

# Massachusetts Child and Adolescent Health Initiative (CAHI)

*Moving to the Vanguard on Pediatric Care:  
CAHI Recommendations for Massachusetts 1115  
Waiver Renewal and Implementation*

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**NASEM Children's Forum Workshop on Youth  
Mental Health Crisis  
May 9, 2022**

- Much innovation in Massachusetts Medicaid with new departmental and Medicaid leadership (2015)
- 2017 Medicaid efforts to transform care financing and delivery:
  - Change payment to Accountable Care Organization financing model – ie, global payments and risk sharing
  - Direct support for:
    - ◆ Mental behavioral health integration in primary care
    - ◆ Payment to address social drivers of health, esp., housing and nutrition
    - ◆ Enhanced coordination of care for people with chronic health conditions
  - ***BUT, as implemented, none of these advances affected Medicaid enrollees <21 years old***



- **Established December 2019** with support of the Massachusetts Chapter of the American Academy of Pediatrics to:
  - Identify how upcoming Section 1115 waiver renewal can strengthen care for children, adolescents, and their families
  - Evaluate existing MassHealth authority and potential contract changes to improve child/adolescent care
- CAHI includes **stakeholders and experts** from:
  - MassHealth ACOs
  - Pediatricians, mental health, and family care providers
  - Child health and education experts and advocates
  - Family and parent engagement advocates
- **Technical support** provided by Manatt Health, Donna Cohen Ross, and the Center for the Study of Social Policy

# Opportunities to Improve Children's Health

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*With a new approach to pediatric care to address family, social and economic needs, integrate behavioral health, and integrate services across sectors, EOHSS can continue its tradition of pathbreaking innovation and strengthen the health of Massachusetts' children*

## Opportunities in Section 1115 Waiver Renewal

- **Ensure that the renewal includes a robust focus on the needs of children and their families,** with more investment in upstream and primary prevention that managed care entities otherwise may not make
- **Adopt a pediatric-specific approach to financing care for children,** reflecting that most investments in pediatric care generate longer-term or cross-sector savings that do not lend themselves to traditional value-based payment models focused on short-term shared savings
- **Emphasize the role of parents and other primary caretakers in the health of children** by addressing their needs and supporting the parent-child relationship
- **Assist in tackling social and economic challenges, including systemic racism and inequality,** that have an outsized impact on child health and well-being

# CAHI Working Groups

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- Unique needs of children, youth, and families
- Behavioral health
- Social determinants of health
- Community/Schools interface
- Complex medical conditions
- Quality measurement

## Moving to the Vanguard on Pediatric Care:

Child and Adolescent Health Initiative  
Recommendations for the MassHealth Section  
1115 Waiver Renewal

Massachusetts Child and Adolescent Health Initiative  
*September 2020*



## Section 1115 Waiver Renewal



## ACO & Managed Care Organization (MCO) Reprourement



## Existing MA Executive Office of Health & Human Services (EOHHS) / MassHealth Authority



Today's presentation focuses on **CAHI efforts in pediatric primary care transformation**

# Main Recommendations – most now in Waiver

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1. **Support and maintain advanced pediatric primary care**, with enhanced per-member per-month funding to providers that offer:
  - **Integrated mental and behavioral health care**, emphasizing upstream prevention and promotion
  - Clear family focus – **supporting families with 2-generation strategies**
  - Attention to social, economic, educational, and equity needs
  - Care coordination with children with chronic health conditions and/or medical complexities and their families
  - Include **community health workers in teams**
2. **Address social drivers of health**, including rising risk and supporting whole families
3. **Assure investment in children and youth** as a base for better outcomes and investment in the future

## Further MBH recommendations

- Provide **preventive and short-term** behavioral health interventions for children **without** requiring a **formal diagnosis**
- Expand use of family therapy and dyadic treatment without the requirement of a formal diagnosis, including expanding provider type
- *Now implemented in MassHealth (pre-waiver)*



# Implementing the MassHealth Waiver

**MassHealth carried out extensive stakeholder engagement in developing the waiver**

- Much CAHI involvement in that effort
- Published waiver includes most CAHI recommendations
- Procurement specifications recently released

**Current (pre-waiver) program**

- 17 ACOs across the Commonwealth
  - One is child/youth only (Boston Children's Hospital ACO)
  - All others all ages
- Few data on utilization and levels of investment

# Reforming payment in primary care

- Move primary care payment from FFS to partial capitation model
- Capitation provides PMPM enhancements for practices that engage MBH practitioners – 3 tier model
  - FFS for usual MBH interventions
  - PMPM for non-intervention work in primary care
- PMPM enhancements for inclusion of community health workers, who provide substantial MBH support for families

# Behavioral health in primary care tiers

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- Tier 1: BH screening; referral arrangements in place
- Tier 2: Brief intervention for BH conditions (CBT, SBIRT, etc.); telehealth-capable BH provider
- Tier 3: At least 1 BH clinician and CHW

# Coordination of care

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- Most coordination in primary care practices (~90%)
- 1-2% in special programs for children/youth with complex medical or behavioral conditions
- FFS for other children/youth beyond primary care scope (8-9%)
- **Family-directed as much as possible**
- ***How to assure seamless care and referrals?***

## Will it work? Issues to resolve

- ACOs must assure that PCPs have the incentives built into the primary care subcapitation
- Estimate that at least 60-70% of Massachusetts pediatric practices that see large numbers of MassHealth enrolled children can transform to team-based care
- Accountability and impact?
- Impact on commercial plans
- Timeline: Soliciting bids for ACOs now
  - Contract signing late 2023
  - Start date: April 2023

# Key Principles and Lessons

- CAHI formulated principles initially to guide recommendations
- Clear vision for advanced pediatric primary care
  - Teams
  - MBH integration
  - Community health workers
  - Coordination of care
- Families central
- Clear emphasis on prevention
- Sustainable financing
- Payment reform – from enhanced FFS to partial capitation

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- CAHI report:

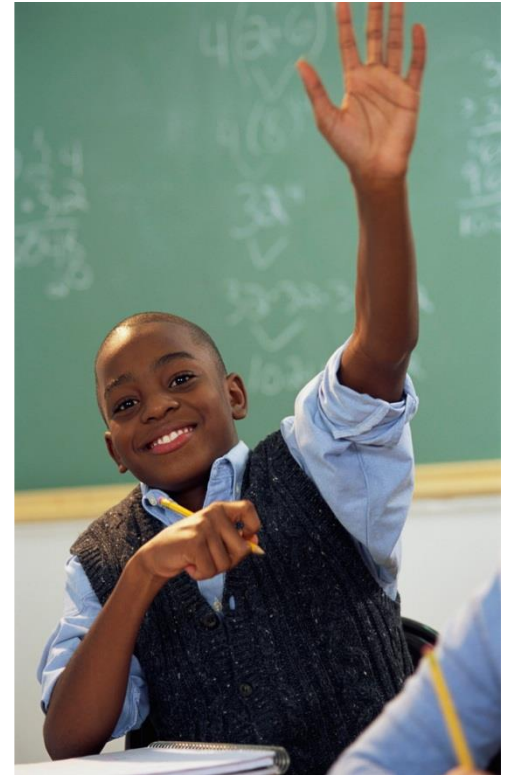
[Massachusetts-Child-and-Adolescent-Health-Initiative-Report-to-MassHealth-9-2020.pdf \(mcaap.org\)](#)

(Find on [mcaap.org](https://mcaap.org), search Medicaid)



# Thank you and questions

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- Children are not little adults.
- Care for children must account for the integral role of parents, caregivers, and families, including through attention to the health of parents and guardians.
- Investments in children and families result in improved child and family outcomes across a broad array of systems (e.g., education, employment, criminal justice, child welfare, and health), but benefits may accrue over a longer period of time than current healthcare policy requires, and so need to be uniquely incentivized.
- Addressing the social conditions in which children live is essential to promote health and wellbeing. Child health is inextricably tied to the conditions in which their families live.
- Approach to child health and healthcare must be tailored to account for family and community characteristics, and systems of care must be flexible enough to adapt to variable needs.

- Children, including children with special healthcare needs, are not a homogenous group. Attention need be paid to development stage/capacity, presence and severity of health conditions (including mental health and oral health), geography, and more. Providers should have specialized expertise in addressing children's needs.
- Mental and socio-emotional health are essential aspects of child health that have historically lacked parity with physical health. Preventive and early mental health services, often in the context of primary care and other settings (such as early care and education) can prevent the development of later more serious (and more costly) mental and physical illness.
- Access to both primary care and (sub) specialty care are essential to address the health needs of the entire child health population.