



**State Policy Checklist: Medicaid/CHIP Policies to Support Young Children**

Based on [policy options](#) outlined in [Promoting Young Children's Healthy Development in Medicaid and CHIP](#) (p. 14)  
(direct references hyperlinked below)

<b>OHIO</b>		
<b>Eligibility and Enrollment</b>	<b>Ohio</b>	<b>National or Other States</b>
<ul style="list-style-type: none"> <li>Ensure all eligible young children are enrolled in Medicaid and/or CHIP</li> </ul>	<a href="#">2017 Ohio Uninsured Rate for Children Under 6:</a> 3.8%	2017 National Uninsured Rate for Children Under 6: 4.2%
<ul style="list-style-type: none"> <li>Ensure all eligible parents are enrolled in Medicaid (2019 Kaiser/CCF <a href="#">survey for opportunities</a> to streamline enrollment/renewals for adults)</li> </ul>	<a href="#">2017 Ohio Parent Participation Rate:</a> 85.4%	2017 National Parent Participation Rate: 79.6%
<ul style="list-style-type: none"> <li>Expand Medicaid to all adults up to 138% FPL through <a href="#">ACA Medicaid expansion</a></li> </ul>	YES	37 out of 51 states expanded (as of September 2019)
<ul style="list-style-type: none"> <li>Require <a href="#">12-month continuous eligibility</a> for all children in Medicaid and CHIP</li> </ul>	YES	24 of 51 states require (Medicaid) 26 of 36 states require (separate CHIP) 3 states limit continuous eligibility to young children (as of January 2019)
<ul style="list-style-type: none"> <li>Adopt <a href="#">presumptive eligibility</a> for children and pregnant women:               <ul style="list-style-type: none"> <li>Children in Medicaid</li> <li>Children in CHIP</li> <li>Pregnant women in Medicaid</li> <li>Pregnant women in CHIP</li> </ul> </li> </ul>	Yes N/A Yes N/A	20 out of 51 states adopted 11 out of 36 states adopted 30 out of 51 states adopted 3 out of 5 states adopted (as of January 2019)
<b>Quality Improvement</b>	<b>Ohio</b>	<b>National or Other States</b>
<ul style="list-style-type: none"> <li>Publicly report all <a href="#">Child Core Set</a> quality measures</li> </ul>	2017 Ohio: 15 measures reported ( <a href="#">see slide 78</a> )	2017 State Median: 18 measures reported
<ul style="list-style-type: none"> <li>Does state report developmental screening measure? Developmental Screening in the First Three Years of Life (<a href="#">DEV-CH</a>)</li> </ul>	NO	States Reporting DEV-CH: 27 out of 51 states (2017)  2017 Median Reported Rate: 39.8%
<b>Benefits</b>	<b>Ohio</b>	<b>National or Other States</b>
<ul style="list-style-type: none"> <li>Adopt <a href="#">Bright Futures preventive care schedule and guidance</a> in Medicaid and CHIP policy and practice</li> </ul>	YES	41 out of 51 states covered (as of October 2018)
<ul style="list-style-type: none"> <li>Does state <a href="#">pediatric medical necessity definition</a> account for preventive care and comprehensive child development services?</li> </ul>	YES	41 out of 51 states covered (as of October 2018)
<b>Payment and Delivery System *</b>	<b>Ohio</b>	<b>National or Other State</b>
<ul style="list-style-type: none"> <li>Medicaid supports specific services that are part of comprehensive, evidence-based home visiting programs (e.g. <a href="#">MIECHV models</a>)</li> </ul>	YES ( <a href="#">pg-9</a> )	At least 20 out of 51 states that reported (as of January 2019)
<ul style="list-style-type: none"> <li>Maternal depression screenings at well-child visits – <a href="#">Parents</a></li> </ul>	YES (recommend)	7 states allow, 25 states recommend, and 5 states require out of 37 states that responded (as of September 2018)

<ul style="list-style-type: none"> <li>Maternal depression screenings at well-child visits – Reimbursed under Children’s Medicaid ID (<a href="#">pg.7</a>)</li> </ul>	NO	At least 32 out of 51 states covered (as of November 2018)
<ul style="list-style-type: none"> <li>Dyadic Treatment (<a href="#">pg.18</a>)</li> </ul>	YES	42 out of 51 states covered (as of November 2018)
<ul style="list-style-type: none"> <li>Parenting programs to support child’s social-emotional development (<a href="#">pg.20</a>)</li> </ul>	NO	16 out of 51 states covered (as of November 2018)
<ul style="list-style-type: none"> <li>Does Medicaid encourage or require use of mental health diagnostic criteria specific to young children (i.e. the DC:0-5)? (<a href="#">pg.10</a>)</li> </ul>	NO	13 states allow, 5 states recommend, and 1 state requires out of 19 states that responded ( <a href="#">pg.10</a> ) (as of November 2018)

**Notes:**

Number of States: Medicaid = 51; States with Separate CHIP Program = 36 or as noted

\*absent Congressional action, may require demonstration waiver depending on Medicaid beneficiary served (child or parent) service, service location, geographic area, and/or individual providing the service

**Additional Recommendations**

- Ensure no newborn leaves the hospital without health coverage by improving [technology and processes](#) to immediately enroll them in available Medicaid or CHIP coverage.
- Implement a comprehensive children’s quality improvement focus in Medicaid. Engage other child-serving systems to identify shared goals and outcomes to address through cross-system action (e.g. goal of school readiness).
- Ensure quality data reporting, outreach/education, service requirements are explicit in state agency agreements with Medicaid managed care organizations (MCOs).
- Review and update policies or procedures for new and/or underutilized services (e.g. developmental screenings, infant-early childhood mental health). For example: [infant-childhood mental health](#) specified/identified as [reimbursable](#) for mental health professionals?
- Support interventions that recognize the [role of parents or caregivers](#) in a child’s healthy development (e.g. behavioral health care, home visiting).
- Strengthen linkages between health care and other community services through improved care coordination/case management in Medicaid. Review or evaluate current care management and/or TCM in Medicaid for high-needs kids? E.g. parent survey or secret shopper, claims utilization and follow up?
- Support interventions that recognize the [role of parents or caregivers](#) in a child’s healthy development (e.g. behavioral health care, home visiting).
- Adopt [Express Lane Eligibility \(ELE\)](#) for children.
- Adopt [presumptive eligibility](#) for children, pregnant women, parents, and/or all adults.

For any additional information please contact Elisabeth Wright Burak at [elisabeth.burak@georgetown.edu](mailto:elisabeth.burak@georgetown.edu) or Maggie Clark at [Maggie.Clark@georgetown.edu](mailto:Maggie.Clark@georgetown.edu)