



Help Me Grow

National Fourth Annual Forum

The Role of Public Sector Health Funding (particularly Medicaid)

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April 10-12, 2013



Why Help Me Grow is Important

- 90% of 0-2 year-olds see primary child health practitioner annually
- 13% of 0-2 year-olds in regular source of formal child care
- < 5% of 0-2 year-olds involved in child protection, Part C, or other public services to address developmental/behavioral needs

Current Range of Young Child Needs

3-5% Severe, Life-course Disabilities

12-20% Diagnosable Behavioral/Developmental Disabilities/Delays

30-50% Compromised Behavioral/Developmental/Cognitive Development

50-70% Good Enough Development

5%-15% Enriched/Optimal Development



Why Medicaid is an Important Source of *Help Me Grow* Financing

- Serves 52% of all young children (0-5) in country
- Serves two-thirds or more of most vulnerable children
- Provides the most common point of entry to identify and respond to child concerns
- Has provision (EPSDT) specifically designed to ensure coverage that meets *Help Me Grow* objectives
- Designed and implemented largely under state purview



***Help Me Grow* Program Elements Potential Eligible for Medicaid Reimbursement**

- Practitioner outreach, education, and training
- Practitioner developmental surveillance and screening
- Telephone care coordination
- Community health liaison
- Data tracking and evaluation
- Select services referred from *Help Me Grow*



Specific Medicaid Financing Opportunities

Administrative claiming

(50% match, pro-rated for % Medicaid)

- Practitioner outreach, education, and training
- Community health liaison activities
- Data tracking and evaluation



Specific Medicaid Financing Opportunities, continued

Service claiming

(FMAP rate, Medicaid service receivers)

- Well-child/EPSTD visits
- Specific developmental screens
- Targeted case management
- Care coordination
- Select referred services (Part C, home visiting, child mental health, dyadic therapies, habilitative services)



Specific Medicaid Financing Opportunities, continued

Global

(FMAP rate, Medicaid enrollees)

- Per member per month payment to practitioner
- Per member per month payment to community utility



Other Federal Opportunities of Note in Affordable Care Act (ACA)

- Patient-centered Medical Homes
- MIECHV
- Pediatric Accountable Care Organizations
- Community Health Teams
- Community Transformation Grants
- Center for Medicare and Medicaid Innovation grants



Additional Resources

Bruner, C. & CMS. 2013. Medicaid/EPSDT financing questions for child health services and CMS responses. Des Moines, IA. Child and Family Policy Center.

Bruner, C. & Fine, A. 2011 (updated March 2012). Going beyond coverage to improve community health – Health reform implementation: Opportunities for place-based initiatives. Issue Brief #1. Washington, DC. Center for the Study of Social Policy.

Bruner. 2012. A child health advocate's guide to essential health benefits: Eight questions to raise. Des Moines, IA. Child and Family Policy Center.



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