



Georgetown University  
Health Policy Institute  
CENTER FOR CHILDREN  
AND FAMILIES



# Medicaid Policies to Help Young Children Access Key Infant-Early Childhood Mental Health Services: Results from a 50-State Survey

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# Reactions: Georgia and Rhode Island



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# Why We're Here

- Vast majority of young, low-income children covered by Medicaid or the Children's Health Insurance Program (CHIP), approximately half of all nation's births financed by Medicaid
- Medicaid's child health benefit, called Early Periodic Screening Diagnostic and Treatment (EPSDT) benefit designed to prevent or address problems early, before they become more serious and difficult to treat, including mental health. Wide state variation in implementation.
- Growing recognition and awareness of need for improved coverage for mental health across all insurance types, federal Medicaid priority on mental health
- Our research offers chance to take stock of gaps in policy, prioritize areas for action

# What is Infant-Early Childhood Mental Health (IECMH)?

Young children's growing capacity in the first five years to:

- Form close, secure relationships with caregivers and peers
- Experience, manage and express a full range of emotions
- Explore and engage with the environment

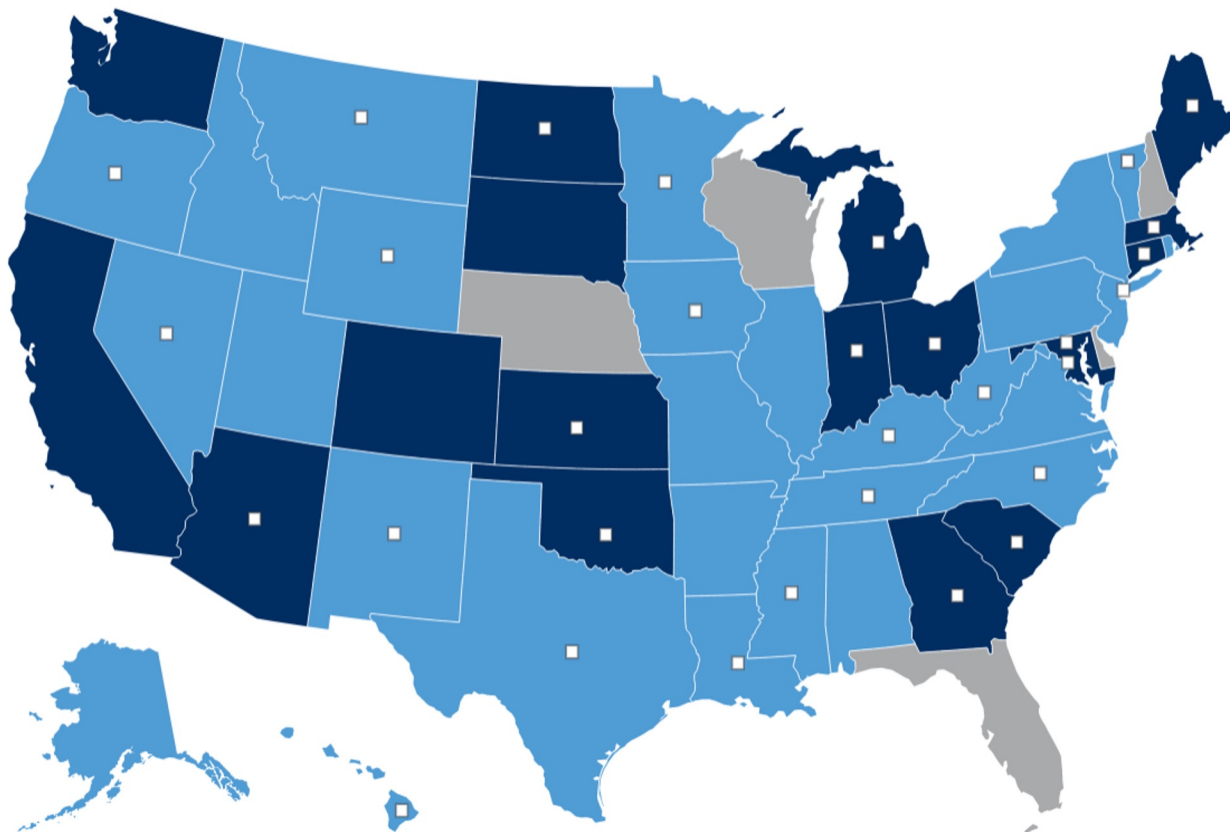
The growth of these capacities is also called “social-emotional development,” and it occurs in the context of caregiver-child relationships, culture, and community. IECMH has impacts on all other domains of development and therefore has central importance to children's opportunity to thrive.

Source: **Planting seeds in fertile ground: Actions Every Policymaker Should Take to Advance Infant and Early Childhood Mental Health, ZERO TO THREE)**

# 17 States Provide Supplemental Payment for Child SE Screening

Type of Coverage

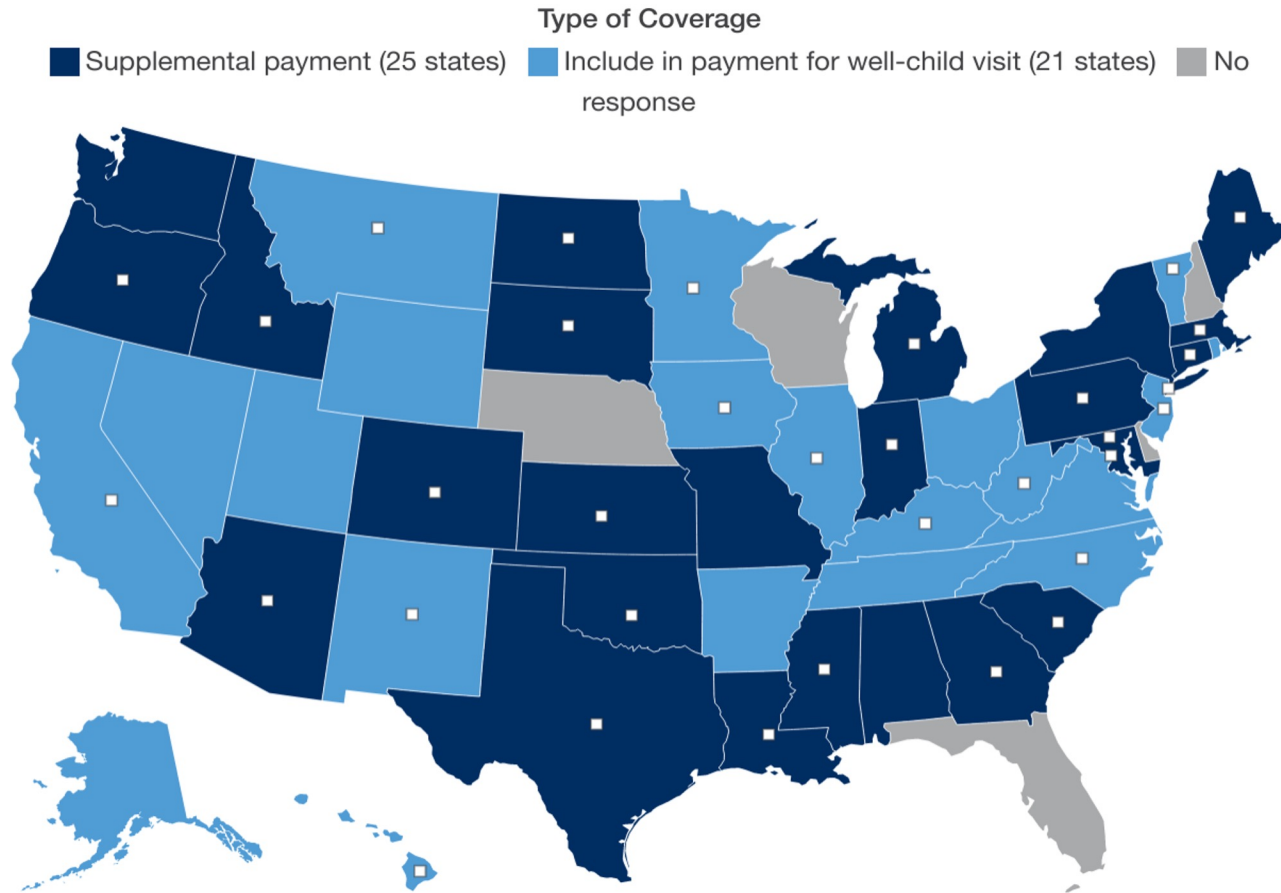
- Supplemental payment (17 states)
- Included in payment for well-child visit (27 states)
- No response



31 states require or recommend use of a specialized SE screening tool

Note: Square icon represents states that recommend or require the use of standardized tools.

# 25 States Provide Supplemental Payment for Maternal Depression Screening Under the Child's Medicaid



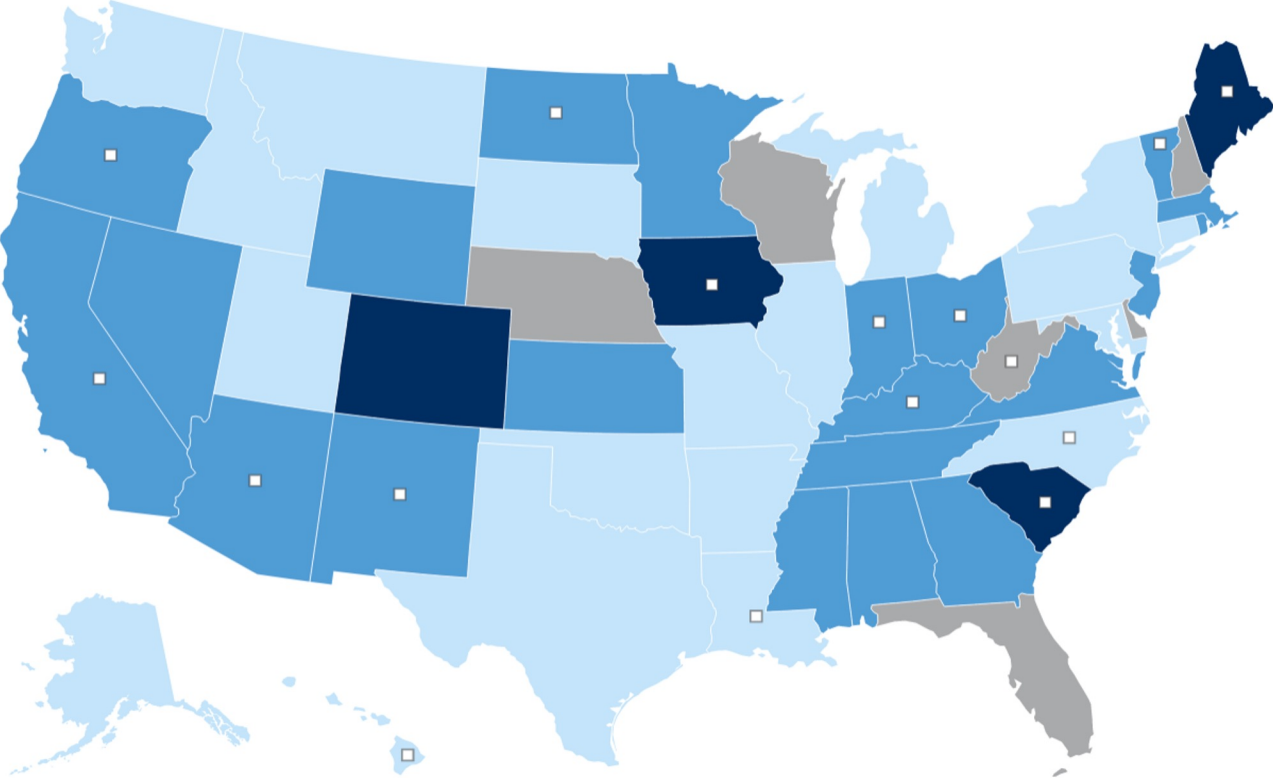
34 states require or recommend use of a standardized screening tool

Note: Square icon represents states that require or recommend the use of standardized screening tools.

# 4 States Provide Supplemental Payment for SDOH Screening

Type of Coverage

- Supplemental payment (4 states)
- Included in payment for well-child visit (21 states)
- Do not reimburse (19 states & Washington, DC)
- No response



16 states require or recommend use of a standardized tool for SDOH screening

Note: Square icon represents states that require or recommend the use of a standardized tool for SDOH screening.



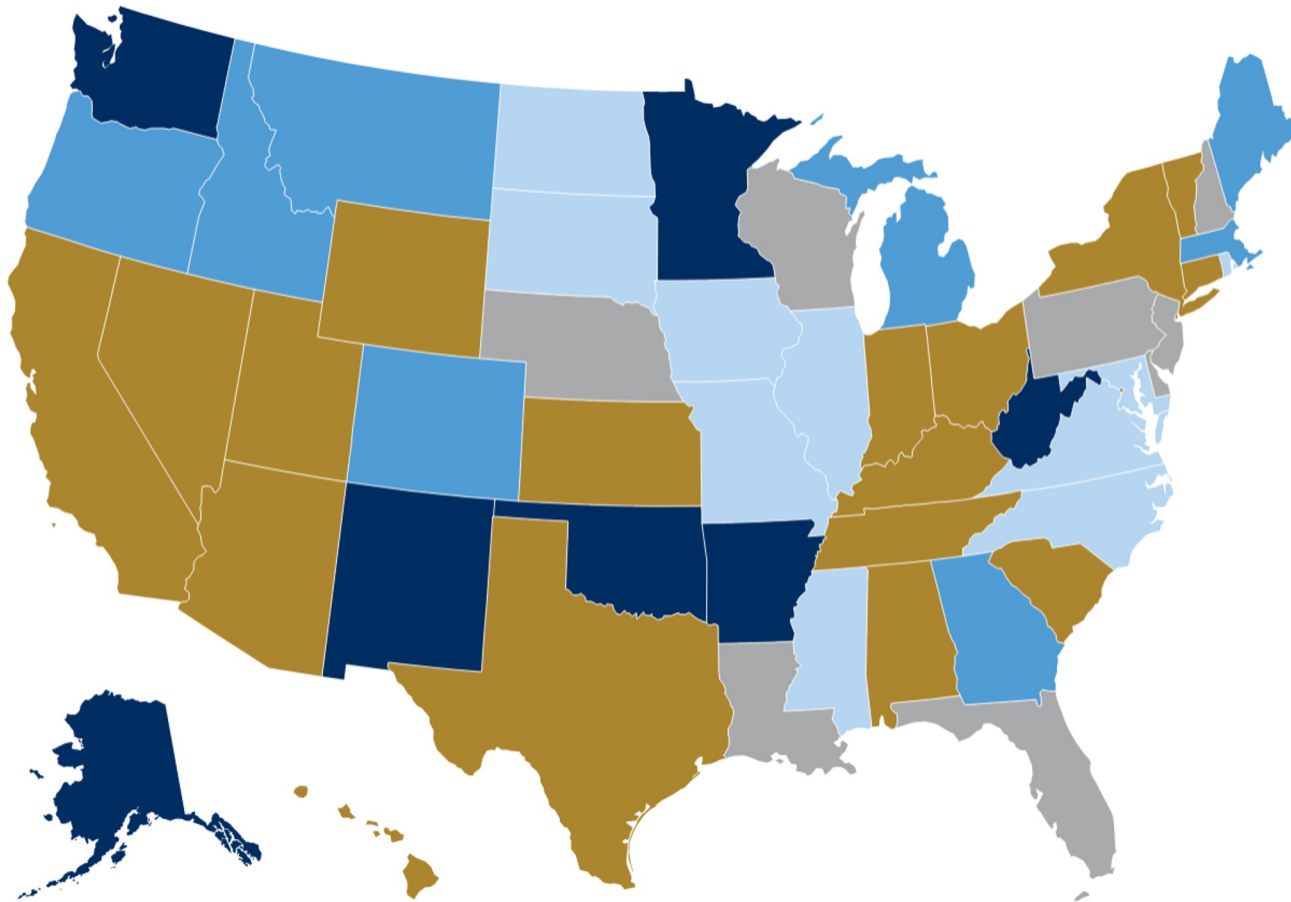
# Child-Specific Infant-Early Childhood Mental Health Consultation

- **IECMH consultation is a service delivered by a mental health professional to another provider, such as a pediatrician, to help that provider address the mental health needs of an infant or young child**
- **10 states reported covering this service; 4 use “interprofessional consultation” code**



# 15 States Require or Recommend Use of DC:0-5

■ Require (7 states) ■ Recommend (8 states) ■ Permit (10 states) ■ Do not permit (17 states)  
■ No response



**The DC:0-5 is the only diagnostic system for supporting a developmentally appropriate mental health assessment of children under age 5**

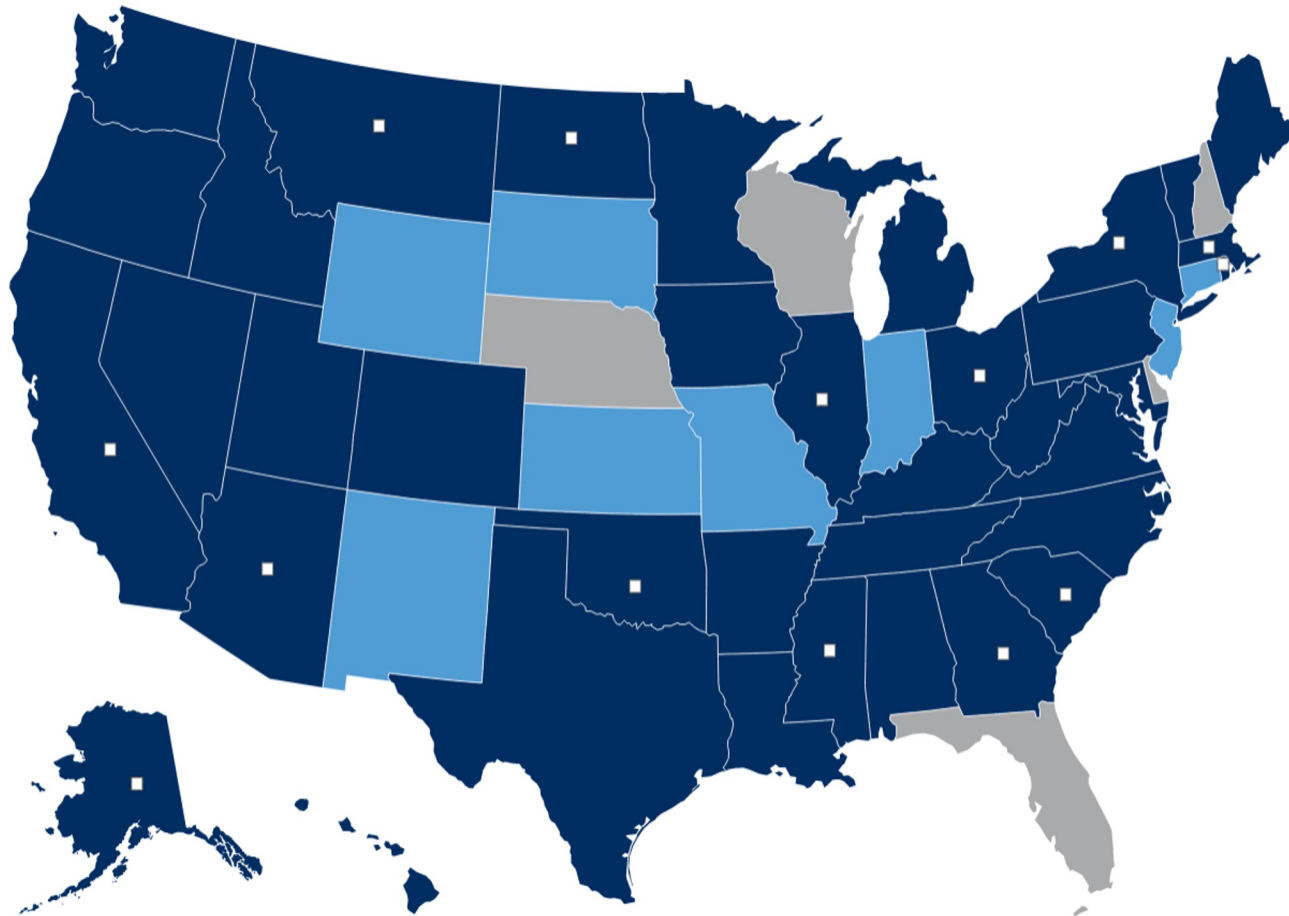
# Number of Visits Covered for Diagnostic Assessments Varies Widely Across States

- **8 states** reported limiting coverage for diagnostic assessments to two or fewer visits
- **11 states** cover between three and eight visits
- **20 states** allow as many visits as needed



# 38 States Pay for Parent-Child Dyadic Treatment

■ Reimbursed (38 states) ■ Not reimbursed (8 states) ■ No response



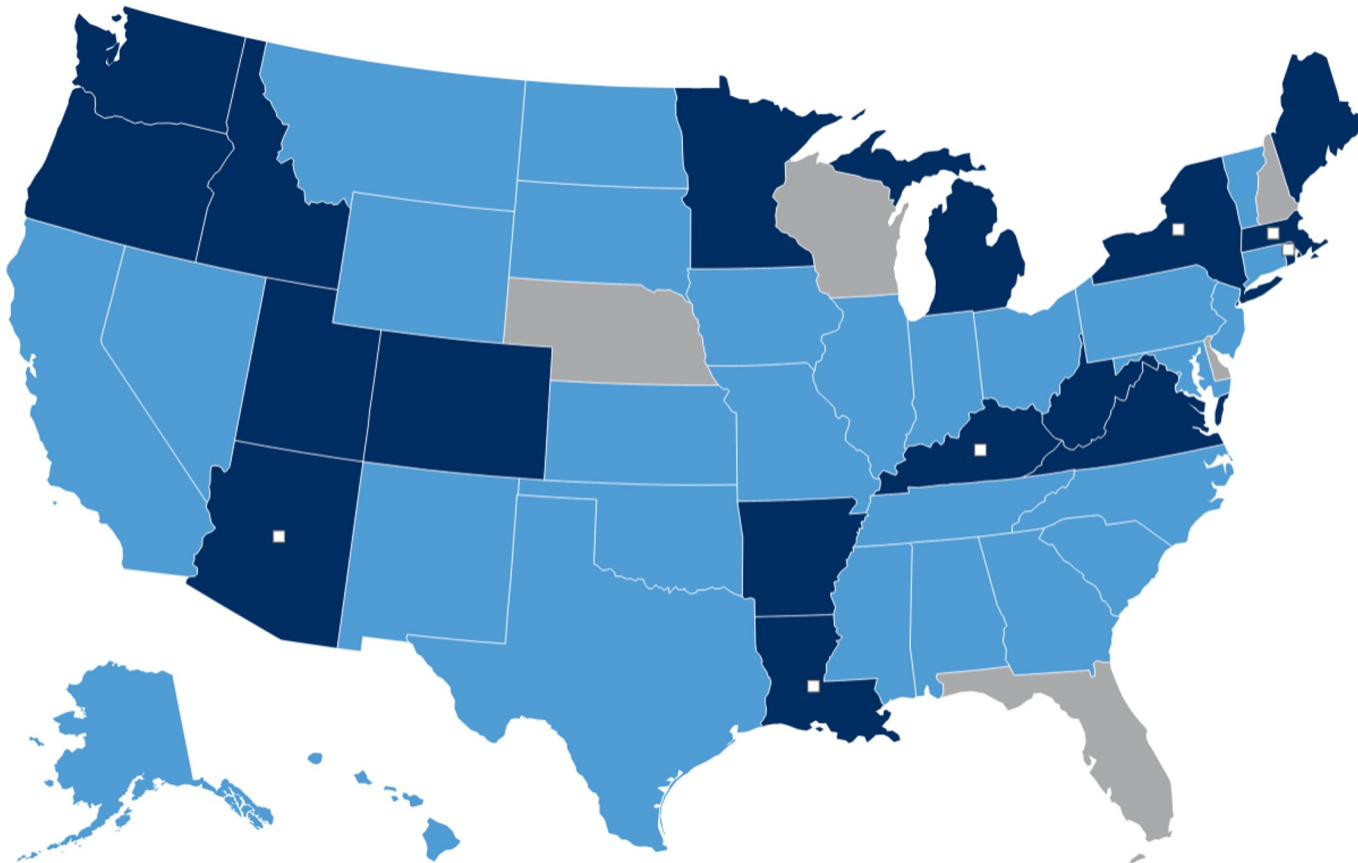
**14 states** allow parent-child dyadic treatment without a mental health diagnosis

**21 states** require or recommend use of evidence-based models

*Note: Square icon represents states that allow dyadic treatment without a child diagnosis.*

# 17 States Pay for IECMH-Focused Group Parenting Programs

■ Reimbursed (17 states) ■ Not reimbursed (28 states & Washington, DC) ■ No response



**10 states require or recommend use of evidence-based models**

**6 states do not require a child diagnosis for parents' participation**

*Note: Square icon represents state that allow group parenting treatment without a child diagnosis.*

# Recommendations

**Use results in stakeholder meetings with cross-sector representatives, including Medicaid, pediatricians and mental health specialists, Part C Early Intervention, Child Welfare, and Home Visiting, to address the following questions:**

- Is there a shared understanding of how Infant-Early Childhood Mental Health (IECMH) services are reimbursed and what criteria qualify a child for coverage?
- Are services under the policy available and being used? What information is available about the receipt of services?
- How can implementation be strengthened?
- How can gaps in coverage or policy be addressed?



# Recommendations

**Strengthen policies to identify children who may need IECMH services and ensure access to mental health and related services for young children and parents.**

- Use guidance and incentives to encourage use of specialized social-emotional screening tools and standardized MD and SDOH screening tools
- Broaden criteria for accessing IECMH services beyond requiring a diagnosis
- Expand the use of interprofessional IECMH consultation
- Reimburse and provide guidance on preventive services that help identify infants and young children in need of IECMH services and connect families to supports for mental health and basic needs



# Recommendations

**Prioritize IECMH in broader system reform efforts, including improvements in coverage for maternal health care and mental health care, and in payment and delivery systems.**





# ***Medicaid Support for Infant and Early Childhood Mental Health: Lessons from Five States***



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[Medicaid Policies to Help Young Children Access Infant-Early Childhood Mental Health Services](#)

Medicaid Policies to Help Young Children Access IECMH Services. CCF/NCCP  
9/6/23



Johnson Policy Consulting

# A Continuum of Services

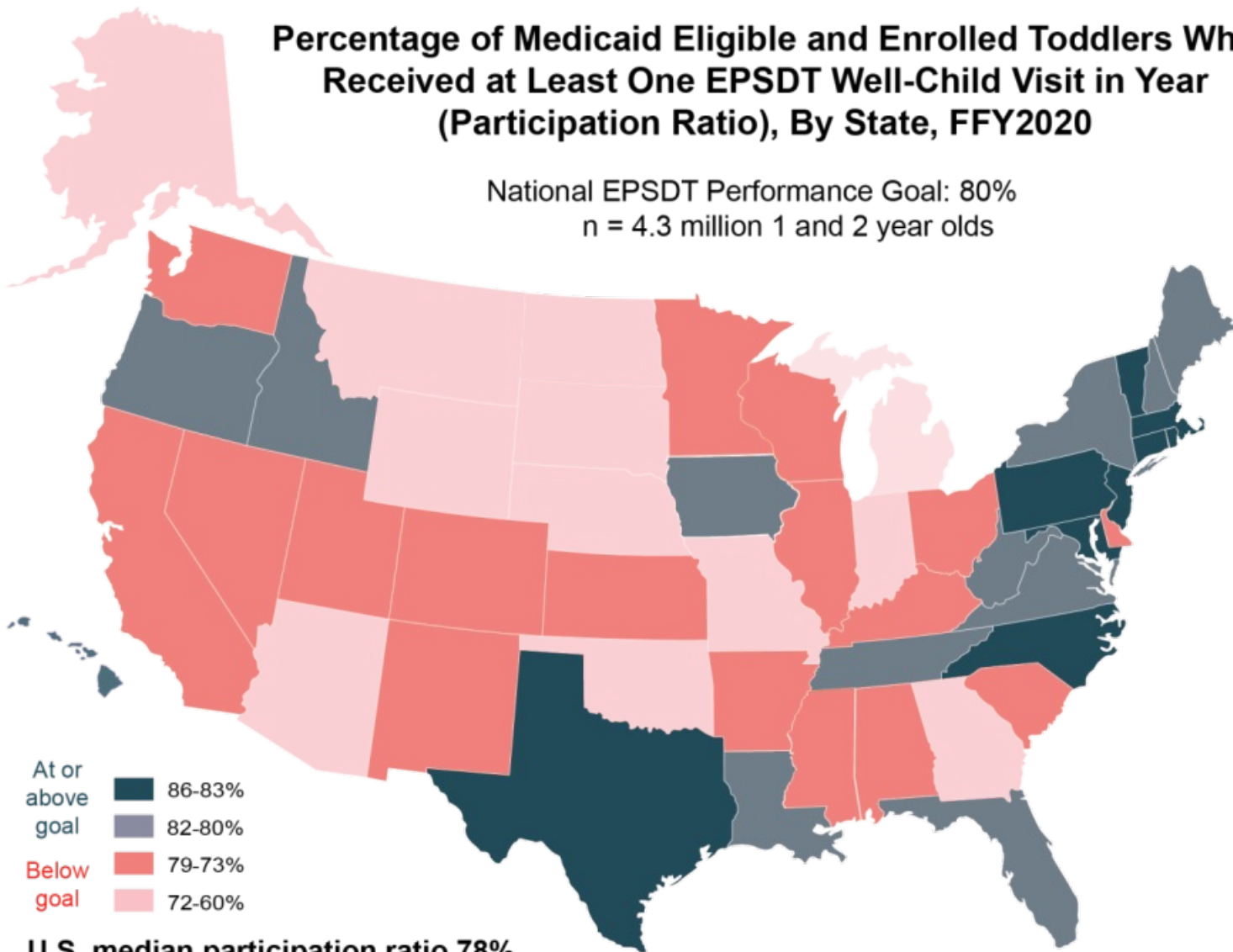
- Consistent with research and best practices, use strategies to:
  - Enhance the social-emotional-mental well-being of young children, particularly those vulnerable as a result of environmental/social or biological risk factors.
  - Respectfully support parents' efforts to promote optimal social-emotional-mental development and early relational health.
  - Expand the competencies of non-familial caregivers to promote the mental health and social-emotional well-being of young children and families.
  - Ensure that young children experiencing atypical social-emotional and behavioral development and their families have access to needed supports.

Knitzer J. *Using Mental Health Strategies to Move the Early Childhood Agenda and Promote School Readiness*. NCCP, Columbia University. 2000.

Burak EW & Rolfes-Haase K. *Using Medicaid to Ensure the Healthy Social and Emotional Development of Infants and Toddlers*. Washington, DC: Georgetown University Center for Children and Families and Zero to Three. 2018.

## Percentage of Medicaid Eligible and Enrolled Toddlers Who Received at Least One EPSDT Well-Child Visit in Year (Participation Ratio), By State, FFY2020

National EPSDT Performance Goal: 80%  
n = 4.3 million 1 and 2 year olds



**U.S. median participation ratio 78%**

**Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is the child health benefit in Medicaid.**

***“The goal of EPSDT is to assure that individual children get the health care they need when they need it—the right care to the right child at the right time in the right setting.”***

Centers for Medicare and Medicaid Services

Sources: Map prepared by Johnson based on Center for Medicare and Medicaid Services (CMS) Form 416 data on EPSDT participation for Federal Fiscal Year (FFY) 2020. Updated from: Schor EL & Johnson K. Child Health Inequities Among State Medicaid Programs. *JAMA Pediatr.* 2021;175(8):775-776. doi:10.1001/jamapediatrics.2021.

Quotation from Centers for Medicare and Medicaid Services. *EPSDT – A guide for states: Coverage in the Medicaid benefit for children and adolescents.* US HHS. 2014.

Also see: Burak EW. Bipartisan Safe Communities Act Provision Directs CMS to Review State EPSDT Implementation, including in Managed Care. Georgetown Center for Children and Families. July, 2022. <https://ccf.georgetown.edu/2022/07/27/bipartisan-safer-communities-act-provision-directs-cms-to-review-state-epsdt-implementation-including-in-managed-care/>

# Trends in State Medicaid Financing for IECMH

## More states using Medicaid to cover:

- Interventions for social and developmental risks
- Dyadic mental health treatment
- Integration with primary care
- Providers with IECMH credentials
- Effective models of IECMH care
- Mental health services under IDEA

## Part C IFSP

## More states had solid administrative processes:

- Better codes, billing processes
- Coverage of services prior to or without diagnosis
- Improved processes for determinations of medical necessity
- Separate billing for social-emotional and mental health screening
- DC:0-5 or crosswalk in use

# State Experience in Policy and Advocacy

**Five states that offer lessons on how to more effectively prevent, identify, and address mental health conditions among young children in Medicaid.**

- **California** - Recent redesign of children's mental health, including finance for dyadic prevention models for young children such as Healthy Steps.
- **Colorado** - Long history of public-private leadership in IECMH and maximizing EPSDT.
- **Michigan** - Since 1980s focusing on IECMH and growing specific Medicaid service models and a continuum of services.
- **North Carolina** - Building on experience in ABCD, deepening advocacy, and adapting to Medicaid change.
- **Washington State** - Leveraging Medicaid's role and innovation with IECMH staff in agency and culture of change.

# Lessons from State Leaders

**States' experience highlights the importance of:**

- **Leadership** inside and outside government
- Strategic public-private **partnerships**
- **Advocacy** strategies and persistence
- **Incremental** progress
- Medicaid **levers**
- Addressing the full **continuum of care**, from prevention and screening to treatment

# Medicaid Policy to Promote Maternal and Child Health

## *Some roads taken...*

- **Eligibility expansion** under ACA (41 states)
- **Postpartum eligibility extended** for one year (37 states implemented)
- **Continuous eligibility** for children (annual 24 states, birth to six 3 states)
- Medicaid / EPSDT financing for:
  - Infant & early childhood mental health (**IECMH**) and dyadic treatment (38 states)
  - **Maternal depression screening** in well-child visits (25 states)
  - **Home visiting** programs (>22 states)
  - Part C **Early Intervention** (most states)
  - Enhanced prenatal care/perinatal case management (>30 states) and **group prenatal care** (9 states)

Sources: Kaiser Family Foundation. August 2023. Status of State Medicaid Expansion Decisions <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>

KFF. Medicaid Postpartum Coverage Tracker. August 28, 2023. <https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/>

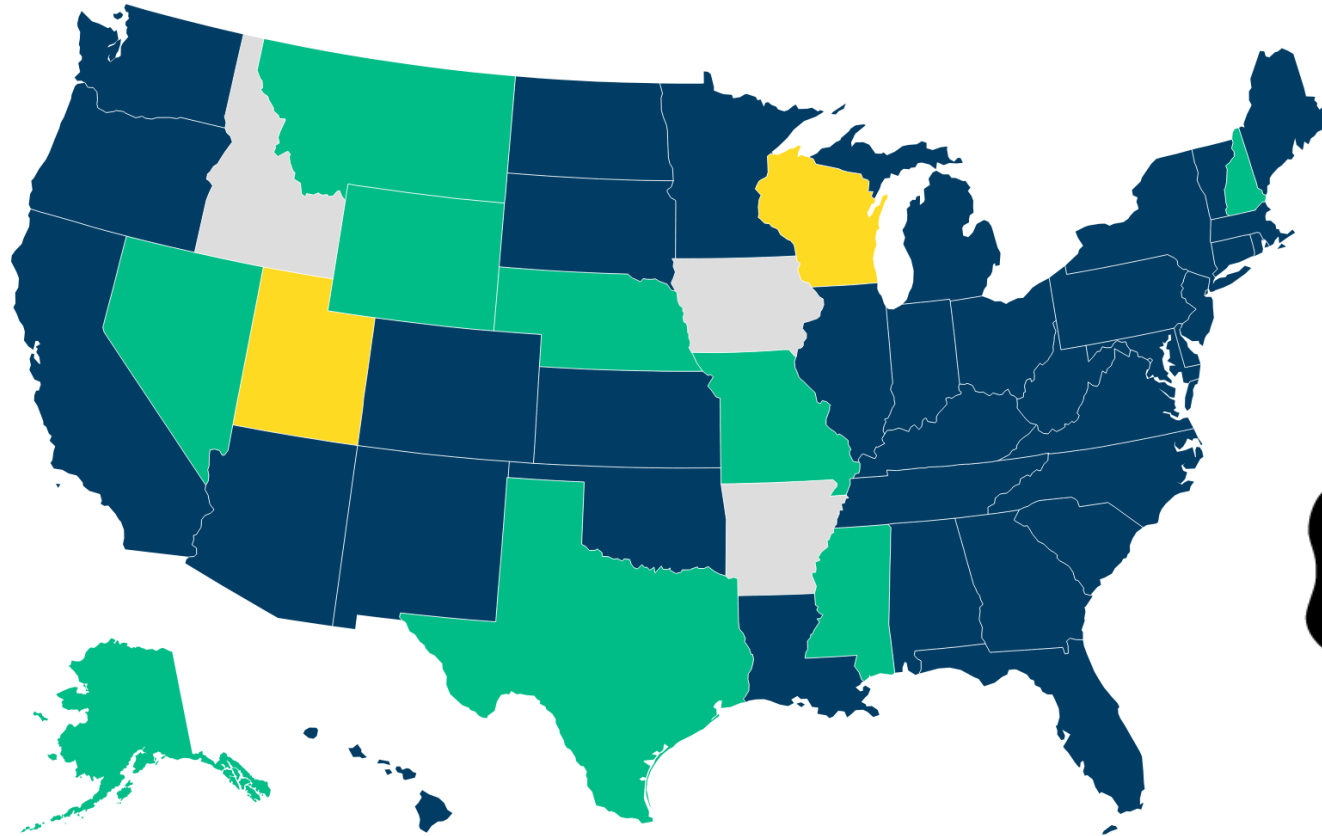
KFF. Medicaid Coverage of Pregnancy and Perinatal Benefits. 2017. <https://www.kff.org/womens-health-policy/report/medicaid-coverage-of-pregnancy-and-perinatal-benefits-results-from-a-state-survey/>

Smith, Granja, Burak, Johnson & Ferguson. *Medicaid Policies to Help Young Children Access Key Infant-Early Childhood Mental Health Services: Results from a 50-state Survey*. National Center for Children in Poverty, Georgetown University Center for Children and Families, and Johnson Policy Consulting. 2023.

Johnson K. Medicaid and Home Visiting: The State of State's Approaches. Johnson Group Consulting, Inc. 2019. <https://ccf.georgetown.edu/wp-content/uploads/2019/01/Medicaid-and-Home-Visiting.pdf>

## Postpartum Coverage Tracker Map

- 12-month extension implemented (37 states including DC)
- Planning to implement a 12-month extension (9 states)
- Limited coverage extension proposed (2 states)



NOTE: CMS approved the U.S. Virgin Island's state plan amendment on 6/23/2023.  
SOURCE: KFF analysis of approved and pending 1115 waivers, state plan amendments, and state legislation, as of August 28, 2023.

KFF

## Postpartum coverage is a major opportunity



- If every state adopts postpartum Medicaid expansion:
- 720,000 additional mothers will have comprehensive health coverage to help reduce maternal mortality and morbidity (US HHS ASPE)
  - In all, 2 million mother/baby pairs could be covered for one full year following a Medicaid financed birth. (CMS)
  - This includes 6 in 10 Black, Latinx, and Indigenous infants and their mothers. (Kaiser)



# Medicaid Policy to Promote Maternal and Child Health

## *Opportunities ahead ...*

- Focus on **equity** in access and quality – USE DATA.
- Provide **continuous coverage**.
- Finance team-based, advanced, **high performing medical homes**.
- Support **dyadic** prevention and treatment services with mother and infant *both* covered one year postpartum.
- Embed **effective models** in primary care.
- Include an **array of providers** / approaches.
- Finance the **full continuum of services** from promotion to intervention.
- Link health to early childhood **system**.

# Policy and Advocacy Action

- State leaders can get started in a number of ways, depending on policy context and political will.
  - Cultivate **leadership** inside and outside government
  - Engage a range of public and private **partners**
  - Create a strategic **plan** and setting priorities
  - Link IECMH to broader **health reform** efforts
  - Identify **state-specific opportunities** in Medicaid (e.g., in waiver development, special initiatives, new leadership)
  - Engage with and listen to **families**
  - Taking steps to advance health **equity**

# Reactions: Georgia and Rhode Island



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# For More Information

- <https://www.nccp.org/>

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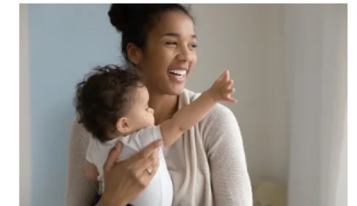
RESULTS FROM A 50-STATE SURVEY

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June 2023



## Maternal & Early Childhood Health



State Medicaid and CHIP Options Can Help Address Maternal Health Crisis and Eliminate Racial Health Inequities

Maggie Clark, Maya Millette

- <https://ccf.georgetown.edu>