

West Virginia Has Second Highest Percent of Chronically Ill Children

PUBLIC HEALTH INSURANCE COVERAGE IS VITAL



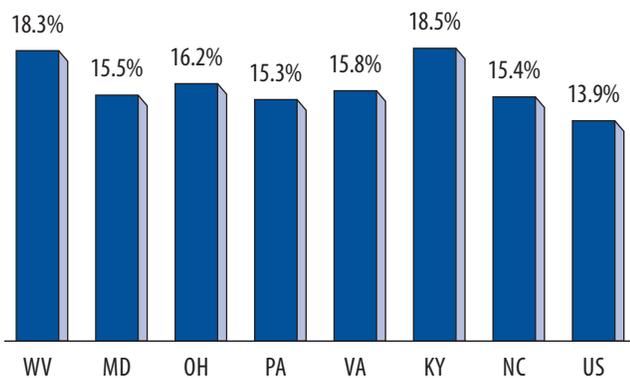
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A new report from the State Health Access Data Assistance Center of the University of Minnesota shows that West Virginia had the second highest percent of children with special health care needs in the nation in 2005–2006.¹ More than 69,000 children age 17 or younger or 18.3 percent of all children had special health care needs. The US average for those years was 13.9 percent. Kentucky had the highest percent of children with special health care needs at 18.5 percent and California had the lowest with 9.9 percent.²

Chart 1 compares West Virginia children with special health care needs with the US average and surrounding states.

CHART 1
Children with Special Health Care Needs (2005–2006)



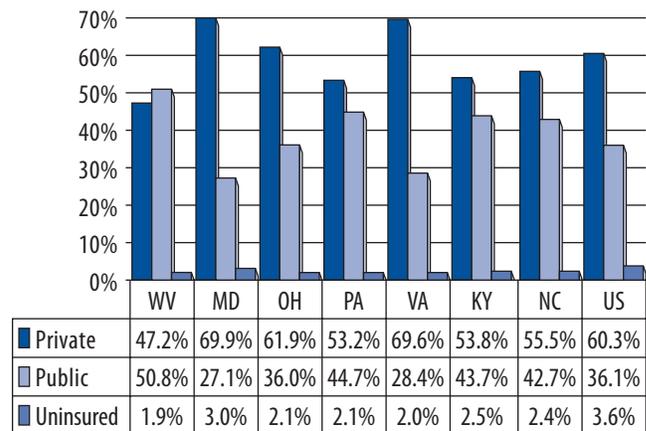
Source: 2005-2006 Children with Special Health Care Needs Survey, National Center for Health Statistics, U.S. Centers for Disease Control and Prevention.

Health Coverage of Children with Special Health Care Needs

More than 50 percent of West Virginia children with special health care needs had public insurance coverage (Medicaid or WVCHIP), about 47 percent had private coverage and less than 2 percent were reported as uninsured. The US average for the same years was about 36 percent with public coverage, 57 percent with private coverage, and almost 4 percent uninsured.

Chart 2 compares health coverage in West Virginia with the US average and surrounding states. It shows that West Virginia had the highest percent of public coverage and the lowest number of children without any insurance coverage. All states in the region except West Virginia had more children with private coverage than public coverage. Outside the region, Arkansas, District of Columbia, Louisiana, and Mississippi had more than 50 percent of children with special health care needs enrolled in public insurance.

CHART 2
Percent of Children with Special Health Care Needs by Insurance Status (2005–2006)



Source: 2005-2006 Children with Special Health Care Needs Survey, National Center for Health Statistics, U.S. Centers for Disease Control and Prevention.

Some Children with Special Health Care Needs Receive No Care or Delayed Care

Despite health coverage, some children in West Virginia did not receive care or received delayed care. West Virginia children with public coverage experienced no care or delayed care 10.1 percent of the time. West Virginia children with private coverage received no or delayed care 5.2 percent of the time. Nationally, 9.5 percent of children with public coverage received no or delayed care and 5.6 percent of children with private coverage received no care or delayed care.

Children with Special Health Care Needs Who Have a Personal Doctor

West Virginia does better than the national average in the number of children who have a personal doctor. In West Virginia 97.6 percent of children with public coverage reported having a personal doctor; this is the highest percent among all the states. Among West Virginia children with private coverage, 95.4 percent reported having a personal doctor. Nationally 91.5 percent of children with public coverage and 95.6 percent of children with private coverage had a personal doctor.

Some Children with Special Health Care Needs Do Not Receive Needed Mental Health Care Services

When it comes to mental health care, West Virginia is lower than the national average in providing needed services. Among West Virginia children with public coverage, 17.1 percent reported not receiving all needed mental health care versus 15.6 percent nationally. For privately covered West Virginia children, 10.4 percent did not receive needed mental health care versus 12.3 percent nationally.

Discussion and Recommendations

It's no surprise that West Virginia consistently ranks among the top in the number of children with chronic conditions and special health care needs. West Virginia also ranks among the top in the number of children who live in poverty. Childhood poverty is consistently associated with poor health outcomes.

Addressing the causes of poverty is the most important thing that West Virginia could do to improve the health of its children over the long term. In the short term, however, public policy should support and promote access to early intervention and quality health services including mental health services to improve the lives of West Virginia children with special health care needs.

Among the public policy options, three programs are particularly relevant.

- The Birth to Three Early Intervention Program should receive all necessary support.
- The Medicaid Redesign Mountain Health Choices should be suspended and evaluated for its impact on children with special health care needs.

- The coordinated medical home model now being discussed as part of the Legislative actions for health reform should be speedily implemented for children with special health care needs.

West Virginia Birth to Three is a program that identifies infants and toddlers with developmental delays or significant risk factors. The program is part of federal special education law and operates under Part C of the Individual with Disabilities Act (IDEA). Supported with a combination of federal and state funding, the Program faced a \$3 million budget shortfall in state fiscal year 2008. State officials had to request a special appropriation from the legislature to cover the shortfall. Total state and federal funding per year is about \$5.4 million.

The primary reason for the shortfall is that the program has grown from 3,077 children in 2002 to 5,605 children in 2007. While the program has grown substantially, federal funding has remained stagnant. The program has also not had any increases in the state line item for early intervention services since the mid 1990s.³

In an editorial on August 24, 2008, Dr. Fernando Indacochea, president of the West Virginia Chapter of the American Academy of Pediatrics, endorsed the value of *Birth to Three* as an important investment in West Virginia's future. He urged the legislature to give top priority to fully fund the program.⁴

State policymakers should act to assure that *Birth to Three* is fully funded in 2009 and beyond. The Public Employee's Insurance Program (PEIA), the Children's Health Insurance Program (CHIP) and private insurers should provide reimbursement for early intervention services for young children through *The Birth to Three Program*.

Medicaid Redesign Mountain Health Choices

Mountain Health Choices is an effort to cut costs and improve the health of children and parents in Medicaid. Families who sign an agreement to keep doctors' appointments, avoid emergency room use and lead healthy lifestyles get a broader set of benefits than those who do not sign the agreement. Two years after implementation began, less than 10 percent of Medicaid families have signed the agreement. There is widespread confusion among families as well as health care providers about how the program is supposed to work. Special incentives and services that were to be available with the new program are not in place.

To date, the major impact of the program seems to be that community behavioral health centers are being denied payment for providing mental health services to Medicaid children. Given the high number of children in West Virginia with special health care needs, this policy seems counterproductive and not likely to lead to improved health outcomes.

Three respected national organizations, and a statewide advocacy coalition have been highly critical of the design and implementation of the program.⁵

Given the potential impact of great harm for children, the Governor should suspend implementation of Medicaid Redesign until the Bureau for Medical Services and the Department of Health and Human Resources evaluate the original design of the program and implementation to determine if the goals laid out for the program can be met.

The Medical Home

The American Academy of Pediatrics and the federal Bureau for Maternal and Child Health have advocated for the concept of a medical home for children with special health care needs for many years. A medical home is a medical practice that coordinates all the care that a child with a chronic health conditions needs to remain healthy, obtain optimal function and stay out of the hospital.

Two separate planning efforts are in process of developing recommendations and implementing medical home pilot projects. These efforts should be informed by the concepts of a medical home for children with special health care needs. A statewide approach to a medical home for every child with a special health care need should receive priority attention from the legislature and the Bureau for Medical Services (Medicaid.) Successful models exist in West Virginia that could be easily replicated.⁶

End Notes

1 The State Health Access Data Assistance Center, University of Minnesota, *A Needed Lifeline, Chronically Ill Children and Public Health Insurance Coverage (a state-by-state analysis)*, August 2008. Data for the report comes from the U.S. Centers for Disease Control and Preventions' National Center for Health Statistics (2005-2007), State and Local Area Integrated Telephone Survey and the 2007 National Health Interview Survey.

2 Children with special health care needs are identified as children who have a condition that has lasted or is expected to last 12 months or longer that causes any of the following: a need for prescription medicine, use of more medical care, more mental health care or educational services than is usual, or limits or prevents their ability to do things most children of the same age do .

3 West Virginia Center on Budget and Policy, *Birth to Three: A Priority for West Virginians*, May 2008.

4 Dr. Fernando J Indacochea, *Children's doctors prescribe early screenings*, Sunday Gazette-Mail, August 24, 2008.

5 The Center on Budget and Policy Priorities, the Georgetown University Center on Children and Families, and Families USA all have written reports criticizing the design and implementation of Mountain Health Choices. FACES, a coalition of groups in Charleston, West Virginia has asked for suspension of the program.

6 Dr. James Lewis operates a medical home for children with special health care needs near Huntington, WV. His efforts have been supported by the AAP and the Bureau for Public Health and received national recognition.

The **West Virginia Center on Budget and Policy** is a policy research organization that is nonpartisan, nonprofit, and statewide. It focuses on how policy decisions affect all West Virginians, especially low- and moderate-income families.

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