

NASHP

Resources to Help States Improve Integrated Care for Pregnant and Parenting Women

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Integrated care models that support pregnant and parenting women's physical and behavioral health and social service needs can improve outcomes for women and children and reduce health care costs. This Issue Hub provides valuable resources for states interested in using the [Maternal Opioid Misuse \(MOM\) model](https://innovation.cms.gov/initiatives/maternal-opioid-misuse-model/index.html) [https://innovation.cms.gov/initiatives/maternal-opioid-misuse-model/index.html] and others to improve access to comprehensive and coordinated care and implement innovative payment and care delivery models for pregnant and parenting women eligible for Medicaid. Most of these resources address pregnant and parenting women and children, with the inclusion of other resources that provide integrated care models for this population.

- Learn about the Centers for Medicare & Medicaid Services' Maternal Opioid Misuse (MOM) Model and Notice of Funding Opportunity for states [here](https://innovation.cms.gov/initiatives/maternal-opioid-misuse-model/) [https://innovation.cms.gov/initiatives/maternal-opioid-misuse-model/].
- Learn about the Centers for Medicare & Medicaid Services' Integrated Care for Kids (InCK) Model and Notice of Funding Opportunity for states [here](https://innovation.cms.gov/initiatives/integrated-care-for-kids-model/) [https://innovation.cms.gov/initiatives/integrated-care-for-kids-model/].
- Learn about the Centers for Medicare & Medicaid Services Innovation Center's MOM Model Notice of Funding Opportunity [here](https://www.grants.gov/web/grants/view-opportunity.html?oppId=312758) [https://www.grants.gov/web/grants/view-opportunity.html?oppId=312758] and review the recording, slides, and transcript from its Feb. 21, 2019 webinar about how to apply for the funds [here](https://innovation.cms.gov/resources/mom-model-nofo-application-review.html) [https://innovation.cms.gov/resources/mom-model-nofo-application-review.html].



Women's Health Access

[Case Study: How Minnesota Uses Medicaid Levers to Address Maternal Depression and Improve Healthy Child Development](https://www.nashp.org/case-study-how-minnesota-uses-medicaid-levers-to-address-maternal-depression-and-improve-healthy-child-development/)
[<https://www.nashp.org/case-study-how-minnesota-uses-medicaid-levers-to-address-maternal-depression-and-improve-healthy-child-development/>].

This case study explores how Minnesota uses various policy levers in administering a Quality Improvement Project focused on addressing postpartum depression.

[Health Coverage Options for Pregnant Women](https://www.nashp.org/health-coverage-options-for-pregnant-women/)
[<https://www.nashp.org/health-coverage-options-for-pregnant-women/>].

This chart details income eligibility for each state's Medicaid and CHIP programs from 2013 – 2015 and includes a series of maps that highlight the income eligibility ranges. The resource also includes two infographics that note enrollment steps for pregnant women with different income seeking coverage and raise policy implications for states.

[Strategies to Increase Access to Long-Acting Reversible Contraception \(LARC\) in Medicaid](https://www.nashp.org/strategies-to-increase-access-to-long-acting-reversible-contraception-larc-in-medicaid/)
[<https://www.nashp.org/strategies-to-increase-access-to-long-acting-reversible-contraception-larc-in-medicaid/>].

This issue brief, developed by NASHP and NICHQ, details the use of LARC in preventing unplanned pregnancies, the current availability and education for women, barriers to prescribing LARC, and potential Medicaid reimbursement models to improve LARC access.

[Preventing Preterm Birth Through Progesterone: How Medicaid Can Help Increase Access](https://www.nashp.org/preventing-preterm-birth-through-progesterone-how-medicaid-can-help-increase-access/)
[<https://www.nashp.org/preventing-preterm-birth-through-progesterone-how-medicaid-can-help-increase-access/>].

The report details the effectiveness of progesterone in preventing preterm births for at-risk women, the current barriers to progesterone

access and how some state Medicaid agencies are creating new reimbursement models to make it more readily available.

[Improving Behavioral Health Access & Integration Using Telehealth & Teleconsultation: A Health Care System for the 21st Century](https://www.nashp.org/improving-behavioral-health-access-integration-using-telehealth-teleconsultation-a-health-care-system-for-the-21st-century/)

[<https://www.nashp.org/improving-behavioral-health-access-integration-using-telehealth-teleconsultation-a-health-care-system-for-the-21st-century/>].

This brief explores how telehealth and teleconsultation models (e.g., Project ECHO) can be used to help improve access to behavioral health services.

[Physical and Behavioral Health Integration: State Strategies to Support Key Infrastructure](https://www.nashp.org/physical-and-behavioral-health-integration-state-policy-approaches-to-support-key-infrastructure/) [<https://www.nashp.org/physical-and-behavioral-health-integration-state-policy-approaches-to-support-key-infrastructure/>]

[Eligibility Levels for Coverage of Pregnant Women in Medicaid and CHIP](https://www.nashp.org/eligibility-levels-for-coverage-of-pregnant-women-in-medicaid-and-chip-2/) [<https://www.nashp.org/eligibility-levels-for-coverage-of-pregnant-women-in-medicaid-and-chip-2/>].

This map set provides eligibility levels for states' coverage of services for pregnant women under Medicaid and CHIP



Behavioral Health/SUD

[New Law Helps States Pay for Mental Health and Substance Abuse Services with Federal Foster Care Funds](https://www.nashp.org/new-law-helps-states-pay-for-mental-health-and-substance-abuse-services-with-federal-foster-care-funds/)

[<https://www.nashp.org/new-law-helps-states-pay-for-mental-health-and-substance-abuse-services-with-federal-foster-care-funds/>].

This blog describes how the Family First Prevention Services Act (FFPSA) presents a new funding option for states to provide mental health and substance abuse services in order to prevent the placement of children in foster care.

State Strategies to Meet the Needs of Young Children and Families Affected by the Opioid Crisis [<https://www.nashp.org/wp-content/uploads/2018/09/Children-and-Opioid-Epidemic-1.pdf>].

This report identifies promising state strategies developed by Kentucky, New Hampshire, and Virginia to support children and families affected by the opioid epidemic.

State Strategies for Meeting the Needs of Young Children and Families Affected by the Opioid Crisis [<https://www.nashp.org/state-strategies-to-meet-the-needs-of-young-children-and-families-affected-by-the-opioid-crisis/>].

This webinar features two New Hampshire officials detailing their state's strategies to support families affected by the opioid epidemic.

State Strategies to Measure and Incentivize Adolescent Depression Screening and Treatment in Medicaid [<https://www.nashp.org/state-strategies-to-measure-and-incentivize-adolescent-depression-screening-and-treatment-in-medicaid/>].

This case study highlights how Minnesota and Oregon have implemented quality measures or incentives for adolescent depression screening and follow-up treatment to improve performance of Medicaid providers and health plans in this crucial service area.

Providing Behavioral Health Treatment for Children Through Medicaid Delivery Systems [<https://www.nashp.org/wp-content/uploads/2018/07/Behavioral-Health-Fact-Sheet-w-links.pdf>].

This informational fact sheet summarizing Medicaid provisions that cover behavioral health treatment for children. The fact sheet also highlights two state approaches for providing behavioral health services through Medicaid delivery systems.

State Options for Promoting Recovery among Pregnant and Parenting Women with Opioid or Substance Use Disorder [<https://www.nashp.org/wp-content/uploads/2018/10/NOSLO-Opioids-and-Women-Final.pdf>].

This new report explores state coverage, care delivery, and financing strategies to support pregnant and parenting women with SUD, available state and federal funding sources for these initiatives, and key considerations for states working to promote recovery. NASHP interviewed Colorado, Pennsylvania, and Texas officials about the unique interagency approaches they are using to promote recovery for this population.

[State Options for Promoting Recovery among Pregnant and Parenting Women with Opioid or Substance Use Disorder](https://www.nashp.org/wp-content/uploads/2018/10/NOSLO-Women-and-SUD-webinar-recording.mp4)

[<https://www.nashp.org/wp-content/uploads/2018/10/NOSLO-Women-and-SUD-webinar-recording.mp4>].

This webinar explored how Colorado supports pregnant and parenting women with SUD.

[WV Medicaid Covers an Innovative and Less Costly Treatment Model for Opioid-Affected Infants](https://www.nashp.org/wv-medicaid-covers-an-innovative-and-less-costly-treatment-model-for-opioid-affected-infants/) [<https://www.nashp.org/wv-medicaid-covers-an-innovative-and-less-costly-treatment-model-for-opioid-affected-infants/>].

This blog examines West Virginia's CMS-approved financing approach for an innovative, less-costly treatment model for infants born to women using opioids. The treatment model, which includes comprehensive care for the infant and supports for the family in a less-costly setting, may usher in a new approach for state Medicaid programs struggling to cover the cost of neonatal abstinence syndrome.

[Turning the Tide: State Strategies to Meet the Needs of Families Affected by Substance Use Disorder](https://www.nashp.org/wp-content/uploads/2018/08/Turning-the-Tide-NASHP-Preconference-Ebook-8_9_2018.pdf) [https://www.nashp.org/wp-content/uploads/2018/08/Turning-the-Tide-NASHP-Preconference-Ebook-8_9_2018.pdf].

This ebook from a NASHP preconference contains presentations that explore policy approaches to meet the unique needs of families affected by SUD or opioid use disorder.

Preconference: State Innovations and Interventions in America's Opioid Crisis [<https://www.nashp.org/state-innovations-and-interventions-in-americas-opioid-crisis/>].

This preconference forum is where state policymakers can learn about emerging issues and other states' experiences in preventing and treating opioid use disorder. Topics covered included: 1. Identify and address social causes of opioid use disorder; 2. Support best practices to manage chronic pain; 3. Meet the unique needs of affected pregnant or postpartum women and infants; and 4. Implement transformative and evidence-based prevention strategies and treatment models.

Integrating Substance Use Disorder Treatment and Primary Care [<https://www.nashp.org/integrating-substance-use-disorder-treatment-and-primary-care/>].

This brief discusses two evidence-based interventions that can be implemented in primary care settings (Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Medication-Assisted Treatment) and explores current state payment and delivery reforms that are facilitating and strengthening connections between primary care and specialty behavioral health providers. In addition, the brief discusses key policy considerations that impact program implementation and service utilization. This brief also explores state policies designed to support primary care providers in combating the nations' growing opioid epidemic.

Intervention, Treatment, and Prevention Strategies to Address Opioid Use Disorders in Rural Areas [<https://www.nashp.org/intervention-treatment-and-prevention-strategies-to-address-opioid-use-disorders-in-rural-areas/>].

This primer was developed for Medicaid officials and healthcare providers working to reduce opioid addiction in their state's rural areas. This primer highlights strategies states are using to better deploy emergency intervention to reduce opioid overdose deaths, improve access to care, and provide better treatment services in rural

areas. This report also describes sustainable financing structures to support these strategies and services.

[Chronic Pain Management Therapies in Medicaid: Policy Considerations for Non-Pharmacological Alternatives to Opioids](https://www.nashp.org/chronic-pain-management-therapies-medicaid-policy-considerations-non-pharmacological-alternatives-opioids/)
[<https://www.nashp.org/chronic-pain-management-therapies-medicaid-policy-considerations-non-pharmacological-alternatives-opioids/>].

Between March and June 2016, the National Academy for State Health Policy (NASHP) conducted a survey of all 51 Medicaid agencies to determine the extent to which states have implemented specific programs or policies to encourage or require non-opioid therapies for acute or chronic non-cancer pain. This issue brief details the findings and implications for states.

[Bolstering State Efforts to Screen for Postpartum Depression](https://www.nashp.org/bolstering-state-efforts-to-screen-for-postpartum-depression/)
[<https://www.nashp.org/bolstering-state-efforts-to-screen-for-postpartum-depression/>].

Blog discussing state efforts to increase postpartum depression screening.

[Promoting Young Children’s Healthy Mental Development](https://www.nashp.org/promoting-young-childrens-healthy-mental-development/)
[<https://www.nashp.org/promoting-young-childrens-healthy-mental-development/>].

This brief summarizes presentations made at NASHP’s 2004 annual state health policy conference during a session on “Promoting Young Children’s Healthy Mental Development.” The session focused on the evidence base, state program highlights, a discussion of the ABCD program, and ways to use the Medicaid program to better support early childhood social and emotional development.



Care Coordination and Case Management

[Early Findings on Care Coordination in Capitated Medicare-Medicaid Plans Under the Financial Alignment Initiative](#)

[\[https://innovation.cms.gov/Files/reports/fai-carecoordination-issuebrief.pdf\]](https://innovation.cms.gov/Files/reports/fai-carecoordination-issuebrief.pdf).

This issue brief provides an update on the status of care coordination activities and early findings on successes and challenges of providing care coordination services for the nine capitated model demonstration projects implemented pursuant to the Centers for Medicare & Medicaid Services' (CMS's) Financial Alignment Initiative between October 2013 and February 2015. The demonstrations are intended to test integrated care and financing models for Medicare-Medicaid enrollees. The issue brief covers the period from the start of each demonstration through February 2016.

[Financial Alignment Initiative Annual Report: Washington Health Homes MFFS Demonstration \[https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/WAFirstAnnualEvalReport.](https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/WAFirstAnnualEvalReport)

This report analyzes implementation of the Washington Health Homes MFFS demonstration, implemented pursuant to the Centers for Medicare & Medicaid Services' (CMS's) Financial Alignment Initiative (FAI), from its initiation on July 1, 2013, through the conclusion of the first demonstration year on December 31, 2014. In order to capture relevant qualitative information obtained at the conclusion of the demonstration year or immediately afterward, the report includes updated qualitative information through June 30, 2015.

[Structuring Care Coordination Services for Children and Youth with Special Health Care Needs in Medicaid Managed Care: Lessons from Six States \[https://www.nashp.org/wp-content/uploads/2018/04/Structuring-Care-Coordination-Services-for-Children-and-Youth-with-Special-Health-Care-Needs-in-Medicaid-Managed-Care.pdf\]](https://www.nashp.org/wp-content/uploads/2018/04/Structuring-Care-Coordination-Services-for-Children-and-Youth-with-Special-Health-Care-Needs-in-Medicaid-Managed-Care.pdf).

This issue brief studied how six states (Arizona, Colorado, Minnesota, Ohio, Texas, and Virginia) designed their managed care systems to

serve CYSHCN and examined some of their best practices and strategies to provide care coordination to CYSHCN in Medicaid managed care.

[EPSDT Resources to Improve Medicaid for Children and Adolescents – Care Coordination](https://www.nashp.org/resources-improve-medicaid-children-and-adolescents/) [<https://www.nashp.org/resources-improve-medicaid-children-and-adolescents/>].

This NASHP resource page provides state policymakers, Medicaid officials, and other interested parties with state-specific information about strategies for delivering the Medicaid benefit for children and adolescents in states around the country. It features state approaches for providing care coordination through the EPSDT benefit.

[Integrating Maternal and Child Health Data Systems](https://www.nashp.org/wp-content/uploads/2015/09/Iowa-CFPC-data-integration-report-v2-Amy-Clary.pdf)

[<https://www.nashp.org/wp-content/uploads/2015/09/Iowa-CFPC-data-integration-report-v2-Amy-Clary.pdf>].

Shares state experiences with maternal-child health data integration in IL, NJ, RI, and CT.

[Supporting High Performance in Early Entry into Prenatal Care Fact Sheets](https://www.nashp.org/supporting-high-performance-early-entry-prenatal-care-fact-sheets/) [<https://www.nashp.org/supporting-high-performance-early-entry-prenatal-care-fact-sheets/>].

This series of fact sheets showcases state policies and programs in four states—California, Illinois, Massachusetts, Washington—that support improvement in early entry into prenatal care. The fact sheets also highlight how federally qualified health centers (FQHCs) in these states are leveraging the state policies and programs to promote early entry into prenatal care as part of a patient-centered medical home.

[Key Measurement Issues in Screening, Referral, and Follow-Up Care for Young Children’s Social and Emotional Development](https://www.nashp.org/key-measurement-issues-screening-referral-and-follow-care-young-childrens-social-and/)

[<https://www.nashp.org/key-measurement-issues-screening-referral-and-follow-care-young-childrens-social-and/>].

This report is designed to assist states in assessing the effectiveness of their efforts to strengthen mental health services for very young

children. The paper is an outgrowth of the work conducted by the five states involved in the ABCD II Consortium, an initiative of NASHP and The Commonwealth Fund that seeks to improve the delivery of services needed by very young children to ensure their healthy mental development. All five states needed reliable and valid measures to inform implementation efforts and ongoing program evaluation. This technical report, based on the work of the ABCD II states, is meant to provide tips and tools to other states interested in undertaking similar work and facing similar financial and data constraints. The report is designed, first, to examine issues in performance measurement that apply to all measures of the health care delivered to children, and second, to examine each of the specific measures developed by the ABCD II states as they sought to strengthen mental health services for very young children.



Medicaid Value-Based Programs and Delivery Reform

[Medicaid Incentives for Effective Contraceptive Use and Postpartum Care](https://www.nashp.org/medicaid-incentives-for-effective-contraceptive-use-and-postpartum-care/) [<https://www.nashp.org/medicaid-incentives-for-effective-contraceptive-use-and-postpartum-care/>].

This brief explores experiences from Alabama, Colorado, Ohio and Oregon that demonstrate opportunities for cross-agency collaboration through payment and delivery reform to meet shared goals.

[Wisconsin's Obstetric Medical Home Program Promotes Improved Birth Outcomes](https://www.nashp.org/wp-content/uploads/2017/10/Wisconsin-Case-Study-Final.pdf) [<https://www.nashp.org/wp-content/uploads/2017/10/Wisconsin-Case-Study-Final.pdf>].

This case study highlights Wisconsin Medicaid's strategic approach to improve health services for pregnant women through its Obstetric Medical Home program (OBMH). The initiative seeks to reduce racial and ethnic disparities, provide coordinated, high-quality, and patient-centered care, and improve birth outcomes for high-risk pregnant women.

[Tennessee's Perinatal Episode of Care Payment Strategy Promotes Improved Birth Outcomes \[https://www.nashp.org/wp-content/uploads/2017/10/Tennessee-Case-Study-Final.pdf\]](https://www.nashp.org/wp-content/uploads/2017/10/Tennessee-Case-Study-Final.pdf)

This case study explores Tennessee's perinatal episode of care, which makes a single payment for treating a pregnant woman across a full cycle of care to control costs while promoting patient-centered, high-value health care.

[Oklahoma's Cesarean Section Quality Initiative Promotes Improved Birth Outcomes \[https://www.nashp.org/wp-content/uploads/2017/10/Oklahoma-Case-Study-Final.pdf\]](https://www.nashp.org/wp-content/uploads/2017/10/Oklahoma-Case-Study-Final.pdf)

This case study highlights Oklahoma Medicaid's innovative and effective Cesarean Section Quality Initiative, which reduced the rate of early elective C-sections without medical indication.

[State Medicaid Quality Measurement Activities for Women's Health \[https://www.nashp.org/state-medicaid-quality-metrics-and-performance-based-incentives-for-womens-health-services-to-improve-birth-outcomes/\]](https://www.nashp.org/state-medicaid-quality-metrics-and-performance-based-incentives-for-womens-health-services-to-improve-birth-outcomes/)

This series of maps and accompanying chart illustrate state-specific Medicaid measures, performance improvement projects, and incentives promoting women's health services.

[Medicaid Funding Opportunities in Support of Perinatal Regionalization Systems \[https://www.nashp.org/52836/\]](https://www.nashp.org/52836/)

This series of resources explores Medicaid's role as an important partner in developing perinatal regionalization policies and strategies given its significant investments in a disproportionate share of high-risk births and flexibility in the range and scope of services covered.

[State Strategies to Develop Value-Based Payment Methodologies in FQHCS \[https://www.nashp.org/toolkit-state-strategies-to-develop-value-based-alternative-payment-methodologies-for-fqhcs/\]](https://www.nashp.org/toolkit-state-strategies-to-develop-value-based-alternative-payment-methodologies-for-fqhcs/)

While not specific to women and children, this toolkit provides states with state examples and key considerations when designing value-based payment models for Medicaid safety net providers. Many

states' goals for VBP is to better support FQHCs in providing integrated care to patients, including women and children.

[Using Medicaid to Support Young Children's Healthy Mental Development](https://www.nashp.org/using-medicaid-support-young-childrens-healthy-mental-development/) [<https://www.nashp.org/using-medicaid-support-young-childrens-healthy-mental-development/>].

This report examines both why and how state Medicaid programs can support children's healthy mental development and includes a discussion of how states can use Medicaid to better support young children's social/emotional development even in the current economic climate. It includes specific strategies Medicaid agencies can use (and have used) to support young children's healthy mental development.

[Medicaid Financing of Home Visiting Services for Women, Children, and Their Families](https://www.nashp.org/report-highlights-medicaid-funding-of-home-visiting-services-for-women-children-and-families/) [<https://www.nashp.org/report-highlights-medicaid-funding-of-home-visiting-services-for-women-children-and-families/>].

This issue brief highlights Medicaid and other funding sources available to support home visiting services; explores opportunities to integrate home visiting into state health reform efforts; and features examples of how states use Medicaid to finance home visiting programs.



Multi-Sector Family-Serving Systems

[State Strategies to Enhance Medicaid and Title V Partnerships to Improve Care for Children with Special Health Care Needs in Medicaid Managed Care](https://www.nashp.org/wp-content/uploads/2018/04/State-Strategies-to-Leverage-Medicaid-and-Title-V-Programs-to-Improve-Care-for-Children-with-Special-Health-Care-Needs-in-Medicaid-Managed-Care.pdf) [<https://www.nashp.org/wp-content/uploads/2018/04/State-Strategies-to-Leverage-Medicaid-and-Title-V-Programs-to-Improve-Care-for-Children-with-Special-Health-Care-Needs-in-Medicaid-Managed-Care.pdf>].

This policy brief highlights some of the integrated strategies Medicaid

and Title V have developed to better coordinate in providing services to CYSHCN through Medicaid managed care.

Cross-Systems Collaboration: Working Together to Identify and Support Children and Youth with Special Health Care Needs

[<https://www.nashp.org/cross-systems-collaboration-working-together-to-identify-and-support-children-and-youth-with-special-health-care-needs/>].

This webinar features three states discussing collaborations across state programs that impact the identification and treatment of children in need of specific services.

Medicaid Financing of Home Visiting Services for Women, Children, and Their Families [<https://www.nashp.org/report-highlights-medicaid-funding-of-home-visiting-services-for-women-children-and-families/>].

This issue brief highlights Medicaid and other funding sources available to support home visiting services; explores opportunities to integrate home visiting into state health reform efforts; and features examples of how states use Medicaid to finance home visiting programs.

Strengthening the Title V-Medicaid Partnership: Strategies to Support the Development of Robust Interagency Agreements between Title V and Medicaid [<https://www.nashp.org/wp-content/uploads/2017/04/Strengthening-the-Title-V-Updated.pdf>].

This technical assistance document provides several strategies for Title V programs to consider when approaching the review of their interagency agreements with their state Medicaid programs. It offers guidance on how Title V programs may strengthen the collaboration and coordination across these two state entities and create robust interagency agreements.

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