



Maximizing Medicaid

FOR KANSAS KIDS

From access to prenatal care to a baby's first encounters with a doctor, Kansas' Medicaid program provides for powerful opportunities to shape the lives of Kansas kids and their families. Healthy parents are more likely to engage with their young children, bolstering the brain development that is critical to the first year. States across the country are leveraging their respective Medicaid programs to shape the earliest years, reduce infant mortality, and transform outcomes in early childhood and beyond.

But the health of newborns and infants cannot be viewed in a vacuum and must be viewed along with the well-being of moms. The US now has the highest rate of maternal mortality of any developed country—a statistic that jeopardizes any advances made that solely focus on children,¹ and one that's been steadily increasing over the last 15 years. Shockingly, Kansas has an even higher rate of maternal mortality than the national average of 14, with 18 deaths per 100,000 live births for mothers 25 to 34 years old.² Kansas has an opportunity to elevate the emotional and mental health needs of new moms and their children via unleveraged paths through Medicaid. More than half of U.S. infants living in poverty live with a mother who experienced some level of depression, with children and mothers of color disproportionately impacted.³ Maternal depression can impact "young children's cognitive and social-emotional development, as well as their educational and employment opportunities."⁴

With nearly 270,000 Kansas kids supported by Medicaid, unlocking the program's full potential can ensure that more than a quarter of Kansas' most vulnerable kids are given the best possible start in life.⁵ The effects aren't solely near term, either—kids enrolled in Medicaid miss fewer days

of school for illness, do better in school and grow up to be healthier adults, among other positive outcomes.⁶ These early investments not only lead to the best health outcomes, but also are an incredible return on investment.

The health care system can be an important partner in helping children enter kindergarten ready to learn. Beginning with a mother's first prenatal care appointment—or even before pregnancy—Kansas' Medicaid program has more potential to affect a young child's healthy development than any other public program. In 2017, 31.4 percent of kids under 6 in Kansas were covered by Medicaid or CHIP as their primary source of coverage.⁷ Most children have frequent interactions with the health care system in the first three years of life, uniquely positioning Medicaid as a place to make positive change for young children and their families before they enter school. Investments in early health interventions make good economic sense by preparing children to enter school ready to learn and lead healthy and successful lives.

Kansas policymakers can ensure every child gets the opportunity for a healthy start by pursuing the following Medicaid policy options:⁸



PRIORITIZE THE HEALTH OF PARENTS AND CAREGIVERS AS KEY PLAYERS IN CHILDREN'S HEALTHY DEVELOPMENT.

Parents are their child's first teacher, caregiver and the most influential person in a young child's life. Prioritizing the health of parents and caregivers ensures that they can take care of themselves, so they can best take care of their children.

The health of parents, caregivers, and other adults in a child's life has a direct influence on his or her healthy development. For instance, left untreated, maternal depression can impede a mother's ability to bond with and care for her child. Similarly, providing support and treatment to parents with substance abuse disorders, such as those affected by the growing epidemic of opioid dependence, is as important for children as it is for their caretakers.

POLICY RECOMMENDATIONS

- » **Expand Medicaid to all eligible adults**
 - Currently, Kansas offers Medicaid coverage only to parents who earn 38 percent of the federal poverty level, or \$8,105 per year for a family of three in 2019.⁹
 - Expansion of KanCare would increase the number of women who receive health care coverage before pregnancy, bolstering the health of the mother and child.
 - States that expanded Medicaid saw greater declines in infant mortality rates than in non-expansion states, particularly among Black infants, and more prenatal care for first-time moms.¹⁰
- » **Expansion also supports adults who interact closely with children, including child care workers and extended family members.**
 - Ensure all eligible adults are enrolled in Medicaid.
 - Currently, even at very low-income eligibility levels, less than 70 percent of eligible Kansas parents are enrolled in Medicaid coverage.¹¹



ELEVATE HEALTH OUTCOMES FOR YOUNG CHILDREN AND PREGNANT WOMEN IN MEDICAID BY HOLDING PRIVATE PLANS ACCOUNTABLE.

While Medicaid's benefits package for children (EPSDT) is by design more comprehensive and prevention-oriented than that for adults, data showing how well children are faring are difficult to come by. More needs to be done to measure and assess whether children receive the care they need, when they need it.

POLICY RECOMMENDATIONS

- » **Publicly report all child core set measures disaggregated by child demographics (race/ethnicity) and service location (region, plan, provider), starting with the developmental screening measure for children 0–3.**
- » **Require and/or provide incentives to Medicaid managed care plans to focus on areas important to maternal and child health, such as developmental screenings, prenatal care or well-child visits.**
- » **Require MCOs to conduct performance improvement projects on maternal and child health priority measures.**
 - In North Carolina, new Medicaid MCOs will be required to adopt three performance improvement projects based on a list of priority areas for the state, one of which is early childhood health and development.
 - The state will also require plans that do not meet a 75 percent threshold for well-child screenings during the year to adopt an additional performance improvement project on EPSDT screening and community outreach.





ENSURE MEDICAID PAYMENT FOR EXPERT-RECOMMENDED, RESEARCH-BASED SERVICES TO SUPPORT CHILDREN'S HEALTHY DEVELOPMENT ALONG WITH THEIR PARENTS.

The reach of Medicaid extends far beyond the traditional medical community and can be maximized to support other critical elements of support for children and their parents. Consideration should be given to leveraging Medicaid resources for a wider array of services.

Untreated maternal depression negatively effects a child's healthy social and emotional development.



POLICY RECOMMENDATIONS

- » **Cover maternal depression screening in well child visits.**
 - Untreated maternal depression negatively effects a child's healthy social and emotional development.
 - 32 states allow Medicaid to pay for maternal depression screenings during a pediatric visit and bill the child's Medicaid coverage. Kansas is one of 19 states that does not.¹²
 - Six states go beyond screening, allowing for a parent diagnosis to trigger a referral for mental health services for the child in a pediatric/family medicine setting.¹³

- » **Support home visiting services for pregnant women and children.**
 - Many states use Medicaid to pay for home visiting through a variety of pathways for eligible children, parents, and pregnant women. While it cannot pay the full cost of a comprehensive program, Medicaid can support many services that occur during home visits, such as screenings.¹⁴

- » **Allow Medicaid payment for parenting programs designed to support child's social-emotional development.**
 - 16 states use Medicaid to support this, since S/E development underpins all other aspects of healthy development.¹⁵

- » **Encourage plans to require social determinants of health screenings and referrals to nonmedical services, such as food banks or housing resources.**
 - In North Carolina, managed care plans will require providers to screen for non-health needs, such as lack of food, domestic violence, or unstable housing. Then the health plan, in collaboration with local human services organizations, will connect beneficiaries with services.¹⁶



SET A COMPREHENSIVE, CROSS-SECTOR MEDICAID AGENDA FOR KANSAS' YOUNGEST CHILDREN.

As a group, children are generally healthy and don't require intensive, expensive care. Instead, their needs focus on prevention, early identification of delays or risks, and social determinants of health, such as parental substance abuse and food insecurity, which can negatively affect a child's health throughout life.

Yet most discussions of changing Medicaid to pay for outcomes rather than individual services are focused on managing high-cost conditions, such as diabetes, heart disease or arthritis, which mostly occur in adults. Even though many of these diseases can be linked to adverse childhood experiences, health reform discussions often leave out children's needs. Additionally, health problems in children, whether physical or behavioral, are often treated without attention to the parent-child dynamic that could be driving the problem.

Kansas policymakers can mirror New York's First 1000 Days on Medicaid Initiative and prioritize the health needs of children and parents in changing the health delivery system. In 2014, New York's Medicaid agency set a goal to move to value-based payment for up to 90 percent of all managed care payments by 2020. As stakeholders gathered to inform the system change, advocates and child development experts

pointed to the fact that for children, more upfront spending on primary care, attention to healthy caregivers, and stronger linkages to non-health supports drive greater value for children in the long term.

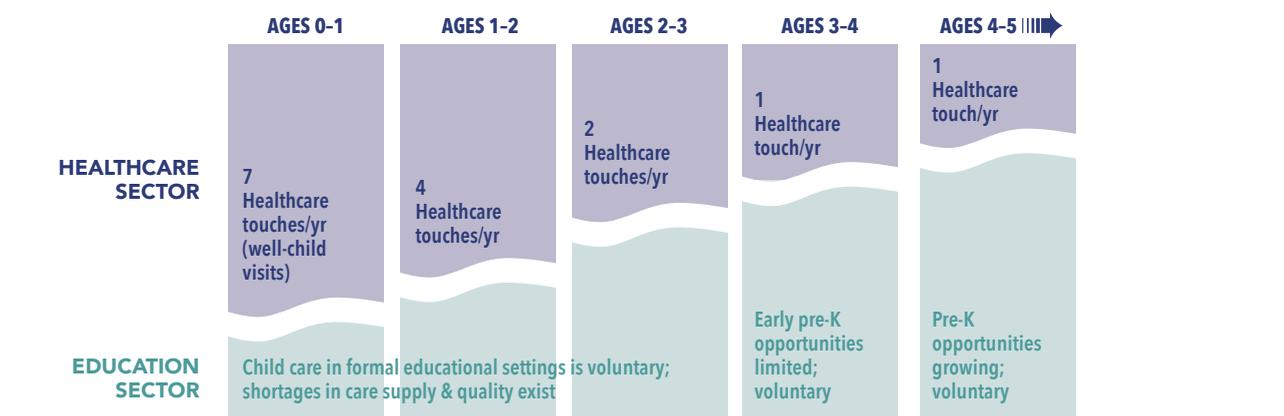
Based on this input, Medicaid officials developed the First 1000 Days on Medicaid Initiative, a collaborative process to identify opportunities for the Medicaid program to improve health, educational, and economic outcomes for children in close partnership with education and other state agencies. Recommendations were prioritized by a broad-based stakeholder working group and funded in the state's 2018 budget. They are being implemented and evaluated starting this year. Highlights include: requiring all Medicaid managed care plans to adopt a children's quality agenda, making changes to billing practices to increase access to services for parents and their children together, and creating a database to facilitate information sharing across systems.



ENSURE EVERY ELIGIBLE CHILD HAS CONSISTENT, CONTINUOUS COVERAGE FROM DAY 1.

- » **Ensure no newborn leaves the hospital without coverage, by allowing secure Medicaid and CHIP enrollment portals in hospitals across the state.**
- » **Request federal permission to pilot five-year continuous Medicaid eligibility for children under age 6.**

HEALTH CARE UNIQUELY POSITIONED FOR IMPACT



Source/Credit/Attribution Albany Promise Cradle to Career Partnership

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