

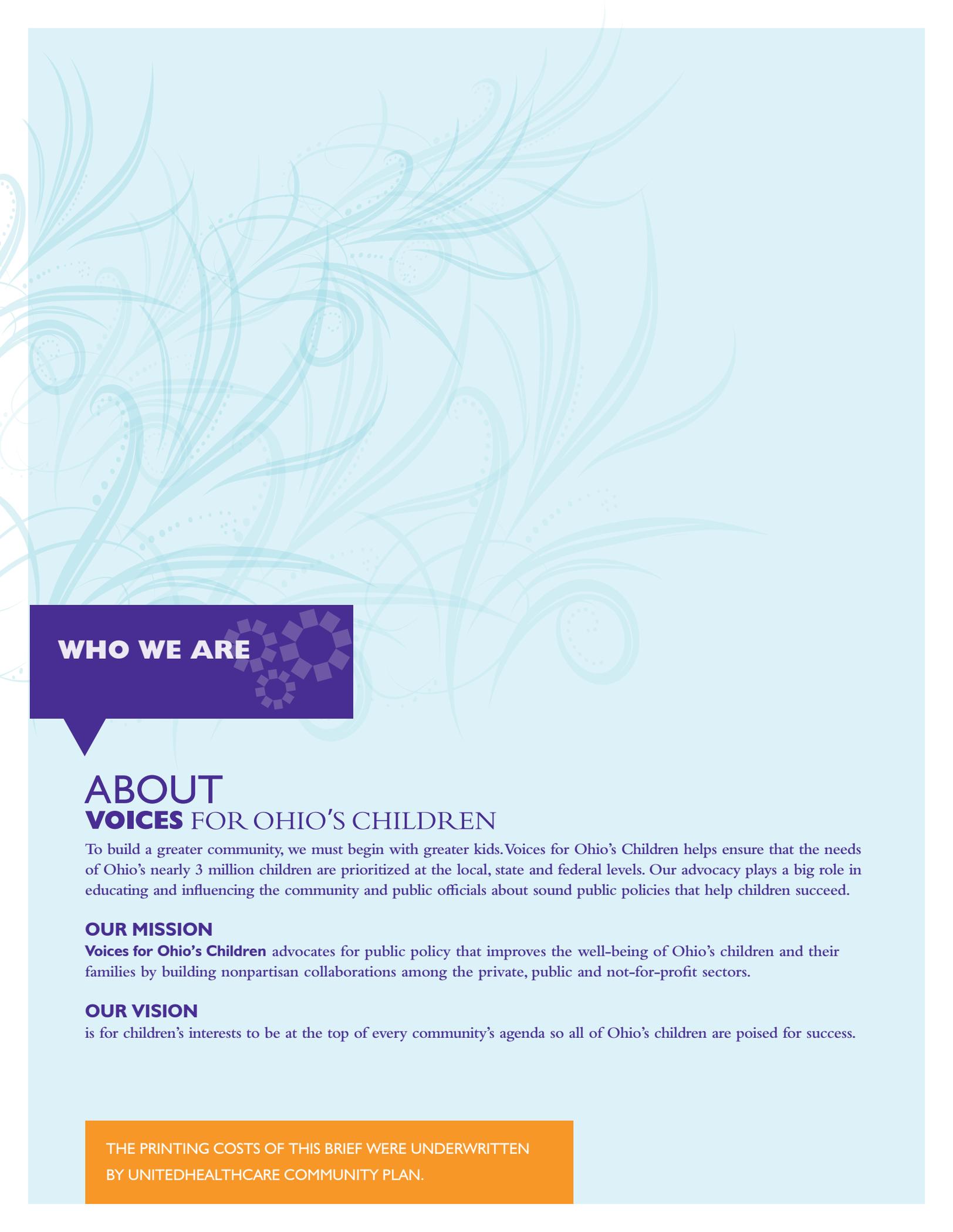


CELEBRATING MILESTONES

EPSDT & DEVELOPMENTAL SCREENING: COLLABORATIVE WORKGROUP RECOMMENDATIONS



VOICES FOR
OHIO'S CHILDREN



WHO WE ARE

ABOUT VOICES FOR OHIO'S CHILDREN

To build a greater community, we must begin with greater kids. Voices for Ohio's Children helps ensure that the needs of Ohio's nearly 3 million children are prioritized at the local, state and federal levels. Our advocacy plays a big role in educating and influencing the community and public officials about sound public policies that help children succeed.

OUR MISSION

Voices for Ohio's Children advocates for public policy that improves the well-being of Ohio's children and their families by building nonpartisan collaborations among the private, public and not-for-profit sectors.

OUR VISION

is for children's interests to be at the top of every community's agenda so all of Ohio's children are poised for success.

THE PRINTING COSTS OF THIS BRIEF WERE UNDERWRITTEN
BY UNITEDHEALTHCARE COMMUNITY PLAN.

RECOGNIZING CONCERNS

AND ACTING EARLY

BOOSTS SUCCESS

and reduces health and education system costs.

SUMMARY

Over the course of 2015, Voices engaged in collaborative work with families, stakeholders, managed care providers and an interagency group of state policy officials to help clarify the current condition of Ohio's Early Periodic Screening Diagnosis and Treatment (EPSDT) program, and provide recommendations and guidance to the State of Ohio about ways the state can improve upon the existing EPSDT program to maximize developmental screenings in the state and ensure the benefits and treatments associated with Ohio's EPSDT program are patient and family centered.

INTRODUCTION

The Medicaid program's benefit for children and adolescents is known as Early and Periodic Screening, Diagnostic and Treatment services, or EPSDT. EPSDT provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children and adolescents under age 21, as specified in Section 1905(r) of the Social Security Act (the Act). The EPSDT benefit is more robust than the Medicaid benefit for adults and is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. The goal of EPSDT is to assure that individual children get the health care they need when they need it—the right care to the right child at the right time in the right setting.

Voices for Ohio's Children engaged in a collaborative process to produce these recommendations because Ohio has room to improve their developmental screening rates and is well positioned to enhance their EPSDT program to improve child health outcomes. According to the most recent National Survey of Children's Health (2011–2012), Ohio ranks 19th in the nation for the rate of infants and toddlers receiving the developmental screenings recommended by experts. Other data shows that Ohio's EPSDT medical screening rate is also low and could be improved.*

*Source: 2015 Center for Medicaid and Medicare Services CMS 416 report.

WHY IS EPSDT SO IMPORTANT TO KIDS' DEVELOPMENT?

A child's first smile, first step, and first word aren't just exciting moments—they're important milestones in their mental and physical development. Pediatricians recommend all children be screened intensively between birth and age 3, and then annually until age 21.

 Nearly **85%** of brain development happens in the first **3 YEARS** of life.

Source: Center on the Developing Child (2007).
The Science of Early Childhood Development (InBrief).
Retrieved from: www.developingchild.harvard.edu

Nearly **1 in 5** Ohio kids under age six are at moderate or high risk for developmental, behavioral or social delays.



Source: National Survey of Children's Health, NSCH 2011/12. Indicator 2.2: Developmental screening during health care visit, age 10 months-5 years, Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website.
Retrieved [11/17/15] from: www.childhealthdata.org

WHAT IS BEING DONE?

Healthchek, another name for Ohio's Medicaid program for children, sets kids up for success by providing a series of free screenings that make sure kids are reaching these developmental milestones.

- ▶ These screenings look at the way a child plays, learns, speaks, acts, and moves.
- ▶ If a child is experiencing any sort of delay, Healthchek/Medicaid lets doctors identify the issue early and find appropriate treatment so that the child will enter school ready to learn and thrive.

IF A CHILD HAS MEDICAID THEY HAVE ACCESS TO THESE SCREENINGS & SERVICES.



physical exams



mental health



hearing



immunizations



lab tests



nutrition



development



oral health



vision

COLLABORATIVE WORK GROUPS

Three separate groups were engaged in the development of these recommendations.

VOICES FOR OHIO'S CHILDREN ENGAGED:

1.

An interdepartmental workgroup with representatives from the following state agencies: Medicaid, Health, Mental Health, Education, Job and Family Services, Youth Services, and the Department of Developmental Disabilities.

2.

A group of Ohio's Community HUBs, including representatives from Community HUBs centered in Mansfield, Toledo, Cincinnati and Southeastern Ohio. After meeting separately several times with these workgroups, Voices convened a combined meeting of these groups to review the feedback from each group and to begin crafting recommendations.

3.

A stakeholder group of representatives from:

Ohio Chapter of the American Academy of Pediatrics

Ohio Association of Community Health Centers

Ohio Children's Hospital Association

Ohio Job and Family Services Directors Association

Public Children's Services Association of Ohio

Ohio Association of County Boards of Developmental Disabilities

Ohio Association of County Behavioral Health Authorities

Ohio Association of Child Caring Agencies

Ohio Family and Children's First Council Association

Ohio Council of Behavioral Health and Family Services Providers

Ohio Association of Health Plans

The workgroups described above were asked to provide feedback on the following questions:

1. How is Ohio's EPSDT currently communicated to Ohio families
2. What Ohio's EPSDT program actually covers for families in comparison to what the federal regulations allow states to cover
3. What families are aware they can access through the program
4. How to improve state outreach efforts for developmental screenings
5. How to improve state and Managed Care Plan (MCP) outreach efforts related to care coordination conducted by MCPs
6. What kinds of services and service linkages need to be incorporated into varying levels of care coordination to optimize health outcomes for children
7. How can the state redefine and reshape services and the implementation of treatments associated with EPSDT to make them family/parent centered.

Voices also worked with their partners at the National Association of State Health Policy (NASHP), the Georgetown Center for Children and Families, and four other states to develop these recommendations. These national partners helped to support Voices' research approaches and emerging best practices of other states, and helped guide the general research of Voices during the development of the recommendations.

Following these deliberations, Voices surveyed members of their workgroups to operationalize, prioritize and set timelines for each recommendation produced by their stakeholder workgroups. The following list of recommendations represents the culmination of this work. Each recommendation is broken into short-, medium- and long-term categories, which include time frames of 1-2 years, 3-5 years and 6-10 years respectively. The time category selected for each recommendation represents Voices best approximation of how long it will take the state and its partners to implement each recommendation listed.

Short-Term Recommendations

1. Review and refine current state and county EPSDT/Healthchek communications requirements and vehicles to ensure clearer, more aligned messaging regarding the services and benefits available through Ohio's EPSDT/Healthchek program. The state should also leverage existing public private partnerships to engage in a public information campaign that uniformly outlines the services and benefits available through Ohio's EPSDT/Healthchek program.
2. Require Medicaid Managed Care Plans to make EPSDT/Healthchek related transportation services and appointments more consumer and family friendly. For example, require Managed Care Plan contracted transportation entities to allow parents to bring more than one child or individual to and from their child's well child and medical appointments.
3. Require Medicaid Managed Care Plans to integrate a comprehensive set of risk factors associated with the social determinants of health (e.g. housing, food, clothing, transportation, and other basic needs) into a universal, standardized, comprehensive risk assessment used by all Medicaid Managed Care Plans.
4. Establish an ongoing, state led EPSDT improvement Advisory Committee or Taskforce that includes representatives from multiple state agencies as well as family and organizational stakeholders. Such a taskforce would be charged with setting benchmarks and implementing new policy approaches to achieve ongoing quality improvement of Ohio's EPSDT program.
5. Develop and use technology (e.g. email alerts, mobile phone apps, etc.) in partnership with Medicaid Managed Care Plans to improve and modernize outreach to EPSDT eligible families to ensure they receive information about services and benefits available through Ohio's EPSDT/Healthchek program.
6. Implement an automated process of informing customers about their guaranteed Healthchek/EPSDT benefits through *OhioBenefits.gov* and ensure that Medicaid Managed Care Plans provide County Departments of Job and Family Services with a general notice to inform County Job and Family Services Departments about the EPSDT communications that Medicaid Managed Care Plans are providing to consumers. General notices should be compatible with what the Ohio Benefits system can support.
7. Examine and consider refining the roles played by County Departments of Job and Family Services as well as Medicaid Managed Care Plans in communicating and informing consumers about EPSDT/Healthchek.
8. Require and/or incentive Medicaid Managed Care Plans to leverage their encounter data in order to inform all of their contracted providers and enrolled families about children who have missed important screenings, immunizations and follow up care following referrals or diagnoses.
9. Improve coordination and communication between Medicaid Managed Care Plans and schools participating in Ohio's Medicaid in Schools program by creating and distributing a standardized release form for information protected by the Health Insurance Portability and Accountability Act (HIPAA) as well as the Family Educational Rights and Privacy Act (FERPA).
10. Provide training and informational materials about the Healthchek/EPSDT related health benefits guaranteed to children on Medicaid for parole and probation staff who work with youth and their families.



ohio ranks
19th in the nation
on the rate of
infant & toddler
developmental
screenings.

WE CAN DO BETTER.

Source: National Survey of Children's Health, NSCH 2011/12. Indicator 4.16: Developmental screening during health care visit, age 10 months-5 years. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [11/17/15] from: www.childhealthdata.org

Medium-Term Recommendations

1. Create a stratified system of care coordination which requires Medicaid Managed Care Plans to proactively provide varying levels of care management intensity based on the risk level of each consumer established by a comprehensive risk assessment that integrates measures of risk associated with the social determinants of health.
2. Incentivize Medicaid Managed Care Plans to assist their implementation of facilitated referrals with more direct contact than phone services. These facilitated referrals would provide step-by-step support for parents to navigate systems at the local level.
3. Medicaid Managed Care Plans should expand the use of performance incentives for their contracted providers to encourage providers to facilitate completed screenings, immunizations, referrals, and follow-up care.
4. Add new behavioral health & Early Intervention services such as intensive home based treatment, and/or make them more flexible and family centric.
5. Include High-Fidelity Wraparound in the local Family and Children First Council Service Coordination Mechanism as an identified level of care process for high-need, multi-system youth. Managed Care Organizations should contract for Intensive Care Coordination utilizing High-Fidelity Wraparound with local Family and Children First Councils to ensure that proper service linkages occur for high-need youth in need of services from multiple systems simultaneously.
6. In order to help facilitate greater collaboration between Medicaid Managed Care Plans and school districts, provide state resources for the training of school personnel drafting Individualized Education Plans (IEP's) to ensure that the IEP goals are grounded in educational rather than medical outcomes for students.
7. Expand the types of providers who are able to receive reimbursement for various types of behavioral health related screens, including alcohol and drug use assessments and depression screens. New authorized providers could include social workers, early care and education providers, school nurses, and other qualified health professionals.
8. Expand providers who are able to receive reimbursement for family-centered Part C Early Intervention services.

Long-Term Recommendations

1. Develop a method to enable consistent tracking of screens and referrals across all state run information databases to coordinate data, including Medicaid claims and Ohio Department of Health home visiting data. For example, completed screens and referrals could be directed to a centralized source to allow medical providers completing screens and referrals to link their electronic records to this central database. This could be accomplished by equipping the existing systems, such as the Statewide Immunization Information System (ImpactSIS) with expanded capabilities.
2. Develop a unified system for communication between all different case managers, parents and family caregivers in order to facilitate better care coordination and health outcomes for Medicaid eligible children.
3. Modernize payment models for developmental, social-emotional and behavioral health services to ensure that children's Medicaid routinely covers appropriate evidence-based treatments and interventions currently termed "prevention," for children with significant developmental, behavioral, or social-emotional concerns that do not meet criteria for a specific mental health diagnosis.
4. Significantly increase state investments in Early Intervention services to ensure access for every eligible child in every Ohio community.
5. Increase Medicaid reimbursements to providers, especially in Appalachian and rural areas, to improve the access children and families have to the vital treatments that support quality health outcomes.
6. Invest state resources to expand children's access to health services in community settings appropriate to their needs such as School Based Health Clinics.
7. The state of Ohio should reimburse for care coordination (including High-Fidelity Wraparound via local Family and Children First Councils) for high-need, multi-system youth.

Infants and toddlers rapidly grow and simultaneously gain many life skills:



EPSDT & DEVELOPMENTAL SCREENING: RECOMMENDATIONS



Columbus office:
33 N. Third St., Suite 420
Columbus, OH 43215

toll-free: 877.881.7860
info@raiseyourvoiceforkids.org

VISIT:
www.RaiseYourVoiceForKids.org

