Screening, referral and treatment for developmental delay: Using EPSDT to support state initiatives

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Agenda for discussion

- NASHP and its relevant initiatives
- Basic review of EPSDT and how it supports developmental/autism screening
- The Assuring Better Child Health and Development Initiative (ABCD)
  - State examples of promoting developmental and autism screening through EPSDT
  - Moving from screening to treatment
NASHP

National Academy for State Health Policy

- Working across states, agencies, and branches of government
- Helping states to advance and implement workable solutions for major health policy challenges

Relevant initiatives

- ABCD
- Catalyst Center partnership
- EPSDT Coordinators Discussion Forum
- Children’s health care coverage initiatives
EPSDT

- Child health component of Medicaid
- Broad array of prevention and treatment services
- Includes requirements to bring families into care, periodically screen to identify needs, and treat those needs, including services that help families access care
- Requires partnership with Title V
ABCD initiative goal

● To strengthen states’ capacity to deliver care that supports young children’s healthy development
  ● Oriented toward preventive care and early identification
  ● Policy and systems improvement at the state level
  ● Quality improvement at the primary care practice level

● Supported by the Commonwealth Fund
ABCD projects

- **ABCD I: General development**
  - NC, UT, VT, WA 2000-2003

- **ABCD II: Social/emotional development**
  - CA, IA, IL, MN, UT 2004-2007

- **ABCD Screening Academy: Wide-spread adoption of effective developmental surveillance and screening**
  - 21 states 2007-2008

- **ABCD III: Care coordination and linkages**
  - AR, IL, MN, OK, OR 2009-2012
Common state goals

- Increase appropriate, effective screening by pediatric primary care providers
- Ensure providers and families have information they need to identify, refer, and provide treatment
- Ensure effective linkages to services
ABCD Process

- The state Medicaid agency must be the lead
  - Partnership required with key stakeholders both within and outside of state government
    - MCH and Early Intervention expected
    - Physician community and family advocates required

- Focus on:
  - Children with, or at risk for, developmental delay
  - Primary care providers
  - Practice and policy level improvements
ABCD states

[Map of the United States with states highlighted in blue, labeled with abbreviations like CA for California, TX for Texas, etc.]
Practice improvements

- Worked with physicians to identify and promote tools
- Helped PCPs integrate tools into their practices
  - Conducted learning collaboratives (UT)
  - Partnered with provider organizations for on-site training (DC)
  - Identified a physician-mentor to help each practice (IA)
  - Hosted workshops (DE)
- Helped PCPs identify existing resources and facilitate referrals
  - Developed and distributed referral guide for Part C to encourage screening (VA)
  - Encouraged development of referral pathways (UT)
  - Identified resources to manage referrals (IL, IA)
Policy improvements: screening

- States can show substantial increases in screening rates
- Changes to Medicaid’s EPSDT expectations encourage providers to use an objective developmental screening tool as part of an EPSDT screen
- Created consistent expectations among state programs
  - MN Medicaid, public health, and education agreed on common screening guidelines and created a joint website
  - Modified Medicaid provider handbooks and billing manuals
  - Patient and family education
Policy improvements: screening

- Changed payment policies
  - Revised guidelines to be consistent with AAP and to include screenings for ASD at 18 and 30 months (CA)
  - Allow reimbursement of CPT code 96110 -- reimbursement for structured screening, including autism screeners (OR)
  - Pay for up to two ‘units’ of CPT 96110 on the same date of service (general developmental/autism/social-emotional screening) (MD)
  - Pay MCOs an incentive payment for increasing screening rates (MN)
  - Stop payments for EPSDT visits unless bill indicates that PCP conducted a developmental screen (NC)
ABCD III: Why linkages and care coordination?

- Effective developmental interventions generally involve more than one provider or system of care
- Various providers offer developmental screening and need to make appropriate referrals
- Young children often fall through the cracks
Policy improvements: linkages to services

- Developed or expanded benefits
  - Clarified/broadened Part C early intervention eligibility policies (AL, IL)
  - Medicaid benefit targeted to children with emotional disturbance (MN)

- Conducted quality improvement initiatives
  - Develop standard, universal referral and consent forms for primary care and Part C providers to use statewide (DC, MD, VA)
  - Managed care performance improvement projects (OR)

- Provided new incentives for providers
  - Medical homes models and incentive payments (OK)
  - New billing codes (OR)
  - Offered maintenance of certification credit (MN, IL)
Public/private partnerships

- Delaware Early Childhood Council (DECC)
- Maryland Developmental Screening Advisory Group through the Parents Place of Maryland
- Minnesota Mental Health Action Group (MMHAG)
- The Utah Pediatric Partnership to Improve Healthcare Quality (UPIQ)
Lessons learned

- Improving developmental screening helps identify kids who can benefit from additional services
- State efforts can improve identification and treatment of developmental delay (and ASD)
- Partnerships and multi-sector linkages are critical (state agencies, providers, families, community resource agencies....)
- Policy and practice improvement are (and should be) tied
- Performance measurement and feedback can incent and support change without new legislation or funding
For more information

- Email: jrosenthal@nashp.org
- Website: www.nashp.org
- ABCD Resource Center: [http://www.nashp.org/abcd-welcome](http://www.nashp.org/abcd-welcome)