



Groundwork Ohio Addendum Response to  
**Ohio Department of Medicaid**  
Request for Information

[GroundworkOhio.org](http://GroundworkOhio.org)



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*Groundwork Ohio is a fiscally-sponsored project of Community Initiatives*

As a follow-up to Groundwork Ohio's initial response to the Request for Information, we explore herein a framework for how Ohio's managed care procurement and potential managed care changes could be leveraged to advance a quality agenda for Ohio's youngest children.

***What could we ask of managed care organizations?***

The Governor and the Ohio Department of Medicaid have made Medicaid managed care procurement a priority of the Administration. The Governor has also made children a priority throughout his administration. We believe managed care procurement is an opportunity to align these two priorities and work towards a new standard of care for Ohio children, prenatal through five, through the following commitments:

1. Deliver and maximize for young children the full Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit to provide comprehensive and preventive health care services. The Ohio Department of Medicaid should support the delivery and maximization of this benefit for young children by utilizing all enforcement levers including tools, incentives, and penalties.
2. Commit to the goal of health equity for young children through the delivery of the EPSDT benefit, any Medicaid financed services and other plan level commitments to young children so that access to services and child outcomes are not determined by income, race, geography, intellectual or physical ability or any other social factors.
3. Provide a clear message to all providers working with young children that the state recognizes and pays for treatment specific to young children through practice and policy including, but not limited to, the recognition and incorporation of specialized diagnostic codes using DC:0-5™: Diagnostic Classification of Mental Health and Development Disorders of Infancy and Early Childhood (DC: 0-5).
4. Identify and address the unmet social needs and risk factors of young children that have a significant impact on health outcomes and costs and coordinate both the health and social components of care that will have the most influence on outcomes for young children with the support of community-based organizations.
5. Measure and track quality improvement for young children and establish and meet progress benchmarks.
6. Implement the Framework (Exhibit A) by sharing the priorities and commitments of the Framework, measuring goals and delivering the enumerated services or contracting with community-based organizations to provide services.

***What could be the role of community-based organizations?***

1. Identify and address the unmet social needs and risk factors of young children that have a significant impact on health outcomes and costs and support the coordination and delivery of health and social components of care that will have the most influence on outcomes for young children through a partnership with managed care organizations.
2. Implement the Framework (Exhibit A) by sharing the priorities and goals of the Framework, measuring goals and delivering the enumerated services by responding to and delivering upon a Request for Proposal through the Ohio Department of Medicaid or from a managed care plan.
3. Commit to the goal of health equity for young children through the coordination and delivery of services to young children and their families so that access to services and child outcomes are

not determined by income, race, geography, intellectual or physical ability or any other social factors.

4. Measure and track quality improvement for young children and establish and meet progress benchmarks.

***In fully implementing the Framework (Exhibit A), managed care plans should be made accountable to answering the following questions as it concerns young children and their families:***

- How would you ensure children under the age of 5 get the full benefit of their EPSDT entitlement? (e.g. maternal depression screen, dyadic therapy, two generation interventions)
- What is your quality agenda for young children? How would you measure and track your progress?
- How will you prioritize prevention services and supports for young children (e.g. preventing multi-system babies)?
- How will you advance health equity for children and families?
- How are you engaging community partners to best serve young children and their families? (e.g. care coordination, case management, wrap around services, social/emotional development)
- How are you performing on and looking to improve developmental screenings and appropriate follow-up to the screening?
- How are you working to promote high performing medical homes like CPC for young children?
- What does your pediatric provider panel look like? How does it support young children and families?
- How are you engaging with and identifying high-risk pregnant moms?
- How are you working to reduce barriers to accessing care? (e.g. social determinants of health)
- In what ways are you ensuring children are ready to learn when they arrive in the kindergarten classroom?
- How are you supporting young children and families in crisis?
- How are you communicating with members about their rights? How do young children and family voice influence your practices?

## **Exhibit A: A Framework for Leveraging Medicaid Managed Care Plans to Advance a Quality Agenda for Ohio's Youngest Children**

PRIORITY	GOALS	METRICS	SERVICES
<p>1. Prenatal-3</p> <p>2. Health Equity</p>	<p><b>Ohio's youngest children are...</b></p> <p><b>HEALTHY.</b></p> <ul style="list-style-type: none"> <li>• They can maximize access to integrated physical and behavioral health care.</li> <li>• Their exposure to lead is reduced and the negative impact of lead exposure is mitigated.</li> <li>• Barriers to their healthy development are identified early and they have access to early interventions to overcome or mitigate barriers to healthy development.</li> </ul> <p><b>SAFE.</b></p> <ul style="list-style-type: none"> <li>• Their incidence of exposure to trauma is reduced and the negative impacts of trauma are mitigated.</li> <li>• Their family is stabilized and there are fewer young</li> </ul>	<p>What are the consistent set of metrics that measure goals across all services?</p> <p>Metrics that measure goals across all services should be considered include existing traditional Medicaid metrics for children in addition to other health and education metrics that health plans may commit to tracking for their children through coordination with child serving local and state agencies in addition to community partners.</p> <p>This core set of metrics would measure the following:</p> <ul style="list-style-type: none"> <li>• Birth outcomes</li> <li>• EPSDT screen data &amp; well child visits</li> <li>• Lead screen</li> <li>• A health service follow-up metric</li> <li>• Dyadic or two-generation service participation</li> </ul>	<p>What services are necessary to achieve the goals?</p> <p>Medicaid dollars should be leveraged and prioritized to pay for the following package of services for young children and their families:</p> <ul style="list-style-type: none"> <li>• Evidence-based home visiting (Healthy Families America, Nurse Family Partnership, Parents as Teachers, Early Head Start)</li> <li>• Early Intervention</li> <li>• Early Childhood Mental Health Consultation</li> <li>• Case Management</li> <li>• Pathways HUB</li> <li>• Maternal depression screenings, diagnosis and treatment</li> <li>• Infant &amp; Early Childhood Mental Health Treatment</li> <li>• Parental substance abuse and mental health counseling</li> </ul>

	<p>children entering into custody or kinship care.</p> <p><b>NURTURED.</b></p> <ul style="list-style-type: none"> <li>• They have secure attachments and nurturing relationships with adult caregivers.</li> </ul> <p><b>CONNECTED.</b></p> <ul style="list-style-type: none"> <li>• They experience a continuum of care and continuity of care with supported transitions.</li> <li>• They have access to family and community supports that contribute to their healthy development.</li> </ul> <p><b>READY FOR SCHOOL</b></p> <ul style="list-style-type: none"> <li>• They have access to high quality learning environments.</li> <li>• Their parents are supported to be their child’s first and best teacher.</li> </ul>	<p>benchmarks (e.g. home visiting, parenting programs, etc.)</p> <ul style="list-style-type: none"> <li>• Reduction in children entering the child welfare system</li> <li>• Kindergarten Readiness</li> </ul>	<ul style="list-style-type: none"> <li>• Parenting Programs (Triple P) designed to improve children’s social and emotional development</li> </ul> <p><i>Note: Strategic financing with other federal funding, including but not limited to Family First Prevention Services Act (FFPSA), Maternal, Infant and Early Childhood Home Visiting Act (MIECHV), and other federal and state funding streams should be analyzed to determine which services Medicaid should pay for versus which other services or service components can be paid by other funding streams with the goal of strategically maximizing and leveraging resources for young children.</i></p>
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