Close to half of young children are covered by Medicaid, as compared to 1 in 5 of their parents. Parents are 4 times more likely to be uninsured than their children, due in part to the 14 states that have not expanded Medicaid through the ACA.

**Young Children (age birth to three)**
- Medicaid/CHIP: 44%
- Employer: 5%
- Non-Group/Other: 3%
- Uninsured: 12%

**Parents of Young Children**
- Medicaid/CHIP: 20%
- Employer: 60%
- Non-Group/Other: 8%
- Uninsured: 12%

Care & Services for Young Children

Young children need basic care and services to ensure healthy physical, emotional, and social development

- Primary and preventative care
- Developmental screening and care to address identified problems
- Support for social needs (i.e. food, housing, transit)
- Healthy caregivers
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)

EPSDT provides comprehensive healthcare services for children under age 21 who are enrolled in Medicaid

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>Comprehensive health and development history</td>
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<tr>
<td>Comprehensive unclothed physical exam</td>
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<tr>
<td>Appropriate immunizations</td>
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<tr>
<td>Laboratory tests (including lead toxicity screening)</td>
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<tr>
<td>Health education</td>
<td></td>
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<tr>
<td>Vision, dental, hearing services</td>
<td></td>
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<tr>
<td>Other services covered under Medicaid and medically necessary to diagnosis or treat a condition, including behavioral health assessment and screening for maternal depression</td>
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</table>
Leveraging EPSDT to Address the Health of Caregivers: Maternal Depression Screening and Treatment

- Maternal depression is a serious and widespread condition, especially among women with low incomes, and presents a significant early risk to child development

- AAP-endorsed best practice: Maternal depression screening as part of the well-child visit

- CMS guidance: “since maternal depression screening is for the direct benefit of the child, state Medicaid agencies may allow such screenings to be claimed as part of the EPSDT benefit”

- States must cover medical necessary treatment for the child through EPSDT; treatment involving the mother and child together can be claimed as a direct service for the child

- Costs associated with promoting maternal depression screening among providers are eligible for Medicaid administrative matching funds and can be reflected in managed care plan contracts

- A growing number of states are changing Medicaid payment policies to cover maternal depression screening and treatment

According to a recent 50-State survey, Medicaid reform initiatives primarily emphasize adults, but States are beginning to focus more attention on children.

### State Medicaid Agency Priorities

<table>
<thead>
<tr>
<th>Quality, Value, Outcome Initiatives</th>
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<tbody>
<tr>
<td>Alternative Payment Models</td>
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<tr>
<td>Focus on social determinants of health (SDOH)</td>
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<tr>
<td>Care coordination for enrollees in the criminal justice system</td>
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<tr>
<th>Program Expansions &amp; Enhancements</th>
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<tbody>
<tr>
<td>Provider rate increases</td>
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<tr>
<td>Expansion of community-based LTSS</td>
</tr>
<tr>
<td>Expansion of behavioral health services and other efforts to address opioid use disorder (OUD)</td>
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<tr>
<td>ACA Medicaid expansion (ID, NE, UT)</td>
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<tr>
<th>Eligibility Changes</th>
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<tr>
<td>Work and community engagement requirements</td>
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<tr>
<td>Premiums and coverage lock-outs for non-payment</td>
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<tr>
<td>Waivers of retroactive eligibility</td>
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</tbody>
</table>

Traditionally, health care providers have reimbursed based on the volume of services that they provide.

Increasingly, States and insurers are moving toward paying providers based on outcomes through value-based payment initiatives.

For example, a Medicaid managed care company might pay a pediatric system based on its ability to reduce hospitalization for children with severe asthma (not just on the number of days such children spend in the hospital).
## Tools in Medicaid to Improve Outcomes for Young Children

**Leveraging managed care contracts to incentivize initiatives tied to young children’s care and services**

*California requires MCOs to conduct two annual performance improvement plans (PIPs), with one PIP aligning with one of four priority focus areas pre-selected by the State, of which two of the four focus on child or maternal development.*

**Leveraging quality strategy using value-based initiatives to encourage pediatric provider transformation**

*Washington D.C.’s Lourie Center for Children’s Social & Emotional Wellness utilizes CMS recommended HHS National Quality Strategy to implement weekly home visits for low-income families with young children.*

**Expanding care coordination initiatives that address children’s social and emotional development and SDOH**

*New York requires providers in value-based purchasing arrangements to implement at least one SDOH intervention.*

**Investing in new approaches to primary care, including integrating behavioral and physical health**

*Colorado has one of the country’s most established pediatric medical home initiatives, which integrates mental, physical, and oral health preventative services.*

**Screening for maternal depression by pediatricians at well child-visits**

*North Dakota covers maternal depression screening when performed during an EPSDT/pediatric visit and is considered a risk assessment for the child. The pediatrician may bill the child’s Medicaid number.*

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Leading Edge States Focused on Promoting Young Children’s Health

North Carolina is currently undergoing a major delivery system transformation that establishes robust care management, including requirements to address socio-economic drivers of health outcomes such as housing instability, food insecurity, lack of transportation and interpersonal violence.

New York
Launched First 1,000 Days on Medicaid Initiative, a cross-sector approach that features 10 evidence-based interventions found to promote child development by improving birth outcomes, addressing child/caregiver mental health, increasing home visiting, supporting early literacy in primary care and via other strategies.

Oregon
Coordinated Care Organizations (CCOs) work in conjunction with Early Learning Councils promote kindergarten readiness through alignment of quality measures, joint support for developmental screening, trauma-informed training on adverse childhood experiences.
States are allowed to use up to 10% of CHIP coverage expenditures on administrative costs, including program administration, non-listed benefits, outreach to enroll eligible children and Health Services Initiatives (HSIs)

Health Services Initiatives:
- Must directly improve the health of low-income children (under age 19) who are eligible for CHIP and/or Medicaid
- May benefit all children regardless of income
- May provide direct services and public health initiatives
- Encourage evidence-based practices

Oklahoma’s Reach Out & Read HSI leverages CHIP administrative dollars to support early literacy, language development, and caregiver-child interaction during well-child visits. Funding also supports developmental screening.

Future Landscape: Newly Elected Governors Pledge Big Initiatives for Early Childhood Development

Gov-Elect Gavin Newsom (CA)
- Pledged a “cradle to career” platform
  - Increase funding for nurse home visits for new parents
  - Expand prenatal and child care

Gov-Elect Gretchen Whitmer (MI)
- Proposed an education platform centered on a child’s first 1,000 days
- Plans to establish a state funding source for early intervention services for infants and toddlers

Gov-Elect J.B. Pritzker (IL)
- Advocated for universal preschool for children as young as three
- Pledged to increase birth-to-three services (i.e. home visiting programs) and invest in early childhood workforce
- Longstanding support for early childhood advocacy through the Pritzker Foundation

Gov-Elect Janet Mills (ME)
- Pledged to expand home visiting and Head Start programs
- Plans to convene a Children’s Cabinet to prioritize young children

New Initiatives at the Federal Level - CMMI

Integrated Care for Kids (InCK) Model

- State Medicaid Agencies partner with “lead organization” to provide pediatric delivery reform and state payment model reform, focusing on Medicaid-eligible children through integrated physical and behavioral health
- $16M per State, up to 8 States, for 7 year program

Maternal Opioid Use (MOM) Model

- State Medicaid Agencies drive transformation of the care delivery system for pregnant and postpartum Medicaid-eligible women with opioid use disorder (OUD)
- $64.5M total, up to 12 States, for 5 year program

Notice of Funding Opportunity (NOFO) expected to be released in early 2019

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Medicaid Expansion States (as of Nov 2018)

Medicaid Income Eligibility Limits for Children ages 1-5 as a Percent of the Federal Poverty Level (as of April 2018)