided during pregnancy; labor and delivery, including stillbirth; miscarriage; abortion; and within one year of the end of a Member's pregnancy. | An initial recommendation for doula services includes the following authorizations:<br>• One initial visit<br>• Up to 8 additional visits that can be provided in any combination of prenatal/postpartum visits<br>• Support during labor and deliver (including labor and delivery resulting in stillbirth, abortion, or miscarriage)<br>• Up to two extended 3-hour postpartum visits after the end of a pregnancy | Doulas must meet Medi-Cal doula provider requirements and qualifications including:<br>• Be 18 years of age or older<br>• Possess an adult/infant CPR certification<br>• Completed Health Insurance Portability and Accountability Act training<br>• Meet training or experience pathway requirements |

| PREGNANCY AND EARLY CHILDHOOD SUPPORTS | OVERVIEW | ELIGIBILITY REQUIREMENTS | SCOPE OF BENEFIT AND SERVICES | ELIGIBLE PROVIDER TYPES |
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| Community Health Worker Services (CHW) [14,15] | CHW services are defined as preventive health services delivered by a community health worker to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and mental health. | Recommending provider (or Medi-Cal managed care plan standing recommendation) must determine eligibility based on the presence of 1 or more of the following:<br>• Diagnosis of one or more chronic health conditions, or a suspected mental disorder or SUD that has not yet been diagnosed.<br>• Presence of medical indicators of rising risk of chronic disease that indicate risk but do not yet warrant diagnosis of a chronic condition.<br>• Any stressful life event presented via the Adverse Childhood Events screening (ACES).<br>• Presence of known risk factors, including domestic or intimate partner violence, tobacco use, excessive alcohol use, and/or drug misuse.<br>• Results of a Social Determinants of Health (SDOH) screening indicating unmet health-related social needs, such as housing or food insecurity.<br>• One or more visits to a hospital emergency department (ED) within the previous six months.<br>• One or more hospital inpatient stays, including stays at a psychiatric facility, within the previous six months, or being at risk of institutionalization.<br>• One or more stays at a detox facility within the previous year.<br>• Two or more missed medical appointments within the previous six months.<br>• Member expressed need for support in health system navigation or resource coordination services. | Services include:<br>• Health education<br>• Health navigation<br>• Screening and assessment<br>• Individual support or advocacy<br>• Violence prevention (in some cases)<br>12 units of service (30-min service = 1 unit; max 4 units (2 hours) daily) | CHWs must have lived experience and meet Medi-Cal provider requirements and qualifications including:<br>• Certificate Pathway (e.g., CHW Certificate, Violence Prevention Certificate); OR<br>• Work Experience Pathway (2000 hours CHW experience). |

| PREGNANCY AND EARLY CHILDHOOD SUPPORTS | OVERVIEW | ELIGIBILITY REQUIREMENTS | SCOPE OF BENEFIT AND SERVICES | ELIGIBLE PROVIDER TYPES |
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| | | • Need for recommended preventive services, including updated immunizations, annual dental visit, and well childcare visits for children. | | |
| Black Infant Health (BIH) Program[16] | The BIH Program provides a culturally supportive environment which honors the unique history of Black women and aims to help women have healthy babies. | • Pregnant status<br>• Self-identify Black birthing person 18 years of age or older<br>• Must not exceed 30 weeks gestational age | Prenatal program components include:<br>• Group sessions (10, 2.5 hours sessions with recommended minimum of 7 sessions)<br>• 1:1 planning meetings (recommended minimum of 4) with family health advocate (FHA)<br>Postpartum program components include:<br>• Group sessions (10, 2.5 hours sessions; must begin within 6 months postpartum)<br>• Postpartum depression screening within 2 months postpartum<br>• Assessments<br>• Monthly individual life planning meetings until the participate joins the postpartum group | BIH Program exists in the following counties where over 90% of Black births occur: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Solano*, Long Beach, and Pasadena<br>* Client-centered life planning only |

## NOTES

1. The Early Childhood Home and Community-Based Service Benefit is not associated with a HCBS waiver program or otherwise
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