Supporting Social and Emotional Development through Pediatric Primary Care:

Medicaid and CHIP Provide Powerful Tools

June 26, 2019

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Welcome and Introductions

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## Core Practices

### Nurturing parenting competence and confidence
- Provide strengths-based observations and positive instructive feedback
- Enhance anticipatory guidance by modeling activities and providing materials
- Partner with parents to co-create goals
- Create opportunities for families to connect with other families

### Connecting families to supports to promote health and address stressors
- Designate roles of care team members and a standardize workflow for screenings, developmental health promotion, support, and resources
- Cultivate community partnerships through clear processes and protocols
- Reach out to parents prenatally

### Developing the care team and clinic infrastructure
- Enhance care team communication and collaboration
- Provide ongoing learning and development
- Support care team well-being to prevent burnout, stress, fatigue, and retention issues
- Create environments and structures to promote respectful relationships and positive patient experiences
- Integrate new roles into the care team

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**Strengths-based, trusting, and humble relationships among and between parents, the care team and the community are essential**
What is Social and Emotional Development?

A child’s capacity to form secure relationships, experience and regulate emotions, explore, and learn.
Medicaid and CHIP Can Drive the Course of Pediatric Care Delivery

Medicaid and CHIP can strongly influence how pediatric care is delivered by sharpening the focus on promoting social and emotional development.

Medicaid and CHIP:

- **Broad reach**: Nearly half of children birth to 3 are covered
- **Consistent touch-point**: A clear majority of children attend well-child visits
- **Trusted source**: Parents rely on their child’s pediatric provider for guidance and reassurance on health and development
- **Benefits designed** with children’s health and developmental needs in mind
- **Built-in flexibility** to refine how care is delivered

Parents’ health, as well as economic and social factors affecting the family, are central to the child’s social and emotional development.

Selected family risk factors for low-income children

- Parents may be uninsured:
  - 12% of parents with a child under age 3 did not have health insurance in 2016
  - Parents are 4X more likely to be uninsured than their children – 14 states that have not expanded Medicaid pose greatest challenges, especially for families of color

- Parental health status and family circumstances:
  - Maternal depression
  - Interpersonal violence

- Economic challenges:
  - Factors such as food insecurity, housing instability, affordable transportation

State interest is growing in the connection between early childhood and health.

Selected Drivers of States’ Interest

1. Intensifying appreciation of early brain development
2. Growing focus on social determinants of health (SDOH)
3. Next generation efforts on value based payments (VBP)
4. Opioid and broader substance use epidemic
5. Mental health crisis and rising suicide rates
New Resource Provides Medicaid and CHIP Strategies and Tools

The Blueprint presents a set of actionable strategies for using Medicaid to finance promotion of social and emotional development in pediatric primary care.

- Five core strategies and tools, including statutory and regulatory authority
- Action steps to implement strategies
- Tools for implementation (i.e., federal guidance, contract language, sample State Plan Amendment language)
- State examples of current policies and activities across the country
Blueprint Strategies

- Cover and support a full range of screening, assessment, and treatment services
- Leverage quality and performance improvement
- Establish payment models and incentives
- Facilitate investment in team-based care
- Leverage a CHIP Health Services Initiative (HSI)
STRATEGY 1: Cover and support a full range of screening, assessment, and treatment services

Implementation Strategies

- Incorporate screening for social and emotional concerns within routine developmental and behavioral surveillance and screening conducted during well-child visits
- Build social and emotional screening, assessment, and interventions into care management requirements
- Promote investments in the social and emotional development of children as “value-added” services that MCOs provide
- Maximize coverage of screening, assessment, and treatment services for parents

Louisiana

- Through the procurement process, managed care plans receive additional points if they agree to offer adult dental coverage, medical respite care, and other value-added services
- States could use this strategy to incentivize plans to provide enhanced services, such as parenting programs, for families with children at high-risk
As part of the First 1,000 Days on Medicaid initiative, NYS is implementing a Kid’s Quality Agenda. Medicaid MCOs must participate in a two year PIP to address screening and follow-up on:

- Lead testing
- Newborn hearing
- Child development

STRATEGY 2: Leverage quality and performance improvement projects to spur changes in pediatric practice

Implementation Strategies

- Support the use of Child Core Set measures and explore development of additional measures related to social and emotional development.
- Use performance improvement projects (PIP) to promote the social and emotional development of children.
- Reward plans that perform well on children’s social and emotional development by auto-assigning them more beneficiaries.
STRATEGY 3: Establish payment models that incentivize social and emotional development

Implementation Strategies

- Provide enhanced payments to providers for pursuing high-performing pediatric medical homes that integrate promotion of social and emotional development
- Leverage quality incentives and/or “withholds” to reward plans with strong performance on promoting social and emotional development
- Develop value-based payment initiatives that prioritize children’s social and emotional development

Oregon

- Coordinated Care Organizations can earn **up to 4.25% of capitation payments** for performance on specific measures
  - **Child development screening rates** tripled from 2011 to 2017
- HealthShare of Oregon (CCO) received $69M and reinvested in **parent coaching strategies and reducing disparities in developmental screening**
STRATEGY 4: Facilitate investment in team-based care and training on children’s social and emotional development

Implementation Strategies

- Encourage or require use of community health workers and allow for the provision of services in home and early childhood settings

- Require Medicaid managed care plans to contract with pediatric providers that deploy a team-based approach

- Promote training of providers on the social and emotional development of young children and the use of screening tools to identify and address potential concerns

South Carolina

- The State and the SC AAP Chapter jointly operate the Quality Through Technology and Innovation in Pediatric Practice (QTIP), providing peer-learning opportunities to support pediatric practices’:
  - Practice transformation
  - Quality improvement
  - Integration of mental health services
STRATEGY 5: Leverage a CHIP Health Services Initiative (HSI)

Action Steps to Implement a CHIP HSI

- Assess the State’s CHIP administrative funds and current spending relative to the 10% limit (states can spend up to 10% of coverage costs on administration)
- Identify appropriate interventions and estimate spending
- Identify additional sources of funding (private or public) for the non-federal share
- Prepare CHIP State Plan Amendment (SPA) including:
  - Description of the HSI
  - Number of low-income children to be served
  - Statement of the cost and the source of the non-federal share the State expects to dedicate to the initiative
  - Available research findings and evidence on the efficacy of the initiative for low-income children’s health

Oklahoma

- HSI (implemented November 2018) provides funding to train pediatric primary care providers to promote early literacy during well-child visits
- Increases the percentage of young children attending well-child visits and receiving standardized developmental screening
Katie Beckmann, PhD, MPH
The David and Lucile Packard Foundation (KBeckmann@packard.org)

Katherine Beckmann is a Program Officer for the Children, Families, and Communities program and leads the children’s health strategy. She is particularly interested in the intersection of child development, disease prevention, and health promotion to better prepare young children for lifelong education.

Prior to joining the Foundation, Dr. Beckmann served as the Senior Policy Advisor for Early Childhood Health at the Administration for Children and Families, U.S. Department of Health and Human Services, where she coordinated, integrated, and implemented early childhood health and development policies and initiatives across Head Start, child care, Race to the Top Early Learning Challenge, and Maternal, Infant, and Early Childhood Home Visiting programs.

Dr. Beckmann received her Ph.D. in Developmental Psychology with Distinction at Columbia University, where her research focused on social and environmental risk factors leading to toxic stress during pregnancy and cognitive outcomes in preschoolers. She earned her B.A. in Psychology at Washington University in St. Louis and M.P.H. in Health Policy and Administration at Yale University.
Donna Cohen Ross

Advising the Center for the Study of Social Policy
(donna@dcrinitiatives.com)

Donna Cohen Ross is an independent consultant working with nonprofit organizations, private foundations and states on health coverage policy issues. She focuses on designing and promoting strategies to optimize the use of Medicaid to help finance pediatric care delivery and other critical services. Donna has devoted her career to reducing poverty and improving access to public benefits for children and families through policy, advocacy and outreach.

As a Vice President at the Center for the Study of Social Policy, Donna led the organization’s work to achieve better, more equitable outcomes for the nation’s youngest children, and she continues to advise CSSP on issues related to Medicaid. From 2010 to 2016, Donna served as a Senior Policy Advisor and Director of Enrollment Initiatives in the Center for Medicaid and CHIP Services at the U.S. Department of Health and Human Services. There she directed the first-ever federal campaign to enroll eligible children and parents in Medicaid and CHIP, and also crafted federal guidance on Medicaid coverage for maternal depression screening conducted during pediatric visits. Prior to her federal service, Donna directed the outreach division at the Center on Budget and Policy Priorities.
Speaker Biographies

Jocelyn Guyer, MPH
Manatt Health Strategies (jguyer@manatt.com)

Jocelyn Guyer provides policy analysis, strategic advice and technical support to states, foundations and a range of clients on the successful implementation of the Affordable Care Act (ACA), delivery system reform, Medicaid and the Children's Health Insurance Program (CHIP).

With decades of health policy work, Jocelyn possesses a nuanced perspective on delivery system reform, coverage and eligibility issues, and IT systems. She has served as an advisor to the National Academy for State Health Policy and the American Academy of Pediatrics, among others. Prior to joining Manatt, Jocelyn was a founding member and coexecutive director of the Center for Children and Families, a health policy center at Georgetown University. She provided advice to national policymakers and advocates on health policy and safety net programs.

Throughout her career Jocelyn has been a speaker at national gatherings of state officials, provider organizations, advocacy groups and foundations. She has presented to members of Congress, as well as state and local officials, on the future of children's coverage, transforming Medicaid and implementing federal health reform.
Project Purpose & Scope

PHASE 1 (August 2018 – April 2019)

- **Purpose:** Provide State Medicaid agencies, managed care plans, pediatric practitioners, child health advocates, and others with concrete strategies and tools to leverage Medicaid and CHIP in transforming pediatric practice to promote social and emotional development in primary care
- Conducted literature reviews and interviewed Medicaid experts to identify best practices for improving young children’s social and emotional development
- Developed and published the Blueprint, providing actionable strategies for using Medicaid to finance promotion of social and emotional development in pediatric primary care

PHASE 2 (April 2019 – April 2020)

- **Purpose:** Engage a Medicaid Working Collaborative of at least six state teams that reflect diverse circumstances and have the chance of reaching a substantial proportion of the birth to three population
- Conduct “deep dive” research for every state in the Collaborative and provide individualized technical assistance to develop prototypes for implementation of Blueprint strategies
- Publicize the Blueprint and efforts of the Working Collaborative in a blog series, webinars, and sessions at professional convenings
Blueprint Development & Project Processes

Key Activities in Blueprint Development

- Conducted a statutory and regulatory review of legal authorities and policy literature review of current best practices to promote children’s social and emotional development

- Interviewed 37 Medicaid leaders, including delivery system experts, state policy experts and program administrators

- Executed a “deep dive” exploration in four priority states of Medicaid and CHIP managed care contracts, quality strategies, guidance etc.

- Convened 14 Medicaid leaders for an in-person meeting on strategies for using Medicaid to transform pediatric practice for young children
Medicaid Expansion States (as of May 2019)

- **Implemented Medicaid expansion (33 States & DC)**
- **Adopted, but not yet implemented (3 States)**
- **Not yet adopted (14 States)**

Medicaid Income Eligibility Limits for Children Ages One to Five as a Percent of the Federal Poverty Level (April 2019)

Medicaid Leader Convening Participants

Medicaid Leaders

- Kate Breslin, President & Chief Executive Officer, Schuyler Center for Analysis & Advocacy
- Dr. Rahil Briggs, National Director, HealthySteps Initiative, United Health Fund
- Suzanne Brundage, Director, Children’s Health Initiative, United Health Fund
- Elisabeth Burak, Senior Fellow, Center for Children and Families, Georgetown University Healthcare
- Dr. Stephen Cha, Chief Medical Officer, UnitedHealthcare
- Dr. Linda Elam, District of Columbia Medicaid Director & Deputy Director, District of Columbia Department of Health Care Finance
- Gretchen Hammer, Founder, Public Leadership Consulting Group; Former Colorado Medicaid Director
- Dr. Dana Hargunani, Chief Medical Officer, Oregon Health Authority
- Dr. Dipesh Navsaria, Associate Professor of Pediatrics, University of Wisconsin School of Medicine and Public Health
- Dr. James Perrin, Professor of Pediatrics, Harvard Medical School
- Christian Soura, Vice President of Policy & Finance, South Carolina Hospital Association
- Dr. Kimá Joy Taylor, Founder, Anka Consulting; Board Member, Community Catalyst
- Melinda Thomason, Director of Health Care Systems Innovations, Oklahoma Health Care Authority
- Jennifer Tracey, Senior Director of Growth & Sustainability, HealthySteps
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<th>Priority States</th>
<th>National Experts</th>
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<tr>
<td><strong>California</strong></td>
<td>▪ Melody Anthony, Deputy State Medicaid Director, OK Health Care Authority</td>
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<td>▪ Mari Cantwell, CA Medicaid Director</td>
<td>▪ Kate Breslin, President &amp; Chief Executive Officer, Schuyler Center for Analysis &amp; Advocacy</td>
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<td>▪ Brenda Grealish, Acting Deputy Director, Mental Health &amp; Substance Use Disorder Services, CA Department of Health Care Services (DHCS)</td>
<td>▪ Suzanne Brundage, Director, Children’s Health Initiative, United Health Fund</td>
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<td>▪ Rene Mollow, Deputy Director, Health Care Benefits &amp; Eligibility, CA DHCS</td>
<td>▪ Dr. Stephen Cha, Chief Medical Officer, UnitedHealthcare</td>
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<td>▪ Sarah Brooks, Deputy Director, Health Care Delivery Systems, CA DHCS</td>
<td>▪ Toby Douglas, Senior Vice President of National Medicaid, Kaiser Permanente</td>
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<tr>
<td>▪ Jacey Cooper, Assistant Deputy Director, Health Care Delivery Systems, CA DHCS</td>
<td>▪ Dr. Paul Dworkin, Executive Vice President for Community Child Health, Connecticut Children’s Medical Center; Founding Director, Help Me Grow National Center</td>
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<td><strong>New York</strong></td>
<td>▪ Gretchen Hammer, Founder, Public Leadership Consulting Group; Former CO Medicaid Director</td>
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<td>▪ Kalin Scott, Director, NY Medicaid Redesign Team, NY State Department of Health (DOH)</td>
<td>▪ Dr. Mike Herndon, Chief Medical Officer, OK Health Care Authority</td>
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<td>▪ Dr. Douglas Fish, Medical Director, NY State DOH</td>
<td>▪ Colleen Meiman, Senior Policy Advisor, National Association of Community Health Centers</td>
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<td><strong>North Carolina</strong></td>
<td>▪ Becky Pasternik-Ikard, Chief Executive Officer, OK Health Care Authority</td>
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<td>▪ Dr. Mandy Cohen, Secretary of North Carolina Department of Health &amp; Human Services (DHHS)</td>
<td>▪ Sara Rosenbaum, Professor, Department of Health Policy, George Washington University</td>
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<td>▪ Susan Perry-Manning, Principal Deputy Secretary, Office of the Secretary, NC DHHS</td>
<td>▪ Chad Shearer, Vice President of Policy &amp; Director of Medicaid Institute, United Health Fund</td>
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<td>▪ Becki Planchard, Senior Early Childhood Policy Advisory, Office of the Secretary, NC DHHS</td>
<td>▪ Christian Soura, Vice President of Policy &amp; Finance, SC Hospital Association</td>
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<td>▪ Dr. Elizabeth Erickson, Pediatrician, Duke Children’s Primary Care Roxboro Street</td>
<td>▪ Melinda Thomason, Director of Health Care Systems Innovations, OK Health Care Authority</td>
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<td>▪ Carolyn Merrifield, Carolinas Program Director, Reach Out &amp; Read</td>
<td>▪ Bridget Walsh, Senior Policy Analyst for Health and Public Health, Schuyler Center for Analysis &amp; Advocacy</td>
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<td>▪ Ginger Young, Founder &amp; Executive Director, Book Harvest</td>
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