



Georgetown University
McCourt School *of* Public Policy
CENTER FOR CHILDREN
AND FAMILIES

State Medicaid Opportunities to Support Mental Health of Mothers and Babies During the 12-Month Postpartum Period

March 12, 2024

Webinar Overview

Moderated by Anne Dwyer, Georgetown CCF

- Welcome – Jim Bialick, Perigee Fund
- Report Overview, Recommendations – Tanesha Mondestin & Elisabeth Wright Burak, Georgetown CCF
- Expert Panel:
 - Joia Crear-Perry, MD, National Birth Equity Collaborative
 - Gretchen Hammer, Public Leadership Group
 - Kay Matthews, Shades of Blue Project
 - Kimá Joy Taylor, MD, Anka Consulting, LLC

Featured Speakers and Panelists



Anne Dwyer,
Georgetown CCF



Tanesha Mondestin,
Georgetown CCF



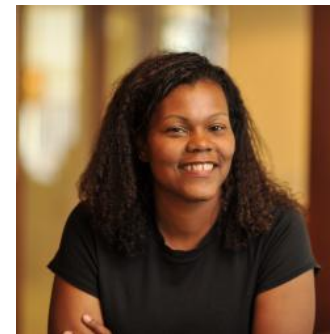
Elisabeth Wright Burak,
Georgetown CCF



Kay Matthews,
Shades of Blue Project



Joia Crear-Perry, MD, National
Birth Equity Collaborative



Kimá Joy Taylor, MD,
Anka Consulting, LLC



Gretchen Hammer,
Public Leadership Group

Why this Project?

- Untreated perinatal mental health challenges and substance use are among the leading causes and drivers of the U.S. maternal mortality crisis, which **disproportionately affects Black and Indigenous mothers.**
- Individuals covered by Medicaid are **less likely to have a usual source of care** and use of care in the postpartum year.
- Those in Medicaid experienced **significantly higher rates of depression** and anxiety symptoms, social risks, and delays in getting needed care.
- Untreated depression in parents is also associated with delays in cognitive and social-emotional development for children as early as infancy.

Why Medicaid?

- **Widespread Impact:** Covers approximately half of all children, and the majority of low-income infants and toddlers.
- **Birth Coverage:** Pays for over 40% of all births in the U.S., higher rates among Black and American Indian/Alaska Native individuals.
- **Behavioral Health Care:** Single largest payer of behavioral health care, which encompasses mental health and substance use treatment services.



Expert Feedback and Input

October 11,
2023
Meeting
Attendees

Name	Title	Organization
Jim Bialick	<u>Senior Policy and Advocacy Officer</u>	Perigee Fund
Joy Burkhard	<u>Founder and Executive Director</u>	Policy Center for Maternal Mental Health
Christine Cole	<u>Infant-Early Childhood Mental Health Program Manager</u>	Washington State Health Care Authority
Joia Crear-Perry	<u>OB/GYN, Founder and President</u>	National Birth Equity Collaborative
Anna Lipton Galbraith	<u>Director, Maternal and Family Health</u>	National Academy for State Health Policy
Gretchen Hammer	<u>Founder, Public Leadership Group</u>	Public Leadership Group
Kay Johnson	Founder and President	Johnson Policy Consulting, Inc.
Elizabeth Krause	<u>Director of Programs</u>	Perigee Fund
Kay Matthews	<u>Founder and Executive Director</u>	Shades of Blue Project
Aasta Mehta	<u>OB/GYN, Medical Officer of Women's Health</u>	Philadelphia Department of Public Health
Mariel Menendez	<u>Program Officer</u>	Perigee Fund
Kimá Joy Taylor	<u>Pediatrician, Managing Principal</u>	Anka Consulting, LLC
Beth Tinker	<u>Clinical Nurse Consultant</u>	Washington State Health Care Authority
David Willis	<u>Pediatrician, Senior Fellow</u>	Center for the Study of Social Policy

Guiding Principles

- ❑ **Acknowledge and respect** the varied and expressed needs of perinatal women, young children, and their families with an intentional health equity lens.
- ❑ **Seek to create shared expectations and knowledge** across families, providers, Medicaid managed care organizations (MCOs), and state systems regarding Medicaid's role and patient rights.
- ❑ **Create more transparency and accountability** for public dollars, namely in Medicaid managed care.
- ❑ **Build awareness across the health field** on the social-emotional-mental-behavioral health needs of perinatal people and young children. This includes developmentally appropriate and effective interventions that address the full continuum of care from prevention to treatment - not limited to substance use disorder or severe mental health conditions.
- ❑ **Prioritize investments** in prevention and early intervention, driven predominantly by patient-driven needs and care quality.
- ❑ **Allow support** for both evidence-based and other best practices designed to address unique and varied family and community circumstances. This seeks to recognize that formal research studies often do not include some emerging approaches designed to better serve historically disadvantaged communities and families.
- ❑ **Support expanded workforce capacity** while acknowledging this is not a challenge Medicaid can solve in isolation, but should also not be an excuse for inaction. While Medicaid payment can do more, many other actors and funding sources are necessary for large-scale workforce development.

Recent Federal Actions Create New Opportunities for States

Congress

American Rescue Plan Act, 2021

Extension of postpartum coverage to 12 months, new community-based mobile crisis services option

2021

CMS Guidance on Medicaid mobile crisis services and other support (2021)

Bipartisan Safer Communities Act, 2022

CCBHC Expansion and new EPSDT benefit oversight

2022

Reaffirming mental and behavioral health under EPSDT (2022)

Consolidated Appropriations Act, 2023

Permanent extension of 12-month Medicaid and CHIP postpartum coverage option, Task Force on Maternal Mental Health

2023

Final rule: Medicaid and CHIP Child Core Set reporting

Guidance/tools: interprofessional consultation, SUD and mental health action plan, postpartum toolkit (2023)

Medicaid Behavioral Health Provisions in Continuing Resolution, 2024

2024

Final rule: Medicaid prior authorization

Final rules TBA in 2024: Medicaid managed care, access.

New CMS Innovation Model grants
Spring 2024: Transforming Maternal Health, Innovation in Behavioral Health

Summer 2024: HHS EPSDT report due to Congress

Administration (CMS) Rules, Guidance, Tools

Recommendations

1. Enhance Primary Care to Serve More Effectively as a Care Hub for Families
2. Monitor and Reward Successful Connections to Timely Care
3. Finance and Remove Barriers to Appropriate Services
4. Support Expanded Workforce Capacity
5. Prioritize Maternal Mental Health and Infant-Early Childhood Mental Health (IECMH) in Medicaid

1. Enhance Primary Care to Serve More Effectively as a Care Hub for Families

- Enhance payment for integrated primary care-mental health and/or evidence-informed care models.
- Enhance payment for pediatric primary care providers that adopt a comprehensive team-based care approach to serve as a care “hub” for families and nurture the parent-child relationship (e.g. Healthy Steps, DULCE, PARENT models).
- Use payment and quality improvement policies to support postpartum standard of care, such as AIM Maternal Safety Bundles - Community Care.



2. Monitor and Reward Successful Connections to Timely Care



- Define and require clear, consistent expectations and processes across MCOs and providers to remove unnecessary barriers to care.
- Implement cross-system communication mechanisms.
- Measure Medicaid, MCO, and sub-group performance on referrals and follow-up care based on positive screens.

3. Finance and Remove Barriers to Appropriate Services

- Reimburse evidence-based and practice-informed models of care to promote and improve social-emotional-mental health.
- Support use of age-appropriate diagnostic processes.
- Reimburse for parent-child “dyadic” family therapy.
- Reinforce Medicaid responsibilities to reimburse for mother’s individual mental health treatment.
- Enhance use of case management.
- Remove administrative barriers that can inhibit access (e.g. prior authorization).
- Allow certain mental health treatment services without a diagnosis based on a broader set of risk factors.

4. Support Expanded Workforce Capacity

- Finance services provided by the community-based workforce (e.g. community health workers, doulas, peer supports).
- Expand the range of mental health providers who can bill Medicaid.
- Reimburse for interprofessional consultation.
- Support provider training and technical assistance financed as administrative cost in Medicaid.



5. Prioritize Maternal Mental Health and Infant-Early Childhood Mental Health in Medicaid



- Create an explicit focus on maternal mental health and IECMH in major delivery system or managed care reforms.
- Use managed care contracts to direct payment toward desired outcomes.
- Dedicate Medicaid agency capacity to support maternal mental health and IECMH.
- Create state-level interagency decision-making groups that share accountability for collective impact.

Panelist Perspectives from the 10/2023 Meeting



"Screening for mental health can be inefficient if there is no system for care coordination afterwards. There is nowhere to refer people for services after screening and this is a disservice to the person and makes it difficult for the provider as well."

- Joia Crear-Perry

"States need to have a rigorous approach to capturing the impact of postpartum extension— using both quantitative and qualitative data— to monitor implementation and outcomes."

- Gretchen Hammer

"The current workforce needs to be flipped (top-down to bottom-up) because doulas and community health workers are the ones that will communicate and connect with the folks that need services."

- Kay Matthews

"Community-based models can help to provide comprehensive services, including wrap-around services such as group-parenting and peer support."

- Kimá Joy Taylor

Discussion

MANY THANKS

- Leaders who shared their time and expertise
- Perigee Fund support for this project
- YOU!



For More Information

[Full report](#)

[Blog](#)

[Website & Say Ahhh! blog](#)

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The screenshot displays the website's header with the logo for the Georgetown University Health Policy Institute Center for Children and Families. The navigation menu includes links for Topics, Blog, Maps, State Data Hub, Research, Projects, and About Us, along with social media icons for Facebook, Twitter, and RSS. A search bar is located in the top right corner.

The main content area features a large blue banner with the headline "Oregon Becomes First State to Provide Multi-Year Continuous Coverage for Young Children" and the sub-headline "Oregon Leads the Nation By Covering Children in Medicaid from Birth to Kindergarten – Which State Will Be Next??" by Joan Alker and Elisabeth Wright Burak. The banner includes icons for a child, a heart with a stethoscope, and a building.

Below the banner, there are four smaller blog post thumbnails:

- Unwinding Wednesday #5: Application Processing Times Provide Insight into State Capacity to Manage the Medicaid Workload** by Tricia Brooks. The image shows hands working with colorful string on a map.
- Assessing the Potential Impact of the Inflation Reduction Act on Federal and State Medicaid Prescription Drug Spending** by Edwin Park. The image shows a calculator with "MEDICID" on the display and stacks of money.
- Child Uninsured Rate Declined During the Pandemic Thanks to Medicaid** by Joan Alker. The image shows three children smiling.
- Biden Administration Releases Final Rule on Public Charge** by Kelly Whitener. The image shows three women smiling.

On the right side of the page, there is a "FEATURED RESOURCES" section with the following items:

- Data:** Interactive Kids' Health Care Report Card (with a 11.2% statistic).
- Projects:** Medicaid Learning Lab.
- Unwinding Tracker:** Unwinding the Public Health Emergency (PHE) 50-State Unwinding Tracker.