

## **HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING**

### **Building Blocks for Promising Practice Models**

October 14 - 17, 2007

#### **Examples of Collaboration between MCH and Medicaid programs in Improving Early Prevention, Screening, Detection, and Treatment (EPSDT) Rates**

GRETCHEN HAGEMAN: Like James said, I'm Gretchen Hageman, and I'm from the Department of Public Health in Iowa. And my boss is on vacation so I got to take her job as presenting for EPSDT. I'm actually the Project Coordinator or Director for the ECCS Grant, the Early Childhood Comprehensive Systems Grant. So, involved in EPSDT but not at the level.

Our EPSDT Program, I'm going to, kind of, set the stage for you a little bit here. Our EPSDT Program is the care for kids program. It's been in existence for about 12 years. DHS, when they had the informing role--sole informing role, we were about 11 percent for screening rights. And as Kay showed you on the PowerPoint, the data we're at over 100 percent for screening rights, which some of the data because of the one-year-old gets more than one visit or if a 12-year-old goes in for a physical and then another visit then it counts as a duplicative. So, we know there's some data concerns. But through our role as Public Health and the Care for Kids Program, we have brought that screening rate up tremendously.

I'm going to tell you a little bit about what it looks like at the department level. We have a formal inter-agency agreement between DHS and DPH, Department of Public Health, and we review that and revise that yearly. So, that's something that we look up between the Medicaid director, our department director and our Title V director. The Medicaid program pays the Department of Public Health to manage the statewide informing and care coordination services, and they also give us money to give to the local level for those services. DPH provides an extensive report yearly to DHS about our outcomes related to the EPSDT program and that includes data and narrative results of the EPSDT program. At the program level, which is at the Public Health level, we manage the DPH staff that manage the EPSDT program. We have about three fulltime staff that are EPSDT staff coordinators. They communicate regularly with DHS and that's daily calls. They're calling the Medicaid office every day because the local agency is calling in, talking, asking a question about the care coordination piece or the informing piece so that it's definitely a back and forth communication. And we have an EPSDT team, the Bureau of Family Health within under Title V has an EPSDT team and it includes DHS and other state government partners and Department of Public Health members too. And then we provide the ongoing technical assistance to our local MCH agencies that are providing the care coordination.

At the local level, I'll set the stage a little bit, we have 24 maternal and child

health agencies that cover all 99 of our counties, and they are based on the number of kids in their counties. They provided informing and care coordination services, transportation. They also provide the outreach for our Medicaid and for Hawkeye, which is our SCHIP Program, and then—SCHIP Program, excuse me. And then they also do--Medicaid also still does an informing letter to families so families do get two letters. Our agencies do a more comprehensive approach when we do informing, and then they follow up with the care coordination piece. We have a manual that is online and it's a Medicaid provider manual, and then Department of Public Health also has an informing and care coordination handbook that spells out all the protocols within those two programs. Like I said before, we are responsible for the ongoing training to support the local agencies. We offer two trainings a year that are at the state level, and then we do our regional and we do our onsite technical assistance with our local MCH agencies. And then their MCH agencies are able to obtain Medicaid reimbursement for our EPSDT activities.

We--the purpose of our--we had two--we decided to use Johnson Consulting Group in the best that we could when they came to Iowa. So, we had two workshops. The first one was, I think, I should look back at my notes. But I think we called it Leaders for Change in EPSDT. So, that was your state agency directors, your Medicaid directors, your Children with Special Healthcare Needs director, Part C Program, the Academy of Family Physicians, the Iowa Chapter and Chapter Family Physicians, parents, child advocacy groups, Iowa and

Nebraska Primary Care Association, our local MCH agencies, our local public health, and our Federally Qualified Health Centers. They were all invited to this half a day meeting that we wanted to really think about what we needed for EPSDT and Title V coordination for a policy. And as looking back, and I think Kay and Jamie would tell you this, half a day was not long enough. We really felt to get those people to that meeting, we needed a short time and looking back, I wish we would have had a longer time with them. But we did come out with some great--it was a great workshop when we came out with some great priorities. But we had a planning committee and that planning committee consisted of inter-agency plan. And so, those inter-agency partners actually made personal calls to the department directors that they work right under to get them to this meeting, and I think that really helped. It took us about six months to plan this. And we're still continuing to think about how we can integrate it into the work that we're doing now.

Really, the leadership group, the basic purpose of that was to be a catalyst and the action to improve child health policy, and to integrate early childhood system development, and to really increase that collaboration and build on what current initiatives were happening. We were just finishing up our ABCD to Commonwealth Fund Grant, and we had the Early Childhood Comprehensive Systems Grant, we had the Medical Home Grant. And we really needed some priorities to make sure that the focus of all those grants kept on the collaboration and the integration of them. And then our second workshop was really to take our

local MCH agencies, the care coordinators, that each have a care--fulltime care coordinator to take them to a new level. And Kay provided, Kay and the other group under Johnson Consulting Group, really energized our local agencies to build upon the EPSDT program and start those--start building public-private relationships at the local level. So, we did a lot--we had a daylong workshop that we really looked at how we can work with the physicians in our communities, how we can work with the dentists in the local communities to build that role of EPSDT.

And I'm going to go over just a little a bit about our priorities. Like I said before, at the end of the day, we are rushing, we had all these poster boards full of great ideas and we had to rush to come up with our priorities. They voted on them and it just felt like maybe some more consensus to make sure the priorities kept going would have been helpful, so that's one thing that we have definitely learned from. So, we had, I think, seven or eight priorities. And I'm just going to touch on a few them that are really moving forward quickly in the State of Iowa. Work together to support universal healthcare coverage. We have several legislators that were working together with in the State of Iowa that are wanting to do something for universal healthcare coverage increase our Hawkeye program and so we're working with them. We have language from our last general assembly that would expand our Hawkeye program based on the Federal authorization. So, who knows that we'll probably go nowhere and we'll probably be stuck with some great language and do nothing with it. And like I said before, we're--we

have a group--we have a healthcare commission that is working. It's an interim-based commission that's working this half a year the legislative session is not going on, and they're looking at priorities, and this is going to be one of their priorities in how to fund it will be for the 2008 general assembly.

Expand the role and the capacity of the EPSDT care coordinators and that really--we really focused on that in the second day but we had a strong movement from those leadership groups, that leadership meeting that we wanted this to happen. And so, it was perfect that the day after, we had all of our care coordinators coming to town to get technical assistance from a national expert on EPSDT and how to build those public-private relationships. And there was definitely some energy in that room when the care coordinators left. And we've seen it, I mean, it's been--we had our planning or we had our meetings in April. So, a year and four or five months later, we're seeing great movement with our local coordinators. And then when ABCD2, assuring better child development went away in our state, we developed first five healthy mental development and we got some state funds. So, what's happening is we have local MCH agencies. We have five partner local MCH agencies that are providing basically the same thing, building that public-private relationship with their primary and secondary care providers community resources and really serving as that care coordinator for the system. And so, we have five local agencies that are doing that. We're doing it, of course, in Iowa. I don't know about you guys but we have to highlight everything we do and then hopefully someday they'll take it to full scale. And there's a lot of

movement as the legislators see a lot of movement towards the--the early childhood mental health. They're starting to see the benefits of that. And then also, in the 2006 general assembly legislative session, we received some state and we received some Federal funds to do I-Smile. An I-Smile is basically the same thing. We have an I-Smile coordinator in every local MCH agency. They get state money to hire a dental hygienist that serves as that care coordinator just for dental services. And so, that really--we felt like we had movement from the August or the April meeting to really move that system forward, you know, as we planned it. And this really stems from the legislative session of--the legislator said we have to have all kids zero through 18 have a dental home by the year June 2008. So, that--we're moving forward on the I-Smiles, which is--I know I hear you guys laughing.

Educating policy makers about the importance of early childhood preventative and developmental services. This was a big one. We were, kind of, in a stage at Iowa—in Iowa where we didn't have very strong--well, I shouldn't say very strong. We had strong advocacy organizations but we didn't have one that could really help us move policy through. And so, through we have Charlie Burner in our state and Charlie the brain, the think tank. He developed really a legislative advocacy or--excuse me--an advocacy organization that's called Every Child Counts. And then another arm that looks at just a health coalition policy agenda too. So he has two advocacy organizations going on and mixing together. There's definitely a mix between the two. And so, we've been very fortunate to

have those two organizations helping us work forward.

Off to a good start health policy meeting, we started three years ago under our Early Childhood Comprehensive Systems Grant we have a single plan like all the rest of the states do, and we have developed off to a good start meeting that just focuses on the--one of our result areas is healthy children. And that meeting just focuses on the healthy children's strategic plan piece of the goals and the strategies with under that strategic plan. We met two weeks ago. Kay came out. Kay can't get away from us. And provided technicals--provided actually more of the expert consultation on how we can blend it all together, what are our priorities for the year, what are our legislative actions that we need to be taking. And it was very good meeting and we had some very high-level people there, legislators.

Early Childhood Iowa Congress is our--we've been building on that. It's been going on for a while. But we really are looking at the system of early childhood and in the past it's all been program level conferences. And so, we've really felt like legislators have understood what an early care health and education system looks like in Iowa because of this congress.