



**Center for the
Study of
Social Policy**
Ideas into Action



PEDIATRICS
Supporting **PARENTS**

manatt

DCR Initiatives

JANUARY 2022

The Blueprint in Action: *Lessons Learned from the Pediatrics Supporting Parents State Medicaid and CHIP Implementation Workgroup*

Prepared by the Center for the Study of Social Policy



Authored by Stephanie Doyle, Donna Cohen Ross, Alice Lam, Jocelyn Guyer, and Madeleine Touns

About CSSP

CSSP is a national, non-profit policy organization that connects community action, public system reform, and policy change. We work to achieve a racially, economically, and socially just society in which all children and families thrive. To do this, we translate ideas into action, promote public policies grounded in equity, support strong and inclusive communities, and advocate with and for all children and families marginalized by public policies and institutional practices.

About Manatt

Manatt Health integrates legal and consulting services to better serve the complex needs of clients across the healthcare system. Combining legal excellence, firsthand experience in shaping public policy, sophisticated strategy insight, and deep analytic capabilities, we provide uniquely valuable professional services to the full range of health industry players. Our diverse team of more than 160 attorneys and consultants from Manatt, Phelps & Phillips, LLP, and its consulting subsidiary, Manatt Health Strategies, LLC, is passionate about helping our clients advance their business interests, fulfill their missions and lead healthcare into the future. For more information, [visit https://www.manatt.com/health](https://www.manatt.com/health).

About DCR Initiatives

Donna Cohen Ross, an independent consultant, advises and provides customized technical assistance to government agencies, healthcare providers, nonprofit organizations, and private foundations on designing, implementing, and promoting public policies that elevate the needs of children and their caregivers in healthcare transformation efforts. Her work draws from more than 30 years of experience focused on improving access to public benefits—including health coverage, nutrition assistance, early education, and tax credits—and applying practical solutions to pressing problems. For more information, contact Donna@DCRInitiatives.com.

Acknowledgments

The authors are deeply grateful to the many state officials, pediatric care providers, advocates, family leaders and others who participated on the state teams and contributed to the development of this paper by sharing their insights and reflections. Throughout the COVID-19 public health emergency, they worked tirelessly to implement changes that will improve the health and well-being of children and families in their states and inspire action across the nation. We are also grateful to Alyssa Ware, Beth Dworetzky, and Nora Wells for their family engagement guidance and support. In addition, the authors would like to thank the Pediatrics Supporting Parents initiative and our supportive funders: Einhorn Collaborative; J.B and M.K. Pritzker Family Foundation; The David and Lucile Packard Foundation; W.K. Kellogg Foundation; Overdeck Family Foundation; Perigee Fund; and an anonymous individual contributor. We greatly appreciate their vision and their confidence in the value of this work. Finally, we want to thank Selena Chavez for her contributions to this report.

Suggested Citation

Doyle, S., Cohen Ross, D., Lam, A., Guyer, J., and Toups, M. The Blueprint in Action: Lessons Learned from the Pediatrics Supporting Parents State Medicaid and CHIP Implementation Workgroup. Center for the Study of Social Policy, January 2022 Available at: <https://cssp.org/resource/the-blueprint-in-action>.

This report is in the public domain. Permission to reproduce is not necessary provided proper citation of CSSP is made.

Table of Contents

Introduction.....4

Background on the Pediatrics Supporting Parents State Medicaid and CHIP Implementation Workgroup Access.....5

Seeing Results and Building Momentum for Change.....6

Lessons Learned.....8

Conclusion.....10

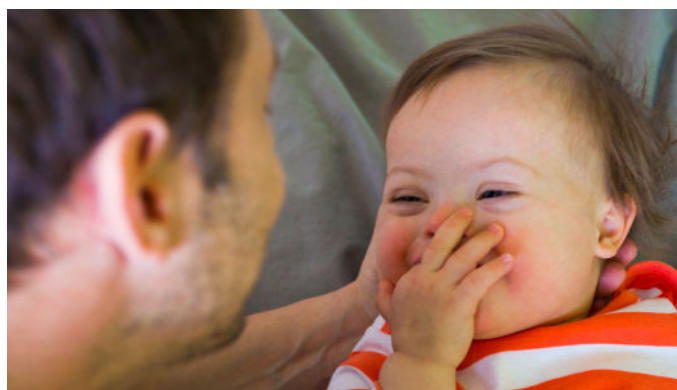
Citations.....10



INTRODUCTION

Pediatric primary care presents a near-universal opportunity for supporting parents in nurturing their young children's social and emotional development and relational health, both vital for school readiness and lifelong health and well-being. Preventative well-visits are frequent for young children with twelve recommended in the first three years.¹ Much is known about the ways in which these well-visits can support children's social and emotional development through whole-child, family-centered care, but significant barriers exist to widespread implementation across pediatric clinics.² One major systemic barrier is sustainable and robust financing. As a principal source of health coverage for the nation's children, including over half of children of color, Medicaid and the Children's Health Insurance Program (CHIP) have a central role in financing and catalyzing the adoption of effective pediatric care to promote social and emotional health and advancing equitable outcomes for young children and their families.

The Pediatrics Supporting Parents State Medicaid and CHIP Implementation Workgroup sought to support states in fulfilling this critical role. From August 2019 to December 2020, nine states participated in the Workgroup, accessing customized technical assistance and a learning community to accelerate the implementation of financing strategies identified in [*Fostering Social and Emotional Health through Pediatric Primary Care: A Blueprint for Leveraging Medicaid and CHIP to Finance Change*](#). Just as momentum in the Workgroup was building, the COVID-19 public health emergency wreaked serious havoc on families, communities and the health care system. Still, the Workgroup pressed on, recognizing early the impact the COVID-19 pandemic would have on children's access to primary care, their mental health, and their families' economic security, especially for Black, Latinx and Indigenous children. Over 18 months, states in the Workgroup achieved concrete state policy changes and laid the groundwork for future action. This brief describes the accomplishments of, and lessons learned from the Pediatrics Supporting Parents State Medicaid and CHIP Implementation Workgroup to inform future initiatives that aim to leverage Medicaid and CHIP financing to promote the health of young children, their families, and their communities.



BACKGROUND ON THE PEDIATRICS SUPPORTING PARENTS STATE MEDICAID AND CHIP IMPLEMENTATION WORKGROUP

In June 2019, the Center for the Study of Social Policy engaged partners with deep expertise on Medicaid and CHIP policy and financing strategies—Manatt Health and Donna Cohen Ross, an independent consultant—to produce, [*Fostering Social and Emotional Health through Pediatric Primary Care: A Blueprint for Leveraging Medicaid and CHIP to Finance Change*](#) (The Blueprint), with support from the [Pediatrics Supporting Parents](#) (PSP) Initiative.³ This practical guide, designed for state policymakers and program administrators, and useful to managed care plans, family-led organizations, and advocacy groups, presents five core actionable strategies for using Medicaid and CHIP policies and financing mechanisms to improve pediatric primary care. To immediately put the Blueprint into action, the PSP Initiative also supported CSSP, Manatt Health and Donna Cohen Ross to convene the PSP State Medicaid and CHIP Implementation Workgroup (the Workgroup). The purpose of the Workgroup was to spur implementation of the Blueprint and advance new policies and financing strategies to promote the social and emotional health of young children.

In August 2019, seven states—California, Maine, Kansas, Nevada, New York, North Carolina and Virginia—joined the Workgroup. Wisconsin and Massachusetts later joined in March 2020. States were invited to participate based on their demonstrated commitment to taking concrete action on behalf of young children, regional diversity, and ensuring a mix of states that had and had not expanded Medicaid and states that have managed care delivery system or not. Each state formed a team that included senior Medicaid agency leadership and staff, as well as key stakeholders in the state, such as American Academy of Pediatrics Chapter representatives, child advocates, family-led organizations, Title V Directors, and local funders. Through the Workgroup, state teams participated in:

- **Customized technical assistance** that began with a conversation to identify their priorities, opportunities and challenges. The technical assistance team (PSP TA Team) worked closely with each state team through regular meetings and email communication. They conducted in-depth research into the state’s policies, procedures, state plans, managed care contracts, etc. They developed strategic memos, drafted state plan amendments and policy guidance, and connected with stakeholders to provide briefings and answer questions.

The Blueprint 5 Core Strategies

1. Cover and support a full range of screening, assessment, and treatment services for children and their parents.
2. Leverage quality and performance improvement initiatives to spur changes in pediatric practice.
3. Establish payment models that support and incentivize a focus on the social and emotional development of children, ideally as part of a high-performing pediatric medical home.
4. Facilitate investment in team-based care and training on children’s social and emotional development.
5. Leverage a CHIP Health Services Initiative to finance interventions aimed at supporting children’s social and emotional development.

- **A learning community** that shared best practices and engaged in collaborative problem-solving across the states. State teams came together in a two-day, in-person meeting to build relationships, deepen the exchange of ideas, and provide intensive support. The Workgroup also convened bi-monthly webinars featuring specific Blueprint strategies, sharing progress of the states' efforts, and current topics, such as the impact of the COVID-19 pandemic and options for state Medicaid and CHIP agencies to address new challenges (e.g. telehealth) and support COVID response from a pediatric prevention perspective.
- **Family engagement support**, through a partnership with Family Voices, a national, family-led, non-profit organization that works to improve health care services and supports for children. Family Voices convened an advisory group of family leaders from each of the states participating in the Workgroup to provide a family perspective on the opportunities, barriers and potential impacts of the Blueprint strategies, as well as on ways to increase family engagement. Recognizing the unique local context of each state, Family Voices also partnered with a local family-led organization in each state⁴ to conduct a focus group with diverse Medicaid enrollees who are parents of young children and share the findings with each state team to inform their strategies.

SEEING RESULTS AND BUILDING MOMENTUM FOR CHANGE

Over an 18-month period, states in the Workgroup used the technical assistance and learning community to achieve concrete policy successes to improve preventive and family-centered care for young children and/or establish a strategic foundation for future work to transform the pediatric primary care delivery system. They worked to integrate strategies for promoting children's social and emotional health into their Medicaid managed care procurement requests for proposals (RFP), Medicaid state plan amendments and waivers, workforce development strategies, state advocacy efforts, and states' behavioral health enhancements. The three examples selected below highlight some of the results of the Workgroup and their ongoing efforts to transform their states' pediatric health delivery systems. All of the states continue to make progress towards their goals. These efforts have the potential to positively impact millions of children and families, resulting in increased and earlier access to community health workers, preventative behavioral health care and services to support child development and family well-being.



- **Kansas.** Effective January 1, 2021, the Kansas Department of Health and Environment (KDHE) implemented a new policy and [billing guidance](#) permitting pediatric primary care providers to screen for maternal depression as part of the EPSDT risk assessment conducted during the well-child visit. The Kansas policy provides up to three screenings during the prenatal period under the mother's Medicaid ID and up to five screenings conducted during a pediatric well-child visit during the 12-month postpartum period under the child's Medicaid ID. The State published a [Perinatal Mental Health Toolkit](#) as a resource for pediatric primary care providers. The PSP TA Team supported the

Kansas Team by conducting research, analyzing potential benefits and cost-savings, and providing examples from other states to help inform the development of the payment policy.



- **North Carolina.** The North Carolina Department of Health and Human Services (NC DHHS) led the design and implementation, with stakeholders and partners, of a CHIP Health Services Initiative (HSI) State Plan Amendment (SPA) to embed early literacy promotion into the routine well-child visit for children up to age five, using the evidence-backed, American Academy of Pediatrics-endorsed [Reach Out and Read](#) model. The PSP TA Team supported the North Carolina Team by providing financial analysis on available CHIP administrative funding and crafting SPA language, and advising the state team on CMS submission requirements. CMS [approved the SPA](#) in October 2020, with the State securing enhanced federal matching funds of nearly 90 percent, retroactive to July 2020; federal funding over three years will be \$2,400,432 with State's share of \$643,056, totaling \$3,013,000 in new investments for the State. The HSI will enable Reach Out and Read to reach every county, expand the number of clinics, and begin the intervention at birth (rather than at the six-month well-child visit), bringing North Carolina's program in line with best scientific practice on nurturing early brain development.



- **Massachusetts.** The Massachusetts Chapter of the American Academy of Pediatrics' Child and Adolescent Health Initiative (CAHI) engaged child health stakeholders, including family advocates, to review how the upcoming MassHealth (Massachusetts' Medicaid) Section 1115 waiver application could be leveraged to strengthen care for children and adolescents. The PSP TA Team provided support to CAHI in identifying pediatric-specific recommendations that resulted in the creation of a [CAHI Policy Paper](#). It was presented to the Massachusetts Medicaid Director in October 2020 and continues to serve as a roadmap for pediatric providers and advocates throughout the Section 1115 waiver stakeholder process. As of fall 2021, MassHealth adopted one of the recommendations, [a policy to permit](#) preventive behavioral health services for children regardless of whether they meet criteria for a behavioral health diagnosis, and demonstrated a priority focus on children in its Medicaid 1115 waiver proposal. As recommended in the CAHI's report, the State's waiver proposal places a major emphasis on improving primary care for children by establishing new pediatric medical homes that focus on integrated behavioral health, preventative behavioral health services, and use of community health workers. The proposal pairs the new pediatric medical homes with a new value-based payment model rooted in sub-capitation and calls for extending community supports to children and families.

LESSONS LEARNED

Informed by interviews with the state teams, the lessons learned described below can offer guidance for funders, advocates, and technical assistance providers interested in leveraging Medicaid and CHIP financing to promote the health of young children, their families, and their communities.



States' policy environments were active and facilitated by the strong work of state government leaders, children's health advocates, and early childhood partners.

Prior to their involvement in the Workgroup, many states were cultivating cross-sector plans such as ACEs Aware and the Master Plan for Early Learning and Care in California, the Early Childhood Action Plan in North Carolina, and the First 1000 Days in Medicaid in New York. Several states' governors—in Wisconsin, Nevada and Virginia—had demonstrated a commitment to early childhood investment. By joining the National Workgroup, the state teams now had technical and peer support for developing concrete action steps on their strategic visions.

"In Virginia, there has been a lot of interest in early childhood investment. With the Governor's Initiative around maternal mortality, reducing racial disparities, and cross agency collaboration, the state has been exploring different models that can address those challenges. There's always a lot of interest in Medicaid's [role]."

~ The Virginia Team



Selecting a concrete, achievable and actionable goal that would bring them closer to their long-term vision was a critical first step.

The states' cross-sector early childhood plans and initiatives were overarching, visionary, and long-term. The Workgroup, however, was a time-limited opportunity. State teams credited the early work with the PSP TA team in helping them focus on identifying a high-impact goal that could be achieved within the timeframe of the Workgroup as integral to success. It helped to focus the team, make steady progress and achieve results.



Having a diverse, cross-sector team with state leadership at the table was key to success.

As described earlier, each state team included senior Medicaid agency leadership and staff and were encouraged to include key stakeholders in their state, such as American Academy of Pediatrics Chapter representatives, early childhood advocates, family-led organizations, Title V Directors, and local funders. State teams valued the team approach of the workgroup and believed that it contributed to accelerating progress towards their goals. By having a senior leader at the table, decisions could be made more rapidly, and external early childhood and health partners provided important input into strategy and implementation. Their work together strengthened relationships that will last beyond the Workgroup.



Capacity-building technical assistance accelerated progress and results.

State Medicaid Agencies are juggling many competing demands and under great pressure, particularly given their central role in responding to the COVID-19 public health emergency. The state teams found that the customized technical assistance was integral to helping them accomplish their specific goals. It added to their staff capacity, provided Medicaid/CHIP policy expertise and supplied ready models from other states. Some state teams shared that the work completed in the Workgroup may not have been possible at all without the technical assistance, especially given competing priorities with COVID-19 response. Other states felt that the work may eventually have been completed, but on a much longer timetable. A local funder who participated in one of the state teams reflected that he learned the value of supporting Medicaid's leadership in their efforts to make systemic change with resources, staff capacity and technical assistance and would continue those investments.

"[Medicaid] is constantly running 100 miles per hour to keep our daily processes going... Technical assistance opportunities and having somebody to run things to the ground is priceless."

~ The Virginia Team



Facilitated cross-state learning sparked innovation and maintained momentum.

States valued the opportunity for peer-to-peer learning and problem-solving afforded through the Workgroup. Several teams pointed to the November 2019 in-person meeting in Washington, D.C. as being an unique opportunity to meet their colleagues from across the country and learn from one another. Webinars hosted throughout the Workgroup featured bright spots and the progress of each state and were responsive to emerging issues such as the COVID-19 public health emergency. The North Carolina Team commented that "it was extremely helpful to have a dialogue with the other states about what they were doing with COVID and how they were reacting to the changing landscape." The PSP TA Team also connected states to peers in states outside of the Workgroup when there was an opportunity to learn about innovative strategies. The state teams recommended that future technical assistance incorporate more direct exchange between states through breakout groups or peer consultations, whether they take place virtually or in person.



Family engagement provided valuable and actionable input and is an opportunity for greater capacity building.

As described earlier, Family Voices provided family engagement technical assistance to the Workgroup, stressing the importance of intentional, sustained family engagement in Medicaid and CHIP initiatives. Family Voices conducted focus groups in eight of the Workgroup states with enrollees

who have young children to learn about their experiences with health care and Medicaid and gather input about the state teams' projects. The states found it valuable to hear directly from families and some states were able to take action on the information. For example, the Nevada team learned that families did not understand EPSDT benefits which resulted in the dissemination of simple communication materials for families in clinics. However, the focus groups were conducted midway through the Workgroup and states felt that they would be even more beneficial if they had the information when developing their goals. The family engagement work sparked a desire among the states to explore ways to strengthen family engagement by implementing family engagement strategies more consistently and intentionally in their ongoing work.

"The Family Voices focus group information was extremely helpful. It made me realize that we have a problem in our pediatric community—people may not know what EPSDT is. [The information] helped identify real and not high-cost opportunities to make advancements."

~ The Nevada Team

CONCLUSION

The Pediatrics Supporting Parents State Medicaid and CHIP Implementation Workgroup demonstrates the power and potential of engaging state Medicaid leaders, child health stakeholders and families to achieve concrete policy successes that accelerate transformation towards an equitable child health care delivery system and elevates the standard of care for all children. The need for such investments is even greater as the nation grapples with the ongoing challenges to family security and well-being and the [youth mental health crisis](#), which have been deepened by the impact of the [COVID-19 pandemic](#). Funders, advocates and technical assistance providers can enable long-term change by supporting capacity-building technical assistance to state Medicaid agencies and their partners, authentic family engagement and learning across states. While the PSP states already have generated important momentum for change, the new Biden-Harris Administration's [priorities](#) for Medicaid and CHIP that prioritize equity, innovation and whole-person care present an unprecedented opportunity to further elevate and spread use of strategies to strengthen the social and emotional health of young children through pediatric primary care transformation.

CITATIONS

¹ “Well-child visits.” Child Trends Databank, 2018. Available at: <https://www.childtrends.org/?indicators=well-child-visits>.

² Doyle, S., Chavez, S., Cohen, S., and Morrison, S. Fostering Social and Emotional Health through Pediatric Primary Care: Common Threads to Transform Practice and Systems. Center for the Study of Social Policy, September 2019. Available at: <https://CSSP.org/resource/pspprogram-analysis-report/>.

³ In 2017, several leading national foundations joined together to launch Pediatrics Supporting Parents (PSP), an initiative to support partnerships between pediatric primary care providers and parents to promote young children’s social and emotional development and nurturing parent-child relationships.

⁴ Family Voices did not conduct a focus group in Massachusetts as their local family-led organization had an existing role and relationship with the effort there.