



# **EPSDT and PRS**

## **Medicaid's Supports for Children and Pregnant Women**

Presentation to the Joint Medicaid Oversight Committee  
3/21/2024

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# Who We Care For: 1.3 Million Children 0-22 (CY 23)

**Greatest Opportunities**

**Measuring the Path to Wellness**



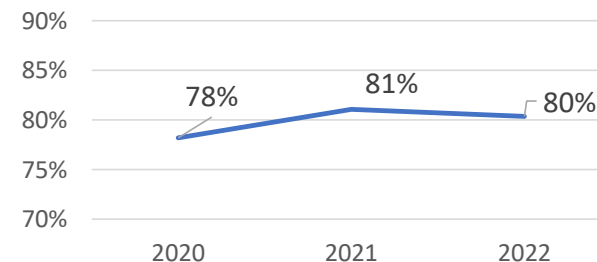
## Focus on Prevention

- Provide a routine source of trusted care
- Integrate support for parents and child - building mental wellness/resilience for the family
- Screen for development, mental health, substance use needs
- Screen ACEs and SDOH
- Adhere to Bright Futures schedule
- Assure access to routine dental, vision care
- Facilitate better school performance, transition to adulthood

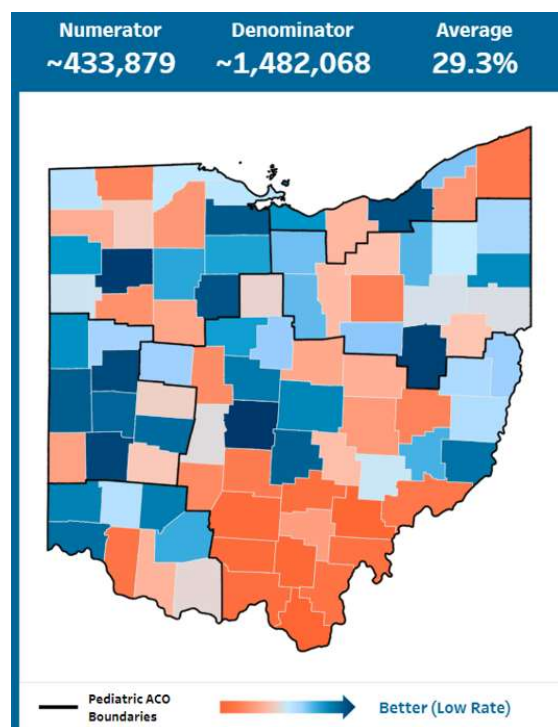
## Tailor Solutions for Targeted Populations (Feb '24)\*

- Foster Care: 15,595
- Adoption Assistance: 18,481
- Developmental Disability: 138,472
- Asthma: 3.81%
- Cardiac disorders: 3.52%
- Behavioral health (next slide)

% Medicaid-Enrolled Children With Preventive (EPSDT) Visit



## Children Enrolled in Medicaid with Behavioral Health Diagnoses (SFY 23)



### Percentage of Kids per County with BH Diagnoses

#### Lowest Percentage of Kids

Franklin	22.6%
Putnam	25.8%
Tuscarawas	26.9%
Montgomery	27.3%
Shelby	27.4%
Cuyahoga	27.8%
Wyandot	28.0%
Sandusky	28.1%
Darke	28.2%
Fairfield	28.3%

#### Highest Percentage of Kids

Lawrence	38.2%
Athens	38.0%
Jackson	37.1%
Ross	36.9%
Pike	36.4%
Scioto	36.1%
Hocking	35.8%
Meigs	35.6%
Gallia	34.9%
Clermont	34.4%



# Who We Care For: ~63,000 Births / Year (CY22)

## Greatest Opportunities

### Focus on Early Attention

- Assure early access to Prenatal Care
- Assess health needs and risks early and throughout pregnancy
- Address needs
- Assure timely access to post-partum care
- Assure hand-off to primary care

### Address Behavioral Health Challenges (deliveries CY 21)

- MH diagnoses: 34.2%
- SUD diagnoses: 9.6%

### Treat Chronic Conditions (deliveries CY 21)

- Hypertension 28%
- Prior Pre-term Birth/Poor Birth Outcome 20%
- Diabetes 18%
- Smoking During Pregnancy 15%

## Measuring the Path to Wellness



### CY 2020

- Avg Gestational Age at Medicaid Enrollment: 16.3 wks
- HEDIS Timeliness of Prenatal Care: 85.11%
- HEDIS Postpartum Care: 76.79%



# EPSDT: Medicaid's Commitment to Every Kid

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- Federal requirement for states to provide **Early** and **Periodic Screening** and **Diagnosis** of eligible Medicaid beneficiaries under age 21 to ascertain physical and mental defects and provide **Treatment** to correct or ameliorate defects and chronic conditions found. State must:
  - **Inform** eligible individuals and their families within 60 days of Medicaid enrollment about the EPSDT program, including the benefits of preventive health care, services that can be provided, availability of assistance with transportation and scheduling. Annual information must also go out to those that have not used EPSDT services.
  - **Cover screenings** including but not limited to: health and developmental, physical, vision testing, hearing tests, lab tests, dental screenings. We want to find problems early in a child's life or in the course of a disease so we can address them. States must establish a **periodicity schedule** for screenings.
  - **Cover diagnosis and treatment** necessary to treat problems that are found, prevent further decline. Make sure kids can get scheduled for appointments and have transportation to get there.
- It's different for kids:
  - Under the EPSDT program, states may provide for **any other medical or remedial care beyond the standard benefit package**, even if the agency does not otherwise provide for these services to other beneficiaries (adults) or provides for them in a lesser amount, duration, or scope for others (adults).



# EPSDT Services in Ohio = Healthchek

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Healthchek covers check-ups at developmentally appropriate intervals and in accordance with the American Academy of Pediatrics [Bright Futures Guidelines](#). When screening indicates the need for further evaluation, the child must be referred without delay.

Screening and assessment coverage includes but is not limited to:

- Complete health and developmental history
- Assessment of physical and mental health development, including substance use disorders
- Comprehensive physical exam
- Nutritional status assessment
- Shots
- Lead screening
- Vision screening
- Dental screening
- Hearing assessment
- Other services or screenings as needed

Covered services to diagnose and treat include:

- Physician and other licensed practitioner care
- Clinic services
- Inpatient and outpatient hospital care
- Lab and x-ray services
- Home health and private duty nursing
- Personal care
- Care coordination or case management
- Physical therapies
- Mental health and substance use treatment
- Care for developmental disabilities
- Durable medical equipment
- Dental services
- Nursing facilities
- Intermediate care facilities for I/DD
- Psychiatric inpatient care
- Respiratory care
- Any other type of medical or remedial care needed

EPSDT: coverage limits may be exceeded for medically necessary care for enrollees under age 21



# Pregnancy Related Services (PRS)

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- Federal requirement for states to cover pregnancy-related services and services for other conditions that might complicate a pregnancy, including services delivered through the postpartum period.
- States may make more services available to pregnant women than to other covered populations.
- Pregnancy-related services in Ohio span: ante-partum period, delivery, and postpartum care.
- Ohio also offers enhanced / specialty services, including but not limited to:
  - Pregnancy risk assessment
  - High-risk patient monitoring
  - Group pregnancy care and education
  - Individual counseling and education
  - Medical nutrition therapy
  - Tobacco cessation

[42 CFR 435.116](#), [42 CFR 440.210](#), [42 CFR 440.220](#), [42 CFR 440.250](#)

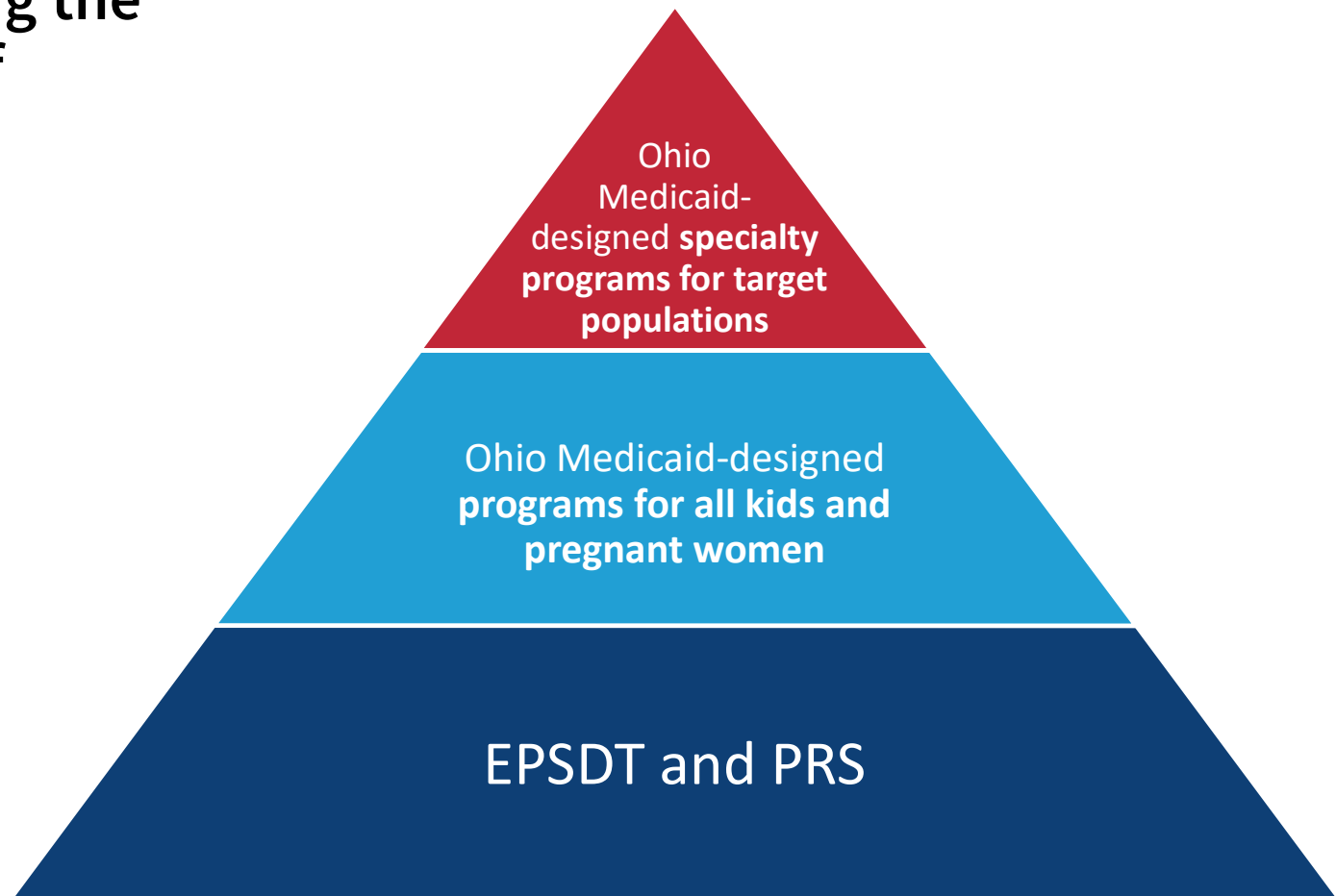
# Implementing EPSDT / Healthchek and PRS:

## Partnership between ODM, CDJFSs, MCEs, and Medicaid Providers

Ohio Department of Medicaid	County Departments of Job and Family Services	Managed Care Entities	Medicaid Members and Families	Providers
<ul style="list-style-type: none"><li>• Develop EPSDT and PRS benefits covered by Medicaid</li><li>• Ensure benefit for transportation and scheduling are available to assist with accessing care</li></ul>	<ul style="list-style-type: none"><li>• Staffing- Healthchek and PRS Coordinator and in every county.</li><li>• Inform eligible individuals about Healthchek program and PRS</li><li>• Make referrals for health care</li><li>• Make referrals to Head Start, WIC, Help Me Grow, BCMH, other assistance</li><li>• Cover transportation to care, regardless of distance</li></ul>	<ul style="list-style-type: none"><li>• Coordinate care, including finding providers, scheduling, and transportation assistance</li><li>• Contract with providers of EPSDT and PRS</li><li>• Pay for services for enrolled members</li><li>• Cover transportation to care &gt; 30 miles away. Extra transportation available.</li></ul>	<ul style="list-style-type: none"><li>• Be informed about covered services, how to get help</li><li>• Voluntarily seek care preventatively and when it's needed</li></ul>	<ul style="list-style-type: none"><li>• Enroll with Medicaid, contract with MCEs to provide care</li><li>• Screen, diagnose, and treat Medicaid members</li></ul>



## Operationalizing the commitment of EPSDT and PRS





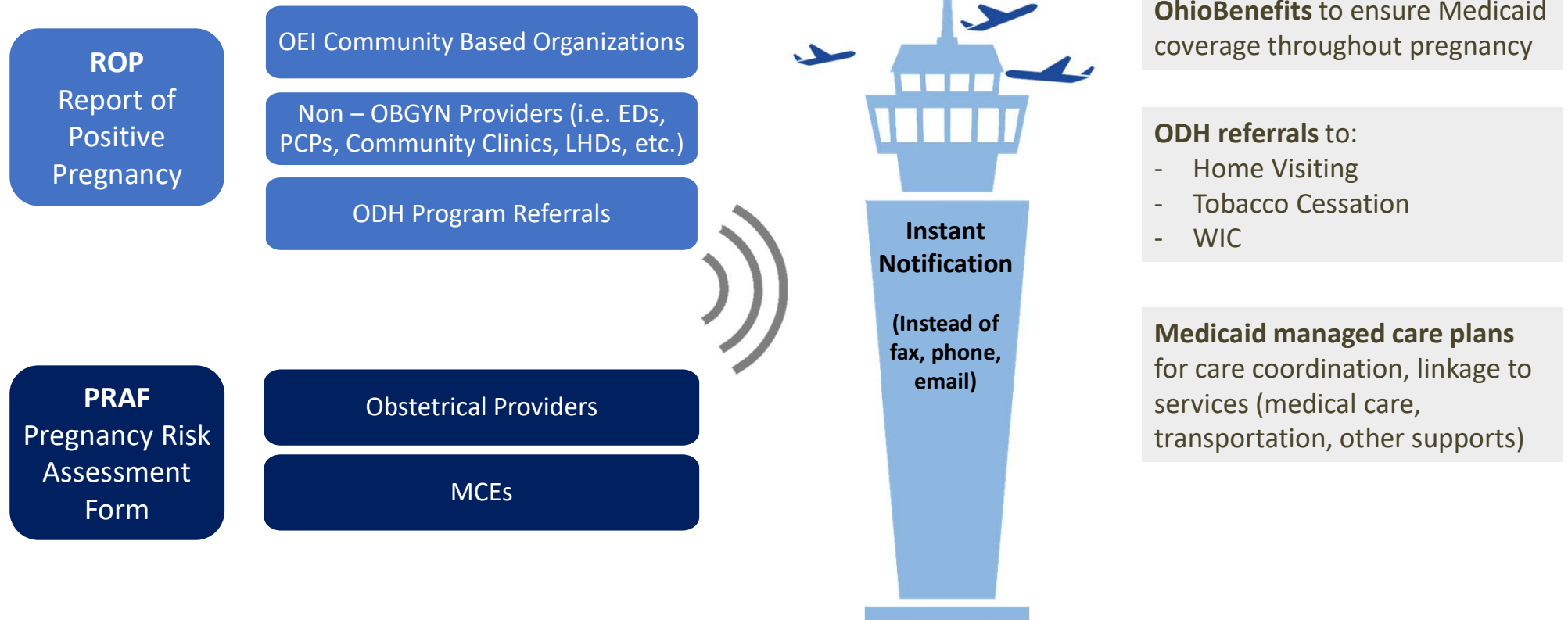
# Governor DeWine's Commitment to Children, Moms & Families at Medicaid

## **A selection of our recent work:**

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- **Driving improvement in the Next Generation Program using a population health approach, proven quality improvement tools**
  - Population health approach: Specialized programming for target populations / needs.
  - Use proven quality improvement science and tools to rapidly make improvements.
  - Collective action: Improve faster than any one plan alone, help the health system work better for families in Medicaid, with all the MCOs speaking with One Voice.
  - Example: PRAF to help assess who needs resources, quality improvement work to improve PRAF use
- **Comprehensive Primary Care for Kids**
  - Focus on prevention and wellness, promoting better access and communication with families.
- **OhioRISE for children with complex mental health and substance use challenges**
  - More intense services for families with the most serious behavioral health needs.
- **Maternal and Infant Support Program**
  - Suite of services to support more holistic care of pregnant and post-partum women.

# PRAF and ROP Pregnancy Communications Hub



# Next Generation QI Work – PRAF

Well over 80% of pregnant women now have a PRAF submitted

Program for all pregnant women, helps us identify target populations

PRAF 2.0 SMART Aim Measure – Non duplicated women by week – 03\_04\_24  
SMART Aim; Increase the weekly count of ODM members with an electronically submitted PRAF 2.0 from 330 to 850 or more by December 31, 2023

80%

33%

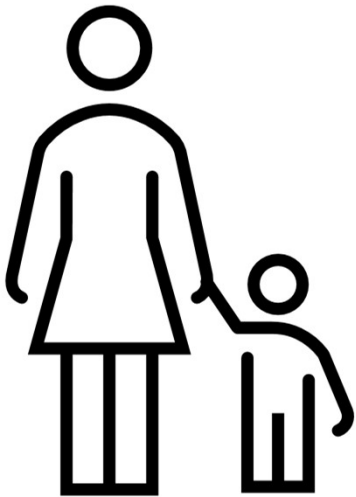


# CPC for Kids

Program for all kids, design  
elements for target  
populations

Pediatric primary care supports improved outcomes for the Ohio's kids

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- Optional program for Medicaid primary care practices
- Monthly payment supports population health activities
- Sample metrics: well-child visits, screenings and preventive care, weight assessment and counseling
- Bonus payment for excellence in meeting clinical and quality aims:
  - Lead screening, dental care
  - Integration with behavioral health care
  - Relationships with child-serving systems (ex: child protection, schools)
- Program Year 2024 Enrollment:
  - 118 CPC for Kids practices
  - 1,024,027 attributed children

# OhioRISE

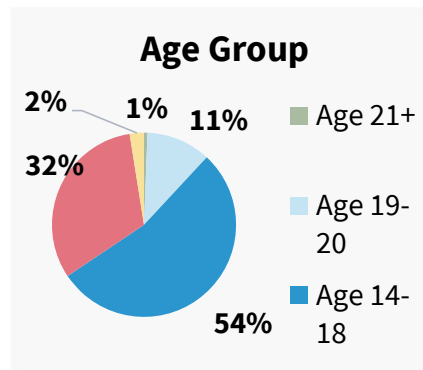
Program for target  
population of kids with  
specialty needs

OhioRISE is a **long-term commitment** to building capacity for **community-based care** that will keep children and youth close to their homes and families.

## OhioRISE Enhanced Benefits:

- Intensive Care Coordination
- Intensive Home-Based Treatment (IHBT)
- Behavioral Health Respite
- Flex Funds
- Mobile Response Stabilization Services (MRSS)
- Psychiatric Residential Treatment Facilities

## OhioRISE Enrollees: 31,656 Members (March '23)



### In addition to BH, OhioRISE enrollees have other needs:

- 38% have a developmental/ Intellectual need
- 35% have a legal need
- 72% have a behavioral health need at school

## Since Launching in July 2022:

- Nearly 700 care coordinators came online at local care management entities (CMEs) to help families navigate treatment options, community supports.
- Each child and family is at the center of care. A team works with each member, leveraging unique strengths and abilities, to develop an actionable care plan that represent the voice of the family.
- New services such as flex funds and respite are being deployed, matching the continuous work and creativity required to treat and care for children with intensive behavioral health needs.

# MATERNAL AND INFANT SUPPORT PROGRAM (MISP)

MISP is Ohio Medicaid's priority work to improve infant and maternal outcomes.

- Based on listening to women served by Medicaid, learnings from recent community-based work
- Uses partnerships across state agencies to promote and align use of best practices and funding
- Creates new reimbursement options for evidence-based and evidence-informed interventions
- Provides continued support for community-driven interventions in targeted counties with highest rates of infant mortality.

<u>MISP Component</u>	<u>Start Date</u>
• <b>PRAF / ROP</b>	7/1/2022
• <b>Nurse Family Partnership Home Visiting</b>	1/1/2022
• <b>Group Prenatal Services</b>	1/1/2022
• <b>Lactation Counseling</b>	1/1/2022
• <b>12 Mo. Post-Partum Eligibility</b>	4/1/2022
• <b>OEI Infant Mortality Grants</b>	Currently in '23-'24 Grant Cycle
• <b>Comprehensive Maternal Care Program</b>	1/1/2023
• Next Up: <ul style="list-style-type: none"><li>○ Doula Services</li><li>○ Pediatric Recover Center for babies with NAS</li><li>○ Family Connects Home Visits</li></ul>	

Program for all pregnant women, design elements for target populations

# MISP Example: Comprehensive Maternal Care

Program to improve maternal care and patient experience of maternal care using population health supports

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Optional program for Medicaid obstetrical practices. For enrolled practice, additional monthly payment supports:

- Enhanced and early access to prenatal care
- Team-based care involving community supports, addressing social drivers of health
- Connections to primary and specialty care
- Population health approaches: risk stratification, care management, focus on patient experience and engagement

Measures linked to payment

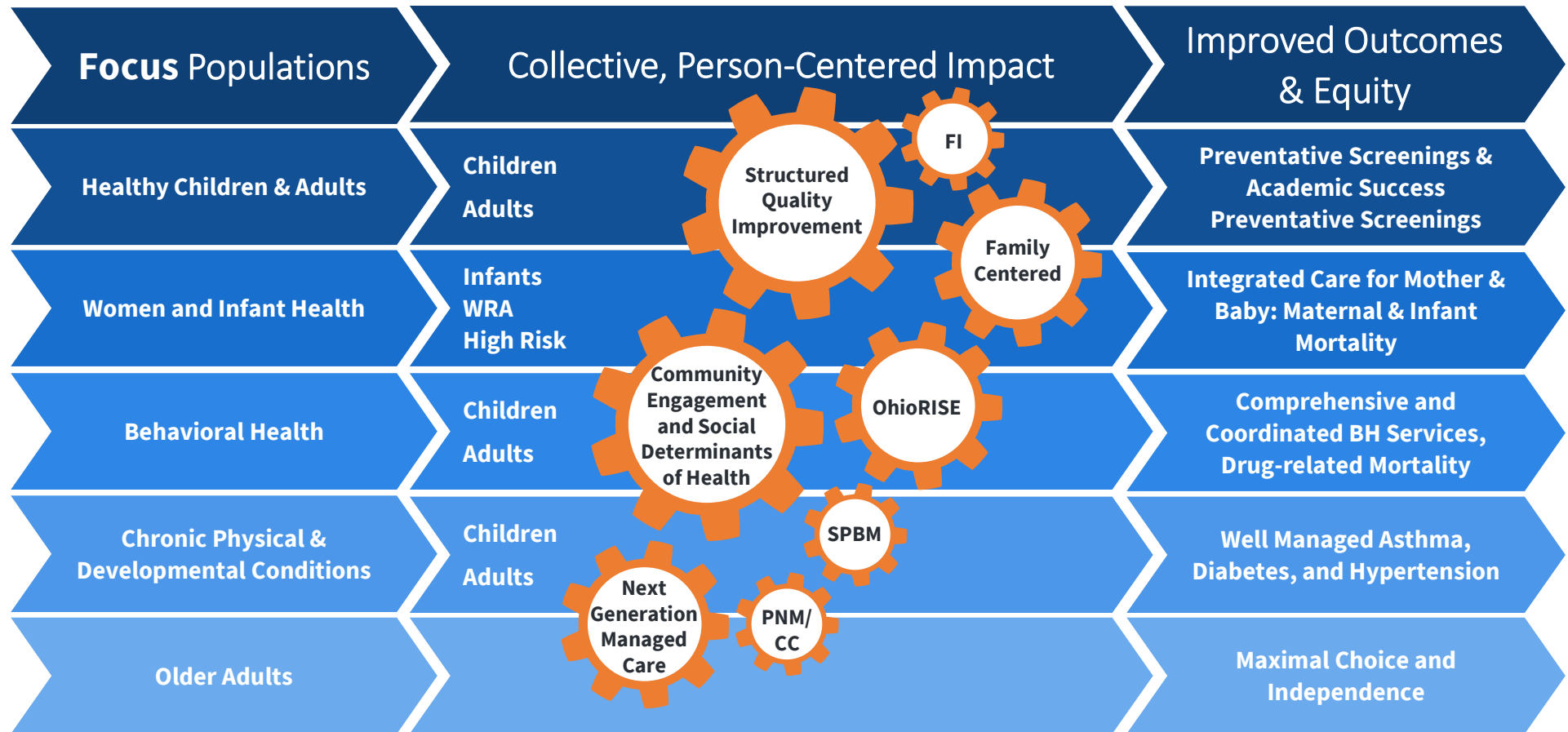
- Postpartum care
- Preventive services – tobacco cessation, screening services
- Mom visits with primary care



**Program Year 2024: 137 enrolled CMC practices covering 35,577 moms**



# Ohio Medicaid's Population Health and Quality Strategy





**Department of  
Medicaid**