

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

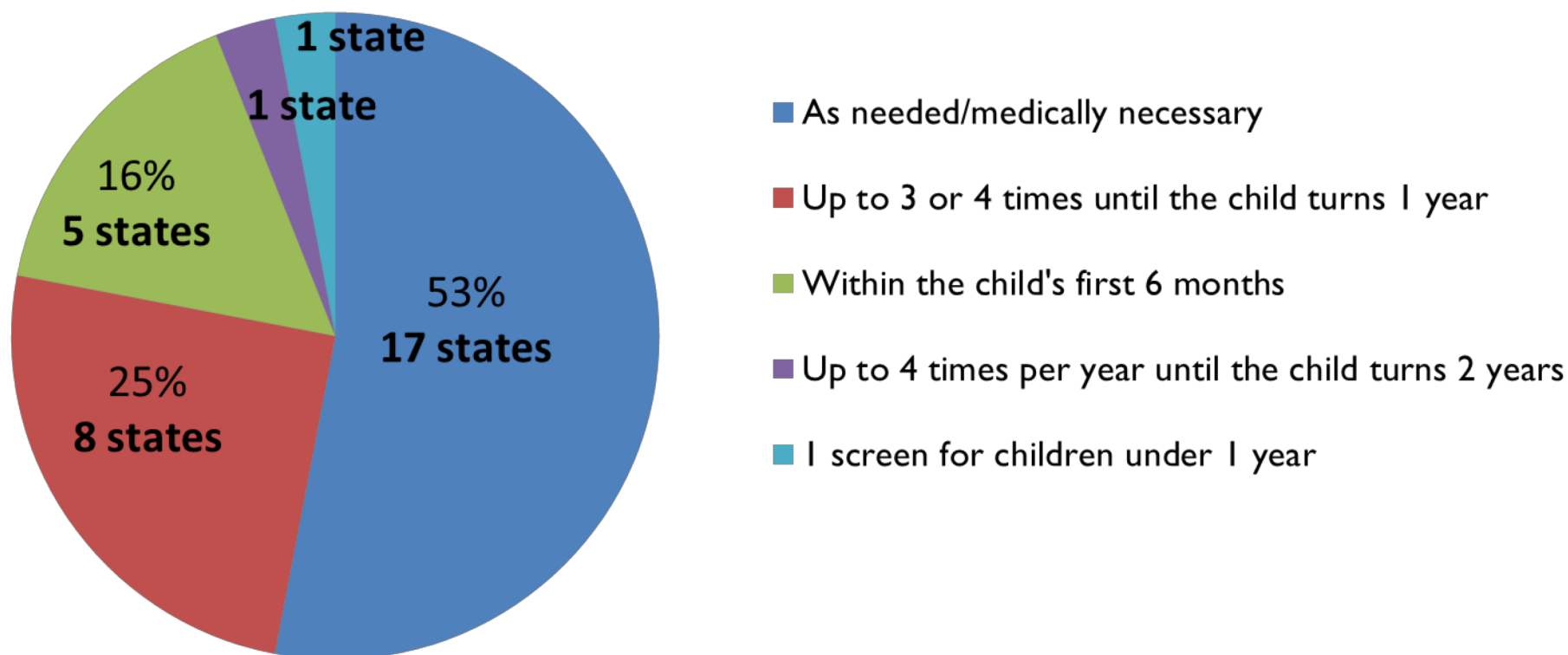
- **43 states** (84 percent) reported that Medicaid covers social-emotional screening of young children with **an SE tool**
- Among states that cover social-emotional screening, **23 states** (53 percent) reported having **a separate CPT code**



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

Frequency Allowed



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)

Please look for full report soon on www.nccp.org

If you have questions, please contact: sheila.smith@nccp.org

Thank you!