



CACSHCNNEWS

State CMS Strategic Plan (2006-2010) for CSHCN

In August 2005, the State Children's Medical Services Branch (CMS) of the California Department of Health Services convened a nine-month strategic planning process on behalf of children with special health care needs (CSHCN). The planning effort was funded by the federal Champions for Progress, a Maternal and Child Health Bureau (MCHB) initiative to assist the state in reaching the national MCHB core performance measures for CSHCN including the following:

1. Families of CSHCN will partner in decision-making at all levels and will be satisfied with the services they receive.
2. All CSHCN will receive regular ongoing comprehensive care within a medical home.
3. All families of CSHCN will have adequate private and/or public insurance to pay for the services they need.
4. All children will be screened early and continuously for special health care needs.
5. Community-based service systems will be organized in ways that families can use them easily.
6. All youth with special health care needs will receive the services necessary to make appropriate transitions to all aspects of adult life, including adult health care, work, and independence.

The federal MCHB definition of CSHCN is broad and includes children "who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally." In California, these children and their families are served by a variety of public and private agencies and many children are clients of more than one of these programs, each with its unique procedures for eligibility determination, referral and data collection. The strategic plan focuses on those children eligible for the state California Children's Services (CCS) program within the CMS Branch, while recognizing the importance of improving communication and coordination among systems serving all CSHCN and their families.

The state strategic plan for CSHCN is part of a three-pronged effort by the Children's Medical Services Branch to achieve a statewide system of care

CACSHCNNEWS is produced by a consortium whose members work toward the common goal of improving systems of care for children with special health care needs in California:

- ◆ California Children's Services Medical Branch
- ◆ Los Angeles Partnership for Special Needs Children (LAPSNC)
- ◆ Family Voices of California (FVCA)
- ◆ Children's Regional Integrated Service System (CRISS) Project
- ◆ USC University Center for Excellence in Developmental Disabilities (UCEDD) at Childrens Hospital Los Angeles



If you...

- would like to contribute news items, please submit via email: ngarro@ucla.edu
- have any questions about this newsletter, please contact Kathryn Smith, MN, RN: kasmith@chla.usc.edu

To receive CACSHCNNEWS, please send an email message to ycasillas@chla.usc.edu with "CACSHCNNEWS" in the subject line.

Next Issue Date:
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for these children:

1. State Children's Medical Services Branch Needs Assessment

The Champions planning process is built on a needs assessment for CSHCN conducted in 2005 by the Family Health Outcomes Project (FHOP) at UCSF for the Children's Medi-Cal Services Branch as part of the state's Title V Block Grant application. The needs assessment employed a broadly representative stakeholder group to identify the top priority issues for the Branch.

2. Champions for Progress State Strategic Plan

The Champions project convened the stakeholders group from the needs assessment project in order to develop the strategic plan. The Champions stakeholder group met seven times over nine months to consider strategies that would assist the state to achieve the six MCHB core performance measures and to meet the priorities identified by the state in its needs assessment process. Each stakeholder was charged with assisting in developing strategies for action, circulating draft documents within member organizations for feedback and support, and reaching consensus within the group on a final plan.

3. Federal MCHB Grant: "Implementing Systems of Care for CSHCN"

This federally funded project is working to promote implementation of the state plan strategies both state-wide and regionally. For a copy of the plan, please send an email to kasmith@chla.usc.edu.



Calendar of Events

July 2006

- 18–22 Association on Higher Education and Disability (AHEAD) Conference — San Diego (www.ahead.org/training/conference/2006_conf/cfp.htm)
- 20–23 An Intensive Review of Developmental-Behavioral Pediatrics (AAP) — Newport Beach (www.aap.org/profed/2006-DB-PREP.pdf)
- 21–22 14th Annual Pediatric Update (Lucile Packard Children's Hospital) — Palo Alto / July 20: Preconference - Pediatric Brain and Behavior Update (www.lpch.org/CMECourses/14thAnnualPediatricUpdate.html)
- 21–23 Sotos Syndrome Support Association 2006 Conference: Let's Go West — Orange (www.well.com/user/sssas/2006_SSSA_ConfReq.htm)
- 23–26 North American Craniofacial Family Conference — Las Vegas, NV (www.cleftadvocate.org/nacfc2006registration.html)

August 2006

- 10–11 2006 Summer Institute on Neurodevelopmental Disorders (M.I.N.D. Institute/UC Davis) — Sacramento (www.ucdmc.ucdavis.edu/mindinstitute/education/summerinstitute.html)
- 19–20 "Back to School" Autism/Asperger's Conference — Pasadena (www.autism-conferences.com/conferencepage.html)
- 25–26 NAMI California Annual Conference 2006 California Leads the Way: Mental Health Services Act Brings Hope — San Francisco (www.namicalifornia.org/document-detail.aspxpage=homepage&tabb=announcements&lang=ENG&idno=59)

September 2006

- 15–17 2006 Adult Congenital Heart Association National Conference — San Francisco (www.cme.ucsf.edu/cme/CourseDetail.aspx?coursenumber=MMJ07002)
- 27-29 2006 Health and Wellness Forum...Developmental Disabilities: Innovations in Diagnosis, Treatment, & Service Delivery — San Diego (cme.ucsd.edu/healthandwellness/)

October 2006

- 12–14 The Arc's 2006 National Convention — San Diego (www.thearc.org/)
- 20–21 Developmental Disabilities Over the Life Span (UC Davis) — South Lake Tahoe (www.ucdmc.ucdavis.edu/ucdavismedicine/departments/events.html)
- 21 Update 2006 - Management of Central Nervous System Tumors (City of Hope) — Duarte (www.cityofhope.org/CME/BrainTumorConf/)
- 25–28 NADD Conference: Promoting Mental Health in Children & Adults with Intellectual Disabilities: Cross Systems Collaboration — San Diego (www.thenadd.org/content/conferences/23rdall.shtml)

November 2006

- 3 Annual CRISS Conference: Negotiating Multiple Transition Hurdles, One a Time! — Oakland (for more information, contact Mara McGrath: Mkmcgrath1254@aol.com)

Update on State Budget and Legislation

The State Budget for Fiscal Year 2006-07 (which begins on July 1) was signed by the Governor on June 29. Among the budget's health-related provisions (to be implemented via AB 1807, the budget trailer bill on health issues, not yet signed) are the following:

- \$1 billion to fund the Healthy Families Program and \$2.2 million to encourage the enrollment of more eligible but unenrolled children in Medi-Cal and Healthy Families. These funds are expected to bring an additional 78,200 children into the program during the new fiscal year.
- Medi-Cal and CCS programs are funded at caseload levels.
- Opposition by state Republicans forced Democratic legislators to eliminate \$23 million originally in the budget (and supported by the Governor) to support local Child Health Initiatives (county-based Healthy Kids programs that enroll low income children who are not eligible for Healthy Families or Medi-Cal). Republicans opposed the use of state funds for chil-



(Continued on page 4)

Schwarzenegger Administration Proposes Split of Health Department : Creation of New Department of Public Health

The Administration has proposed a major reorganization of the State Department of Health Services. Under the proposal, DHS would be split into two entities, a Department of Health Care Services (DHCS), and a new Department of Public Health (DPH). As the Administration put it, the new DPH mission would be "to protect and promote the health status of Californians through programs and policies that use **population-wide** interventions", while the DHCS mission would be "to protect and promote the health status of Californians **through the financing and delivery of individual health care services**". Simply put, DPH would focus on emergency preparedness, communicable diseases, and environmental health, while DHCS would include the Medi-Cal program and other direct-care programs. If implemented, the DHS split would result in State Maternal and Child Health programs being divided between the two entities. For example, CCS, CHDP and GHPP all are proposed for inclusion in the Department of Health Care Services, while Newborn Hearing Screening, WIC and Family Planning would be included in the Department of Public Health. Legislation is required to establish the new Public Health entity, but the proposal has not yet been reviewed by the Legislature.

Tobacco Tax Act of 2006 Qualifies for November Ballot

The Tobacco Tax Act of 2006 has qualified for the November 2006 ballot. The Initiative proposes to raise funds for several important public health goals, including expanding access to affordable, comprehensive health insurance for children in California, through an additional cigarette tax of \$2.60 per pack. The initiative would generate long-term funding, estimated at \$371 million a year, to cover all children up to 300% of the Federal Poverty Level who are not currently eligible for public insurance programs.

The initiative is expected to raise approximately \$2.1 billion for the following components:

Treatment: 52.75% of total funds raised

- Hospital emergency care services (\$758 million)
- Nursing education (\$92 million)
- Community clinics (\$58 million)
- Emergency physicians (\$58 million)
- Physician education fund (\$7.5 million)
- Prostate cancer treatment (\$18 million)
- Tobacco cessation services (\$18 million)

Prevention: 42.25% of total funds

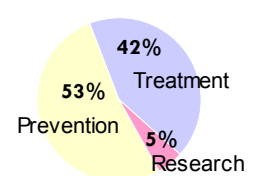
- Children's health insurance (\$371 million)
- Tobacco prevention, education, enforcement programs (\$177 million)
- Cancer, heart and asthma prevention and control programs (\$267 million)

Research: 5% (\$96.5 million)

- Includes tobacco-related disease and cancer research

The initiative also includes funding for Proposition 10 programs (\$170 million) to cover any reduced revenue caused by the decline in tobacco use as a result of the initiative and administrative costs (\$3 million).

\$ 2.1 Billion: Allocation



Announcements

Youth Advisory Council

Family Voices of California (FVCA) is creating a Youth Advisory Council to gather information and ideas from young people with disabilities throughout California (ages 14-24) and to enable them to act as a sounding board for change.

The Council will reflect the diversity of California's youth in age, gender, disability, ethnicity and geographic location. The goal, based on the belief that consumers and future leaders must have a voice in the way systems operate, is for these young people to share their opinions and represent their peers. The Council will convene through the following:

- Monthly conference calls
- Quarterly in-person meetings (Sacramento or the Bay Area) — all travel expenses paid + \$50 stipend per meeting

FVCA is recruiting young people who want to participate in this exciting opportunity to create change in the systems that affect them. For more information or to refer a youth, please contact Judith Lesner, Youth Coordinator at MAVENno1@aol.com.

(Continued — Update: State Budget and Legislation)

dren who may be undocumented. Also eliminated from the budget was \$2 million to prepare for expansion of the Healthy Families program to children in families with incomes up to 350% of the Federal Poverty Level.

- The budget includes \$8.5 million to add cystic fibrosis and biotinidase to the Newborn Screening Program, which screens newborns for 73 genetic disorders.

Several bills concerning children with special health care needs are working their way through the State Legislature:

- AB 2379 (Chan) would make permanent the existing carve-out of CCS services from managed care plans. Under current law the CCS carve-out will end in 2008; as drafted, the bill would eliminate that date. The bill passed out of Senate Health Committee on June 20.
- AB 2607 (De La Torre), contains provisions defining performance standards and readiness measures needed before the state can require mandatory enrollment of persons with disabilities in Medi-Cal managed care plans. (The bill refers to the Administration's proposal to authorize mandatory enrollment of people in the Aged, Blind and Disabled Medi-Cal aid categories in two county managed care plans to be selected by the state.) Many advocates are concerned about the bill's support for mandatory

rather than voluntary enrollment and by the bill's failure to exempt children under age 21. While performance standards and readiness measures for managed care plans seeking to enroll adults with disabilities were developed under last year's project spearheaded by the California HealthCare Foundation, no measures or standards have been developed for children. This bill passed out of Senate Health Committee on June 20; at that hearing, Assemblymember De La Torre indicated a willingness to amend the bill to exclude children to at least 18 years of age.

- SB 1748 (Figueroa) would add cystic fibrosis and biotinidase to the state's Newborn Screening Program, making early diagnosis and treatment possible for children with CF. This bill also passed out of Assembly Health on June 20. As noted above, the bill's provisions to add to the Screening Program also are contained in the Budget Trailer Bill on health issues, AB 1807, and our assumption is that once the trailer bill is signed, SB 1748 no longer will be necessary as a separate bill.

The Legislature will begin summer recess on July 7 and reconvene on August 7.

For more information on federal or state issues, contact Laurie Soman at 510-540-8293 or LSoman6708@aol.com.



Presented by Childrens Hospital Los Angeles and First 5 LA, this book was created to help

young children with spina bifida understand their condition; it is divided into the following three sections:

Section 1 — An inspiring story about a boy with spina bifida who finds the right words and becomes a star among his friends

Section 2 — Tips for parents/caregivers

Section 3 — Pull-out activity pages to facilitate discussion about important life issues

Written by Claire Austin, MPhil, and Stacey Mizokawa, PhD, with guidance from a multidisciplinary team of experts at CHLA, and illustrated by Matthew Bates, this book provides playful ways to discuss spina bifida with young children.

To obtain a free copy of **Right Under My Nose**, available in English and Spanish, contact Ana Quiran at 323.669.7079 or aquiran@chla.usc.edu.

Coming soon...children nationwide will be able to print their own copy, hear the story being read aloud, and play with interactive activity pages and fun features by visiting www.myspinabifidabook.org (English) and www.milibrodeespinabifida.org (Spanish).

Update on Federal Medicaid Changes

In February Congress passed legislation (the Federal Deficit Reduction Act, or “DRA”) that made changes to the Medicaid program and will reduce Medicaid spending by \$7 billion by 2010. The DRA does several things that may have a negative impact on children and their families:

1. **The legislation gives states more “flexibility” in the benefit packages provided to enrollees by granting states the option to enroll Medicaid beneficiaries, including children, in “benchmark” plans.**

These plans would look more like conventional private sector health plans and could reduce benefits currently available through Medicaid. There was substantial confusion about the future of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) for children in “benchmark” plans and the potential loss EPSDT services and about what populations of children would be exempt from enrollment in these new plans.

The federal centers for Medicare and Medicaid Services (CMS) recently issued guidance regarding implementation of the benchmark plan provisions and CMS has clarified that even if states opt to create benchmark plans for their Medicaid recipients, they will be required to provide EPSDT services to children under age 19 just as they are now. A remaining concern is how states that elect to implement benchmark plans will monitor and assure that all children are receiving EPSDT wraparound services if those services are not included in the plans themselves.

The CMS letter also clarifies the groups of children who are exempt from mandatory enrollment in benchmark plans. The exempt groups include:

- children in Title V programs (in California, the CCS program);
- children on SSI;
- children who receive Medi-Cal via Katie Beckett waiver;
- children in foster care/receiving foster care payments;
- children in other out of home placement; and
- children receiving adoption assistance.

2. **The DRA expands states’ ability to impose premiums and other cost-sharing on enrollees and, for the first time, permits cost-sharing for children.**

Cost-sharing (premiums and co-pays) for children would be calibrated by income level; e.g. children in families with incomes from 100% to 150% of the Federal Poverty Level (FPL) (approx \$18,500 for a family of four) could be compelled to pay up to 10% of the cost of all Medicaid services.

3. **The DRA includes a new requirement that all states must obtain documentation (such as birth certificates or passports) proving citizenship status from all new applicants for Medicaid as well as during eligibility recertification.**

Under this provision, documentation will be required for all adults and children who are applying or being recertified for Medi-Cal, beginning this July. The federal Centers for Medicare and Medicaid Services (CMS) recently released two separate guidance documents for state on how to implement this provision.

The first (released in June) included the following provisions, particularly the expansion of acceptable documentation for children under age 16:

- The federal guidance specifies acceptable documents to prove citizenship status such as passports, certificates of naturalization, birth certificates, adoption decrees, hospital records or other medical records.
- Proof of identity (e.g. driver’s license or other official photo ID) must accompany any documentation other than a passport or naturalization certificate.
- For children under age 16, school records, including nursery or day care records, may be submitted as proof of identify. An affidavit signed by the parent or guardian indicating the child’s date and place of birth also may submitted if no other records are available.

The second guidance (released July 6th) **exempts** people with Medicare and recipients on SSI who live



in states (such as California) that provide Medicaid automatically to SSI recipients from having to provide citizenship documents (since these recipients already have had to prove citizenship).

California State Implementation

California’s budget health trailer bill language-- subject to approval by federal Centers for Medicare and Medicaid Services (CMS)-- lays out the state’s implementation plan for documentation of citizenship status:

- Documentation of status (i.e. the documents specified in the DRA, above) must be provided once by each individual, either at the time of application, or during the individual’s first re-determination process following implementation of the DRA.
- Documentation will not be required again of a Medi-Cal recipient, even if the recipient transfers to or re-applies in another county.
- Subject to federal approval, the state will permit alternatives to the required documentation, e.g. an expanded list of acceptable documents, electronic data matches for birth certificates and other available electronic information, sworn affidavits of citizenship, existing eligibility determinations for CalWORKS or foster care aid, and determination of eligibility for SSI.
- New applicants who are cooperating with the documentation requirements shall be given as much time as the federal rules allow in obtaining documents and counties shall provide them assistance in the search.
- Current beneficiaries who are cooperating with the requirements for their first recertification will continue to receive Medi-Cal benefits within the timelines set by the federal rules.

The trailer bill language clarifies that the federal law made no changes in eligibility for emergency Medi-Cal or pregnancy-related Medi-Cal-- i.e., emergency and pregnancy-related Medi-Cal still are available to people regardless of their documentation status, and thus the documentation requirements for full-scope Medi-Cal do not apply to them.

Note: The State Department of Health Services has announced that, given the need for changes in state and local procedures and training of county staff, it will not be ready to comply with the documentation requirement until early August.

4. A bright spot in the federal DRA is its creation of a new optional Medicaid eligibility category for children with special health care needs under age 19.

Families with children who meet SSI disability

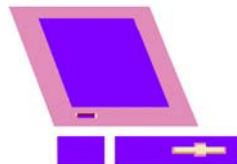
criteria and whose incomes are under 300% of the Federal Poverty Level will be able to buy Medicaid coverage for their children on a sliding fee scale. Currently, there is no information available on how this buy-in program will be implemented.

New HRSA Cultural Competence Web Page

Health Resources and Services Administration’s (HRSA) new Web page on cultural competence (www.hrsa.gov/culturalcompetence) is a user-friendly site that highlights approximately 40 HRSA-supported projects on the critical subject of cross-cultural health care. This page is important for several reasons:

1. It serves as a one-stop-shop for health care providers wishing to learn about HRSA’s progress in improving culturally competent health care.
2. It profiles the diverse approaches taken by HRSA-funded activities and programs in areas such as assessment, culture and language, specific diseases, health professions, research, special populations, technical assistance, training, and web-based learning.
3. HRSA’s Office of Minority Health and Health Disparities (OMHHD) developed the page with important input from the HRSA Cultural Competence Committee. This committee consists of representatives from HRSA bureaus and offices that help ensure that HRSA programs integrate cultural competence into health services and health professions education.

If you have questions, please contact Leonard G. Epstein, M.S.W., Senior Advisor, Clinical Quality & Culture, OMHHD, by phone (301-594-3803) or via email (lepstein@hrsa.gov).
(cshcn-I Digest, Vol 13, Issue 1, 5/26/06)



New Web Site Presents Collaboration Opportunities for Medicaid’s Child Health Component and State Maternal and Child Health Programs

The EPSDT and Title V Collaboration to Improve Child Health is a Web-based tool designed to help Medicaid and state maternal and child health (MCH) agencies identify opportunities for working together to ensure children’s access to and receipt of the full range of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program services. The

Web site was developed by the Health Resources and Services Administration's Maternal and Child Health Bureau in partnership with George Washington University's Department of Health Policy. The Web site provides information about how Medicaid's EPSDT program works with public health, families, managed care organizations, pediatricians, and other health professionals to finance appropriate and necessary pediatric services. Information about the role of MCH programs in fulfilling the potential of EPSDT, family support strategies, data monitoring, and policy and legislative issues is also included. The Web site is available at www.hrsa.gov/epsdt. (MCH Alert, 5/12/06)



Authors Assess Unmet Need and Access to Health Care Among Children with Special Health Care Needs



"This analysis has extended what is known about serviced need, unmet need, and access problems for a diverse sample of CSHCN [children with special health care needs] and their families by examining, individually, six core specialty services and four specific types of access problems," state the authors of an article published in the March 2006 issue of the *Maternal and Child Health Journal*. Children who have a special health care need are more vulnerable than other children to poor health outcomes. Therefore, providing quality health care for CSHCN is critical. The purpose of the present analysis is to extend what is known about parent reports of service need, unmet need, and access problems for their CSHCN by examining individual types of services and selected types of problems.

The authors used data from the 1998-1999 Family Partners Survey, a 20-state survey of families with CSHCN. The final sample consisted of 2,200 families. The analysis generated six key findings related to parent report of service need, unmet need, and access problems that have important implications for health care policy and practice. These findings are as follows:

- Service need was found to vary by service type and other child characteristics. Poorer ratings of overall health status, less stability of health care needs, and greater severity of the child's health condition(s) were all related to greater need in each service category.
- Although the majority of respondents did not report any unmet need, experiencing unmet

needs was increased for children and families who had more needs from multiple service areas, less predictable needs, and less consistent and comprehensive insurance coverage.

- For each of the four access problems studied (problems getting referrals, problems finding a health professional with needed skills, problems getting enough visits with the health professional, and problems with cost), reports of difficulty were greatest for mental health and home health services.
- Parents identified two of the four access problems as most prevalent: finding a health professional with needed skills and experience and getting enough visits with the health professional. Different insurance characteristics are significant predictors of each of these access problems.
- Controlling for all other child health measures, parents of older children reported greater difficulty finding experienced health professionals and an increased likelihood of having an unmet need.
- Parents of children with the highest service needs reported significantly greater unmet needs and a greater likelihood of experiencing each type of access problem than parents of children with fewer service needs.

The authors conclude that "the results underscore the importance of finding new ways to link children with behavioral health problems to mental health services, implementing the medical home concept, increasing the number of specialty pediatricians and home health providers, and expanding coverage for a wider range of mental health services, particularly in private health plans and through secondary coverage." (MCH Alert, 5/17/06)

Warfield ME, Guley S. 2006. *Unmet needs and problems accessing specialty medical and related services among children with special health care needs.* *Maternal and Child Health Journal* 10(2):201-216. Article available at www.springerlink.com/openurl.asp?genre=article&eissn=1573-6628&volume=10&issue=2&spage=201

Readers: More information is available from the MCH Library's knowledge path, *Children and Adolescents with Special Health Care Needs*, at www.mchlibrary.info/KnowledgePaths/kp_CSHCN.html.



Paper Highlights Need for Communities to Develop Information Strategy

Fulfilling the Promise: Seven Steps to Successful Community-Based Information Strategies sets forth seven steps for practitioners and investors to follow in investing in local community-information initiatives. The paper, published by the Brookings Institution, is based on the premise that neighborhoods are victims of an urban information gap, which undervalues their commercial potential and does not allow them to attract the external investments that they need to prosper. The paper addresses how communities can use urban information tools to close the gap and help drive change and positive investment outcomes. Topics include the state of the field of community-based information strategies, effective urban information systems, opportunities to make community-information systems effective tools for neighborhood transformation, and challenges to investing in effective community-based urban information systems. The paper is available at www.brookings.edu/metro/umi/pubs/20060508_7steps.pdf. (MCH Alert, 5/26/06)

Report Identifies Innovative Approaches For Collaboration Between Primary And Specialty Pediatric Care

Promising Practices for Strengthening the Interface Between Primary and Specialty Pediatric Care focuses on efforts to improve access to pediatric subspecialty care within the context of comprehensive, community-based medical homes. The report, prepared by the Maternal and Child Health Policy Research Center with support from the Maternal and Child Health Bureau, identifies practices used to address pediatric subspecialty capacity problems in various practice settings. Referral approaches (transfer of care), consultation approaches (one-time or limited-time), and collaborative management approaches (ongoing shared management and co-located services) are discussed. The report is intended for use by families, primary care health professionals, and pediatric subspecialists in furthering the development of effective collaboration. The report is available at www.mchpolicy.org/documents/InterfacePromisingPracticesReport.pdf. (MCH Alert, 5/12/06)



Resources

Learn More About Pediatric Subspecialists: Fact Sheets Now Available

The American Academy of Pediatrics has created a series of fact sheets that offer information about the many different pediatric subspecialists which parents may be referred to. To access the many fact sheets, visit: www.aap.org/family/pedspefactsheets.htm. (AAP Medical Home e-News 6-2-06)

New Requirements for Citizenship Documentation in Medicaid: Fact Sheet

This fact sheet developed by the Kaiser Commission on Medicaid and Uninsured provides information on the new federal requirement that all U.S. citizens and nationals applying for or renewing their Medicaid coverage provide documentation of their citizenship status and examines the implications for Medicaid beneficiaries and the states. To access the fact sheet, go to www.kff.org/medicaid/upload/7533.pdf.

Catalyst Center: Health Insurance & Financing Toolkit

The Catalyst Center is a national center dedicated to improving health care insurance and financing for children and youth with special health care needs (CYSHCN). Current documents included in its online Health Insurance and Financing Toolkit include the following:

- *Mandated Benefits: Essential to Children and Youth with Special Health Care Needs*
- *Reducing Under-Insurance for Children and Youth with Special Health Care Needs through Medicaid Buy-In Programs*

To access these, visit www.hdwg.org/cc/FinancingToolkit.php

Your Baby and Down Syndrome (Answers to Questions You Might Have): Parent Brochure in English and Spanish

This brochure provides new parents with a foundation of knowledge for further self-study and talking points for a physician during a diagnostic consultation. The brochure was developed under an AUCD-funded RTOI Grant (through an interagency agreement with CDC-NCBDDD). The goal of the project was to educate primary care providers about Down syndrome. To download the brochure in PDF format, go to child.uscucedd.org/Programs/AccessToCare/DownSyndrome/tabid/411/Default.aspx.

