How States use Medicaid to Cover Key Infant and Early Childhood Mental Health Services: RESULTS OF A 50-STATE SURVEY (2018 UPDATE)

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Overview

• Updated 50-state survey of Medicaid policies affecting coverage, access, and quality of key IECMH services

• Earlier survey conducted in 2016 via Qualtrics

• Medicaid administrators asked to review and update responses and answer a few new questions

• Results include policies for **51 states**
  - updated responses from 48 states plus DC
  - original responses from Arkansas and Ohio (revising policies)
Child Screening

- **43 states** (84 percent) reported that Medicaid covers social-emotional screening of young children with **an SE tool**.

- Among states that cover social-emotional screening, **23 states** (53 percent) reported having **a separate CPT code**.
Parent Screening

32 states (63 percent) reported that Medicaid pays for maternal depression screening during pediatric or family medicine visits, under the child’s Medicaid.
Promoting Use of the DC:0–5 or DC:0–3R Diagnostic Classification System

**Policy**

- 13 states (25%) allow providers to use DC:0–5
- 5 states (10%) recommend that providers use DC:0–5
- 1 state (2%) requires providers to use DC:0–5 in order to receive reimbursement
- 30 states (59%) reported none of the above

**Supports for Using DC:0-5**

- 6 states (32%) developed a crosswalk between DC:0–5 and ICD codes and/or other guidance documents to support providers’ use of the DC:0–5
- 6 states (32%) support provider training in using the DC:0–5
Helping Families Connect with Services

9 states (18 percent) reported that Medicaid pays for a health navigator to help connect families to services when a child or parent has a positive screen: AZ, HI, NC, NM, NV, OR, RI, VT, & WY

North Carolina’s CC4C:
Care Coordination for Children
Serves children birth to five years who meet risk criteria
• Neglect and abuse
• Chronic health condition
• Parent depression, substance abuse
• Children in foster care
Provides medical home and case-management
IECMH Services in Primary Care Setting

47 states (92 percent) -- Medicaid pays for a mental health clinician to address a child’s mental health needs in a pediatric or family medicine setting

Screening and diagnostic assessment -- 45 states (96 percent)

Treatment -- 44 states (94 percent)

Consultation with the parent about screen -- 26 states (55 percent)

Parent guidance -- 24 states (51 percent)

Consultation with another professional -- 13 states (28 percent)
IECMH Services in Early Care and Education Settings

35 states (69 percent) -- Medicaid pays for an early childhood mental health specialist to address a child’s mental health needs in ECE programs

Screening, assessment, treatment - 32 states (91 percent)

Consultation with parent - 14 states (40 percent)

Consultation with teachers about a child - 13 states (37 percent)

Consultation with teachers and program directors to strengthen SE practices: 0 states
Dyadic Treatment

42 states (82 percent) -- Medicaid pays for dyadic (parent-child) treatment

- 11 states (26 percent) that cover dyadic treatment have a specific code for this treatment
- 12 states (29 percent) require providers to use an evidence-based dyadic treatment model
- 18 states (43 percent) offer treatment without a child’s diagnosis when there are family risk factors, including parent depression
Parenting Programs Designed to Address Child Mental Health Needs

16 states (31 percent) -- Medicaid pays for parenting programs designed to help parents of young children promote children’s social-emotional development and address child mental health needs

- Only 5 states, CO, ID, NV, OR, and WA, require providers to use an evidenced-based parenting program (e.g., Triple P, Incredible Years)
Summary

- A large number of states (35 to 50 states) report Medicaid coverage for 5 of the 7 IECMH
  - IECMH services in a pediatric/family medicine, home or early care and education setting
  - social-emotional screening of child
  - dyadic treatment
- Fewer states cover maternal depression screening and parenting programs (32 and 16 respectively)
  - Big increase in states covering MDS – a rise from 11 states (22%) to 32 states (63%) in past two years
Summary cont.

- Only 6 states encourage or require the use of DC:0–5
- Only 9 states reported Medicaid coverage for a health navigator to assist families in connecting with appropriate services when a child or parent has a positive screen
- Fewer than one-third of the states that cover key IECMH services require the use of evidence-based practices or models
  - 12 of 42 states require the use of an evidence-based dyadic treatment model and 5 of 16 states require the use of an evidence-based parenting program
Using the Results

- Promote *Medicaid coverage of key services and use of DC:0 – 5 where your state has gaps*
- Promote requirements for *evidence-based models/services*
- Advocate for *supporting implementation* (e.g., training for providers to conduct MDS and make effective referrals)

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Please look for full report soon on [www.nccp.org](http://www.nccp.org)

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Thank you!