

# Opportunities for Medicaid to Transform Pediatric Care for Young Children to Promote Health, Development, and Health Equity

Covering one half of young children birth to five, Medicaid (and Medicaid-CHIP programs) plays a critical role in improving young children's health and developmental outcomes and assisting the families who support their healthy development. This document provides a common framework and specific opportunities for states and their partners working to improve Medicaid for young children. Together, these opportunities can inform and advance state Medicaid policy and implementation efforts designed to improve children's health and developmental outcomes, support families, and contribute to achieving health equity.

These opportunities are based upon a series of roundtable discussions facilitated by the National Institute for Children's Quality (NICHQ), with the support of the Robert Wood Johnson Foundation, which brought together organizations and leaders concerned with and working on the role of Medicaid in improving the health and development of young children. The list builds on science and best practices related to the ways child health practitioners and systems of care can provide more holistic, family-centered, and integrated care. While each element has merit and deserves attention, they also can and should be viewed as a whole, which has value beyond the sum of the parts.

## ENROLLMENT AND CONTINUOUS COVERAGE

Ensuring family-friendly and seamless enrollment processes that aid continuity of coverage, including automatic enrollment of infants and continuous coverage birth to 5. Each child should remain enrolled and able to access Medicaid's promise of comprehensive pediatric services regardless of where they live, for as long as they remain eligible. Medicaid requires outreach and informing for families to ensure that children are enrolled and make best use of coverage; and processes which need to be effective and culturally and linguistically responsive in reaching families and connecting them to medical homes and needed services.

## PREVENTIVE PRIMARY CARE

Defining and adequately financing high quality well-child visits, as specified in the American Academy of Pediatrics Bright Futures Guidelines and embodied in the Medicaid Early, Periodic, Screening, Diagnosis, and Treatment (EPSDT) child health benefit. Adequate financing is a level that can support high value, family-centered, quality well-child visits.

## SCREENING AND RESPONSE

Financing a continuum of screening for the child's physical, social, and behavioral development and social determinants that affect health and development. Clinical settings should have a process for screening, as well as discussing and responding to results. For example:

- Developmental screening for physical, social, cognitive, and other delays—with ongoing monitoring and follow-up for those with identified risks including diagnosis and linkages to the Part C Early Intervention Program for Infants and Toddlers and other responses to developmental risks and needs (e.g., family support programs, Head Start, home visiting, high quality childcare) for those who do not qualify for Part C.
- Mental health and related screening for infants, young children, pregnant women, mothers and other caregivers—with follow-up for those with identified risks, including further age-appropriate diagnoses (e.g., promotion and use of DC:0-5), parent-child dyadic therapies, and other Infant and Early Child Mental Health (IECMH) services, particularly those that can respond to any trauma experienced by the child or family.
- Social determinants of health (SDOH) screening—with follow-up for identified needs (e.g., food insufficiency, housing instability, family stress), including care coordination and linkages through medical-legal partnerships and other approaches to respond to material needs and concerns, as well as family strengthening and two-generation services.

## CARE COORDINATION/CASE MANAGEMENT

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Defining and financing differentiated levels of care coordination/case management as a core part of high quality care. Medical homes, by definition, include care coordination/case management as a part of standard practice, but some families need more intensive, relational care coordination. Care coordination/case management should respond to risks identified at levels of intensity reflecting child and family needs. Effective care coordinators demonstrate skills in engaging families and building family strengths and are culturally, ethnically, and linguistically responsive. This might include, for example, financing services of community health workers, family specialists, or promotoras within primary care/medical home care teams.

## EPSDT BENEFIT INCLUDING PHYSICAL, BEHAVIORAL, ORAL, HEARING, AND VISION SERVICES

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Medicaid recognizes that children's healthy development requires physical, behavioral, oral, hearing, and vision services. Untreated oral, hearing, vision, or behavioral concerns affect overall health. Coordination is important to ensuring that children seen by primary health care practitioners also receive regular EPSDT required preventive dental, hearing, and vision screening and early responses, including through Part C, to any recognized need or delay.

## HEALTH SERVICES TO AUGMENT PRIMARY CARE

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Financing services identified through screening and diagnosis that include specialty medical services, but also evidence-based services to improve child health and development, including two-generation models and family support services. This includes financing for: in-office enhancements like HealthySteps and DULCE; referred services such as home visiting and early childhood mental health; and group-based models such as Centering Parenting and patient support groups.

## MORE INTEGRATED SERVICE SYSTEMS

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Using system structures and protocols to ensure effective referrals and aligned service responses across clinical care, public health, social services, family support, and early care and education systems. The actual co-location or full integration of physical, behavioral, and oral health services has been shown to improve health, clinical quality and reduce costs. Well-tested approaches include use of "community utilities" that support effective and efficient linkages between primary health care and other services such as early care and education, housing, early childhood mental health, early intervention, home visiting, and family support.

## POPULATION HEALTH RESPONSES

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Beyond the clinical care setting, advance population-based and public health responses in communities with high levels of poverty and disinvestment. For example, this includes enhanced Medicaid reimbursement rates based on the population's overall level of Medicaid eligibility/enrollment and financing community-based services. Using accountable care community mechanisms can aid in this.

## METRICS AND MEASURES TO MONITOR QUALITY AND OUTCOMES

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Using and developing measurement approaches at the clinical level and at the population level that correspond to a broad definition of child health and the components of high value medical homes and early childhood comprehensive systems. For Medicaid, this would include: EPSDT 416 data, Centers for Medicare and Medicaid Services (CMS) core set of children's health care quality measures, and other child health quality measures tied to high value care.

## VALUE-BASED PAYMENT

Designing payment approaches for children's primary care, screening, care coordination, health-related services, and population health responses commensurate with their value (i.e., at levels that will sustain them in practice and incentivize their spread). Value for children is different than for adults. As such, "value" should be well-defined for young children with a focus on longer term impacts of health improvements and cost-savings that are not necessarily limited to the health care system.

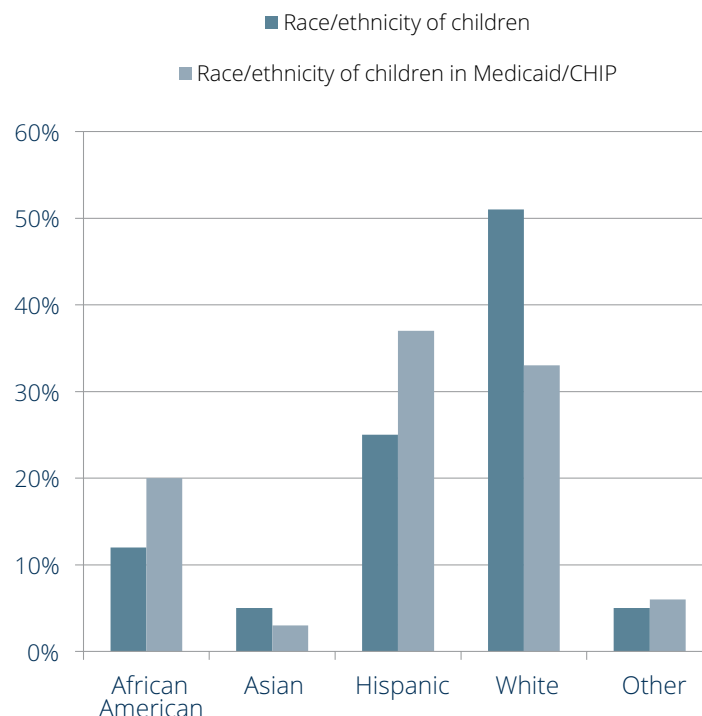
## CONTINUOUS QUALITY IMPROVEMENT IN CLINICAL PRACTICE

Financing for the training, start-up implementation, and continuous quality improvement activities (e.g., QI projects, collaboratives) necessary to both diffuse and move toward scale high value practices and enable further improvement and innovation (including the use of administrative claiming; and the direction of shared savings within managed/accountable care activities to this end).

## THESE OPPORTUNITIES ARE ESSENTIAL TO ENSURE HEALTH EQUITY FOR YOUNG CHILDREN SERVED BY MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

These programs play a particularly important role in health care coverage and access for children of color. As shown in the graph, African American and Hispanic children are disproportionately represented among beneficiaries. Because of longstanding inequities, they are more likely to live in low-income families and have no employer-based dependent coverage. Medicaid and CHIP should provide high quality, effective, and equitable treatment which is culturally and linguistically responsive, designed to counter discrimination, and anti-bias in its operation.

**US Child Population Compared to Children in Medicaid/CHIP, By Race/Ethnicity, 2016**



## Representatives from the following organizations contributed to the definition of these opportunities.

- Ascend at the Aspen Institute
- BrunerChildEquity, LLC
- Center for Health Care Strategies
- Center for the Study of Social Policy (CSSP)
- Georgetown University Center for Children and Families
- Johnson Group Consulting, Inc.
- National Institute for Children's Health Quality (NICHQ)
- ZERO TO THREE

## LINKS TO ADDITIONAL RESOURCES [groups ordered by publication date]

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### Overviews on Topic of Medicaid and Young Children

- [Fostering Social and Emotional Health through Pediatric Primary Care: A Blueprint for Leveraging Medicaid and CHIP to Finance Change](#) (June 2019) Cohen Ross D, Guyer J, Lam A., Toups M. Center for the Study of Social Policy and Manatt Health.
- [Medicaid's Role in Children's Health](#). (February 2019) Manatt Health and Robert Wood Johnson Foundation.
- [A Sourcebook on Medicaid's Role in Early Childhood: Advancing High Performing Medical Homes and Improving Lifelong Health](#) (October 2018) Johnson K, Bruner C Child & Family Policy Center.
- [Promoting Young Children's Healthy Development in Medicaid and CHIP](#) (October 2018) Burak E. Georgetown University Center for Children and Families.
- [Policy Options to Promote Young Children's Healthy Development in Medicaid](#) (Chart) (October 2018) Georgetown University, Health Policy Institute, Center for Children and Families.

### Key Federal Websites

- [Early Periodic Screening, Diagnosis, and Treatment \(EPSDT\)](#). Website. Centers for Medicare and Medicaid Services (CMS), US Department of Health and Human Services.
- [Early Periodic Screening, Diagnosis, and Treatment \(EPSDT\)](#). Website. Health Resources and Services Administration (HRSA), US Department of Health and Human Services.
- [Bright Futures Guidelines](#)

### Other Core Resources

- [Vibrant and Healthy Kids: Aligning Science, Practice, and Policy to Advance Health Equity](#) (July 2019). National Research Council. National Academies Press. <https://doi.org/10.17226/25466>
- [Maternal Depression: First steps families and advocates can take to help mothers and babies thrive](#) (January 2019) National Institute for Children's Health Quality.
- [Medicaid and Home Visiting: The State of States' Approaches](#) (January 2019) Johnson Group Consulting, Inc.
- [Using Medicaid to Ensure the Healthy Social and Emotional Development of Infants and Toddlers](#) (November 2018) Burak EW, Rolfes-Haase K. Georgetown University Center for Children and Families and ZERO TO THREE.
- [How States Use Medicaid to Cover Key Infant and Early Childhood Mental Health Services: Results of a 50-State Survey \(2018 Update\)](#). (November 2018) Smith S, Granja MR, Nguyen U, Rajana K. National Center for Children in Poverty, Columbia University.
- [Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents 4th Edition](#) (2017) Hagan, J., Shaw, J., Duncan, P. American Academy of Pediatrics and Health Care Resources and Services Administration, US Department of Health and Human Services.