Alliance for Innovation in MCH: Expanding Access to Care

Ensuring continuity of coverage and care for pregnant women and children, improving systems of care for CYSCHN, and implementing Bright Futures guidelines.

First Steps Program
Location: Washington
Date Submitted: June 2015

PROGRAM OVERVIEW

The First Steps Program was created in 1989 through the Maternity Care Access Act to decrease the percentage of infants born with low birth weight and increase the number of women engaged in early prenatal services. In 2013, 5.6 percent of Washington State Medicaid women delivered a low birthweight infant and 59.1 percent began prenatal care in the first trimester.

The First Steps Program refers to comprehensive healthcare services available to low-income pregnant women. The program’s goal is to assist women in having healthy pregnancies, avoid poor birth outcomes and to assist mothers and infants in obtaining the health and social services they need.

Medical services available include:
- Prenatal Care
- Delivery
- Post Pregnancy follow-up
- Dental Care
- One year of family planning services post pregnancy
- One year of full medical coverage for newborns

Enhanced services include:
- Maternity Support Services (MSS)
- Infant Case Management (ICM)
- Childbirth Education (CBE)

Women enrolled in an agency-contracted Managed Care Organization (MCO) are eligible for First Steps enhanced services outside of their plan. MSS offers preventive health messages, pregnancy education, referrals to resources in the community, brief counseling and nutrition related services to help a woman have a healthy pregnancy and a healthy baby. MSS uses a multidisciplinary team approach and includes a nurse, behavioral health specialist, nutritionist, and in some cases, community health workers. Services are offered in an office, group, or home setting. Pregnant women with Apple Health coverage (Medicaid) can elect to receive MSS at any point during their pregnancy through the end of the month of the 60th day following the end of the pregnancy.

While all pregnant Medicaid women are eligible to receive First Steps services, MSS targets services to women at the highest risk of poor birth outcomes. Each woman is screened by an interdisciplinary team member to determine her level of risk using an evidence-based screening tool that assesses various pregnancy risk factors shown to have higher incidences of poor birth outcomes. The screening process is completed by a member of the MSS interdisciplinary team. Some risk factors may require further evaluation by the nurse, behavioral health specialist, or nutritionist to make the final determination on the client’s risk criteria and appropriate level of service. Once risks are identified, this team creates an individualized care plan for each woman.

Women identified as “high risk” receive up to 30 units of MSS services. One unit equals 15 minutes. Women with a moderate risk level receive 14 units of service. Women who are screened in at “no-risk/low risk” can receive seven units of service.

ICM services may also be available. Infants and their family are eligible after the mother’s maternity cycle ends through the infants first birthday. ICM services are designed to connect families to resources to ensure the health and safety of the infant and the family. Services must be provided by an infant case manager who is a MSS interdisciplinary team member licensed with Washington State Department of Health or has college education and prior full-time work experience related in areas such as social services, child development, etc.
CBE services are also available for all pregnant Medicaid women. The purpose of CBE is to help prepare the mother and her support person(s) to develop self-advocacy skills, manage the changes experienced during and after pregnancy, and improve parenting skills and the likelihood of positive birth outcomes. Services are provided in a group setting and by providers who are certified or credentialed from a training organization that meets national CBE training standards.

In Washington State, there are approximately 42,000 Medicaid deliveries a year. Of that, about 55 percent of those women choose to receive MSS through First Steps. To learn more about First Steps, please visit: http://www.hca.wa.gov/medicaid/firststeps/Pages/index.aspx

STRATEGIC PARTNERS and COLLABORATIONS

Managed Care Organizations (MCOs)
First Steps enhanced service providers (MSS/ICM) coordinate with agency-contracted Managed Care Organizations (MCOs) to ensure pregnant and postpartum women receive information about the program. There are currently six managed care organizations across the state, with at least one or more present in each county. Each MCO generates a comprehensive list each month of newly identified pregnant and postpartum enrollees and sends it directly to the Health Care Authority (HCA). HCA is the single state Medicaid agency for Washington. In turn, the HCA then shares the list with MSS providers who conduct outreach activities to enroll women into MSS. The MCO is also required to disseminate program information to providers and every newly identified pregnant client.

CHALLENGES and OPPORTUNITIES

Challenges
During the 2008 recession, First Steps enhanced service programs were targeted for elimination or budget reduction. Since First Steps enhanced services (MSS, ICM, and CBE) are optional Medicaid programs, the state’s legislature considered eliminating them to meet state budget reduction goals. Ultimately, and over the course of several state budget cycles, the MSS program budget was reduced by about 50 percent, including six full-time staff from the state’s Department of Health that provided program and monitoring support. To make the best use of available resources, and following legislative direction, HCA redesigned the MSS program to target services to women with the highest risk of poor birth outcomes. Prior to budget reductions and the redesign of the program, all eligible Medicaid women received up to 60 units of MSS, regardless of risk factors.

Currently, HCA has one full time employee dedicated to managing, monitoring, and overseeing all First Steps enhanced services (MSS, ICM, and CBE).

Specific reimbursement for Provider activities related to family planning and tobacco cessation performance measures were also eliminated as part of MSS program budget reductions. However, Providers continue to communicate the importance of family planning and smoking cessation in the overall context of the program.

Opportunities
Effective July 1, 2015, MSS allows services to be rendered in a group setting, which helps to maximize available units. HCA anticipates this mode of service delivery will provide additional benefits to participants for peer learning and engagement. Additional HCA program staff would permit opportunities to provide additional outreach to communities and enhanced training, technical assistance, and monitoring of providers to assure the program’s goals are being met.

The HCA also offers a separate federal program called Medicaid Administrative Claiming (MAC). This is a program that allows governmental agencies the opportunity to receive partial reimbursement for administrative activities performed by staff that supports the goals of the Medicaid State Plan. Reimbursable activities most frequently include outreach, application assistance, and referral activities. Some First Steps providers are Local Health Jurisdictions (LHJs). The HCA has a MAC contract with these LHJs which allows LHJ staff to receive federal reimbursement for any activities performed by staff in coordinating First Steps client’s health needs even after they have exited the First Steps program. To learn more about the Washington State MAC program please visit: http://www.hca.wa.gov/medicaid/mac/Pages/index.aspx

EVALUATION
HCA continues to contract with DSHS Research & Data Analysis (RDA) to support the state’s First Steps Database. RDA assists HCA in evaluating birth outcomes and program data for ongoing program and policy development. The First Steps database has assisted HCA in demonstrating the effectiveness of the program to legislators and other interested stakeholders.
To learn more about RDA please visit: https://www.dshs.wa.gov/sesa/research-and-data-analysis/first-steps-database

**UPDATES**
One change for Apple Health is “same day enrollment into managed care.” Prior to the change, individuals were auto-enrolled into a Manage Care Plan. If this was not the plan of choice, it could take weeks to change. A delay in this process could cause a pregnant woman to have difficulty accessing prenatal care because providers could choose to wait until the woman is enrolled into a manage care program before providing any services. Implementing same day enrollment into a managed care plan may now allow women to gain access to continuous health care services in a timelier manner.