



Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES

Realizing Medicaid's Potential to Support Young Children and Families: From Policy to Meaningful Systems and Practice Change

BUILD 2022

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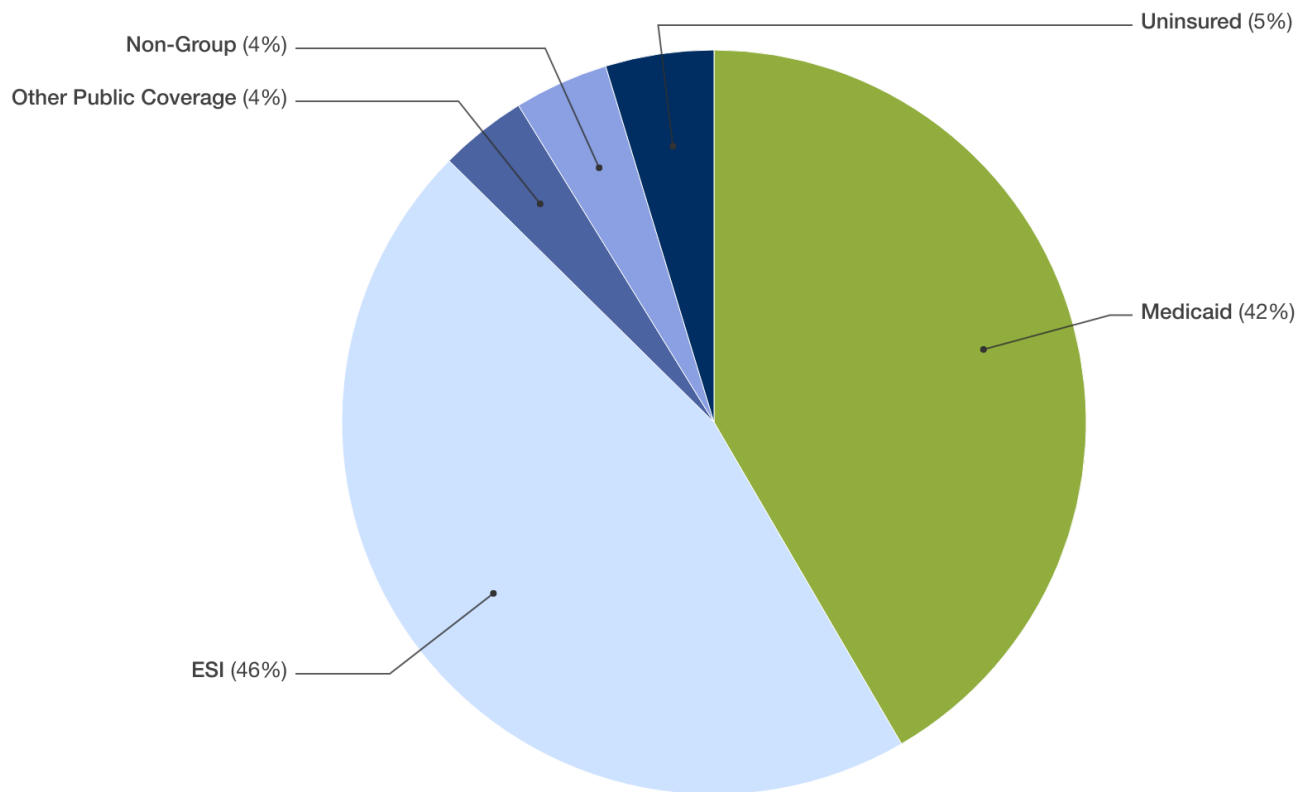


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Why Medicaid?

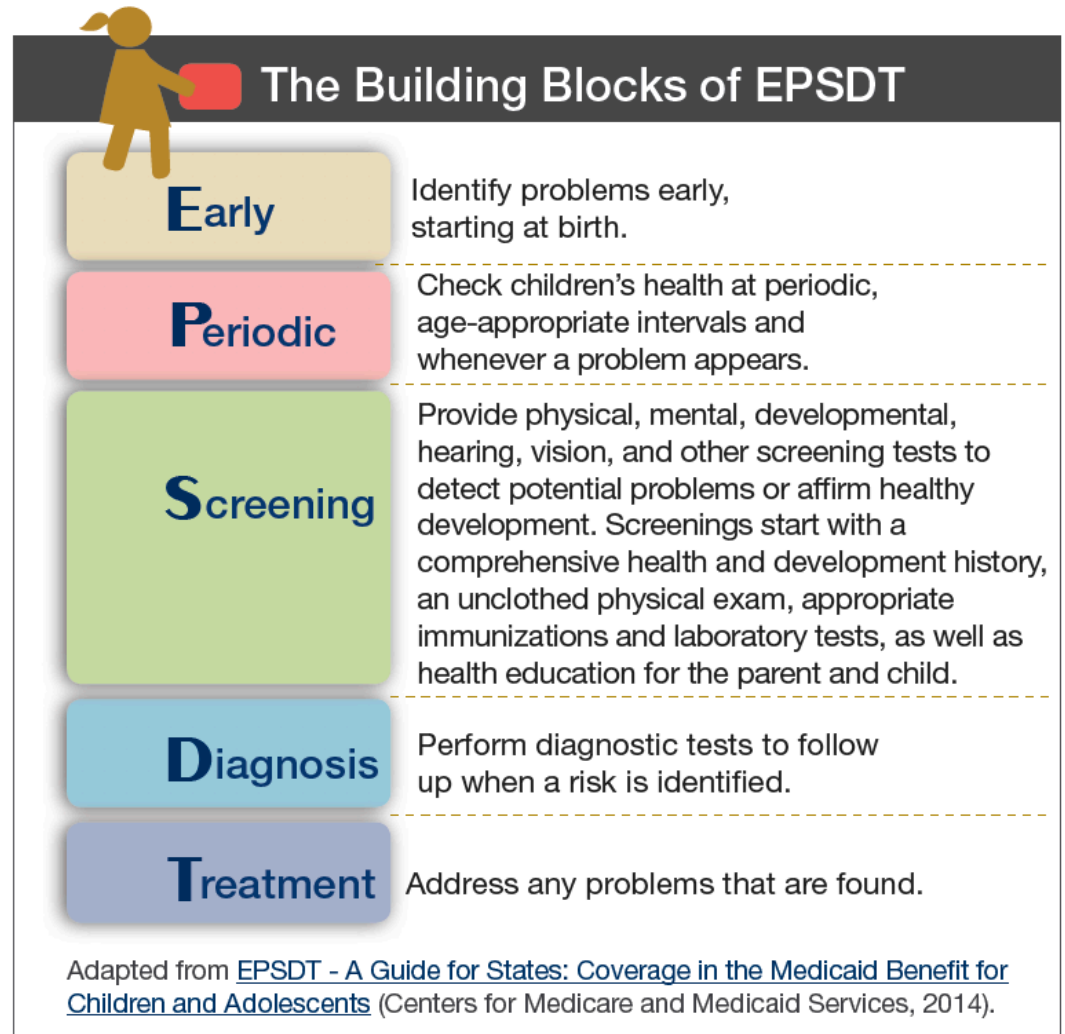
Sources of Coverage for Children Under Age 6, 2019



Source: Georgetown Center for Children and Families analysis of U.S. Census Bureau 2019 American Community Survey Public Use Microdata Sample (ACS PUMS).
Note: ACS respondents may have more than one source of coverage. We include those with Medicaid alone or in combination in the Medicaid category. Estimates may not sum to 100 percent due to rounding. Contact author for questions on methodology.

THE Pediatric Benefit in Medicaid:

Early Periodic Screening Diagnostic and Treatment (EPSDT)



Promoting Young Children's Healthy Development in Medicaid and CHIP

1. Prioritize parent and caregiver health (e.g. Medicaid expansion, postpartum coverage extension)
2. Maintain continuous, consistent health coverage for children and their families (e.g. 3+ years of continuous eligibility)
3. Monitor whether state realizing full potential of EPSDT
4. Support interventions that work
5. Prioritize and elevate children's needs in *any* health reforms (e.g. pediatric practice change, value-based payment)



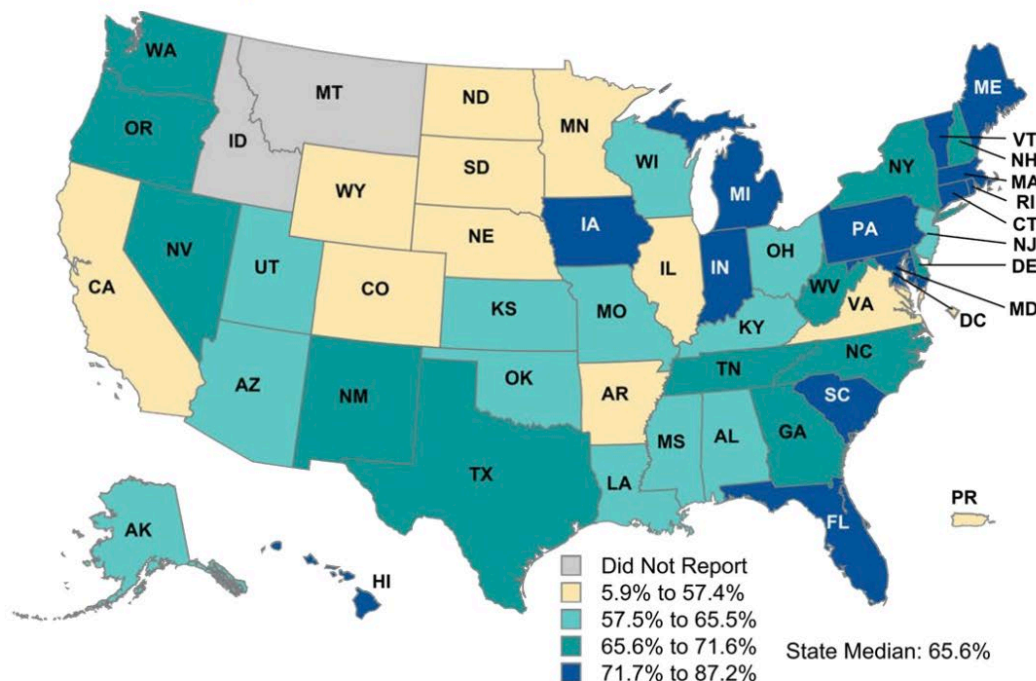
Core State Medicaid Responsibilities

- Eligibility and Enrollment
- Quality Improvement
- Benefits
- Payment (reimbursement rates, billing processes)
- Delivery System (fee-for-service, managed care, combination)

Are children getting what they need?

Well-Child Visits in the First 15 Months of Life (continued)

Geographic Variation in the Percentage of Children Receiving Six or More Well-Child Visits in the First 15 Months of Life (W15-CH), FFY 2020 (n = 50 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

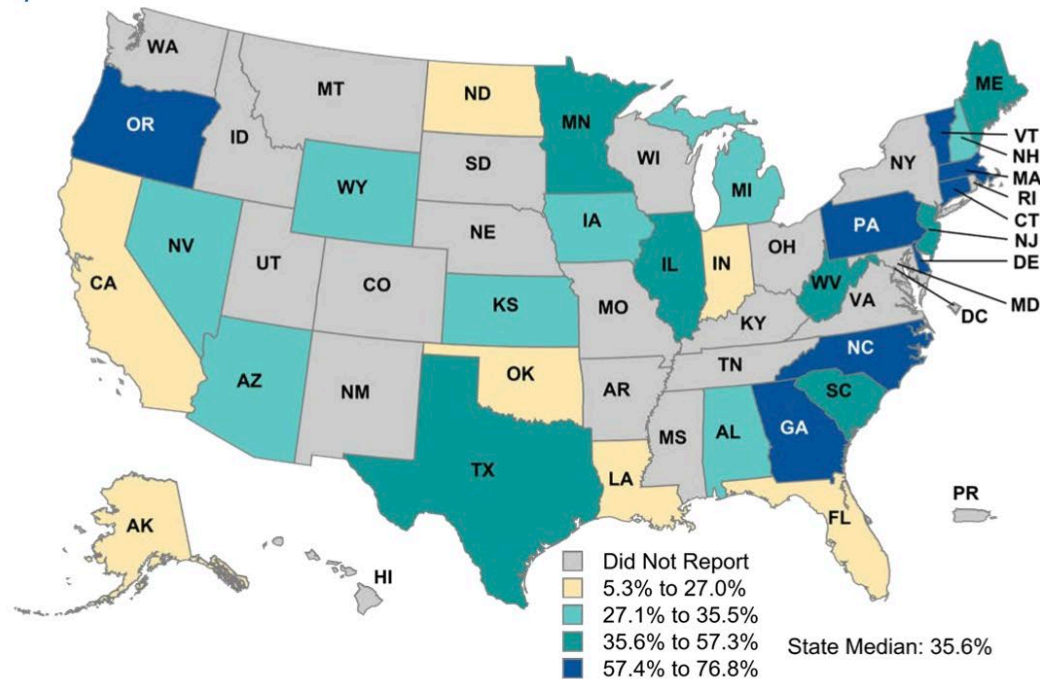
Note: When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Are children getting what they need?

Developmental Screening in the First Three Years of Life (continued)

Geographic Variation in the Percentage of Children Screened for Risk of Developmental, Behavioral, and Social Delays Using a Standardized Screening Tool Preceding or on their First, Second, or Third Birthday (DEV-CH), FFY 2020 (n = 30 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This chart excludes Idaho, which reported the measure but did not use Child Core Set specifications. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.



Paying for what works....

HealthAffairs

CULTURE OF HEALTH

HEALTH POLICY BRIEF | APRIL 2019

EARLY CHILDHOOD HOME VISITING PROGRAMS AND HEALTH

KEY POINTS

- Providing parents with information and support during the transition to parenthood and early childhood is an effective strategy for achieving greater health and well-being.
- Early childhood home visiting connects new and expectant parents with a designated support person—a trained nurse, social worker, or early childhood specialist. Services generally consist

Home visiting programs, which provide new and expectant parents with information, support, and referrals to community resources and services, promote good maternal and child health, home safety, food security, and positive parenting.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



CMCS Informational Bulletin

DATE: May 11, 2016

FROM: Vikki Wachino, Director
Center for Medicaid and CHIP Services

SUBJECT: Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children



Bright Futures™

prevention and health promotion for infants, children, adolescents, and their families™



Center for the
Study of
Social Policy
Ideas into Action



PEDIATRICS
Supporting PARENTS






JUNE 2019

Fostering Social and Emotional Health through Pediatric Primary Care: A Blueprint for Leveraging Medicaid and CHIP to Finance Change

Donna Cohen Ross Center for the Study of Social Policy
Jocelyn Guyer Alice Lam Madeleine Toups Manatt Health

Increased focus on infant-early childhood mental health, early relational health



Using Medicaid to Ensure the Healthy Social and Emotional Development of Infants and Toddlers

Part V: Getting Started - Questions to Guide Discussions on Medicaid and IECMH

There are many places to begin to assess a state's potential to do more for Infant Early Childhood Mental Health (IECMH) in Medicaid. The following questions may help to uncover possible opportunities.

- ▶ Do state or MCO policies, guidance, and/or practice suggest that mental health services for young children are not allowable for young children? Are providers under the impression that they will not be reimbursed for mental health services to children under 6?
- ▶ Does the state have a medical necessity definition for children that is comprehensive, and inclusive of mental health (e.g. AAP recommended)? What is the process for medical necessity at the state and/or MCO levels? Are there problems with approval of services that seemingly meets medical necessity criteria for children with a specific diagnosis or MCO deny additional services beyond a specified limit, even if the provider deems them necessary?

How States Use Medicaid to Cover Key Infant and Early Childhood Mental Health Services:

RESULTS OF A 50-STATE SURVEY (2018 UPDATE)



Sheila Smith | Maribel R. Granja | Uyen Sophie Nguyen | Kavita Rajani

Opportunities

- Federal option to extend postpartum coverage to 12 months - *implementation can help to create connections*
- By 2024, all states must report ALL Child Core Set and some Maternity Core Set measures
- Medicaid managed care organizations (MCOs) – What should be required of plans to improve care for children and their families?
- Increased focus on engagement with families who depend on Medicaid
- Health equity as a priority



OPPORTUNITY WINDOWS

What do you see as the best opportunities to use Medicaid to move the health system to work better for young kids and families?



HEALTH EQUITY

How can state leaders ensure they are making changes that *meaningfully and substantially* connect and improve the lives of BIPOC, LGBTQ, and other underserved communities in Medicaid?



LESSONS LEARNED

What are some of the biggest things you've learned in working with or within Medicaid to drive changes for young children?



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What are some of the biggest things you've learned in working with or within Medicaid to drive changes for young children?

Final Thoughts... next right thing?



For More Information: Georgetown CCF

Website/Say Ahhh! blog

ccf.georgetown.edu

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