

Early Child Development and EPSDT: Opportunities for States



Colleen Sonosky

GW Center for Health Services Research and Policy

(202) 530-2305 ★ colleens@gwu.edu

for the

14th Annual State Health Policy Conference

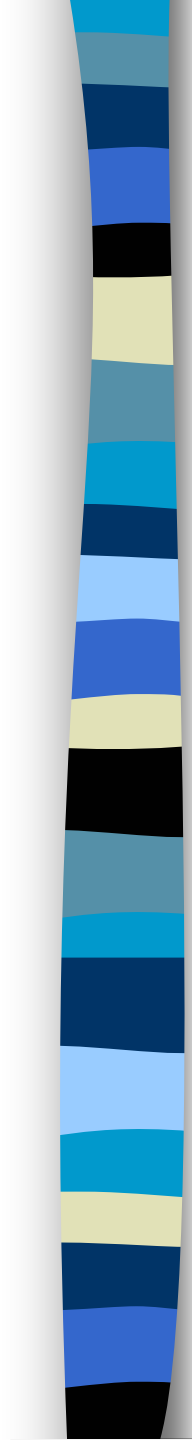
National Academy for State Health Policy

August 13, 2001



Medicaid Basics

- Nation's single largest insurer of children of all ages
 - Provides coverage to 23 million low-income children
 - More than one in 4 children in US
 - FY 2001: \$32 billion in project spending for children
- State's discretion to tailor program to meet needs of children and families
 - EPSDT is a "mandatory" benefit under federal Medicaid statute



Assuring Better Child Health and Development (ABCD) Program

- Definition of **Child Development Services** from ABCD Program:
 - Set of four interrelated benefits for all children during the first 2 years of life:
 - (1) screening and developmental assessment
 - (2) health promotion
 - (3) developmental interventions
 - (4) care coordination



EPSDT Benefit

- Screening services (age appropriate periodic schedules and as needed), including:
 - Comprehensive health and developmental history, including mental and physical development assessment
 - Comprehensive physical examination
 - Age-appropriate immunizations
 - Laboratory tests, including blood lead level assessments
 - Health education and anticipatory guidance
- Diagnostic services
- Comprehensive vision services, including eyeglasses



EPSDT Benefit, cont.

- Comprehensive preventive, restorative and emergency dental care beginning no later than age 3 or earlier if medically indicated
- Comprehensive hearing care, including hearing aids and speech therapy
- A preventive medical necessity standard
- Any treatment that is medically necessary and that requires the provision of any of the benefits and services that fall within the Federal definition of "medical assistance"
- Transportation and scheduling assistance, and assistance in securing necessary non-Medicaid services, particularly services offered by state WIC programs and Title V agencies



Three Elements of EPSDT

- An **access component** consisting of informing and referral; transportation and scheduling; and assistance obtaining necessary health, nutritional, educational, and social services
- Provision for **periodic and as-needed screenings**
 - Developmental assessments of physical and mental health
 - Health education and counseling to parents
 - Assistance in understanding developmental phases of child's life
 - Information about benefits of healthy lifestyles and practices
- Follow-up **diagnostic and treatment services** necessary to correct or ameliorate defects, physical and mental illnesses, and conditions discovered during screenings



Opportunities to Enhance Child Development Through EPSDT

- A. Eligibility and Enrollment
- B. Defining Covered Benefits
- C. Enhancing Service Settings
- D. Range of Health Professionals
- E. Building Financial Incentives into Provider Compensation
- F. Implementing Quality Measurement to Emphasize Child Development



A. Eligibility and Enrollment

Establish eligibility rules and enrollment procedures that ensure prompt enrollment and access to care at the earliest possible time

- Ability of State Medicaid programs to finance child development services during first three years
 - All states required to cover all children under 3 with family incomes at or below 133% FPL
 - Most infants who qualify for first year of life likely to remain eligible through next 24 mos.



B. Defining Covered Benefits

Define covered benefits to include preventive health care related to child development by using EPSDT benefit as a template and re-defining classes of covered services

- EPSDT: comprehensive guide of preventive interventions to fashion a specific early intervention benefit for all young children



B. Defining Covered Benefits, cont.

- Basic screening program for children who show normal growth and development and an extended preventive program for children needing additional interventions to foster growth and development
- Define covered services as “early childhood development” benefit to be provided to all children as part of their routine preventive health care
- GW’s Child Development Services Purchasing Specifications on www.gwu.edu/~chsrp



C. Enhancing Service Settings

Enhance the service settings in which covered benefits will be delivered in order to support innovations in service delivery for child development services identified in child development literature

- Latitude of state programs on where covered services may be furnished
 - Any constraints are likely to arise from state medical practice laws
- EPSDT services not limited to any particular setting
 - e.g., health exams could be conducted in Head Start centers



D. Range of Health Professionals

Permit innovations in the range of health professionals who may participate in state Medicaid programs

- State Medicaid programs allowed to cover EPSDT services through any category of licensed practitioner within the scope of practice authorized by state law
 - e.g., physicians, certified nurse practitioners, nurses, social workers, psychologists, health educators, nutritionists, and family counselors



E. Building Financial Incentives into Provider Compensation

Build financial incentives into provider compensation arrangements that will reward the furnishing of child development services

- Structure compensation arrangements with higher payment rates for primary health care
- Compensation arrangements that pay generous rates for extended office visits for child development services when conducted by physicians and other qualified health professionals
- Payment incentives to support lengthier visits and finance additional units of anticipatory guidance during a visit



F. Implementing Quality Measurement to Emphasize Child Development

Implement quality measurement and improvement procedures that emphasize the provision of child development-related preventive health services

- Set benchmark on the proportion of families who receive educational counseling on infant growth and development during well-child visits
- Working groups with pediatric clinicians to develop quality improvement programs for health professionals



Issues in Managed Care

- 17.8 million Medicaid beneficiaries enrolled in Medicaid Managed Care
- Medicaid managed care offers opportunities for States using their "purchasing power"
 - To work collaboratively with plans to improve care
 - To ensure that important services (e.g., EPSDT and child development services) are clearly defined and properly provided to children



Issues in Managed Care, cont.

- NWU Survey of Medicaid MCOs on offering of child development services
 - Large majority of plans offered child development services through EPSDT
 - Services included: feeding and nutrition, infant behavior, child behavior, development milestones, lactation counseling, parental issues, and parent/child interactions
 - Study conclusions:
 - Child development benefit requirement in contracts
 - EPSDT enforcement
 - Enhanced capitation rate for child development services



GW's Purchasing Specifications for Child Development Services in Medicaid Managed Care

- Contract language on screening assessment, developmental health promotion, general developmental interventions, and care coordination
- Incorporation of guidelines and protocols for assessments, interventions and other services
- Language is intended to detail child development services that could be provided in the context of EPSDT to children enrolled in Medicaid MCOs
- Available on www.gwu.edu/~chsrp and www.nashp.org



GW Reports on Child Development

- *Health Policy and Early Child Development: An Overview* (July 2001), www.cmwf.org
- *Room to Grow: Promoting Child Development Through Medicaid and CHIP* (July 2001), www.cmwf.org
- *Issue Brief: Medicaid Case Management Services and Child Development*, www.nashp.org
- Forthcoming Reports on Child Development in CHCs and Title V