



Georgetown University  
Health Policy Institute  
CENTER FOR CHILDREN  
AND FAMILIES



# Pennsylvania's Plan for Children's Healthy Development

Pennsylvania Partnerships for Children

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# Year 2 Project Goals/Strategy

- Increase the developmental screening (DS) rate for children enrolled in CHIP and Medicaid by 10%.
- Further the engagement of key stakeholders in the early learning and medical communities to improve developmental screening (DS) rates, follow-up and care coordination.
- Deepen the engagement of state government to improve DS rates, follow-up and care coordination.
- Gain the commitment of state Department of Human Services to:
  - provide child core set data on DS as requested in CHIPRA
  - expand the use of the Master Client Index (unique identifier) to all early learning programs
- Produce a white paper highlighting policy recommendations to improve DS rates, follow-up and care coordination.

# Primary Partners

- Large workgroup comprised of cross-sector partners in the early learning and health care community began meeting in spring 2015.
- State government has also been at the table from the outset – both in the Department of Human Services and specifically within the Office of Child Development and Early Learning.
- Large group identified 4 subgroups: strategies, data, referral and intervention and family and community engagement.
  - Each subgroup has a co-chair with a unique professional backgrounds and perspectives.

# Policy Progress and Lessons Learned

- Keeping discussions focused on public policy change and not slipping into practice change is difficult.
- Early childhood and health care systems don't know much about each other's work; our DS project has helped increase their understanding of each other.
- Early childhood providers already feel overburdened.
  - Pennsylvania's Quality Rating Improvement System (QRIS) includes DS, it isn't used to drive program improvement.
  - Curriculum assessment drives this and it will be difficult to change.
- Early learning providers are not aware of what information sharing is on existing forms; possible solution = revising existing health appraisal form.
- Ensuring early learning providers know not only that a DS was done but also the results and if/where a referral was made → will connect children to the services they need.

# Policy Progress... (continued)

- Pennsylvania does not have an all-claims payer database (no access to commercial screening data) = limit our work to CHIP and Medicaid populations.
- Having access to EPSDT data using CMS-416 Report and good working relationships with DHS allows access to DS data.
- While Medicaid makes special payments for DS, providers may feel that payments are inadequate.
- Difference between EPSDT and DS
  - Medicaid pays for DS both at EPSDT screen with a bundled payment or at other times with a separate payment.
  - CHIP does not provide for EPSDT, so there is only data on DS.
- Attention focused on DS periodicity schedule in Bright Futures and not autism screening periodicity schedule.

# Upcoming Report Recommendations

- DHS should mandate DS at Bright Futures intervals as part of managed care contracts for CHIP and Medicaid.
- DHS should mandate steps be taken to ensure appropriate follow-up and care coordination occur for DS.
- Promote better communication and information sharing between parents and early learning providers to increase awareness of DS and the referral process.
  - PA should expand use of master client index to include all early learning providers.
- Statewide public awareness campaign on the importance of DS
  - Share with families how to access DS, referral, interventions and follow-up.
  - Consider expanding 2-1-1 or becoming a “Help Me Grow” state.
- PA should engage in a partnership with organizations (health care, early learning) that share a common goal around the DS process to ensure goals are better aligned.

# Where we need assistance

- For states that have been successful in increasing their DS rates:
  - What public policies were advanced that impacted DS rates?
  - What public policy recommendations did they advance but were unsuccessful achieving?
- Since DS is included as a QRIS indicator, are there any states that have created financial incentives to improve their screening rate in the QRIS?
- Are there states without an all-claims payer database that have been successful in capturing unduplicated screens in their health care and early learning systems?
- What studies or other information is available that provides return on investment data for conducting DS?

\*Note: we have benefitted from information from not only this partnership but from the Alliance for Early Success, BUILD and Zero to Three.