

# Opportunities to Promote Two-Generational Outcomes and Early Brain Development Through Medicaid: Colorado’s Approach

## BACKGROUND AND GOALS

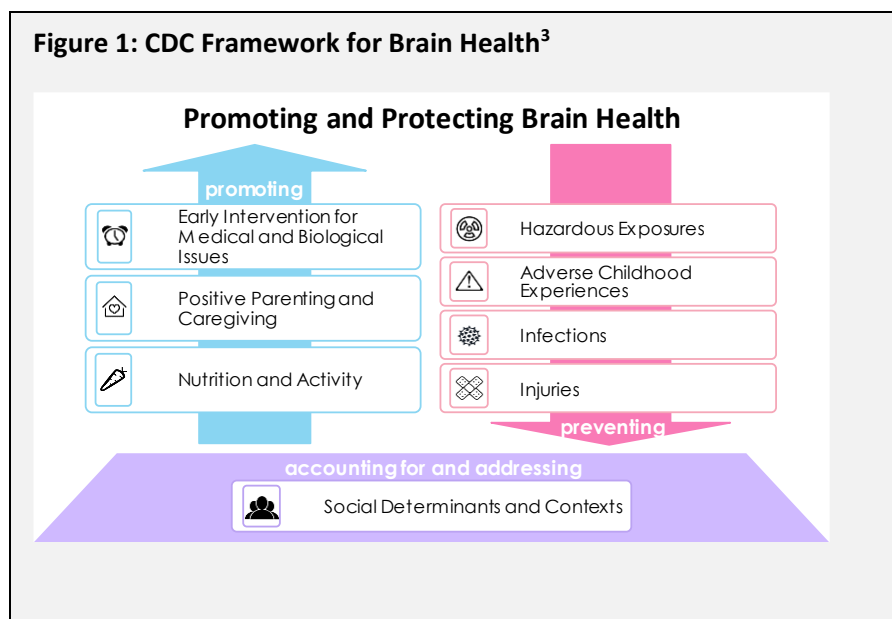
Decades of child development research point to the importance of policies that promote stable and responsive relationships, strengthen core life skills, and reduce sources of stress in the lives of children and families.<sup>1</sup> Medicaid nation’s largest source of health insurance coverage for low-income children, pregnant women, adults, seniors, and people with disabilities. According to Gretchen Hammer, Colorado’s Medicaid director, Medicaid programs can play a key role in promoting healthy development by adopting evidence-based policies across the lifespan—from promoting healthy and planned pregnancies to providing economic security that families need to thrive. “It’s the ultimate two-generation program,” Hammer says. Hammer oversees [Health First Colorado](#), the state’s Medicaid program, and [Child Health Plan Plus](#), which together covered 46 percent of all births in the state in 2016. As the coverage source for 1.4 million Coloradans—more than one in five—Medicaid and Child Health Plan Plus offer a critical path for improving developmental health and family outcomes for young children and their families in Colorado.<sup>2</sup>

Hammer assesses existing and potential Medicaid policies through the lens of how they will promote healthy child development and the conditions needed for children and families to thrive. “I’m trying to map things as they come across my desk and ask, ‘where does this fit and how do we support it?’” she says. In April 2018, ASTHO spoke to Hammer to learn more about Colorado’s approach and identify opportunities for other state public health stakeholders to partner with Medicaid to promote early brain development.

## USE DATA AND FRAMEWORKS TO ASSESS TWO-GENERATIONAL POLICIES

Hammer uses data sources such as the National Center for Children in Poverty’s [Early Childhood Two-Generation State Policy Profile](#) to gather baseline data and understand how well the state is performing with Medicaid access and quality benchmarks that support children and family well-being. Such tools can illuminate challenges facing Medicaid enrollees and suggest opportunities for addressing those challenges. For example, Hammer uses CDC’s brain health

**Figure 1: CDC Framework for Brain Health<sup>3</sup>**



framework (see Figure 1) to determine whether a current or potential policy promotes brain health—e.g., through early intervention, positive parenting and caregiving, or nutrition—or prevents poor developmental outcomes—such as through policies that address and prevent injuries or adverse childhood experiences.

Hammer and the agency that administers Medicaid, Colorado’s [Department of Health Care Policy and Financing](#) (HCPF), also rely on the [Colorado Opportunity Framework](#) to deliver evidence-based and promising initiatives across the lifespan. Hammer said that the framework helps her think about how public programs can “deliver those things at the right time to help people progress to the next stage.” The framework identifies indicators—such as rates of low birth weight, pregnancy intention, and early screening and intervention—that can be used to measure success through each of nine life stages. The state’s seven regional networks in the [Accountable Care Collaborative](#) are developing strategic workplans that identify population indicators and evidence-based programs and initiatives for addressing the indicators. According to HCPF, the framework promotes clearer discussions about goals, higher-quality data collection, evidence-based and strategic programs, collaboration across institutions, and commitment to achieving long-term goals.

## MEDICAID POLICIES AND PARTNERSHIPS TO PROMOTE HEALTHY CHILD DEVELOPMENT

Colorado Medicaid has adopted an array of policies to reduce risk factors for poor developmental outcomes and promote health and well-being for children and families. Some examples include:

- **Presumptive eligibility for pregnant women.** [Presumptive eligibility](#) policies promote maternal and infant health by ensuring immediate access to prenatal care for pregnant women. Colorado is one of [30 states](#) that assures immediate access to care while pregnant women’s Medicaid eligibility is determined.
- **Reimbursement policies that support healthy birth outcomes.** In an effort to discourage medically unnecessary cesarean deliveries, in 2011 Colorado [reduced](#) hospital reimbursement rates for uncomplicated cesarean deliveries to the same amount as complicated vaginal deliveries.
- **Reimbursement policies that promote maternal depression screening.** Colorado [reimburses](#) pediatricians who provide maternal depression screening in the pediatric primary care setting. Pediatricians can bill Medicaid using the baby’s Medicaid identification number.
- **Continuous eligibility for children.** Approximately half of states, including Colorado, provide 12 months of continuous coverage through Medicaid and the Children’s Health Insurance Program, even if a child’s family income changes during the year.<sup>4</sup> Continuous eligibility ensures access to coverage without disruption, an essential component for children’s health and well-being.
- **Primary care payment reform and provider incentives.** Maternal and child primary care are essential for maternal health, early child development, and identification of developmental concerns. Health First Colorado developed a primary care payment model to reward providers for achieving evidence-based performance metrics in [prenatal and postpartum care](#) and [infant](#) and [child](#) primary care visits.
- **Covered benefits that incorporate recommended pediatric primary care guidelines.** Colorado Medicaid adopted the American Academy of Pediatrics’ Bright Futures recommendations and

[schedule](#) for preventive pediatric health care. Medicaid also requires [lead screening](#) for enrolled children at 12 and 24 months, or between the ages of 36 and 72 months if they have not been previously tested.

- **Enhanced access to behavioral health services.** HCPF is preparing to launch a [new approach](#) in summer 2018 that promotes short-term behavioral health services for brief, episodic and low-acuity conditions. Under the new policy, licensed behavioral health providers can bill up to six visits in a year in the primary care setting. The payment policy aims to improve access to behavioral health, offer early interventions for non-covered diagnoses, and provide more places where members can receive care. The policy enables pediatricians and other primary care providers to refer a parent or child for further assessment and care when they suspect it may be needed.

Medicaid also partners with the Colorado Department of Public Health and Environment (CDPHE) to address public health challenges such as food insecurity, suicide prevention, and tobacco cessation. For example, Medicaid partnered with the Colorado Department of Human Services and CDPHE to identify opportunities to enroll more eligible families in the [Supplemental Nutrition Assistance Program](#) and the [Special Supplemental Nutrition Program for Women, Infants, and Children](#) (WIC). As part of CDC's [6|18 initiative](#), Colorado Medicaid and CDPHE collaborate to develop evidence-based policy and outreach interventions to [prevent unintended pregnancy](#) and [reduce tobacco use](#).

## NEXT STEPS

Hammer believes more can be done to incorporate the science of early brain development into Medicaid policy decisions. She notes that “a more nuanced way to measure whether outcomes made a meaningful difference in the lives of children and families” is needed. For example, moving beyond indicators that measure and reward well-child visit completion, a more nuanced measure would look at the percentage of individuals with a concerning result who then receive follow-up care. “That would make us feel like we’re doing what we want to do,” Hammer says, adding, “The implementation reality is a long journey.”

To advance along that path, Hammer sees an opportunity for Medicaid directors to use an early brain development or two-generational lens as one of their many tools to assess whether programs or policies promote the outcomes they hope to achieve. As Hammer states, “I’m trying to map out and figure out how a Medicaid director like me could quickly evaluate a program or a policy to figure out if it’s helpful or harmful—or if I can change something” about a program to better support healthy outcomes. To that end, she is developing a checklist to highlight the wide array of Medicaid policy decisions—from eligibility determination and benefit design to provider payments—that can help children and families reach their full potential. “As a Medicaid director, I’ve been looking at it from the lens of how people are determined to be eligible, the benefits available to enrollees, how that care is delivered, and what providers you allow to be part of that care,” Hammer says.

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<sup>1</sup> Center on the Developing Child at Harvard University. “3 Principles to Improve Outcomes for Children and Families.” 2017. Available at <https://developingchild.harvard.edu/resources/three-early-childhood-development-principles-improve-child-family-outcomes>. Accessed 1-9-2018.

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<sup>2</sup> Colorado Department of Health Care Policy and Financing. "50 in 50." Available at <https://www.colorado.gov/hcpf/50in50>. Accessed 5-24-2018.

<sup>3</sup> CDC. "CDC Early Brain Initiative." Presentation at ASTHO Early Brain Development Meeting. 2018.

<sup>4</sup> Kaiser Family Foundation. "State Adoption of 12 Month Continuous Eligibility for Children's Medicaid and CHIP." 2018. Available at <https://www.kff.org/health-reform/state-indicator/state-adoption-of-12-month-continuous-eligibility-for-childrens-medicaid-and-chip/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>. Accessed 5-22-2018.