Policy Options to Promote Young Children's Healthy Development in Medicaid

CONGRESS	
• Require 12-month continuous eligibility for all children in Medicaid and CHIP.	p. 8
• Allow states to extend the continuous eligibility period up to five years for young children under age 6.	p. 8
FEDERAL AGENCY	
• Require additional detail and transparency in state data reporting, with goal of disaggregating by child demographics (e.g. race/ethnicity), service delivery type (e.g. managed care versus fee-for-service), and service location (e.g. region, plan, provider)	p. 9
• Support development of Child Core Set measures that move beyond screenings to capture follow-up referrals and treatment received by young children.	p. 9
• Support interventions that recognize the role of parents or caregivers in a child's healthy development (e.g. behavioral health care, home visiting) through new guidance.	p. 11
• Invest in pediatric payment innovations that both focus on improved outcomes for young children and allow for a comprehensive analysis of the long-term costs and savings both within and outside the health system.	p. 13
STATE (by program administrative functions)	
Eligibility and Enrollment	
• Expand Medicaid to all adults up to 138% FPL through ACA Medicaid expansion.	p. 6
• Ensure all eligible parents are enrolled in Medicaid.	p. 6
• Ensure no newborn leaves the hospital without health coverage by improving technology and processes to immediately enroll them in available Medicaid or CHIP coverage.	p. 7
• Make a newborn's CHIP coverage effective on their birth date, regardless of when they are enrolled in their first 90 days.*	p. 7
• Adopt presumptive eligibility for children and pregnant women, or all adults.	p. 7
• Adopt Express Lane Eligibility (ELE) for children.	p. 8
• Require 12-month continuous eligibility for all children in Medicaid and CHIP.	p. 8
• Extend the continuous eligibility period for up to five years for young children under age 6.**	p. 8
Quality Improvement	
• Implement a comprehensive children's quality improvement focus in Medicaid. Engage other child-serving systems to identify shared goals and outcomes to address through cross-system action (e.g. goal of school readiness).	p. 9
• Publicly report all Child Core Set quality measures, disaggregating by child demographics (e.g. race/ethnicity), service delivery type (e.g. managed care versus fee-for-service), and service location (e.g. region, plan, provider).	p. 9
• Move toward standardized tracking of service referrals and follow-up.	p. 11
• Ensure EPSDT data reporting, outreach/education, service requirements are explicit in state agency agreements with Medicaid managed care organizations (MCOs).	p. 10
Benefits	
• Adopt Bright Futures preventive care schedule and guidance in Medicaid and CHIP policy and practice.	p. 10
• Review state pediatric medical necessity definition and application to ensure it accounts for preventive care and comprehensive child development services.	p. 11
• Extend EPSDT benefits to CHIP.*	p. 12
Payment and/or Delivery System**	
• Review and update policies or procedures for new and/or underutilized services (e.g. developmental screenings, infant-early childhood mental health).	p. 11
• Support interventions that recognize the role of parents or caregivers in a child's healthy development (e.g. behavioral health care, home visiting).	p. 11
• Strengthen linkages between health care and other community services through improved care coordination.	p. 12
• Advance high-performing pediatric medical homes that serve as a care "hub" for young children and their families.	p. 13

* Only applies to states with separate CHIP programs.

** May require demonstration waiver depending on Medicaid beneficiary served (child or parent) service, service location, geographic area, and/or individual providing the service.

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