2Gen Opportunities in New CMCS Guidance

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ASCEND
THE ASPEN INSTITUTE

2Gen Opportunities in CMCS Guidance: Speakers

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Goals of the Webinar

Goals for Discussion:

- Provide overview of Ascend at the Aspen Institute, 2Gen Frame, and national 2Gen policy momentum
- Provide overview of 2Gen opportunities in new CMCS guidance
- Highlight examples from the field on 2Gen implementation of CMCS guidance
- Offer insights from philanthropy on policy implications of new CMCS guidance
- Answer questions from practitioners, policymakers, and others on how to use this guidance effectively

Sarah Haight
Assistant Director of Network and Outreach, Ascend at the Aspen Institute

Our Vision

WE ENVISION AN AMERICA IN WHICH A LEGACY OF ECONOMIC SECURITY AND EDUCATIONAL SUCCESS PASSES FROM ONE GENERATION TO THE NEXT.

Sarah Haight
Assistant Director of Network and Outreach, Ascend at the Aspen Institute

Our Mission

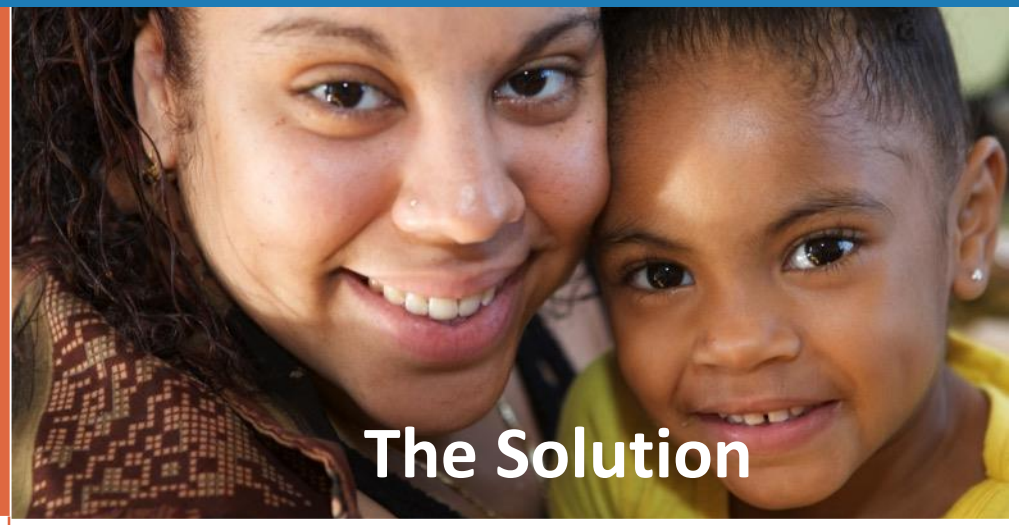
Mission: Ascend at the Aspen Institute is the **national hub** for breakthrough ideas and collaborations that move **children & their parents** toward **educational success & economic security.**

Sarah Haight
Assistant Director of Network and Outreach, Ascend at the Aspen Institute

Harness the Family's Full Potential

The Need

Fragmented policies and programs that address the needs of children and parents separately leave either the child or parent behind and dim each family's chance at success.

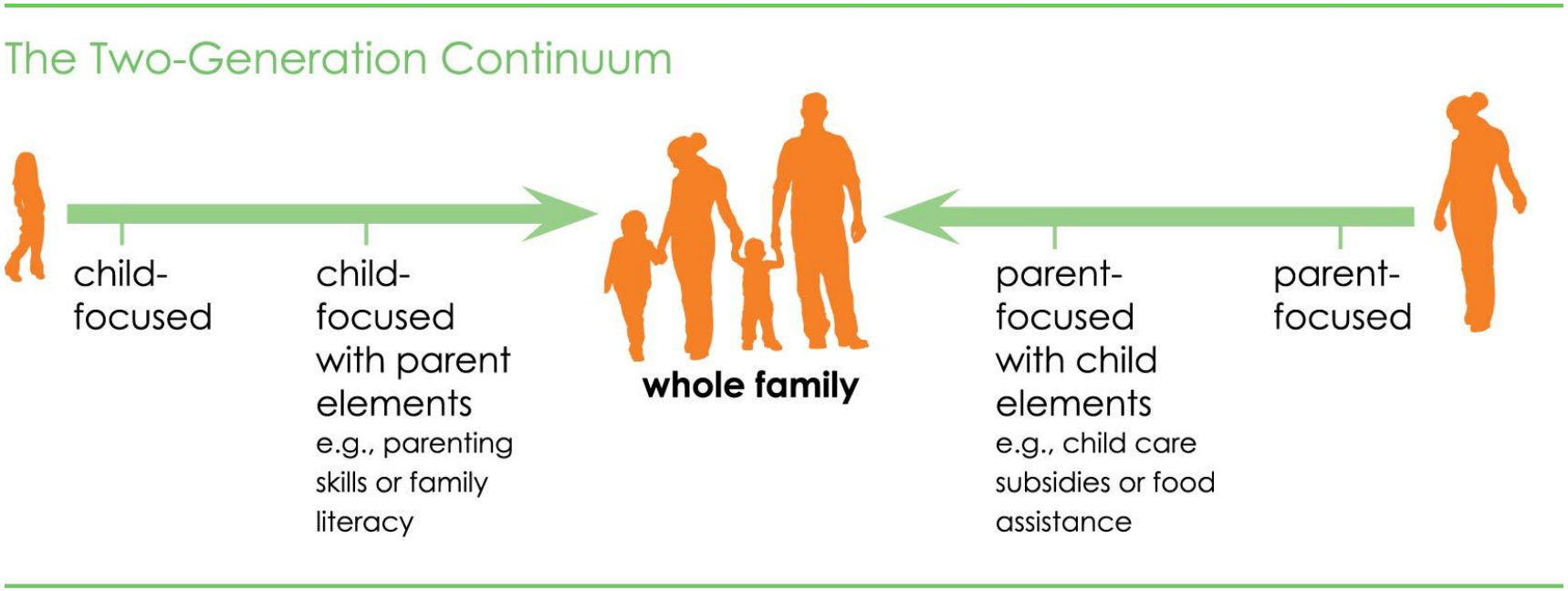


The Solution

Policies and programs that address the needs of *children and their parents together* can harness the family's full potential and put the *entire family* on a path to permanent economic security.

Sarah Haight
Assistant Director of Network and Outreach, Ascend at the Aspen Institute

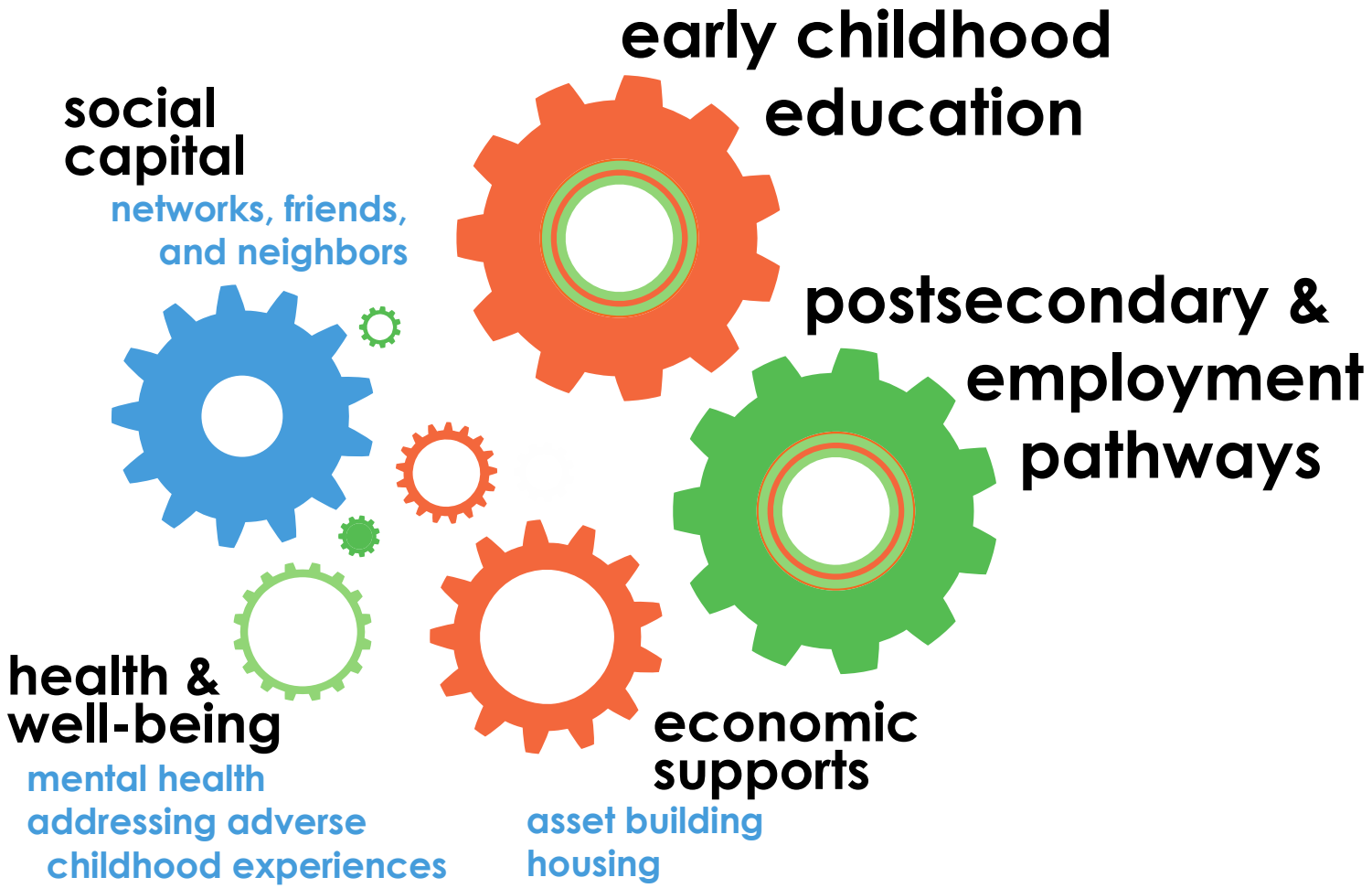
Integrating a 2-Gen Lens



Two-generation approaches provide opportunities for and meet the needs of children and their parents together.

Sarah Haight
Assistant Director of Network and Outreach, Ascend at the Aspen Institute

Core Components



Sarah Haight
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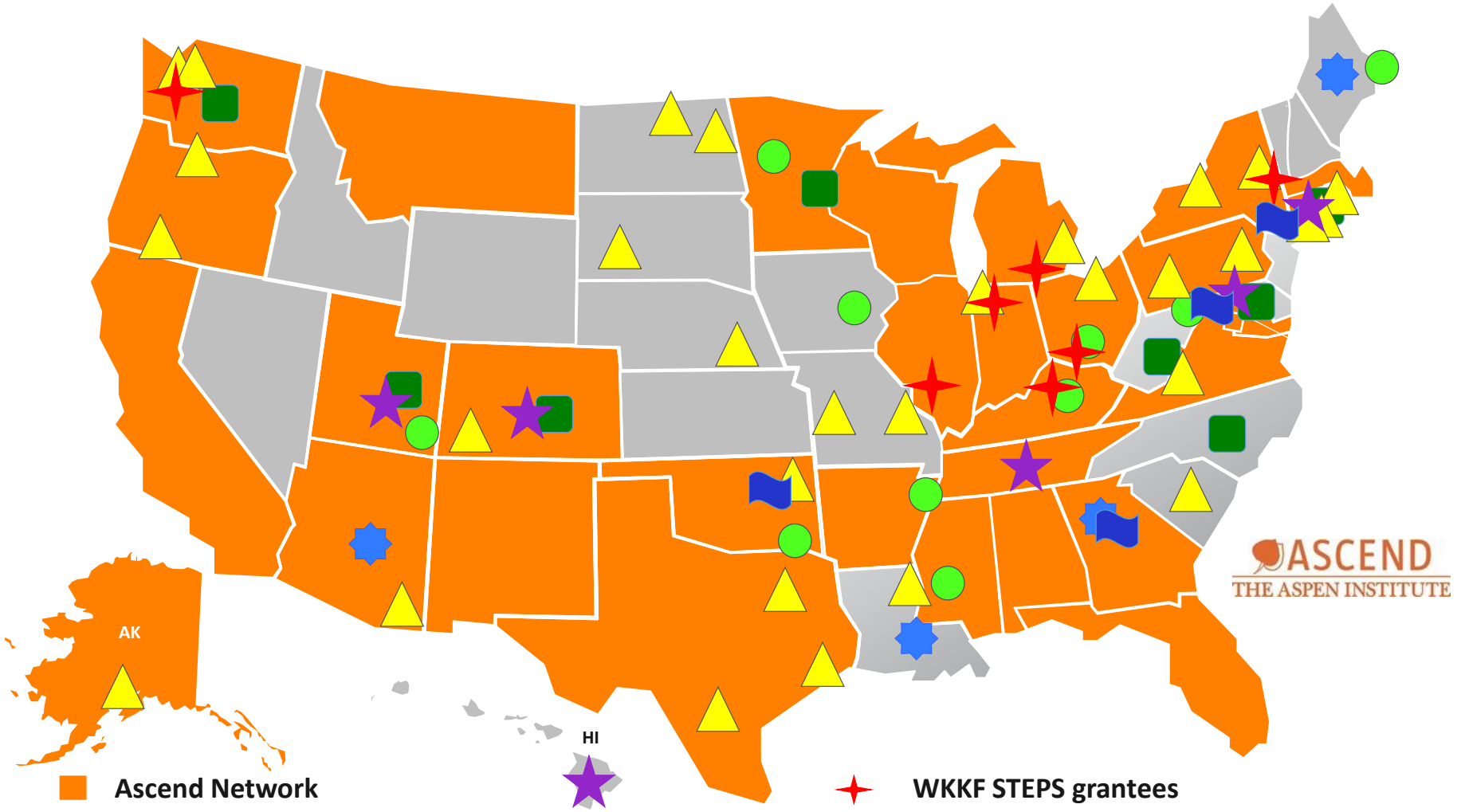
2Gen momentum: Confluence of strategies and investments



HEALTH MANAGEMENT ASSOCIATES

Maternal Depression Screening and Treatment

New Guidance from the Center for Medicaid and CHIP Services

Ascend at the Aspen Institute

Washington, DC

May 23, 2016

Principal, Health Management Associates

HMACommunityStrategies.com

New Guidance from CMS

- Maternal Depression Screening and Treatment: A Critical Role for Medicaid in the Care of Mothers and Children

- CMCS Informational Bulletin (CIB), Released May 11, 2016

- https://www.medicaid.gov/federal-policy-guidance/downloads/cib051116.pdf

Donna Cohen Ross
Principal
Health Management Associates

What does the CIB say about screening?

- State Medicaid agencies may cover maternal depression screening as part of a well-child visit.

- State Medicaid agencies may allow such screenings to be claimed as a service for the child as part of the EPSDT benefit (Providers may bill the child's Medicaid.)

Donna Cohen Ross
Principal
Health Management
Associates

What does the CIB say about treatment?

- States must cover any medically necessary treatment for the child as part of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

- When diagnostic and treatment services:
  - actively involve the child
  - are directly related to the needs of the child
  - are delivered to the child and mother together (dyadic treatment)

Such services can be claimed as a direct service for the child. (Providers may bill the child's Medicaid.)

- Services directed *solely* at the mother would be covered under Medicaid if the mother is Medicaid-eligible.

Donna Cohen Ross
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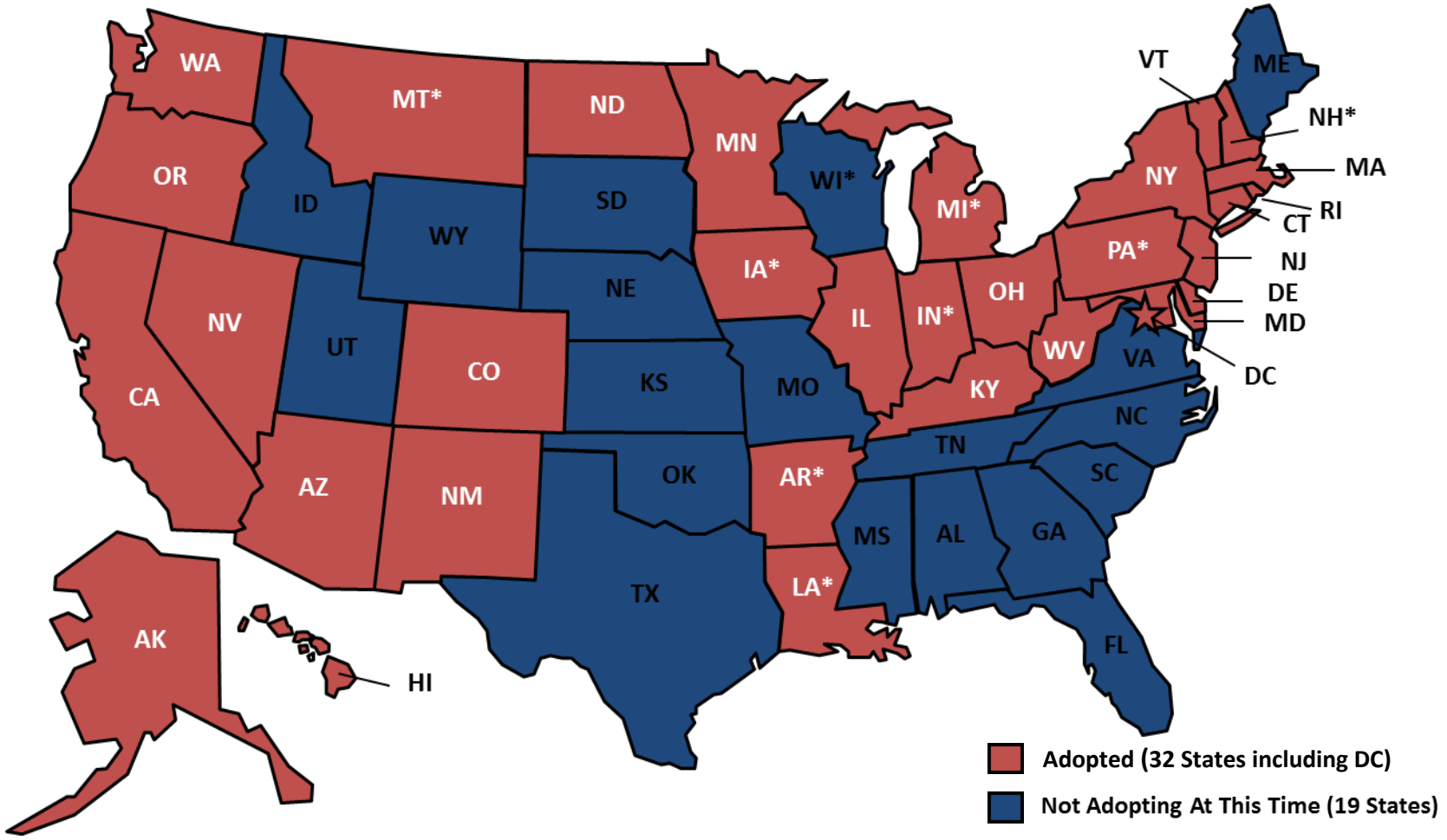
32 states, including DC, Are Expanding Medicaid

More Adults Are Eligible Than Ever Before



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- NOTES: Current status for each state is based on KCMU tracking and analysis of state executive activity. *AR, IA, IN, MI, MT, NH and PA have approved Section 1115 waivers. Coverage under the PA waiver went into effect 1/1/15, but it has transitioned coverage to a state plan amendment. Coverage under the MT waiver went into effect 1/1/16. LA's Governor Edwards signed an Executive Order to adopt the Medicaid expansion on 1/12/16, but coverage under the expansion is not yet in effect. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.
- SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts.
- http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/

What about mothers who are not Medicaid-eligible?

- Mothers may benefit from dyadic treatment that is aimed at reducing the effects of the mother's condition on the child.

- Providers can refer mothers to:
  - community mental health programs,
  - federally qualified health centers, or
  - home visiting programs

- NOTE: Many home visiting services are Medicaid-coverable. Another CIB, issued March 2, 2016 describes the intersection of home visiting models and Medicaid.

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A Significant 2-Gen Risk

- Maternal depression negatively affects mothers and may have lasting, detrimental impacts on the child's health.
- According to the American Academy of Pediatrics:
  - An estimated 5%-25% of all pregnant, postpartum and parenting women have some type of depression.
  - For women with low incomes, rates of depressive symptoms are reported to be between 40 percent and 60 percent.
  - There are estimates that
    - 11 percent of infants in families with income below the federal poverty level live with a mother severe depression, and
    - more than 55 percent of all infants living in poverty are being raised by mothers with some form of depression.

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A Significant 2-Gen Risk

- Children raised by a clinically depressed mother may :
  - perform lower on cognitive, emotional and behavioral assessments than children of non-depressed mothers, and
  - are at risk of later mental health problems, social adjustment and school difficulties

AAP: “If maternal depression persists untreated and there is not intervention for the mother and the dyadic relationship, the developmental issues for the infant also persist and are likely to be less responsive to intervention over time.”

Donna Cohen Ross
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Maternal Depression Screening and Treatment: An Effective 2-Gen Solution

- AAP-endorsed Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents

- U.S. Preventive Services Task Force:
  - "Grade B" for screening for depression in adults, including pregnant and postpartum women
  - States that cover all preventive services with Grade A and B ratings and Advisory Committee on Immunization Practices (AHIP)recommended vaccines are eligible for a one percentage point increase in Medicaid FMAP.

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Some States Already Allow Providers to Conduct Maternal Depression Screening and Bill Medicaid

- Colorado – maternal depression screening covered as annual depression screening; providers encouraged to screen and bill mother's Medicaid, but are allowed to bill baby's Medicaid.
- Illinois – approved screening instrument must be used; screening at well-child or episodic visit for child under age 1, can be billed as "risk assessment" to child's Medicaid; if mother is post-partum, may bill to mother's Medicaid.
- North Dakota –considered risk assessment for the child, up to 3 maternal depression screenings allowed for child under age 1. Providers use standardized screening tool and bill child's Medicaid.
- Virginia – covers screening during home-visiting

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Promoting Maternal Depression Screening Under Medicaid

- States and managed care plans can promote maternal depression screening by:
  - Posting info on provider websites; publish in provider newsletters
  - Delivering provider training on use of screening tools and proper billing codes
  - Conducting in-person visits to clinics to train on how to implement screenings, show how to modify clinic flow and discuss referral strategies
  - Offering continuing medical education (CME) credits for participation

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Making it Happen

- States do not need a state plan amendment. They may notify providers of the opportunity to screen and bill.

- Promotion and training associated with incorporating maternal depression screening and treatment into EPSDT well-child visits are generally eligible for Medicaid administrative matching funds.

- States that wish to use managed care delivery system must assure the services are appropriately reflected in the Medicaid Managed Care plan contract.

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Questions?

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The Power of Prevention: Healthy Steps and Parental Mental Health at Montefiore

Rahil D. Briggs, PsyD

Director, Pediatric Behavioral Health Services, Montefiore Medical Group

The Children's Hospital at Montefiore

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American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

POLICY STATEMENT

Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health

"Identifying children at high risk for toxic stress is the first step in providing targeted support for their parents and other caregivers."

Rahil Briggs, PsyD
Director, Pediatric Behavioral Health Services, Montefiore Medical Group

The Children's Hospital at Montefiore

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NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD
NATIONAL FORUM ON EARLY CHILDHOOD POLICY AND PROGRAMS

Center on the Developing Child HARVARD UNIVERSITY

The Foundations of Lifelong Health Are Built in Early Childhood

"Health in the earliest years – actually beginning with the future mother's health before she becomes pregnant – lays the groundwork for a lifetime of well-being."

Rahil Briggs, PsyD
Director, Pediatric Behavioral Health Services, Montefiore Medical Group

The Children's Hospital at Montefiore

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The Primary Care Opportunity

- Universally accessed and non-stigmatized
- Healthy Steps at Montefiore

- **The Primary Care Challenge**
- Payment predicated on diagnosis
- Definition of the patient hasn't supported two-gen work

Rahil Briggs, PsyD
Director, Pediatric Behavioral Health Services, Montefiore Medical Group

The Children's Hospital at Montefiore

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Case Example

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Director, Pediatric Behavioral Health Services, Montefiore Medical Group

The Children's Hospital at Montefiore

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Maternal Depression & Well-Child Visits

Dipesh Navsaria, MPH, MSLIS, MD

Department of Pediatrics
UW School of Medicine & Public Health

School of Library and Information Studies
University of Wisconsin–Madison

Medical Director, Reach Out and Read Wisconsin

www.facebook.com/DrLibrarian Twitter: @navsaria

Live-tweeting encouraged!

EARLY BRAIN AND CHILD DEVELOPMENT

The interactive influences of **genes** and **experience** literally shape the architecture of the developing brain and the active ingredient is the "**serve and return**" nature of children's engagement in **relationships** with their parents and other caregivers in their family or community.

Dipesh Navsaria, MD
Assistant Professor of Pediatrics, University of Wisconsin-Madison

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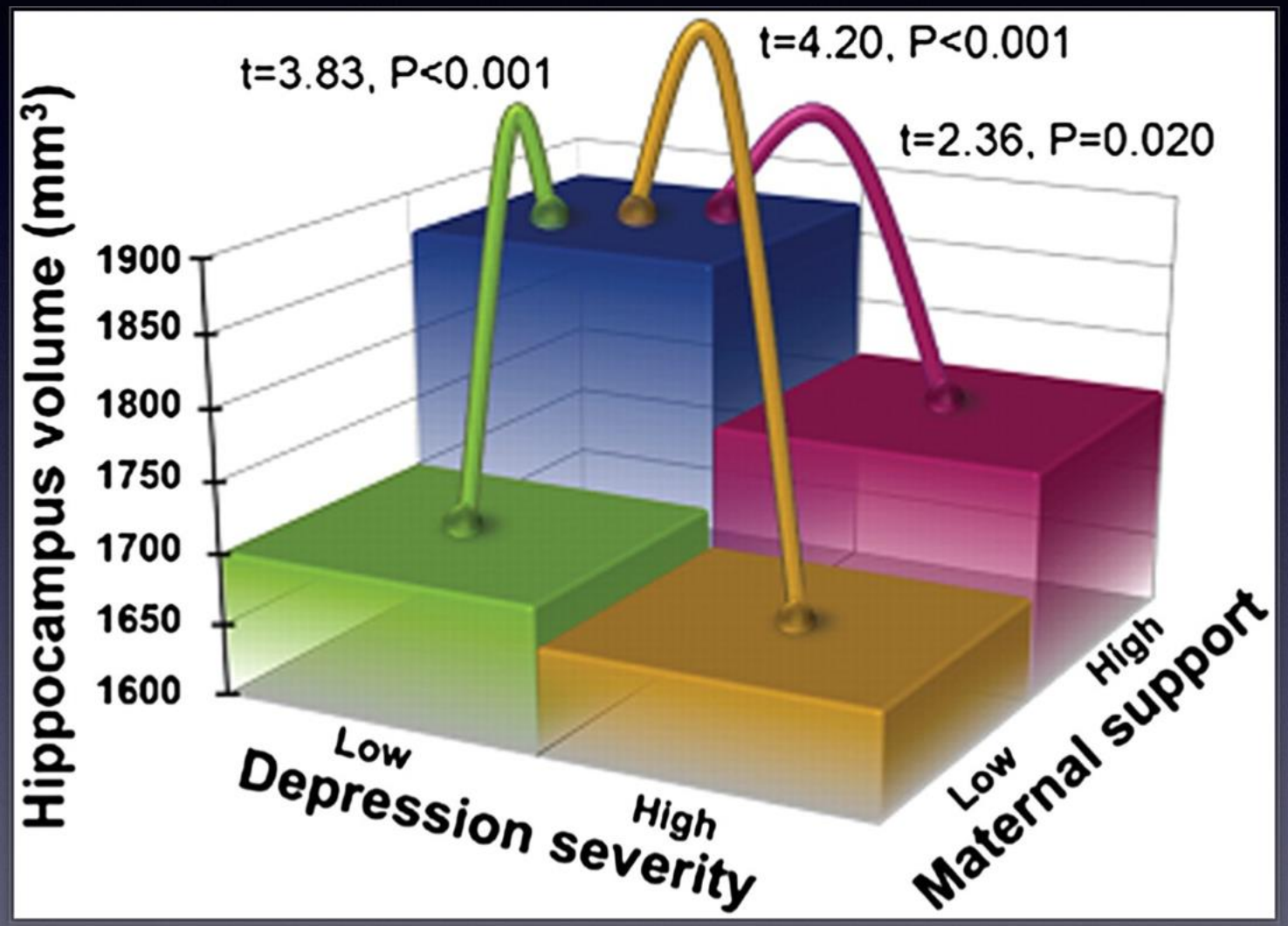
Assistant Professor of Pediatrics
University of Wisconsin-Madison

Hippocampus Volume by Preschool Depression Severity and Maternal Support



Dipesh Navsaria, MD
Assistant Professor of Pediatrics, University of Wisconsin-Madison

Luby J L et al. PNAS 2012;109:2854-2859

American Academy of Pediatrics
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Guidance for the Clinician in Rendering Pediatric Care

Clinical Report—Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice

abstract

FREE

Every year, more than 400 000 infants are born to mothers who are depressed, which makes perinatal depression the most underdiagnosed obstetric complication in America. Postpartum depression leads to increased costs of medical care, inappropriate medical care, child abuse and neglect, discontinuation of breastfeeding, and family dysfunction and adversely affects early brain development. Pediatric practices, as medical homes, can establish a system to implement postpartum depression screening and to identify and use community resources for the treatment and referral of the depressed mother and support for the mother-child (dyad) relationship. This system would have a positive effect on the health and well-being of the infant and family. State chapters of the American Academy of Pediatrics, working with state Early Periodic Screening, Diagnosis, and Treatment (EPSDT) and maternal and child health programs, can increase awareness of the need for perinatal depression screening in the obstetric and pediatric periodicity of care schedules and ensure payment. Pediatricians must advocate for workforce development for professionals who care for very young children and for promotion of evidence-based interventions focused on healthy attachment and parent-child relationships.
Pediatrics 2010;126:1032–1039

Marian F. Earls, MD, THE COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH

KEY WORDS
postpartum depression, perinatal depression, Edinburgh Postpartum Depression Scale, medical home, dyad relationship, paternal depression

ABBREVIATIONS
AAP—American Academy of Pediatrics
PCP—primary care provider

The guidance in this report does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

Dipesh Navsaria, MD
Assistant Professor of Pediatrics, University of Wisconsin-Madison

Clinical Practice

Early Brain and Child Development
BUILDING BRAINS, FORGING FUTURES
A Program of the American Academy of Pediatrics

The First 1,000 Days: Bright Futures Examples for Promoting EBCD

PEDIATRICIANS are Encouraged to →	Exploration of the child's environment	Building relationships / reciprocity	Cultivate development	Develop parenting confidence
General Principles →	**What pediatricians might briefly assess during well child care**	**How pediatricians might strengthen the parent-child bond or attachment**	**What pediatricians might teach parents about development**	**How pediatricians might support parents as they nurture their child's development**
Brief Description → **Well Child Care Visit ↓**	Assess foundational needs: *Food and sleep *Safety *Social and emotional supports *Strengths and barriers to success	Describe (or notice) parent-child interactions, emphasize the importance of responsive caregiving, and support the parent-child relationship ("dyadic dance")	Explain current and emerging developmental skills	1) Praise and encourage age-appropriate but responsive caregiving. 2) Praise and encourage parental self-care and the nurturing of social supports
Prenatal/Newborn/ Week 1	Assess for food (plans to breastfeed?), safety, and parental supports	Explain that relationships and everyday interactions build the baby's brain	Explain the importance of parent-baby interaction during the infant's "quiet-alert" state	Encourage parents to consider the way they were parented. Explore what they plan TO do and NOT to do as parents.
2-4 weeks	Assess overall parental well-being (maternal depression or substance use?)	Encourage responsive caregiving (responding promptly to cries of distress builds trust)	Prepare parent for the emerging social smile	Find opportunities to reassure and praise the parents, and encourage them to support each other
2 months	Assess for family adjustment – parent self-care, return to work/childcare, time with partner, impact of new infant on siblings	Encourage smiling back at the baby's social smile (the beginning of the parent-child interaction, or "dyadic dance," that leads to cooing, feeding and speaking)	Anticipate cooing conversations	Enjoy interactions with an increasingly social baby

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From *The First 1,000 Days: Bright Futures Examples for Promoting EBCD.* Available at https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/EBCD/Documents/EBCD_Well_Child_Grid.pdf

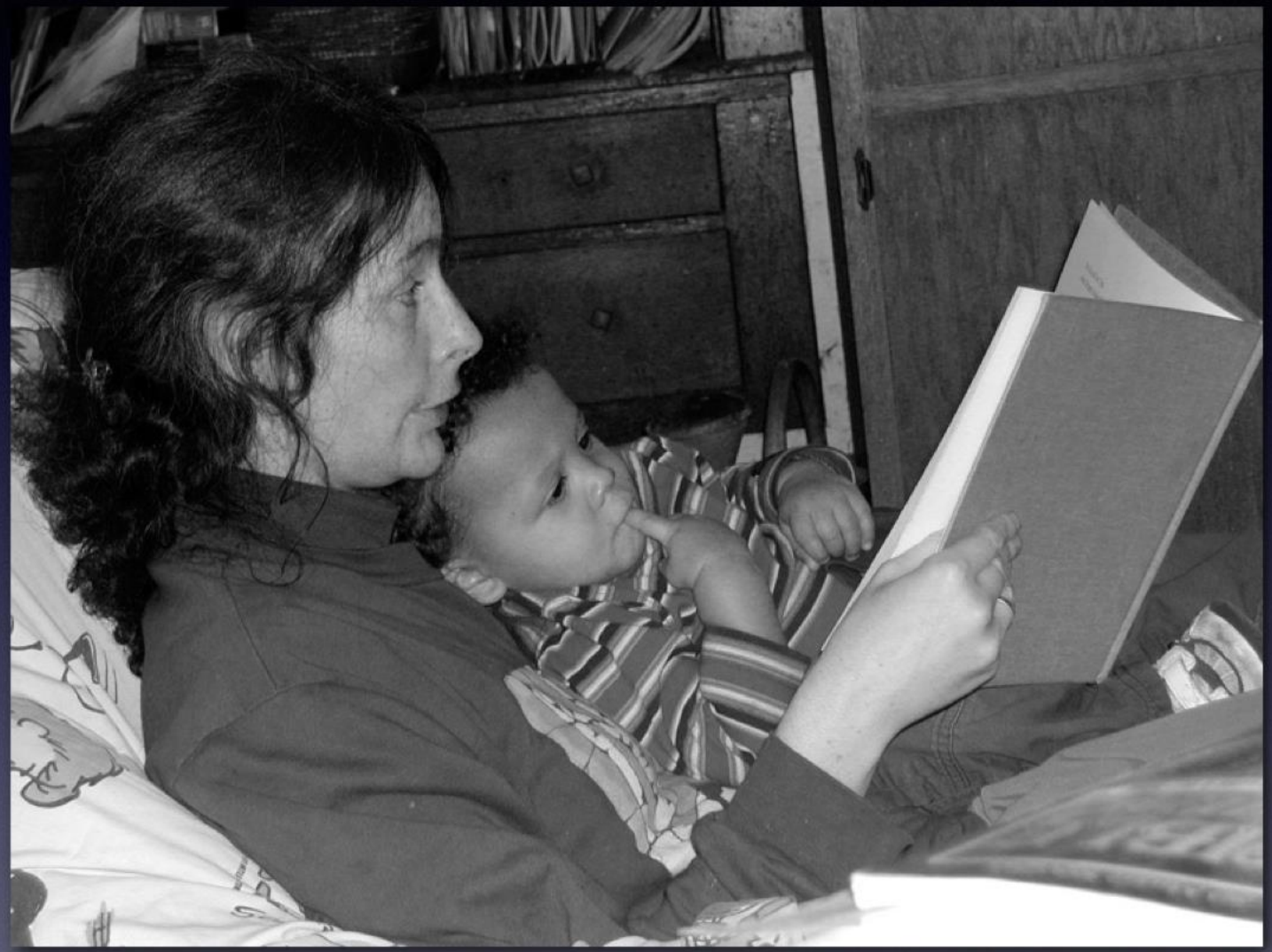

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Image courtesy of Dipesh Navsaria

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