

Ensuring Vulnerable Children and Families Have Access to Needed Health Services and Supports During the COVID-19 Pandemic

Contributors:Elizabeth J. Gifford, PhD^{1,2,3}Gary Maslow, MD MPH^{1,4}David Ming, MD^{1,4}Charlene A. Wong, MD, MSHP^{1,2,3,4}**Affiliations:**¹Duke Children's Health and Discovery Initiative²Duke-Margolis Center for Health Policy³Sanford School of Public Policy⁴Duke University School of Medicine

This policy brief focuses on how necessary responses to the COVID-19 pandemic alter the health and social service landscape for children and families, particularly those who were already vulnerable, and offers policy guidance.

Introduction

The end of most face-to-face services and supports across the United States has disrupted the lives of all Americans, leaving families struggling to figure out how to meet their children's health, well-being and educational needs. Children and families across the country are having to cope with the loss of many of the services and supports that allow them to function.

The loss of these supports provided by schools—a regular schedule, education, nutrition, a safe place for children to be while their parents work or recharge, social and physical activities—is particularly challenging for families. On top of this loss, many parents and caregivers have lost jobs and, with them, health insurance, removing families' abilities to pay for the services that keep their children healthy.

At a time when parents may need more support, their usual care networks (e.g., family, neighbors, agency staff) have shrunk due to social distancing and/or viral illness. These changes place enormous stresses on all children and families and place many at risk for poor outcomes if policies are not put in place to provide much-needed support.



Children's Health &
Discovery Initiative
At Duke University

Policies and Strategies to Meet the Health Needs of Vulnerable Children and Families

Children and families are facing tremendous challenges to their well-being due to the COVID-19 crisis and the implementation of needed social distancing strategies such as closing schools and curtailing in-person social service and medical visits. While strategies cannot immediately be put in place to meet all needs, there are policies and infrastructure that already exist and can be used to ensure the health needs of children and families are met. Policies that ensure children have access to needed high-quality health care and supports can alleviate some of the immediate challenges facing vulnerable children and families. Some notable groups of children who are likely at high risk during this pandemic include children at risk of maltreatment or who are already in foster care, children with medical complexity, and children and families with behavioral health needs.¹⁻³ These groups of children disproportionately have underlying social, health, and mental conditions that require ongoing treatment.⁴⁻⁶ In addition, their caregivers disproportionately face their own health and mental health challenges.⁷⁻¹¹ Fortunately, many providers across the country are innovating and expanding their capacity to provide services virtually. Some risk-mitigating strategies posed by the necessary mechanisms employed to curb the spread of the disease are described [here](#). However, whether or not families can fully and reliably access these many of these services depends upon having access to the internet and access to health insurance.

Eradicate the digital divide. Children and families who disproportionately need increased access to health and social services are also the least likely to have access to the Internet (especially at high speeds). This includes individuals in rural areas and those living in low-income households. In response to this, the Federal Communications Commission announced the [Keep Americans Connected Initiative](#), which asks broadband and telephone service providers, as well as trade associations, to (1) not terminate services, (2) waive any late fees and (3) open Wi-Fi hotspots. Additionally, companies, such as [Charter](#) and [Comcast](#), have announced policies to offer low-income families access to the Internet.^{12,13} Outreach will be needed to ensure that eligible families are aware of and have the computing devices and information to take advantage of these opportunities.

Through the [CARES Act](#), Congress appropriated \$200 million to support health care providers' use of telehealth services during the COVID-19 pandemic.¹⁴ Beyond health care provision, this type of support could benefit social service agencies that are seeking to conduct welfare visits, especially as [federal policy](#) for social service agencies is being amended to waive in-person requirements for foster care visits.¹⁵ Agencies will need support in conducting, evaluating, and refining this approach to ensure child safety.

Significance: Increased access to the Internet and online resources (e.g., educational resources, medical care, and support services) for the most vulnerable households will allow social service agencies new and necessary strategies to work with families.

Ensure health insurance coverage for children on private plans as well as Medicaid and CHIP.

The Centers for Medicare & Medicaid Services is providing [guidance](#) to states on the options they have, within existing federal regulations, to use state Medicaid and Children's Health Insurance Programs (CHIP) to respond to the COVID-19 crisis.¹⁶ Options include flexibilities in current state statute, Medicaid and CHIP state plan amendments such as section 1915(c) waivers and section 1115 demonstrations.

Among the options for states to consider are:

- Expediting Medicaid enrollment using strategies such as expanding [presumptive eligibility](#) to cover all children applying for Medicaid or CHIP for the duration of the crisis.¹⁷
- Increasing the number of children enrolled in Medicaid through [1915\(c\) waivers \(Appendix K: Emergency Preparedness and Response\)](#).
- Extending timeframes for renewal/eligibility for current beneficiaries using a CHIP Disaster Relief State Plan Amendment.¹⁸
- Using some CHIP funding, under the [CHIP Health Services Initiative](#), to implement initiatives focused on targeted areas such as violence prevention and treatment, parenting education services and supports, nutrition services, and mental health services for low-income children.¹⁹
- Mirroring the recent [expansion of telehealth services under Medicare](#)²⁰ as [described by the Centers for Medicare & Medicaid Services](#).²¹
- Reopening health insurance exchanges to provide options for families who have lost coverage (they may also qualify for special enrollment periods).
- Promoting [Consolidated Omnibus Budget Reconciliation Act](#) (COBRA) health insurance for children and caregivers who previously had employer-sponsored insurance, although such coverage can be prohibitively expensive for those who have lost their source of income.
- Using [1135 waivers](#) to allow for more streamlined provider enrollment to increase access to care.

Significance: Maintaining children's access to health care during changes or gaps in families' employment and health insurance coverage is important.

Ensure caregivers' health insurance coverage and access to care by establishing processes for quickly enrolling newly-eligible adults and expanding Medicaid eligibility. The unprecedented job loss the U.S. is facing will leave millions of caregivers and their families without health insurance coverage. The crisis and the stresses it has brought will likely also lead to an increased need for mental health treatment. Federal and state governments can ensure policies are in place to support families in this time of crisis, such as:

- Expediting Medicaid enrollment using strategies such as expanding [presumptive eligibility](#) to cover all adult and child applicants for the duration of the crisis.¹⁷

- Expanding Medicaid under the Affordable Care Act, if states have not already done so, to help meet the unprecedented need.
- Allowing for some flexibility with state-level Medicaid work requirements in the face of the current crisis.
- Applying to use Title IV-E Family First Prevention Service Act funds to address the needs of caregivers whose children are at risk for foster care placement.^{22,23} For children who are “candidates for foster care,” [services](#) can include mental health and substance abuse prevention and treatment services and in-home parent skill-based programs that meet criteria as well-supported, supported, or promising.²⁴

Significance: Caregivers are addressing major changes in the workplace, confronting joblessness, and assuming child care and educational responsibilities. Their access to physical and mental/behavioral health care is important for allowing them to continue their caregiving roles.

While these strategies will not meet all the needs of children and families, they can help meet the health needs of the most vulnerable children and families using already-available policy levers. More work is needed to develop solutions for the loss of social services, in-school, and other supports that many children and families rely on for their well-being.

Acknowledgements and Additional Contributors

Makenzie Beaman, MD/PhD Candidate⁴

Naomi Duke, MD, PhD, MPH⁴

Megan Golonka, PhD³

Yuerong Liu, PhD^{1,3}

Taryn Morrissey, PhD

Rachel Roiland, PhD, RN²

Robert Saunders, PhD²

Laura Stilwell, MD/PhD Candidate^{1,4}

Berkeley Yorkery, MPP³

References

1. Substance Abuse Mental Health Services (SAMSHA). Disaster Technical Assistance Center Supplemental Research Bulletin Behavioral Health Conditions in Children and Youth Exposed to Natural Disasters. <https://www.samhsa.gov/sites/default/files/srb-childreneyouth-8-22-18.pdf>. Published 2018. Accessed April 2, 2020.
2. Seddighi H, Salmani I, Javadi MH, Seddighi S. Child abuse in natural disasters and conflicts: A systematic review. *Trauma Violence Abus.* 2019;1524838019835973.
3. Berry JG, Hall M, Cohen E, O'Neill M, Feudtner C. Ways to identify children with medical complexity and why. *J Pediatrics.* 167(2):229-237.
4. Flaherty E, Legano L, Idzerda S, Council On Child A, Neglect. Ongoing pediatric health care for the child who has been maltreated. *Pediatrics.* 2019;143(4).
5. Cohen E, Berry JG, Camacho X, Anderson G, Wodchis W, Guttmann A. Patterns and costs of health care use of children with medical complexity. *Pediatrics.* 2012;130(6):e1463-1470.
6. Bennett CE, Wood JN, Scribano PV. Healthcare utilization for children in foster care. *Acadadmic Pediatrics.* 2019.
7. Kuo DZ, Cohen E, Agrawal R, Berry JG, Casey PH. A national profile of caregiver challenges among more medically complex children with special health care needs. *Jama Pediatrics.* 2011;165(11):1020-1026.
8. Marsh JC, Ryan JP, Choi S, Testa MF. Integrated services for families with multiple problems: Obstacles to family reunification. *Children and Youth Services Review.* 2006;28(9):1074-1087.
9. Burns BJ, Mustillo SA, Farmer EMZ, et al. Caregiver depression, mental health service use, and child outcomes. Child welfare, child well-being, new perspectives from the national survey of child and adolescent well-being. In: Mary Bruce Webb KD, Brenda Jones Harden, John Landsverk, and Mark Testa, ed. *Child Welfare & Well-being New Perspectives from the National Survey of Child and Adolescent Well-being.* New York: Oxford University Press; 2010:351-379.
10. Masefield SC, Prady SL, Sheldon TA, Small N, Jarvis S, Pickett KE. The caregiver health effects of caring for young children with developmental disabilities: A meta-analysis. *Matern Child Health Journal.* 2020:1-14.
11. Lee MH, Park C, Matthews AK, Hsieh K. Differences in physical health, and health behaviors between family caregivers of children with and without disabilities. *Disability and Health Journal.* 2017;10(4):565-570.
12. Charter Communications. Charter to Offer Free Access to Spectrum Broadband and Wi-Fi For 60 Days For New K-12 and College Student Households and More. <https://corporate.charter.com/newsroom/charter-to-offer-free-access-to-spectrum-broadband-and-wifi-for-60-days-for-new-K12-and-college-student-households-and-more>. Published 2020. Accessed April 2, 2020.
13. COMCAST. Comcast announces comprehensive COVID-19 response to help keep Americans connected to the Internet. <https://corporate.comcast.com/covid-19>. Published 2020. Accessed April 2, 2020.
14. S.3548 — 116th Congress (2019-2020). S.3548 - CARES Act. <https://www.congress.gov/bill/116th-congress/senate-bill/3548/text>. Published 2020. Accessed April 2, 2020.
15. Children's Bureau. Child Welfare Policy Manual. https://www.acf.hhs.gov/cwpm/public_html/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=178. Published 2020. Accessed April 2, 2020.

References

16. Centers for Medicare & Medicaid Services. Coronavirus Disease 2019 (COVID-19). <https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/coronavirus-disease-2019-covid-19/index.html>. Published 2020. Accessed April 2, 2020.
17. Centers for Medicare & Medicaid Services. Presumptive eligibility. <https://www.medicaid.gov/medicaid/enrollment-strategies/presumptive-eligibility/index.html>. Published 2020. Accessed April 2, 2020.
18. Centers for Medicare & Medicaid Services. Example of CHIP Disaster Relief State Plan Amendment. https://www.medicaid.gov/medicaid-chip-program-information/by-topics/childrens-health-insurance-program-chip/downloads/chip_disaster_relief_spa_sample_01102012.pdf. Published 2020. Accessed April 2, 2020.
19. MACPAC. CHIP Health Services Initiatives: What they are and how states use them. <https://www.macpac.gov/wp-content/uploads/2019/07/CHIP-Health-Services-Initiatives.pdf>. Published 2019. Accessed April 2, 2020.
20. Centers for Medicare & Medicaid Services. Medicare telemedicine health care provider fact sheet. <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>. Published 2020. Accessed April 2, 2020.
21. Centers for Medicare & Medicaid Services. Coverage and benefits related to COVID-19 Medicaid and CHIP. 2020.
22. Children's Defense Fund, American Academy of Pediatrics, ChildFocus, et al. Implementing the Family First Prevention Services Act: A technical guide for agencies, policy makers, and other stakeholders. <https://www.childrensdefense.org/wp-content/uploads/2020/02/FFPSA-Guide.pdf>. Published 2020. Accessed.
23. 115th Congress (2017-2018). H.R.253 - Family First Prevention Services Act of 2017. <https://www.congress.gov/bill/115th-congress/house-bill/253/text?q=%7B%22search%22%3A%5B%22family%20first%20prevention%20services%20act%22%5D%7D&r=1>. Published 2017. Accessed April 2, 2020.
24. Administration for Children and Families. Title IV-E Prevention Services Clearinghouse. <https://preventionservices.abtsites.com/>. Published 2020. Accessed April 2, 2020.