



**CHILDREN'S**  
.....  
**HEALTH**  
.....

**SUMMER 2021**  
.....



# TABLE OF CONTENTS

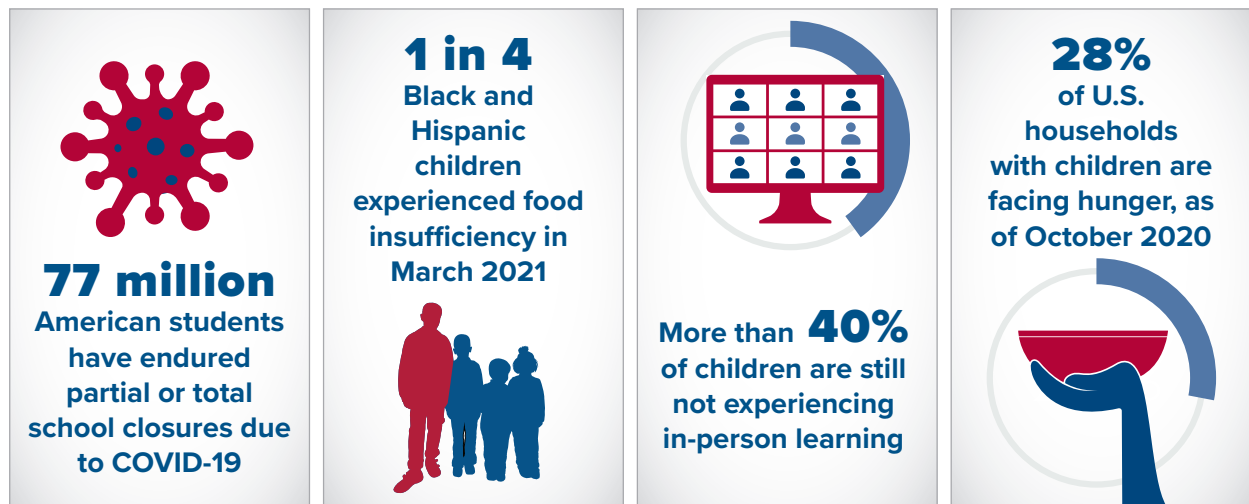
---

<b>EXECUTIVE SUMMARY</b>	<b>1</b>
<b>ACKNOWLEDGEMENTS</b>	<b>3</b>
<b>CHAPTER I <i>The Call to Action – Why Children Need Our Help</i></b>	<b>4</b>
<b>CHAPTER II <i>Short-term Response Opportunities for Medicaid</i></b>	<b>7</b>
• Connect with and understand the current realities for children, caregivers, and pediatric providers	7
• Take action to prepare children to return to childcare, preschool, school, and other activities this fall	8
• Act urgently and plan for sustained focus on supporting the mental well-being of children and their caregivers	9
• Advocate for children and families in COVID vaccine planning	10
• Ensure accurate eligibility and enrollment of children, parents, and caregivers	10
• Take action to support pediatric providers	10
<b>CHAPTER III <i>Opportunities for Medicaid to Transform Children’s Healthcare Delivery</i></b>	<b>12</b>
• Children: Support the Development of the Nation’s Children	12
• Families: Promote Healthy and Stable Families	15
• Systems: Advance Integration Across Child-Serving Programs	16
<b>CHAPTER IV <i>Conclusion</i></b>	<b>19</b>
<b>APPENDIX <i>Additional Resources</i></b>	<b>20</b>

## MEDICAID IS ESSENTIAL IN OUR CHILDREN’S RECOVERY

By any number of measures, children have experienced disruptions to the structures that we know support healthy development, and children of color, as well as families in poverty, have been most impacted. According to [UNESCO’s Global Education Coalition](#), 77 million American students have endured partial or total school closures due to COVID-19, and as of April 2021, over [40 percent of children](#) are still not experiencing in-person learning. As of October 2020, the percent of U.S. households with children who are facing hunger doubled from 14 percent to 28 percent, based on data from [experts from the Harvard T.H. Chan School of Public Health](#), and the US Department of Agriculture found that more than 1 in 4 Black and Hispanic children experienced food insufficiency<sup>1</sup> in March 2021.

### Challenges For American Children



*Fortunately, kids are extraordinarily resilient.*

Human bodies and minds are built to change, adapt, grow, and recover from all that they experience – good and bad – early in life. With appropriate and effective interventions and support from across the spectrum of systems that surround children and families, we can mitigate the long-lasting impacts of trauma from COVID-related disruptions.

Medicaid and the Children’s Health Insurance Program (CHIP) will be essential to the resilience of the nation’s children as we emerge from the pandemic. Together, Medicaid and CHIP cover more than 37 million, or 2 in every 5, American children.<sup>2</sup> This report provides specific, actionable steps that Medicaid and CHIP programs can take now – and in the coming months – to improve the trajectory for these children.

<sup>1</sup> Food insufficiency means a household did not have enough food to eat sometimes or often in the last 7 days.

<sup>2</sup> CMS. November 2020 Medicaid and CHIP Enrollment Data Highlights, Kaiser Family Foundation. [Health Insurance Coverage of Children 0-18 2019.](#)

## *Short-term response opportunities.*

These are options Medicaid programs can consider today to ensure children and their caregivers are supported as we emerge from the pandemic. They build on the myriad ways that states pivoted and responded to the needs of children and families throughout the pandemic. For example, as a starting point, Medicaid leaders can examine Medicaid data and external data to understand the current realities for children and families. They can then launch a “sprint” team to respond to those realities and prepare for a return to daycare, school, and other activities in the fall.

## *Opportunities to transform children’s healthcare delivery.*

Medicaid programs can also use the disruption in the healthcare system to improve the way we deliver care for children and families. These options for long-term transformation address the child by supporting healthy development; address the family by promoting healthy and stable families; and address the system by advancing integration across child-serving programs.



**37 million**  
(2 out of 5) American  
children are covered by  
Medicaid and CHIP

*“We have an historic opportunity to not just mitigate the impact of the trauma endured by millions of children, but to create stronger systems of care.”*

Medicaid alone cannot solve the challenge of getting kids back on track after this public health crisis, but it can and must be a big part of the solution. We have an historic opportunity to not just mitigate the impact of the trauma endured by millions of children, but to create stronger systems of care that will foster the success of those children in the years to come. This is not an aspirational vision, but a critical imperative that we must embrace, together.



## *Acknowledgements*

We would like to thank our foundation partners for their support of the Medicaid Forward Initiative, especially the State Health and Value Strategies program and the Annie E. Casey Foundation for supporting this Executive Working Group. We would also like to thank the experts who served on the Executive Working Group and generously provided their time and expertise to inform this report.

**Frank Alexander, MPA**

*Managing Director, Judicial and National Engagements  
Casey Family Programs*

**James Bush, MD**

*Medicaid Medical Director  
Wyoming Department of Health*

**Melisa Byrd**

*Medicaid Director  
District of Columbia*

**S. Amanda Dumas, MD, MSc**

*Associate Medical Director  
Louisiana Bureau of Health Services Financing*

**Kate Ginnis, MSW, MPH**

*Senior Director of Child, Youth & Family Policy and Programs,  
MassHealth  
Massachusetts Executive Office of Health and Human Services*

**Dr. Nia J. Heard-Garris, MD, MSc**

*Pediatrician & Assistant Professor of Pediatrics  
Ann & Robert H. Lurie Children's Hospital of Chicago and Northwestern University Feinberg School of Medicine*

**Holly Henry, PhD**

*Director of the Program for Children with Special Health Care Needs  
Lucile Packard Foundation for Children's Health*

**Carolyn Hill, PhD**

*Senior Fellow, Youth Development, Criminal Justice, and Employment  
MDRC*

**Kate Hudson**

*CHIP Administrator  
Alaska Department of Health and Social Services, Division of Health Care Services*

**Charles Irwin, Jr., MD**

*Distinguished Professor of Pediatrics & Director of the Division of Adolescent & Young Adult Medicine  
UCSF School of Medicine*

**Lisa D. Lee**

*Commissioner, Department for Medicaid Services  
Kentucky Cabinet for Health and Family Services*

**Dayna Long, MD**

*Director, Community Health and Engagement & Pediatrician  
UCSF Benioff Children's Hospital*

**Jason Lyon**

*Administrator  
Rhode Island Executive Office of Health and Human Services*

**Cheryl Roberts, JD**

*Deputy Director of Programs and Operations  
Virginia Department of Medical Assistance Services*

**Ryan Van Ramshorst, MD, MPH**

*Chief Medical Director, Medicaid/CHIP Services  
Texas Health and Human Services Commission*



# CHAPTER I

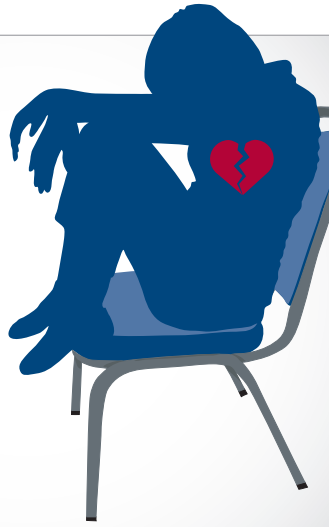
## The Call to Action – Why Children Need Our Help

### Social isolation. Grief. Uncertainty. Instability.

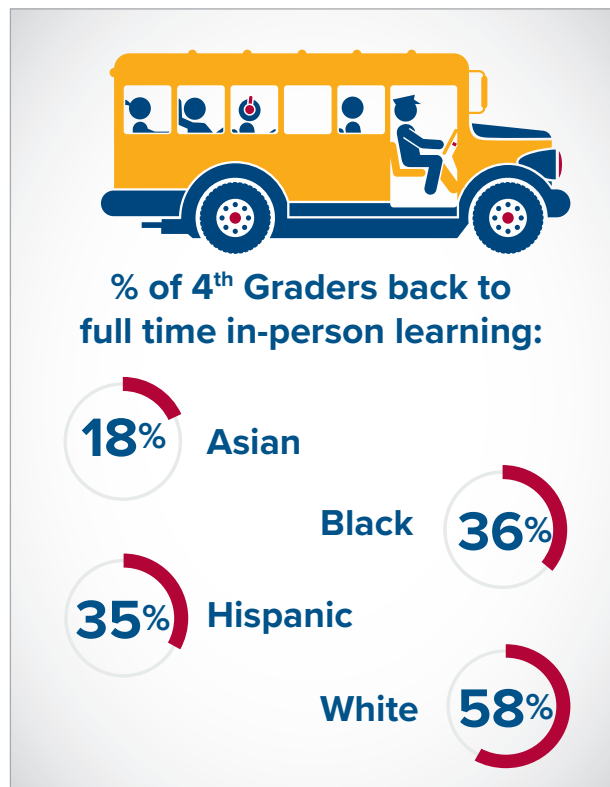
These challenges have shaped our shared reality during the COVID-19 crisis. The full impacts of these experiences have yet to be determined, but we know that this has been a traumatic year for most people, including children.

By any number of measures, kids have experienced disruptions to many things we know support healthy development. According to [UNESCO's Global Education Coalition](#), 77 million American students have endured partial or total school closures due to [children](#) are still not experiencing in-person learning. As of October 2020, the percent of U.S. households with children facing hunger doubled from 14 percent to 28 percent, based on data from [experts from the Harvard T.H. Chan School of Public Health](#). Additionally, a [recent analysis published in JAMA Pediatrics](#) found that an estimated 40,000 children in the United States have lost a parent to COVID-19.

The pandemic, recession, and racial inequities they



**20%**  
of the 40,000  
kids who lost  
parents to  
COVID are  
black



brought to light have disproportionately impacted Black, Hispanic, and Indigenous children, other children of color, and families living in poverty. For example, Black children represent just 14 percent of children in the United States but [20 percent of those losing a parent to COVID-19](#). According to [US Department of Agriculture](#), more than 1 in 4 Black and Hispanic children experienced food insufficiency in March 2021. Data that describe other shocks to family well-being and child development, such as educational losses, food insecurity, and the rise in poverty universally show that children in families with low incomes and children of color have experienced the greatest disruptions. In March of this year, the [Department of Education](#) reported that only 18 percent of Asian, 36 percent of Black and 35 percent of Hispanic fourth graders were back to full-time, in-person learning compared to more than half of white fourth graders.

The impact of the last year is clearly reflected in the health data. Depression and anxiety are on the rise. In June 2020, [14 percent of parents reported](#)



# CHAPTER I

## *The Call to Action – Why Children Need Our Help*



worsening behavioral health for their children compared to March 2020. In addition to the social and emotional impacts, COVID-19 disrupted access to physical and oral health care services. Children received [44 percent fewer child screening services](#) from March to May 2020 compared to that period in 2019. And child welfare experts are deeply concerned about the decline in calls to child welfare hotlines and lack of connection between children and adults that could identify concerns about abuse and neglect.

While very few of us were prepared to deal well with the multiple and often compounding impacts of the COVID-19 crisis, we must recognize that children will be uniquely impacted simply due to the fact they experienced this crisis during sensitive periods of physical, social, and emotional development. This is especially true for children birth to age 5 and for teenagers who experience significant periods of brain development during these critical phases of life.

Fortunately, human bodies and minds are built to change, adapt, grow, and recover from all that they experience – good and bad – early in life. With appropriate and effective interventions and supports from across the spectrum of systems that surround children and families, we have an opportunity to mitigate the long-lasting impacts of trauma and to create a stronger future for our next generation.

Medicaid and the Children’s Health Insurance Program (CHIP) will be an essential piece of children’s recovery and resiliency. This is because Medicaid and CHIP provide health insurance coverage for nearly 2 in every 5 American children.<sup>3</sup> While 1 in 4 White children are covered by the programs, roughly half of Hispanic and Black children rely on Medicaid and CHIP, and the programs insure approximately half of children with special health care needs.<sup>4</sup>

Beyond their already broad and deep reach, Medicaid and CHIP were designed to address the specific physical, oral, and behavioral health care needs of children, which differ substantially from the needs of adults and seniors. As a result, Medicaid Directors and staff bring considerable knowledge and expertise built from years of experience working in partnership with pediatric providers to meet the unique needs of children.

<sup>3</sup> [Health Insurance Coverage of Children 0-18](#). Kaiser Family Foundation. 2019.

<sup>4</sup> [Children’s Health Coverage: Medicaid, CHIP and the ACA](#). Kaiser Family Foundation. March 26, 2014. [Medicaid’s Role for Children with Special Health Care Needs: A Look at Eligibility, Services, and Spending](#). Kaiser Family Foundation. June 12, 2019.



# CHAPTER I

## *The Call to Action – Why Children Need Our Help*

Therefore, Medicaid programs and the staff who lead them are well positioned and equipped to provide new ways of thinking, new strategies, and new approaches that help build the road to recovery and resiliency for children.

Medicaid Directors, their counterparts in other federal and state social service programs, health plans, and frontline service providers innovated and adapted in incredible ways in the early days of the COVID-19 crisis to flexibly deliver services to clients differently, as the situation required. As we shift from crisis management and stabilization to recovery and resiliency, we must continue to embrace the nimble approach that served us so well in the spring and summer of 2020. Programs, health plans, and providers must sustain efforts to collect data in real time, to engage in continuous learning and improvement cycles, to leverage every available resource, to work across silos and bureaucratic boundaries, and to pivot rapidly.

Focusing on doing what is right by kids and families today will pay dividends – social and financial. Investing to stabilize families and help parents to move from crisis to recovery as quickly and seamlessly as possible enables more efficient and effective care delivery that reduces suffering for the whole family. Providing the supports necessary to get kids back on track today also will save long-term costs associated with educational failure, chronic unemployment, incarceration and housing and food insecurity.

This paper identifies a series of specific, actionable steps that Medicaid and CHIP programs can take today – and in the coming months – to change the trajectory of recovery for the over 37 million American children they serve. It examines short-term options that will ensure children and their caregivers are supported as we emerge from the pandemic. It also looks at how we can use the disruption in the healthcare system to drive long-term transformation in how Medicaid cares for kids.

Medicaid alone cannot solve the challenge of getting kids back on track after this public health crisis, but it can and must be a big part of the solution.

*“Medicaid alone cannot solve the challenge of getting kids back on track after this public health crisis, but it can and must be a big part of the solution.”*



*Our goal is to change the trajectory of recovery for over **37 million** American children.*





## CHAPTER II

### *Short-term Response Opportunities for Medicaid*

Medicaid and CHIP programs have a foundational charge and a critical role to play in supporting the resilience and recovery of our nation's children. Medicaid leaders can act with the same focus and urgency they did early in the pandemic to ensure children and their caregivers are supported as we emerge from the pandemic and rebuild the critical anchors that support healthy development, stable families, access to health care, and participation in school and community activities.

This list provides Medicaid and CHIP leaders with concrete ideas of actions they can take today to respond to and support the children and families they serve. These are strategies that many Medicaid programs across the country are currently pursuing or already using.

1

#### **Connect with and understand the current realities for children, caregivers, and pediatric providers.**

One critical lesson from the pandemic response has been the importance of being connected to the experiences of members and providers “on the ground,” and being able to monitor data over time during in the rapidly changing public health emergency. State Medicaid and CHIP leaders can learn about the impacts of the pandemic and recession on children and pediatric care in at least five ways:

##### **A. Review statewide data on child and family well-being indicators.**

- Collaborate with state demographers and sister state agencies (e.g., public health, child welfare, workforce, and human services agencies) to analyze what is known about children and families in your state. If state data is not available, look to external data sources.
- The Annie E. Casey Foundation Kids Count [Data Center](#) has an interactive data center that provides insights into key family well-being indicators that have been affected by the pandemic and recession. The data is searchable by state.
- The US Census Bureau began the [Household Pulse Survey](#) to rapidly collect data on the impact of the pandemic on American households. Elements within the survey include: education, employment, food security, health, housing, and economic indicators.
- The American Academy of Pediatrics [Family Snapshots](#) provides data about the impact of COVID-19 on parents and caregivers and their children under age 18.

##### **B. Analyze claims and encounter data.**

- Ask your data teams for analytics on key pediatric health measures, such as well-child visits, vaccinations, screenings for vision, hearing, social and emotional development, oral health assessments, and adolescent mental health services.

##### **C. Evaluate customer service calls and appeals.**

- Review or ask for data from your internal or managed care partners' customer service or nurse advice lines. Look for trends and issues related to children, parents, and caregivers.



## CHAPTER II

### *Short-term Response Opportunities for Medicaid*

#### **D. Convene or have staff attend organized parent focus groups/listening sessions.**

- Many state and local agencies and organizations are hosting virtual focus groups and listening sessions with parents. Consider hosting one as the Medicaid agency, asking your managed care partners to host sessions, and/or deploying staff to sessions being convened by others.
- Use other vehicles to collect parent or caregiver feedback, such as fielding a brief survey to the parents of children covered by Medicaid and CHIP or working with your managed care partners to field a survey.

#### **E. Meet with pediatric providers.**

- Establish regular communications with pediatric providers or local chapters of their professional organizations to learn about what they are seeing in the clinic and the successes and challenges they are experiencing as they provide care to children and families.

**2**

**Launch a “sprint” team to respond to what you learn about the needs of children and families, share ideas, and get input on possible solutions. Take action to prepare children to return to childcare, preschool, school, and other activities this fall.**

#### **A. All states have implemented new policies in response to the pandemic and to advance health equity. Review those policies and ensure they are meeting the current needs of children and families. For example:**

- How are telehealth policies improving access and quality of care for families with young children, families with elementary-aged children, and teens and how could they be better leveraged to respond to current needs?
- Are any enhanced behavioral health services available and appropriate for teens, school-aged children and young children and their caregivers?
- Are any new managed care organization or case management agency requirements to assess and address social risk factors (e.g., requirements to screen for social determinants of health) capturing and responding to the unique needs of families, like a lack of parental supports or access to affordable childcare?
- Are any new equity-focused initiatives or contract requirements inclusive of children and families? For example, if a state is requiring its plans to implement a mandatory performance improvement project on equity, the agency could ensure it advances equity for children and families, not just adults.
- Should any prior authorization requirements be streamlined, modified, or removed for children, particularly children with special health care needs?



# CHAPTER II

## Short-term Response Opportunities for Medicaid

**B. Working in partnership with early childhood and education sister state agencies, Medicaid can play a key role in supporting resilience and successful return to learning and activity. A team of staff can be deployed to work collaboratively with agency partners, providers, and plans to ensure access to:**

- Social and emotional well-being supports to address social anxieties, traumatic experiences, and the disruptions to routines and experiences that support healthy development
- Basic health services critical for academic success and participation—vaccinations, vision and hearing screenings, sports physicals
- Specialized services for children with special health care needs

**3 Act urgently and plan for sustained focus on supporting the mental well-being of children and their caregivers.**

Throughout the pandemic there have been clear signs of the impact on child and family mental well-being. Calls to crisis lines are up.<sup>5</sup> Hospitalizations and emergency room visits for behavioral health conditions have increased and both public and private health insurance providers are seeing an increase in claims for self-harm, general anxiety, obsessive-compulsive disorder, depression, and substance use.<sup>6</sup>

Medicaid agencies must be responsive to the immediate emotional health of children and families and plan for supports in the future. Agencies can begin by:

- Engaging with their managed care entities and provider networks to learn about what they are seeing and the capacity of the provider network to respond to the increased mental health and substance use needs of children and families;
- Collaborating with sister state agencies that are also working to respond to the increased needs and support long-term resilience of children and families, particularly adolescents;
- Preparing for a sustained response by supporting integrated care by increasing provider and network capacity and reducing barriers to accessing behavioral health services.



### IMMEDIATE RESPONSE OPPORTUNITIES FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Disruptions in education, health care, and community life over the last year have uniquely impacted children with special health care needs and their families. Medicaid programs, as the source of health insurance for half of these children, will want to consider how their immediate response addresses these unique needs. Strategies to do this could include:

- Ensuring caregivers of children with special health care needs receive COVID-19 vaccinations.
- Engaging these children and their families in decision-making about emerging from the pandemic.
- Continuing flexibilities that reduce the burden on these families, such as 90-day prescription refills and telehealth (especially for virtual care coordination).
- Increasing access to behavioral health services and supports for children and their parents and caregivers.
- Increasing respite services for family caregivers.

<sup>5</sup> Flood of Calls and Texts to Crisis Hotlines Reflects Americans' Rising Anxiety. May 4, 2020. National Public Radio.

<sup>6</sup> Mental Health-Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic – United States, January 1 – October 17, 2020. Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Review. November 13, 2020. The Impact of COVID-19 on Pediatric Mental Health: A Study of Private Healthcare Claims. FAIR Health. Marcy 2, 2021.



## CHAPTER II

### *Short-term Response Opportunities for Medicaid*

#### **4 Advocate for children and families in COVID vaccine planning.**

Medicaid leaders have been key advocates and logistics managers for Medicaid and CHIP members in statewide vaccine efforts. As vaccines become more widely available, Medicaid leaders can work to ensure access to vaccines for: parents of children with disabilities, teens, and younger children as they become eligible. Schools will be a key partner for Medicaid leaders to increase vaccinations among youth.

#### **5 Ensure accurate eligibility and enrollment of children, parents, and caregivers.**

The continuous coverage requirements of the public health emergency have created complex eligibility and enrollment challenges for states. As you plan for the end of the public health emergency, be sure to include a specific focus on newborns, children, and their caregivers in your planning. For example:

- Are there clear pathways for children who have maintained Medicaid coverage but should move to CHIP at the end of the public health emergency?
- Is there a plan to ensure that women who maintained Medicaid coverage beyond the 60 days postpartum period will be enrolled in general Medicaid, if they are eligible, at the end of the public health emergency?

#### **6 Take action to support pediatric providers.**

Pediatric providers have faced unique challenges during the pandemic and have not seen in-person visits return as robustly as some other providers. Medicaid agencies and Medicaid managed care organizations can work collaboratively with providers and provider associations in an ongoing fashion to:

- Provide technical assistance and best practice sharing on strategies to increase visits, ensure catch-up on key services, including childhood immunizations, and implement team-based care models and interventions;
- Evaluate options for time-limited resource investments to stabilize practices and give pediatric providers more time and flexibility to address the needs of children and families.



# CHAPTER II

## Short-term Response Opportunities for Medicaid

### Addressing Adolescent Mental Health

The trauma of this last year is impacting the mental health and well-being of teens – a group that is historically difficult to engage in care. Depression, suicide, eating disorders, and anxiety are on the rise. Medicaid programs can support resilience of teens and begin to change the way we deliver care to them. Key options include:



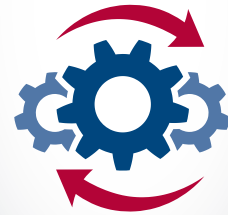
Actively participate in and support youth mental health efforts led by other state partners or local pediatric care systems

Continue telehealth for adolescent care: a modality through which teens are more likely to engage.



Include an adolescent focus in quality improvement initiatives with plans and providers.

Incentivize integrated physical, mental health, and addiction treatment for teens.



*“Healing is a matter of time, but it is sometimes also a matter of opportunity.”*

— Hippocrates

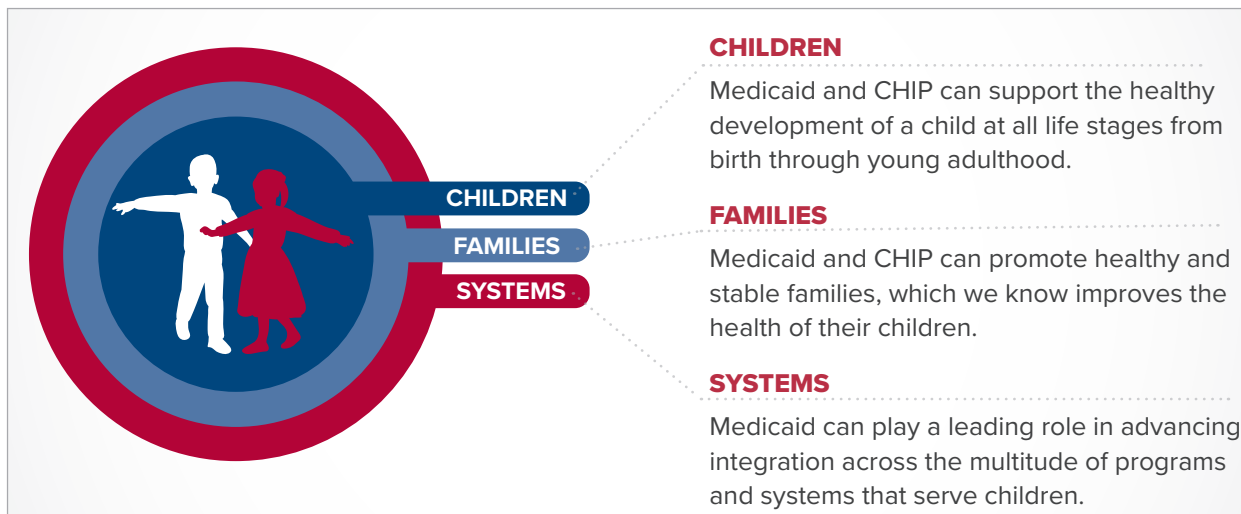




# CHAPTER III

## Opportunities for Medicaid to Transform Children’s Healthcare Delivery

In addition to the immediate response opportunities, Medicaid leaders can use the disruption caused by the pandemic as an opportunity to drive long-term transformation in children’s health. This work builds on the efforts, partnerships, and strategies described in the prior section, and it can be embedded into existing programs or evolved and expanded into a system that works more effectively and efficiently to deliver children’s health care. Specifically, Medicaid leaders can advance long-term transformation by focusing on three levels of change: children, families, and systems.



The options described in this section require time, resources, sustained leadership commitment, and cross-agency partnership. With this longer-term commitment, these initiatives have the potential to have a positive generational impact on the over 37 million children served by Medicaid and CHIP and can improve the health of individuals, families, communities, and the nation.

### 1 CHILDREN: Support the Development of the Nation’s Children.

What happens during childhood, especially in the first few years of a child’s life, is critical to their health, well-being, educational attainment, and economic stability as adults. Together Medicaid and CHIP provide health insurance for nearly 2 in 5 children in the United States and cover nearly half of all births.<sup>7</sup> This means that Medicaid is well-positioned to support strong development for the nation’s children beginning at birth and through adolescence. This section explores options for Medicaid programs to support strong and healthy development for the children the program serves.



<sup>6</sup> [Health Insurance Coverage of Children 0-18](#). Kaiser Family Foundation. 2019. [Medicaid’s Role in Financing Maternity Care](#). Medicaid and CHIP Payment and Access Commission. January 2020.





**Streamline eligibility pathways for children.** Eligibility is a complex aspect of Medicaid policy, but there are levers states can pull to improve the ease with which eligible children get and stay connected to Medicaid and CHIP coverage. Maintaining this connection can ensure children receive services at critical points of development and care is not interrupted by gaps in coverage. Some options to do this include:

- *Smooth the process for newborn eligibility.* Eligibility processes are not typically designed with newborns in mind. These processes can result in delays in newborns getting connected to Medicaid coverage, to a health plan, and to care. Two potential ways to address this include enrolling newborns at the hospital (at the point of birth) or conducting the eligibility determination and issuing the child's insurance card prior to birth.
- *Leverage presumptive eligibility for pregnant women and children.* Through presumptive eligibility, Medicaid agencies can authorize entities to make eligibility determinations for pregnant women and children. This can help states and communities get pregnant women and children connected to coverage and care more quickly. States that leveraged presumptive eligibility during the pandemic could consider making it a permanent part of their program after the public health emergency.
- *Institute 12-month, continuous eligibility for children.* This option allows children to stay connected to Medicaid and CHIP coverage when families experience changes in income. This makes sure children do not experience disruptions in their care, especially during critical points of their growth and development.



**Increase access to health care services that support strong development.** Medicaid programs can increase access to evidence-based services that can promote the development of children from birth through adolescence, as well as screen for their safety and social needs. Some ways to do this include:

- *Ensure access to services that support the social and emotional health of young children.* Medicaid programs can do this by adopting evidence-based standards for healthy development, like Bright Futures guidelines, promoting clinical standards for the social and emotional development of school-aged youth and adolescents, and incentivizing plans and providers to follow these standards and guidelines.
- *Ensure children receive age-appropriate screenings and treatment that responds to those screenings.* Medicaid programs can incentivize plans and providers to increase the rates of children who are screened and receive care, including adolescents who often have the lowest rates of screening. Managed care withhold arrangements, which is where the state retains a portion of the health plan's capitation payment until certain quality requirements are met, may be one vehicle to do this. States can also use the CMS-416 report on Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) to identify children who received screenings but did not get treatment. Finally, Medicaid programs could direct plans or providers to screen for Adverse Childhood Experiences and provide enhanced care coordination and services to children with special needs and those who have abnormal screening results.



# CHAPTER III

## Opportunities for Medicaid to Transform Children’s Healthcare Delivery

- *Provide access to integrated physical health, mental health, and addiction treatment.* Integrated care is important for all children, but particularly adolescents, children with complex health care needs and children involved in the child welfare system. One way Medicaid programs can increase access to integrated services is to support pediatric primary care providers to be an access point for social and emotional development support. In addition, the Medicaid agency could remove barriers that prevent children from readily accessing mental health services, such as eliminating any state or managed care organization requirements that a child must have a mental health diagnosis before accessing mental health services. Medicaid programs can also help finance telephone consultation lines that give pediatric providers professional support and confidence to deliver behavioral health care.
- *Support academic and school success.* Medicaid serves millions of school-age children, and as such, it plays a major role in ensuring that these children succeed in school. Medicaid programs can support academic success by advancing structured initiatives to support school readiness. For example, the state could create financial incentives for health plans to make sure children enter kindergarten ready to learn by increasing the rate of physical and developmental screenings for young children. Medicaid programs can also ensure kids are healthy in schools by expanding access to school-based services under the “free care rule.” This allows all Medicaid-eligible children to receive physical and behavioral health services in schools, not just children with an Individualized Education Plan.



### **CALIFORNIA: COVID-19 TESTING TO RETURN TO IN-PERSON LEARNING**

Medi-Cal, California’s Medicaid program, is supporting the return to in-person learning through a new initiative to cover COVID-19 testing in schools for children covered by Medicaid. On March 1, 2021, Medi-Cal received CMS approval to amend their Section 1115 waiver to cover this testing through the Early Periodic Screening Diagnostic and Treatment (EPSDT) benefit, including for asymptomatic children. Testing is being provided through the fee-for-service delivery system, and local Education Agencies may receive Medicaid reimbursement for testing provided to children covered by Medicaid in transitional kindergarten through 12th grade. In the months ahead, Medi-Cal and the Local Education Agencies may also leverage this structure to ensure children in Medicaid receive COVID-19 vaccinations.



### **KENTUCKY’S SCHOOL-BASED SERVICES**

In 2019, Kentucky Medicaid received approval for a State Plan Amendment to allow school districts to bill for eligible services delivered to all Medicaid enrolled children. Prior to this change, Medicaid covered services were only reimbursable when provided pursuant to a student’s Individualized Education Plan (IEP). Kentucky’s Expanded Access School Based Services Program addresses student medical and behavioral health needs by expanding access to these school-based services. It reimburses for the provision of Medicaid covered services that meet Medicaid’s definition of medical necessity and all other program requirements, without a care plan or the IEP requirement. Examples include preventive services, mandated physical and behavioral health screenings, dental services, and all currently covered service types when medically necessary, and ordered and provided by a Medicaid qualified practitioner.





### Breaking Down Silos for Children in Foster Care

Medicaid provides health insurance for children in foster care: a group of children with complex social, emotional, physical, and mental health needs. There are numerous ways in which Medicaid and Child Welfare can collaborate to improve care delivery, particularly working upstream to stabilize families and prevent removals from the home. Key options include:



**Providing enhanced benefits or supports for new parents, recognizing most child removals occur between ages 0-1**

**Expanding opportunities for parents to receive addiction treatment while staying with their child**




**Expanding the continuum of services to include therapeutic foster care**

**Ensuring children who age out of foster care move seamlessly into other available eligibility categories**



### 2 FAMILIES: Promote Healthy and Stable Families.

Stable and nurturing environments set children on a positive trajectory of strong social, emotional, and physical development. Parents that have their physical and mental health care needs met are better able to provide this stability for their children. Medicaid is a program that supports both children and their caregivers. As such, Medicaid programs can support family stability in a variety of ways, regardless of how expansive a state’s income eligibility limits are for parents.

- Extend coverage for pregnant women to 12-months postpartum.** Some Medicaid programs are pursuing this new coverage option under the American Rescue Plan Act to support new mothers and reduce maternal mortality. This provides stable coverage that can address the physical, emotional, and mental health of new mothers, which will better position mothers to care for and nurture their babies.
- Increase access to key health care services for parents.** Supporting the physical and mental health of parents helps them provide a strong and stable family environment. One way Medicaid programs can do this is through dyadic treatment – where the caregiver and child are treated together as a bonded pair. This approach can be particularly impactful for parents and caregivers of children with special health care needs. Medicaid can cover this parent-child mental health treatment under the child’s Medicaid benefit. In addition, states can permit mothers to receive postpartum depression screenings at the pediatrician’s office. Finally, Medicaid programs can support addiction treatment models that allow mothers to receive treatment while staying and bonding with their newborn.



**Provide other social supports that encourage healthy families.** Medicaid programs can play a key role in connecting pregnant women, new moms, and other caregivers to other supports that promote health, such as Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), and housing. It is helpful to identify these needs early – ideally early in the prenatal period – and make sure the supports are in place before birth. In addition, home visiting programs and peer support programs are other ways that Medicaid can support new mothers. These evidence-based services provide social and emotional support, connect new mothers to resources, and enhance skills development. Finally, Medicaid can aid stability for families of children with special health care needs by providing family supports and resources, like paid family caregiving or robust care coordination.

### 3

#### **SYSTEMS: Advance Integration Across Child-Serving Programs.**

Children enrolled in Medicaid and CHIP are often supported by a patchwork of other health and social services, such as SNAP, WIC, Temporary Assistance for Needy Families, Energy Assistance, Early Intervention, and Child Support. The state and local agencies that administer these services share the goal of ensuring that children and families receive the services needed to thrive. But historically, these agencies and sectors have largely operated in siloes, making it challenging for families to navigate systems of care and often leading to duplication.

Medicaid agencies can work with their state and local partners to ensure services and supports are better integrated. Integration can be advanced in four areas: sharing information and learning, sharing resources, establishing governance structures to underpin collaboration, and delivering services jointly.



**Share information and learning between Medicaid and other child-serving programs.** Sharing information and learning allows Medicaid and other state agencies to understand each other's goals, challenges, and operational realities. This can be a strong foundation for successful and lasting partnership.

- *Set up regular meetings with key state agency partners.* The Medicaid agency could establish regular check-in meetings with sister state agency partners that serve children to discuss shared challenges and priorities and identify key opportunities for partnership.
- *Regularly invite sister state agency partners to educate Medicaid staff.* Medicaid leaders can invite sister state agency partners to do a “lunch and learn” with staff to increase their understanding of other key programs that serve children covered by Medicaid.
- *Hire staff with expertise in other child-serving programs, such as education, housing, nutrition, or foster care.* Medicaid agencies have used this strategy with good success to advance the health of individuals experiencing homelessness. Building this knowledge and capacity in Medicaid can inform decision-making and ensure these other child-serving programs are considered.



## CHAPTER III

### *Opportunities for Medicaid to Transform Children's Healthcare Delivery*

- Identify opportunities for Medicaid and other child-serving programs to share resources.** Sharing resources can allow Medicaid and other child-serving agencies to wholistically address the health and social support needs of children and families, which any one program could not do by itself. This strategy is most successful when agencies are aligned around shared goals and a foundation of trust is established.
  - *Leverage data-use agreements between agencies.* Data sharing or data use agreements allow agencies and programs to continuously share information to identify gaps in services or opportunities for collaboration. These agreements can also allow agencies to establish and monitor shared outcome metrics.
  - *Incentivize plans to align with and collaborate with cross-sector partners.* Medicaid leaders can direct or incentivize plans to conduct care management and coordination with other systems in their managed care contracts. For example, states could require their plans to [send case managers to Individualized Education Plan planning meetings](#) at schools.
  - *Braid and blend funding.* Medicaid and other child-serving programs can map the services and supports being provided to children, the scope and availability of those supports, and the funding stream supporting each one. Then agency leaders can identify gaps in available supports and where each program might play a role in addressing those gaps. For example, states have successfully braided Medicaid and Title V funding to deliver home visiting services for new parents in order to support healthy and stable families.
  
- Strengthen governance of collaborative activities.** Medicaid and the leadership of other state agencies can establish structures and processes that support effective and sustained partnership. Strong governance models ensure partnerships continue even when there are changes in leadership at the state level.
  - *Designate an inter-agency liaison in Medicaid to coordinate with sister state agencies that serve children.* To ensure that collaboration between agencies is an ongoing priority, Medicaid agencies may choose to hire a new staff member or repurpose an existing staff member to support coordination efforts around children's health.
  - *Establish an interagency workgroup to build a comprehensive strategy around the health and well-being of children.* Medicaid leaders can leverage the expertise across various state agencies to identify and address gaps in services, recommend policy changes, or develop effective care delivery models. These groups may also identify and leverage federal funding streams, such as new funding under the American Rescue Plan Act, to advance shared goals. Children's Cabinets are one example of this type of structure.



### **Equip providers to jointly deliver services and coordinate with community-based organizations.**

Fragmentation across health and social services makes it challenging for children and their families to navigate these complex systems. This has been especially true during the pandemic due to school closures and social distancing requirements. Medicaid agencies may invest in and encourage the use of care delivery models that support the joint delivery of health care and other social services, including team-based care models. To do this successfully, they must ensure that providers have the capacity to do this work.

- *Expand the allowable practitioners who can connect members to non-medical support services, such as peers, family peer specialists, doulas, and development specialists.* Physicians often lack the capacity or experience to address many of the social needs of their patients. However, there are many alternative provider types that are well situated to take on these responsibilities in a team-based care setting. For example, doulas can connect expecting and postpartum mothers with housing and food assistance.
- *Provide technical assistance to providers around care delivery practices that encourage alignment across health and social services.* This may include providing guidance and support to providers, such as clarification around billing codes for team-based care or guidance on screening for social needs.
- *Develop Alternative Payment Models (APMs) that support alignment across health and social services.* Fee-for-service payment models often encourage siloed care delivery and may not support multi-disciplinary care models. States may advance APMs that support expanded care teams and coordination across and beyond the health care system, such as patient-centered medical homes (PCMH), or team-based care models. These models may be especially effective for children with special health care needs, teens, and children in foster care.

### **WYOMING SUPPORT FOR PEDIATRIC PROVIDERS**

Wyoming Medicaid is working with pediatric providers to ensure that they are equipped to screen for social needs and use trauma informed care practices. To advance this work, the state is focusing on how to encourage collaboration across providers to share best practices and improve quality. Additionally, under a new policy, providers who complete and submit a certificate of completion for California's training on Adverse Childhood Experiences (ACEs) will be able to screen for ACEs as a billable service under Medicaid.







***Children are wired to adapt and recover,  
but they can't do it alone.***

The urgency of our response in this moment for our children is heightened by the incredible growth, development and change that they experience each day, each month, and each year. The strategies in this report can offer Medicaid leaders a set of options and a starting place to meet the moment and respond.

COVID-19 presented an historic challenge for our country. And now we have an historic opportunity to not just mitigate the impact of the trauma endured by millions of children, but to create stronger systems of care that will foster the success of those children in the years to come. This is not an aspirational vision, but a critical imperative that we must embrace, together.

***“We have an historic opportunity to not just mitigate the impact of the trauma endured by millions of children, but to create stronger systems of care.”***



# APPENDIX: ADDITIONAL RESOURCES

The following resources provide more information about many of the strategies and options described throughout this report.

## [Fact Sheet: Service Use among Medicaid & CHIP Beneficiaries Ages 18 and Under during COVID-19](#)

Centers for Medicare and Medicaid Services, September 2020. CMS released a preliminary data snapshot focusing on the impact of COVID-19 on service utilization for children ages 18 and under enrolled in Medicaid and CHIP.

## [A Guide to Expanding Medicaid-Funded School Health Services](#)

Trust for America's Health and Healthy Schools Campaign, December 2019. This guide is designed to support those working to expand access to school health services that are paid through Medicaid, including state and local education agency staff, state Medicaid agencies, school health providers, public health professionals, and advocates.

## [How Will the American Rescue Plan Strengthen the Prenatal-to-3 System of Care? A Summary of the 2021 Act's Benefits for Infants and Toddlers](#)

Prenatal-to-3 Policy Impact Center, March 2021. This brief includes a discussion of provisions in the American Rescue Plan Act related to the policies and strategies in the annual Prenatal-to-3 State Policy Roadmap, as well as additional policies that have implications for the prenatal-to-3 period.

## [Keeping Medicaid's Promise: Strengthening Access to Services for Children with Special Healthcare Needs](#)

Lucile Packard Foundation for Children's Health, October 2019. This report covers health conditions associated COVID-19 that may put children and youth with special health care needs at risk, including how the conditions may be used to prioritize vaccine distribution and how to identify conditions using claims data.

## [KIDS COUNT](#)

The Annie E. Casey Foundation. KIDS COUNT is a source of data on children and families. Each year, the Foundation produces a comprehensive report — the [KIDS COUNT Data Book](#) — that assesses child well-being in the United States. The indicators featured in the Data Book are also [available in the Data Center](#).

## [Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children](#)

Centers for Medicare and Medicaid Services, May 2016. This informational bulletin discusses the importance of early screening for maternal depression and clarifies the role Medicaid can play in identifying children with mothers who experience depression and connecting them to the help they need.

## [Medicaid and Head Start: Opportunities to Collaborate and Pay for Upstream Prevention](#)

Academy Health, March 2018. This issue brief draws upon initial experiences from Maryland Medicaid's early efforts to explore connecting one Medicaid managed care organization with one or more local Head Start programs in the interest of linking families to needed services and addressing social determinants of health.

## [Medicaid Supports for Family Caregivers](#)

National Academy for State Health Policy, October 2020. This report examines the strategies states currently use to support family caregivers and presents four interrelated actions the federal government could take to foster the spread of innovative strategies that some states have developed.

## [Mental Health-Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020](#)

Centers for Disease Control and Prevention, November 2020. This report covers the negative impact of the COVID-19 pandemic on children's mental health. The report presents findings that the proportion of children's mental health-related ED visits among all pediatric ED visits increased and remained elevated through the first half of the pandemic.

## [Missing Babies: Best Practices for Ensuring Continuous Enrollment in Medicaid and EPSDT](#)

Georgetown Center for Children and Families, January 2021. This report identifies strategies states can use to ensure that children are continuously enrolled in coverage and receive the services they need during the first year of life.

## [Pediatric Primary Care and Partnerships Across Sectors to Promote Early Child Development](#)

New York University Grossman School of Medicine, December 2020. This paper highlights several barriers to advancing early relational health in children, including gaining population-level access to young children and families, reaching families only through single points of access, addressing the significant heterogeneity of risk that exists among families living in poverty, as well as addressing each of these barriers in combination.

## [Trauma-Informed Network of Care Roadmap](#)

ACES Aware, December 2020. This Roadmap aims to provide practical steps that health care providers, clinics, community-based organizations, and social service agencies can take within their own communities to grow cross-sector Networks of Care that support providers, individuals, and families in preventing and addressing the impact of Adverse Childhood Experiences and toxic stress on health.