

# Policy Improvement in the ABCD Collaborative States: What and How

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All eight ABCD collaborative states  
clarified and/or changed policy

# Levers for improving policy

- Documents that define expectations
  - State statutes and regulations
  - Contracts and provider manuals
  - Web sites
- Systems that determine eligibility and pay for services
- Quality improvement projects to assess performance and foster change

# Programs that can be improved

- Medicaid
  - EPSDT
  - Managed care
- Early intervention (Part C)
- Maternal and child health

# Three categories of policy improvement

- *Coverage*: What services the program will cover for which people
- *Reimbursement*: How much the program will pay for a qualified service
- *Performance, including assessing performance*: How services are delivered

## Seven states improved program coverage

- Encourage use of standardized tool(s) in provider manuals (IA, IL, MN, UT)
- Require Primary Care Providers (PCPs) to use tool at selected well child visits (NC)
- HMO contracts require use of tool at age-appropriate preventive care visits (IL)
- Pay PCPs for perinatal depression screening, even if only infant is eligible (IL)

# Clarifying coverage and state expectations via a website

Example from Iowa

# EPSDT website

- Assess provider perceptions
- It's always about the \$\$\$\$?! Or is it ?
- Communications check-up:
  - Do your providers understand your messages?
  - How can you tell?
- Web site <http://www.iowaepsdt.org>
  - Tools and resources
  - Concept to concrete

# [www.iowaepsdt.org](http://www.iowaepsdt.org)



[Home page](#) | [About us](#) | [Screening](#) | [Services and supports](#) | [Billing codes](#) | [Resources](#) | [Referrals](#) | [Site map](#) | [Contact us](#) | [EPSDT Newsletter](#)

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## **Welcome to Iowa's EPSDT Care for Kids Provider Web Site**

*Helping providers promote  
the healthy development of young children*

Here you will find useful information and tools to promote healthy physical, mental, social, and emotional development, so that all children in Iowa are able to reach their full potential.

This site is shaped by the [Guiding Principles of Iowa's System of Developmental Services for Children and their Families](#), and their communities. It emphasizes a broad array of preventive services available through EPSDT (Early and Periodic Screening, Diagnosis, and Treatment) for children from birth to age three (see [overview](#) for more information about EPSDT in Iowa).

# Clarifying that screening for perinatal depression is a covered benefit

## Example from Illinois

# Evidence that perinatal depression screening is a critical benefit for *infants*

- 7-20% of women giving birth develop depression (Joseffson et al. 2001; Bennett et al. 2004)
- Peripartum depression
  - under-recognized and under-treated (Coates et al. 2004)
  - may occur during pregnancy and up to one year after delivery
  - May have devastating long-term effects on *infant* before and after birth
- Early detection and prompt treatment reduces adverse consequences

# Illinois Medicaid covers perinatal depression screening of mother

- Covered service for one year postpartum
- All physicians, including pediatricians, may provide
- Must use an approved screening instrument
  - Edinburgh Postnatal Depression Scale (EPDS)
  - Beck Depression Inventory
  - Primary Care Evaluation of Mental Disorders Patient Health Questionnaire
  - Others, as approved by Medicaid agency
- Covered for mother or infant

# Different policies for mothers/infants

- Mother is beneficiary
  - Covered service for mother
  - Bill as “Risk Assessment”
    - Prenatal Risk Assessment (H1000)
    - Postpartum Risk Assessment (99420 HD)
- Infant (not mother) is beneficiary
  - Covered EPSDT service for infant
  - Bill as Infant Risk Assessment (99420 HD)

# Medical Record Documentation Policy

- Pediatricians have medical record for child, not mother
- If the infant is the patient
  - Record “risk assessment” in infant’s medical record
  - Provide anticipatory guidance and referral, as needed
  - Give screening tool to mother

# Five states improved reimbursement

- Pay PCPs for use of developmental screening tool (IL, IA, MN)
- Pay financial incentive to HMOs (MN) and PCCM providers (IL) for increasing use of screening tools
- Will pay for 2 screens on same day (IL)
- Implemented billing code modifier to differentiate developmental and s/e screening (MN)

# Paying for screening

## Example from Minnesota

# Clarifying reimbursement of 96110 screening code

- “Advertised” that Medicaid pays for the 96110 code for
  - Objective developmental screening
    - Bill 96110
  - Mental health screening
    - Bill 96110 with a UC modifier
  - Both types may be billed on the same day

# Coding changes and managed care payment incentives

- Convened all Medicaid payers and achieved consensus on payment policies for 96110
- 2007 DHS managed care contracts
  - \$20 incentive for each developmental screening in encounter data (96110 code) above the percentage last year
  - \$25 incentive for each mental health screening in encounter data (96110 code w/UC modifier)

# Six states improved program performance

- Created common standards for screening across agencies (MN)
- Require contracted plans to conduct Performance Improvement Projects (IL, UT)
- Unbundled billing code for screening from well-child visit to allow tracking (MN, IL, NC)
- Require Part C providers to report results of assessment to referring provider (UT)

# Performance Improvement Project (PIP) to improve quantity and quality of EPSDT visits

Example from Illinois

# External Quality Review Organizations (EQROs)

- Medicaid agencies that use MCOs must contract with EQRO
- EQRO activity funding: 75% federal/25% state
- EQRO must (federal requirement)
  - Conduct quality assurance oversight/MCO compliance review
  - Validate performance measures
  - Validate PIPs
- EQRO may (at state option)
  - Provide technical assistance
  - Perform special studies
  - Evaluate quality strategy

# EPSDT PIP

- Evaluated
  - Content of EPSDT visits by children < 36 months
  - Provision of subjective and objective developmental screen
- Collaborative PIP among all MCOs
- EQRO role
  - Conduct medical record reviews
  - Provide technical assistance to MCOs on
    - topic selection and study approach
    - development and implementation of quality improvement strategy
  - Now conducting provider survey

# The PIP demonstrated the need for

- Performance improvements by MCOs
- Continued performance monitoring
- PCP training
- PCP feedback on performance
- MCO contract changes

Elements of the policy improvement  
process contributed to success!

# Elements that contributed to success

- Clarity (and agreement) on goals, objectives, and priorities (strategic plan)
- Actively engaging stakeholders from the start
  - Multiple state agencies
  - Participation by private sector, especially physician leadership
- Grounding proposed improvements in experience
- Creating opportunity by building on complementary state and local initiatives
- Provider training on new/clarified policies

# Iowa's strategic plan

# Iowa strategic plan: policy improvement

- Structure the task
  - CLEAR goals, objectives, and priorities
  - Principles for decision making
  - Skilled facilitator
- Actively engage stakeholders
  - ABCD II Panel (focus on local providers)
  - EPSDT Board (focus on state level decision making)
- Know your audience
  - Adjust tools/work documents  
Billing codes vs. family outcomes

# Iowa strategic plan: Policy improvement

- Investigate perceived barriers (root cause)
  - Create opportunities for complementary local/state initiatives
  - Rural/urban demonstration sites
- Use multiple strategies to remove barriers
  - Medicaid policy
  - Community empowerment
  - Legislative appropriation
- Test strategies and apply feedback

# Illinois actively engaged stakeholders in policy improvement

# Illinois engaged a broad range of stakeholders

- Stakeholder group
  - Chaired by Medicaid Director
  - Broad representation of professional associations, physicians, state and local government agencies, local funders, and others
- Physician Leadership particularly important
  - Improvements meant to support physicians in providing developmental services
  - Illinois's project had active involvement of (and endorsement by)
    - Illinois Chapter of the American Academy of Pediatrics (ICAAP)
    - Illinois Academy of Family Physicians (IAFP)
    - American College of Obstetricians and Gynecologists (ACOG)

# Stakeholders in policy improvement development

- Identify and develop effective, credible solutions to policy barriers
  - ABCD II stakeholder group formed Policy Subcommittee
  - Co-chaired by Medicaid and ICAAP representative
  - Reviewed current policies, experience of demonstration sites, and evidence to develop recommendations
- Build support for improvements
  - Recommendations of policy subcommittee presented to full stakeholder group for approval

# Stakeholders in communicating improvements to colleagues

- Medicaid provider notices and written documents - NOT enough
  - Respected peers and professional organizations more credible than state agency
  - Need to know
    - What the improvements are
    - How improvements benefit practices and patients
    - What to change to implement policy
- ICAAP, IAFP communicated policy improvements to their members—and endorsed the changes!
- ICAAP, IAFP, ACOG, and others developed training that supported policy improvements

# Minnesota built on complementary efforts

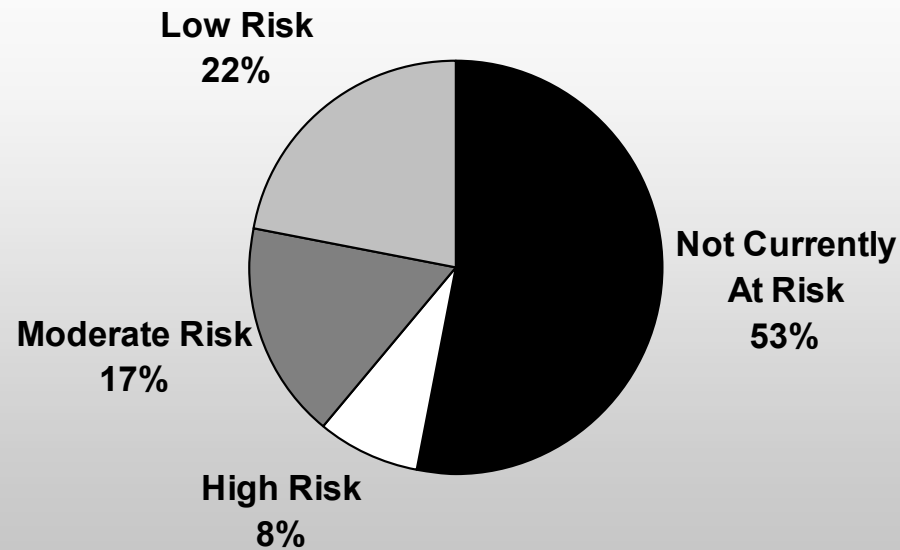
# Promoting Healthy Development Survey (PHDS PLUS)

- Parent survey assessing whether children ages 0-3 receive developmental services
- Measures if care is
  - Appropriate
  - Coordinated
  - Patient-centered
  - Connected to community resources
  - Assesses parent concerns
- [www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=463475](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=463475)

Results of PHDS PLUS were key in  
making the case for change

# One in Four Children are at Risk for Developmental, Behavioral or Social Delays

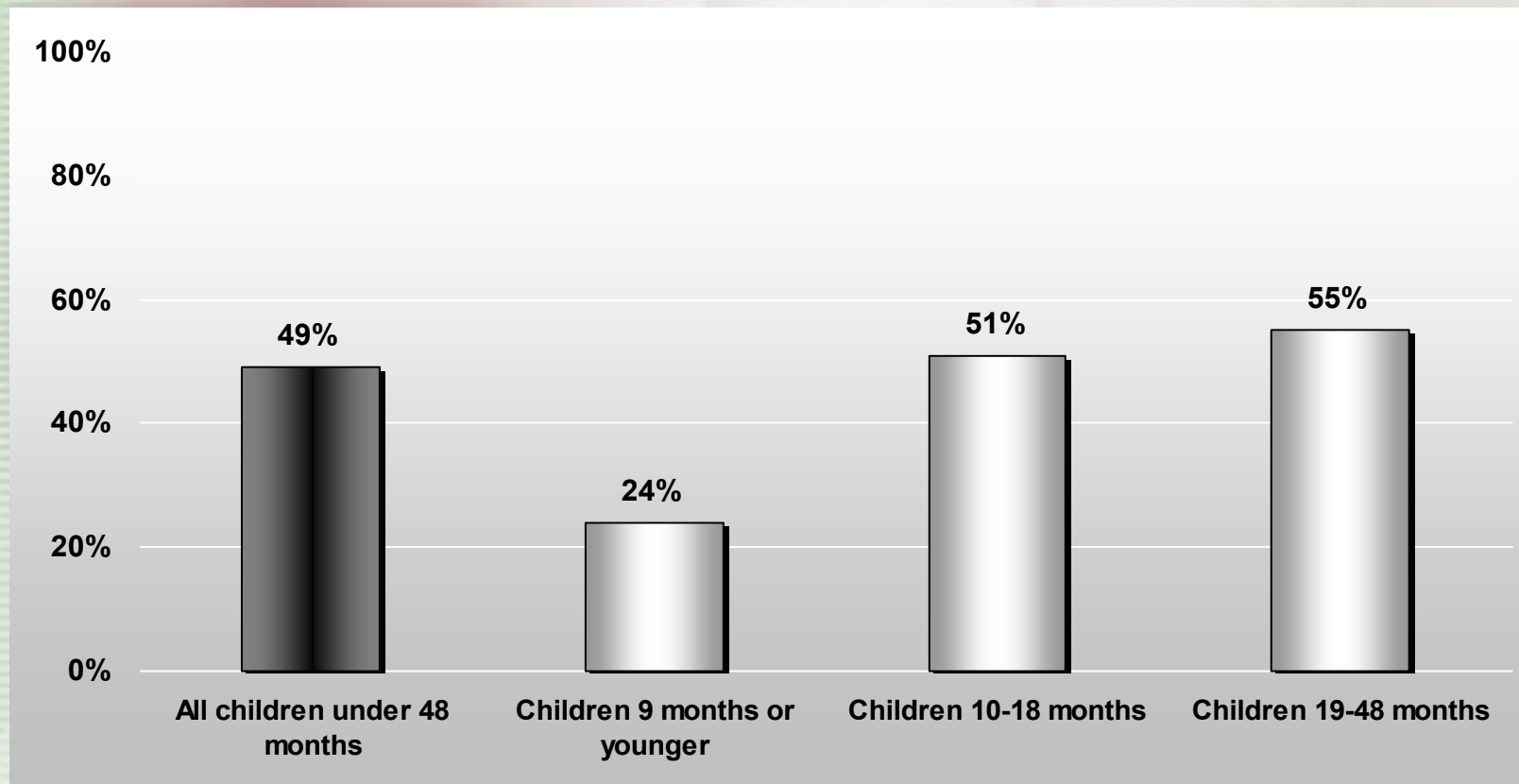
•Based on Parental Evaluation of Developmental Status (PEDS) survey questions:



Source: 2004 CAHMI PHDS-PLUS Data, Minnesota Medicaid Beneficiaries, Weighted Data (Raw N=2000, Weighted N=49481)

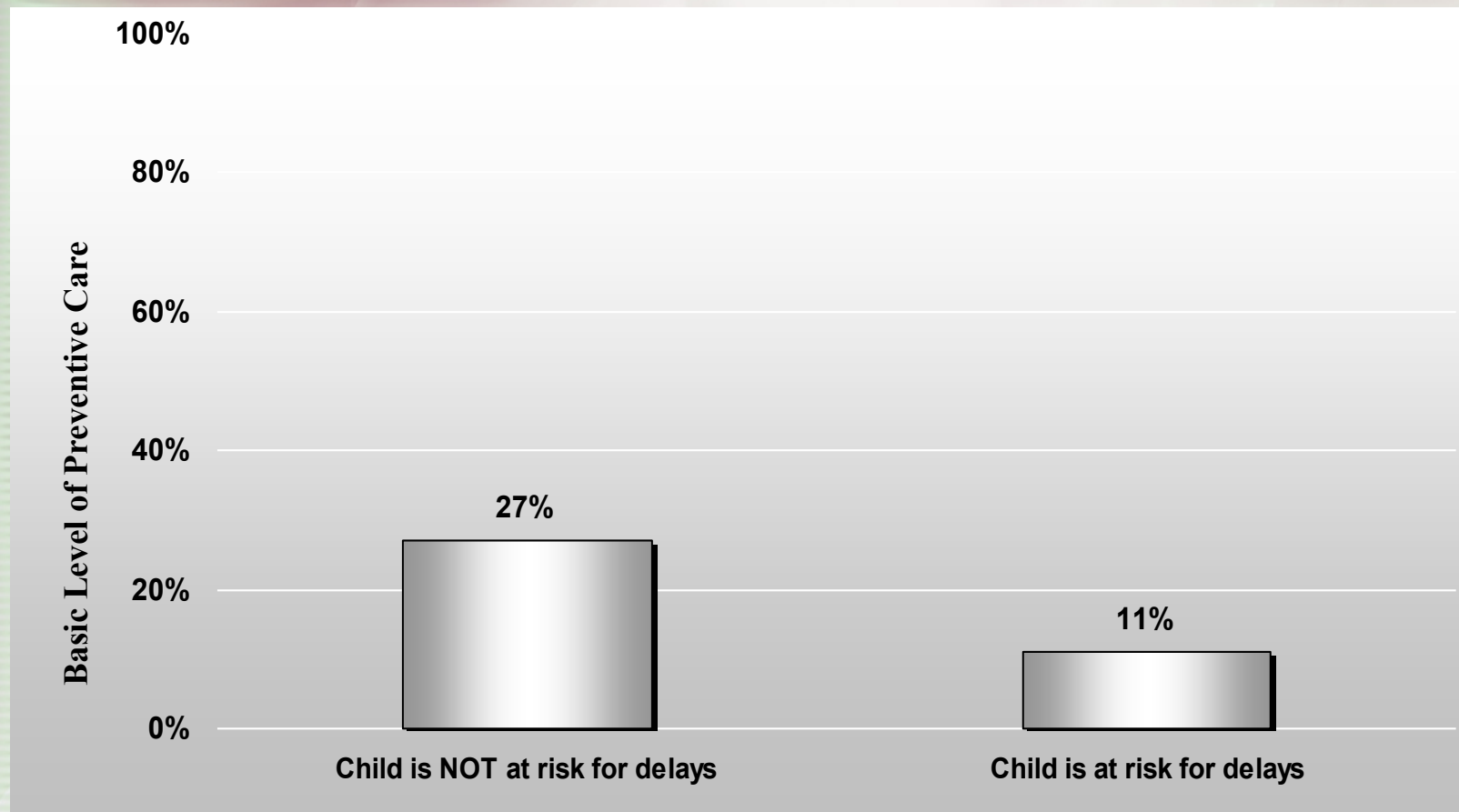
# One in Two Parents are Concerned About Their Child's Learning, Development or Behavior

•Proportion of parents reporting one or more concerns about their child's learning, development or behavior:



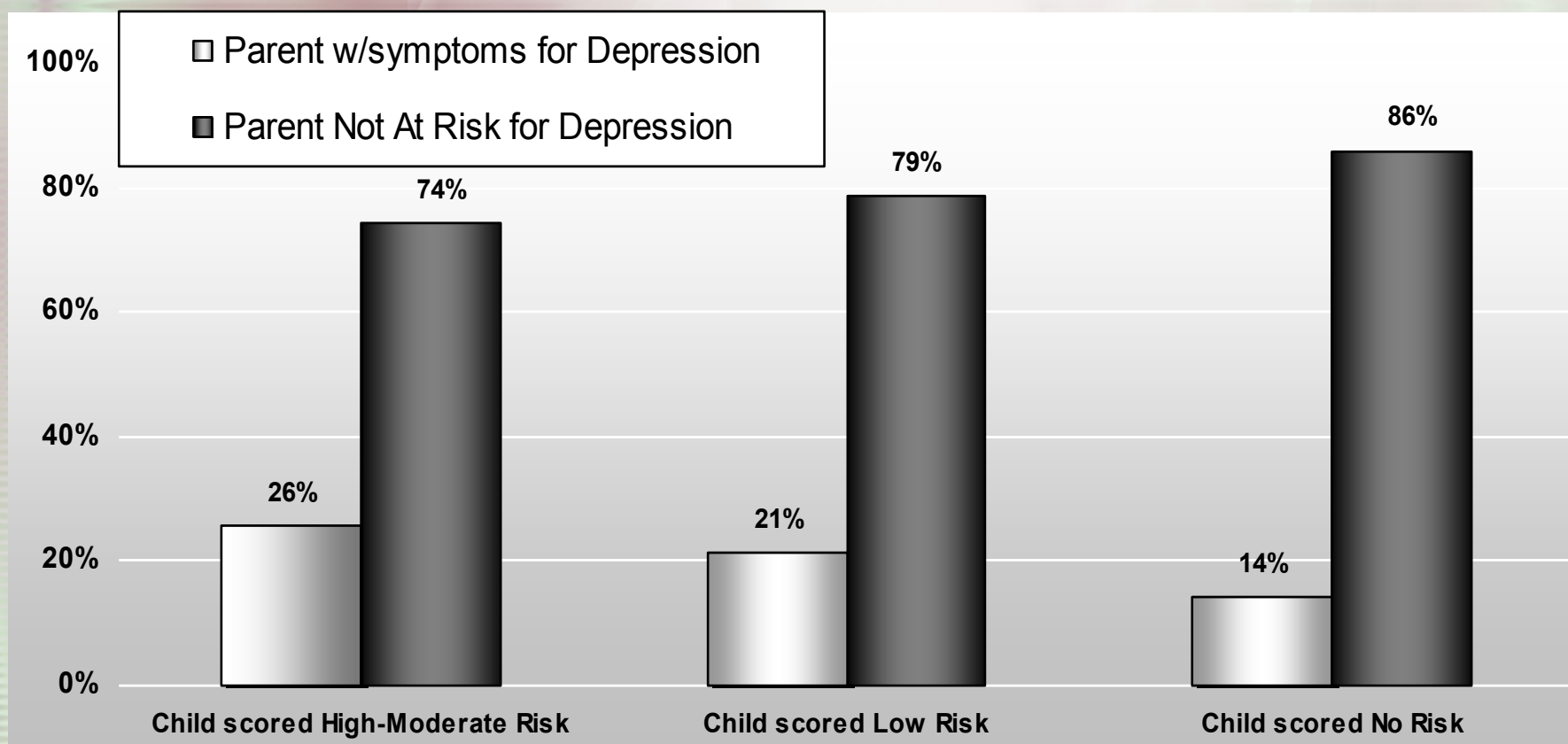
Source: 2004 CAHMI PHDS-PLUS Data, Minnesota Medicaid Beneficiaries, Weighted Data (Raw N=2000, Weighted N=49481)

## Children At Risk for Delays Less Likely to Receive Preventive and Developmental Care



Source: 2004 CAHMI PHDS-PLUS Data, Minnesota Medicaid Beneficiaries, Weighted Data (Raw N=2000, Weighted N=49481)

## Parents of Children At Risk for Delays More Likely to Have Symptoms of Depression



Source: 2004 CAHMI PHDS-PLUS Data, Minnesota Medicaid Beneficiaries, Weighted Data (Raw N=2000, Weighted N=49481)

## PHDS PLUS results presented to

- Medicaid staff and senior management
- Several AAP meetings
- Title V staff
- Health plans

# Developmental Screening Task Force

- Membership
  - MN Departments of Health, Human Services, and Education
  - University of MN, Irving B. Harris Center for Infant and Toddler Development
- Recommended developmental and mental health screening tools reviewed and approved jointly by all agencies according to agreed upon criteria
- <http://www.health.state.mn.us/divs/fh/mch/devscrn/>

# Developmental Screening Task Force recommended tools

The screenshot shows the Minnesota Department of Health website. The header includes the MDH logo and navigation links. The main content area is titled 'Developmental Screening of Young Children in Minnesota' and features logos for the Minnesota Department of Human Services, Minnesota Department of Education, and Minnesota Department of Health. A sidebar on the left lists various screening-related links. The main text provides an overview of developmental screening, its purpose, and the screening process, including a list of recommended instruments and their availability.

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**Developmental Screening**

- [Overview](#)
- [Developmental Screening Program Requirements](#)
- [Developmental Screening Instruments](#)
- [Instruments At A Glance](#)
- [Screening Instrument Comparison Grid](#)
- [Screening Training Resources](#)
- [Frequently Asked Questions \(FAQS\)](#)
- [Links](#)
- [Screening Instrument Review Process](#)
- [Comment Form](#)

**Maternal & Child Health Section**

**Minnesota Children With Special Health Needs**

## Developmental Screening of Young Children in Minnesota



### Overview

Developmental screening is a brief, simple procedure used to identify potential health or developmental problems in infants and young children who may need a health assessment, diagnostic assessment, or educational evaluation.

The screening process:

- Provides an opportunity for young children and their families to access a wide variety of services and early childhood programs; and
- Promotes and supports parents' understanding of their child's health, development, and learning.

The developmental screening [instruments](#) described here are recommended by the Minnesota Department of Health (MDH) for use in comprehensive screening programs for children in Minnesota. These screening programs include, but are not limited to:

- [Child and Teen Checkups/EPSTD \(DHS, MDH\)](#)
- [Early Childhood Screening \(MDE\)](#) **Attention:** Non-MDH link
- [Follow Along Program \(MDH\)](#)
- [Head Start \(MDE\)](#) **Attention:** Non-MDH link

The [Minnesota Department of Education \(MDE\)](#) and the [Minnesota Department of Human Services \(DHS\)](#) endorses the recommendations made by the [Minnesota Department of Health](#).

# Recommended developmental screening tools: At a glance

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**Maternal & Child Health Section**

**Minnesota Children With**

**DEVELOPMENTAL**

**Developmental Screening of Young Children in Minnesota**

[Printer-Friendly Version \(PDF: 81KB/1 page\)](#)

**Developmental Screening Instruments for Young Children in Minnesota -- At a Glance**

This chart can be used to assist in determining the most appropriate instrument for your screening needs. The recommended instruments are listed on the left, and are separated into "Developmental" and "Social-Emotional" categories. Once you have determined which instruments may work for your program and meets specific program requirements, please refer to the instrument profiles and/or comparison grids for further information.

**Developmental Screening Instruments for Young Children in Minnesota**

	Observational Instrument	Parent Report Instrument	Social-Emotional Instrument	Infants (Under 1 year)	Toddlers (1 to 3 years)	Pre-school (3 to 5 years)	Available in multiple languages	Approved for ECS	State Recommended for Head Start	Approved for Follow Along	Approved for C&TC
<b>DEVELOPMENTAL</b>	<a href="#">Brigance Screens</a>	√		√	√	√	√	√	√		Developmental screening is a required component
	<a href="#">DIAL - 3</a>	√				√	√	√	√		
	<a href="#">Early Screening Inventory-Revised</a>	√				√	√	√	√		
	<a href="#">Early Screening Profiles</a>	√			√*	√		√	√		
	<a href="#">FirstSTEP Preschool Screening Tool</a>	√				√		√	√		
	<a href="#">MPSI-R</a>	√				√	√	√	√		

# The MN Mental Health Advisory Group creating opportunity

- Founded in 2003 to:
  - Develop statewide vision and guidelines for state mental health system
  - Identify 6-8 action steps to improve the system
- Membership
  - Senior management from Medicaid and Health agencies
  - Payers
  - Clinicians
  - Advocates
- Worked on
  - Ease of access
  - Improving payment systems
  - Model benefit set
  - Quality of care and quality indicators