

Using Medicaid to Support Young Children's Healthy Mental Development



Presentation by:

❖ Kay Johnson

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Framework: **Three Levels**

Level 1. ALL CHILDREN – to strengthen caregiver skills and relationship with child.

Level 2. AT-RISK CHILDREN – to intervene early with those having identified risks, delays, and disabilities.

Level 3. DIAGNOSED CHILDREN – to treat

Source: *Infant Mental Health Services for Young Children and Families*. Florida State University, Center for Prevention and Early Intervention Policy. © 2000

Key Remaining System Challenges

- ❖ Lack of “upstream” vision
- ❖ Insufficient focus on prevention or risk reduction before diagnosis
- ❖ Limited professional capacity
- ❖ Program fragmentation
- ❖ Not maximizing existing funds

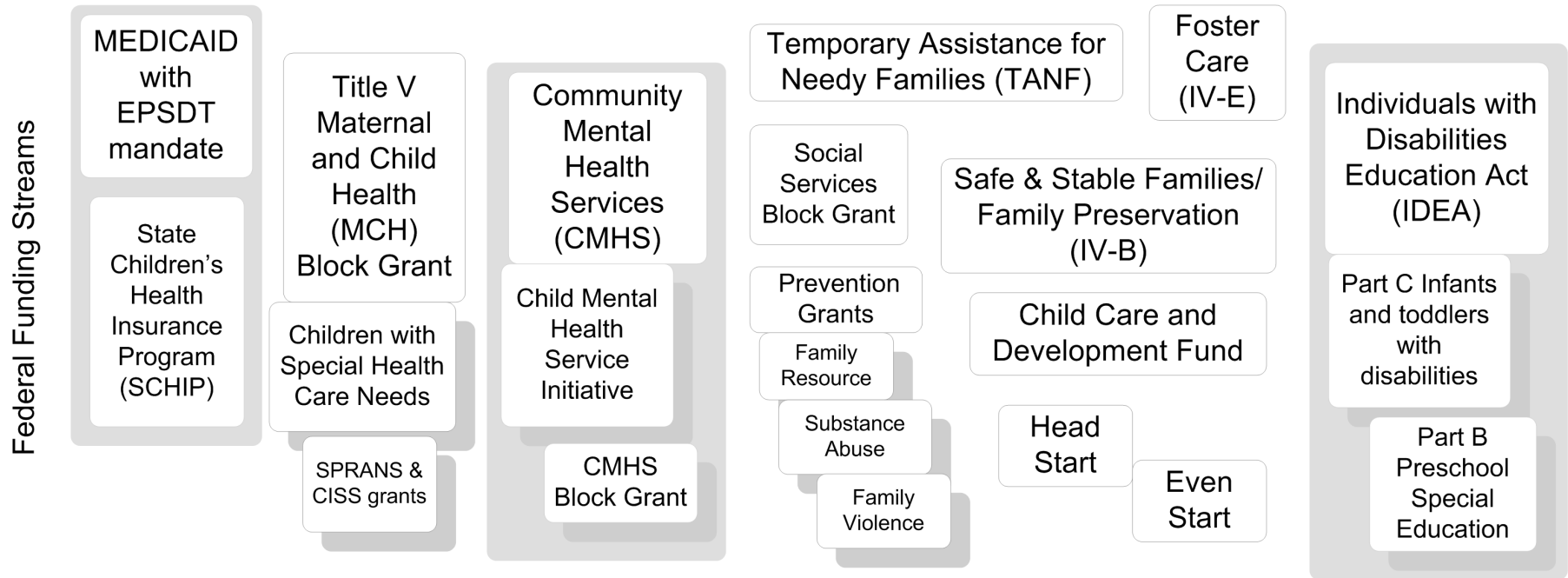
Typical Financing Challenges

- ❖ Too little public knowledge & political will
- ❖ Complicated public funding streams
- ❖ Interagency barriers
- ❖ Focus on intervention instead of

K Johnson, Policies to Support Young Children's Healthy Mental Development NASHP 8/2004

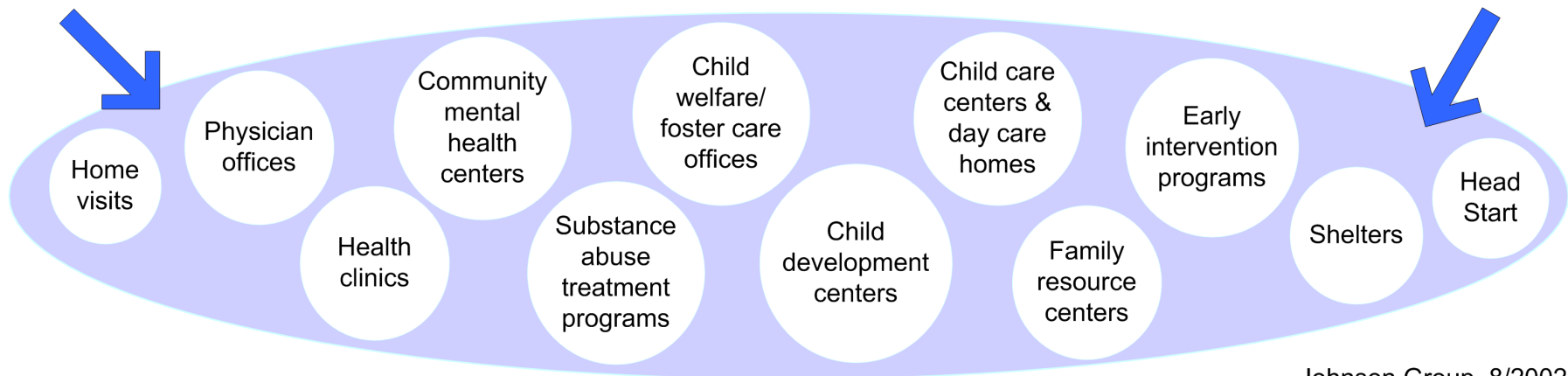
Financing Early Childhood Mental Health Services

Potential financing for services that promote the healthy social and emotional development of young children



Leverage federal dollars with state and local public and private funds, and blend or braid funds to maximize resources.

Develop planning and administrative mechanisms to finance mental health services in settings serving young children and their families.





Giving kids a leg up

Strategies
How are states using Medicaid to promote children's healthy mental development?



Promising practices: **Medicaid – general strategies**

- ❖ Maximize federal matching
- ❖ Clarify which services are primary care vs. mental health
- ❖ Promote prevention and early intervention
 - Screening and assessment
 - Health promotion and education
 - **Family-centered**

Promising practices: **Medicaid – billing strategies**

- ❖ Expand list of professionals who may bill
- ❖ Make billing codes explicit (DC:0-3; V-codes)
- ❖ Permit payment for services delivered in settings outside of mental health centers and physicians offices
- ❖ Provide adequate reimbursement to primary care providers for EPSDT services to encourage physician participation and the delivery of **comprehensive pediatric preventive services**

Promising practices:

Medicaid – provider strategies

- ❖ Allow coverage of professionals providing early child development services in all service settings permissible under State licensure laws to broaden accessibility of services
- ❖ Expect MCOs to measure early childhood development performance of network for both commercial plans and Medicaid/SCHIP contracts.

Promising practices: **Medicaid – managed care**

- ❖ Specify expectations in contract language
- ❖ Clarify benefits covered and not covered
 - What is expected in primary care?
 - What is carved out in behavioral health contracts?
 - Specify linkages to other public programs

❖ **Monitor and evaluate**

Early and Periodic Screening, Diagnosis, and Treatment – EPSDT

Medicaid's child
health component:

Focusing on E and
P

Using the S, D,
and T



Promising practices: **EPSDT**

- ❖ Clarify distinction between EPSDT
 - developmental screening
 - diagnostic assessment
- ❖ Specify benefit definitions, billing codes
- ❖ Apply **EPSDT medical necessity**

Promising practices: **EPSDT** benefits to promote healthy mental development

- Screening to detect problems with mental, socio-emotional, and behavioral development,
- Diagnostic assessment for developmental conditions,
- Enhanced screening/assessment by social workers and child development specialists in primary care settings,
- Family education, guidance, training, and support
- **Home visits and home-based professional services**

Promising practices : EPSDT

- ❖ Split developmental screening and assessment benefits (FL, IN, VT)
- ❖ Clarify scope of coverage -- EPSDT pediatric medical necessity standard (VT)
- ❖ Clarify benefit definitions, billing

EPSDT “Medical Necessity”

- ❖ EPSDT medical necessity is broader than most private insurance plans
- ❖ Includes prevention & early intervention
 - if service will prevent a condition
 - if service will improve health or ameliorate a condition

Financing for Different Care and Education Settings

Financing children's services in natural settings and through various programs



Promising practices: **IDEA** **Part C Early Intervention**

- ❖ Link Medicaid/EPSSDT to Part C
 - Eligibility determinations
 - Billing arrangements (IN, RI)
- ❖ Clarify eligibility definitions related to socio-emotional delay
- ❖ Cover more “at-risk” infants & toddlers
 - e.g., abnormal development category

Promising practices: **IDEA** **Early Intervention & Preschool**

- ❖ Agreements to braid Medicaid/IDEA funding
- ❖ Strengthen continuity between 0-3 and preschool 3-5 program (NC)
- ❖ Cover children birth to 5 years
- ❖ **Cross train early childhood**

Promising practices: **Title V**

- ❖ Title V Programs for Children with Special Health Care Needs (CSHCN) may serve:
 - children at-risk
 - children with diagnosed conditions
 - social-emotional often not included
- ❖ Federal grants to improve service

Promising practices: **Child care**



Purpose: Promote quality and include children with special needs and disabilities

- ❖ Mental health consultation
 - for individual child/family
 - for child care staff
- ❖ Inclusive child care
- ❖ Individual aides

Promising practices: **TANF**

- ❖ Use TANF child care quality funds for child care mental health consultation
- ❖ Transfer TANF dollars to:
 - Child Care Development Fund (CCDF)
 - or
 - **Social Services Block Grant (SSBG)**

Promising practices: **Children's Mental Health**

- ❖ Federal CMHS-SAMHSA grant
 - Children's UPstream Services (CUPS) in Vermont (six years)
- ❖ Linking local community mental health center staff to child care and others

Promising practices: **Children's Mental Health (FL)**

Medicaid has changed its community mental health services program policy to make terms, definitions, and coverage more relevant to young children...

The new strategy for 0-5 behavioral health assessment will become mandatory and, along with other Medicaid financing modifications, drive our system of care for young children toward

K Johnson, Policies to Support Young Children's Healthy Mental Development NASHP 8/2004
prevention and early intervention "

Promising practices: **Interagency Agreements**

Interagency agreements help in managing:

- ❖ Blended and braided funding
- ❖ Overlapping eligibility categories
- ❖ Care plan interfaces and transitions
- ❖ **Cross-system training**

Key Remaining Challenges

- ❖ Insufficient focus on prevention or reducing risks before diagnosis
- ❖ Weak linkages to pediatric providers
- ❖ Not maximizing funds
- ❖ Program fragmentation



Recommendations

How can state leaders
promote children's
healthy mental
development?

State leadership

Focus on Prevention

- ❖ Finance services where children are
 - Pediatrician's offices
 - Child Find, child care, Head Start, home visits, child development programs, foster care
- ❖ Strengthen provider and referral networks
 - Bolster fees for pediatric practices, clinics, managed care

–K Johnson, Policies to Support Young Children's Healthy Mental Development, NACPP 8/2014

State leadership

Clarify who can pay for what

Clarify the three E' s

- **E**ligible child – Which children qualify?
- **E**ligible provider – Who may provide service?
- **E**ligible service – What is the benefit?

State leadership

Clarify guidelines & regulations

❖ Adopt clear guidance & billing codes

for:

- Developmental checklists & screens (SCREENING)
 - Periodicity schedules based on AAP recommendations
 - State may choose to recommend several tools
 - Broad range of providers may screen and bill

– **Developmental assessment**

State leadership

Encourage effective service delivery

- ❖ Bridge gap between medical & non-medical
- ❖ Encourage pediatric providers to promote healthy mental development
- ❖ Modify requirements calling for

More Strategies for Tight Budget Times



Promoting healthy mental development for kids without a big, new price tag

State leadership

Interagency Coordination

- ❖ Model behavior desired
- ❖ Develop MOU/MOA to clarify agreements
- ❖ Issue joint guidance & publications

State leadership

Maximize available dollars

- ❖ Combine funding - **Blending and braiding**
- ❖ Match existing state general revenues
(Vermont)
- ❖ Use TANF, CCDF, SSBG, and Title V
flexibility
- ❖ **Encourage local matching (Cuyahoga County-**

State leadership

Request additional funding

- ❖ Request / appropriate targeted dollars for early childhood mental health projects
 - New appropriations to use for state match
 - New grants to jump start local community pilots
- ❖ Call for increased federal funding to states
 - IDEA Part C and Part B Preschool programs
 - Medicaid federal share

State leadership

Oversight of programs

- ❖ Report to the state legislature on:
 - Best practices in your state
 - Progress toward prevention goals
- ❖ Arrange for relevant testimony in legislative hearings & Medicaid

meetings

Using Medicaid to Support Young Children's Healthy Mental Development

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