



Maryland Toolkit for Medicaid, Early Care and Education Collaboration

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Nemours[®] Children's Health System

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Toolkit for Medicaid, Early Care and Education Collaboration

Overview

Nemours provided technical assistance to several states to bring together Medicaid and early care and education (ECE) partners. The goal of these initiatives was to devise solutions for better meeting the needs of families served by both systems. This work is described in the issue brief [“Collaboration Among Medicaid and Early Care and Education Policy Makers: Insights from Three States.”](#)

In Maryland, the Medicaid agency, a Medicaid MCO, a Baltimore City Head Start program, and a dietitian practice came together to embed Medicaid-covered group and individual nutritional counseling services within the Head Start. The dietitian would be reimbursed by Medicaid, through the MCO, for children who met MCO enrollment and medical-necessity criteria. The team worked through processes for the dietitian to complete provider enrollment and MCO credentialing, and to identify the standardized medical necessity assessment and the group education curriculum. Some of the decisions made for this pilot would not be feasible to implement on a larger scale. Due to the small number of eligible children at the pilot site, the partners decided not to implement the formal pilot. However, the group identified a number of key implementation elements, described in the table below. This toolkit is intended to provide a starting point for conversations in other states considering a small scale approach. Had the pilot moved forward, the team would have needed to further address data sharing among providers.

Challenges and Solutions from Maryland’s Experience

Milestone	Challenge	Solution
Fast-track Medicaid Provider Enrollment	To be paid through Medicaid fee-for-service, licensed health care providers or qualified nontraditional providers must enroll with the Medicaid agency as a provider type covered under the Medicaid State Plan. Provider enrollment processes can be lengthy.	Medicaid agency representatives clarified the policy for fee-for-service enrollment (already documented on the Medicaid agency website).
Fast-Track MCO Provider Credentialing	To be paid by a given MCO, licensed health care providers or qualified nontraditional providers must be credentialed by that MCO. The MCO credentialing process is separate from the State Medicaid agency provider enrollment process, and some of the criteria may differ. For example, an MCO may require Board Certification for specialty physicians, while the State Medicaid agency does not. Each MCO has its own credentialing process.	For the pilot, the MCO representative took the special step of fast-tracking the dietitian provider application through the MCO credentialing process. The 2016 21st Century Cures Act (P.L. 114-255) requires states to screen and enroll all MCO providers in fee-for-service Medicaid. However, this requirement does not extend to MCO network provider types who are not eligible to enroll in Medicaid fee-for-service.
Document Intake and Service Delivery Workflows	The pilot involved an innovative place of service (the Head Start center) and a particular sequence of individual and group nutritional counseling. The new approach and workflows could have resulted in miscommunication, and MCO denial of dietitian bills for services.	The team developed a detailed workflow for the Head Start program’s intake of children eligible for the intervention and service delivery by the dietitian. The workflow included requirements for care plan documentation, billing codes to be used, processes for confirming the child’s eligibility on the dates of service, and feedback to the child’s pediatrician/medical home. The MCO representative worked with the MCO’s medical review team to receive sign-off on the proposed service delivery workflow.

Milestone	Challenge	Solution
Streamline Referral Pathways	Typically, for the MCO to pay for the service, the child's primary care provider would need to make a referral. This could delay service delivery or result in the MCO denying dietician bills for services.	The workflow relied on documentation of eligibility (medical necessity and MCO enrollment) by the Head Start to refer the child to the dietitian. A separate referral from the pediatrician was not required.
Streamline Prior Authorization Requirements	The MCO typically would need to grant prior authorization for more than four counseling sessions, making difficult the implementation of a multi-session group nutritional counseling curriculum. This could delay the sequencing of service delivery or result in the MCO denying dietician bills for services.	The MCO representative worked with the MCO's medical review team to receive sign-off on the prescribed number of individual and group counseling sessions, without requiring prior authorization for each session.
Develop Family Outreach Strategy and Materials	Parents/guardians need to opt in to service delivery for their children. They need to understand the purpose and nature of the service, and have meaningful opportunities to participate. Sufficient uptake among parents/ guardians is necessary for a successful pilot.	The team developed a process and template for documenting family consent to participate and to have their contact information shared between the Head Start and health care provider. The team also developed a brief information sheet for families, to ensure they receive clear and consistent information about the initiative. Based on their experience and expertise, Head Start program staff provided input on how to structure opportunities for parent engagement to maximize participation.

The partnership led to sample draft resources—collected below in this toolkit—that other states may use to spur conversation regarding the processes and tools they need for partnerships between Medicaid and ECE. The draft documents and processes presented in this toolkit are shown in their preliminary form; they would have been further vetted by the State had the pilot moved forward. The draft resources include:

- (1) Draft intake and service delivery workflow. The workflow is a tool to ensure consensus among team members regarding the service eligibility and delivery model. The workflow clarifies responsibilities for communication and coordination between the health care and ECE sectors. It is intended to prevent miscommunication, gaps or administrative delays in service, and/or denied claims. The workflow addresses the identification of the target population, outreach to families, the timing and frequency of services, care plan documentation, communication with the child's medical home, and billing codes to be used.
- (2) Draft form for intake and consent to participate. A significant barrier to collaboration across the health and ECE sectors is concern about privacy and the need for documented parental/guardian consent. The form for intake and consent to participate is a tool to document children's eligibility for the service, and also documents parental/guardian consent to opt in to the service.
- (3) Draft information sheet for families. Before parents/guardians opt in to service delivery for their children, they need to understand the purpose and nature of the service. The information sheet is a tool to ensure parents/guardians receive clear and consistent information about the initiative.

Draft Intake and Service Delivery Workflow

Workflow

Step One

- **Identification of Target Population**
 - Head Start Family Service Coordinator completes **nutritional counseling intake form**, verifying child's Medicaid eligibility and MCO enrollment and medical necessity of nutritional counseling.
 - All information available in Head Start records
 - BMI at or above 85th percentile, based on height and weight.

BMI at or above 85% percentile is the medical necessity threshold for nutritional counseling.

Step Two

- **Outreach to Families**
 - Head Start Family Service Coordinator contacts families of eligible children (by phone or in person) regarding opportunity to receive nutritional counseling services at the Head Start site at no cost
 - Contact and parent/guardian interest and consent to share contact info with [dietitian practice] documented on **nutritional counseling intake form**
 - **1-page information sheet** is a resource for Family Service Coordinator when reaching out to parents/ guardians

Step Three

- **Referral and Coordination**
 - For families responding "yes," Head Start Family Service Coordinator *faxes or emails nutritional counseling intake forms* to [dietitian practice]
 - Family Service Coordinator and [dietitian practice] identify possible dates, times, frequency for individual and group sessions
 - [Dietitian practice] calls parents/guardians to provide introduction and schedule initial assessment
 - [Dietitian practice] informs Family Service coordinator of schedule for individual assessments

Step Four

- **Initial Dietitian Assessment**
 - [Dietitian practice] conducts individual assessment with each child and parent/guardian to identify needs and strengths and determine goals and care plan
 - [Dietitian practice] asks parent/guardian to identify pediatrician, and lets parent/guardian know she'll share care plan with pediatrician
 - Care plan documented according to requirements below
 - Method of sharing care plan at discretion of [Dietitian practice] and pediatrician (i.e., fax, email)
 - Initial assessments help inform the content of individual/group sessions
 - [Dietitian practice] tracks parent/guardian participation and shares with Family Service Coordinator for Super Store point allocation
 - [Dietitian practice] bills MCO for individual nutritional counseling (97802)



Step Five

- **Group Counseling**
 - [Dietitian practice] conducts eight group counseling sessions, structured as follows:
 - Individual assessment, first four group sessions, individual reassessment, second four group sessions, final individual assessment
 - Group does not close to new participants because it's delivered to entire class
 - [Dietitian practice] holds classroom group sessions for all children in the class
 - [Dietitian practice] develops related information for Head Start to send home (Head Start makes copies)
 - [Dietitian practice] documents group sessions in eligible children's care plans
 - [Dietitian practice] tracks parent/guardian participation and shares with Family Service Coordinator for credit towards incentive program.
 - [Dietitian practice] bills MCO for individual nutritional counseling (97802) only for children meeting BMI criteria and enrolled in the MCOS, per Eligibility Verification System on date of service
 - Head Start confirms school attendance on date of services

Step Six

- **Individual Reassessments**
 - Conducts individual reassessments (97803) after the **fourth and eighth** group counseling sessions
 - [Dietitian practice] calls parents/guardians to schedule reassessment to assess progress towards goals
 - [Dietitian practice] informs Family Service coordinator of schedule for reassessments
 - [Dietitian practice] conducts reassessments and documents in care plans
 - [Dietitian practice] sends care plan and consultation summaries or appropriate progress notes to child's pediatrician, per the MCO's provider guidelines.

* Care Plan Documentation

- Must include date and at least one of the following:
- Discussion of eating habits and/or dieting preferences.
 - Statement "Patient has an adequate diet or well-balanced diet."
 - Checklist indicating nutrition was addressed.
 - Counseling or referral for nutrition education, weight or obesity.
 - Member received educational materials on nutrition during a face-to-face visit. Obtain a copy of documentation.
 - Anticipatory guidance for nutrition
 - Services count if the specified documentation is present, regardless of the intent of the visit.

Non-acceptable Documentation

- Notation of "health education or "anticipatory guidance" without any specific mention of nutrition.
- A physical exam finding or observation alone (e.g., well-nourished) does not indicate counseling nutrition.
- Statement "Healthy lifestyle habits."
- Documentation related to a member's appetite
- Assessment of an acute or chronic condition
- Notation of "well-nourished" in the physical exam/doctor's observations.

Draft Intake Form and Consent to Participate

Nutritional Counseling Intake Form

Child's Information	
Child First and Last Name:	
Child Classroom	<input type="checkbox"/> Classroom 1 <input type="checkbox"/> Classroom 2
Child Date of Birth:	_____ (Month) / _____ (Day) / _____ (Year)
Child Age:	_____ Years _____ Months
Child Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child Height:	_____ Feet _____ Inches
Child Weight (in pounds):	
BMI percentile (from data system):	
Child's Managed Care Organization (MCO):	<input type="checkbox"/> MCO 1 <input type="checkbox"/> MCO 2 <input type="checkbox"/> MCO 3 <input type="checkbox"/> MCO 6 <input type="checkbox"/> MCO 2 <input type="checkbox"/> MCO 5
Child's Primary Care Provider (if known):	
Name of Person Completing Intake Form:	
Date Intake Form Completed:	

Eligibility for Individual Counseling

To be eligible for individual counseling, answers must be "yes"

Is BMI > 85th percentile for age/gender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is child in [NAME OF PARTICIPATING MCO]?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If eligible for individual counseling, continue on next page

Draft Intake Form and Consent to Participate

Parent/Guardian Contact and Consent	
First and Last Name of Parent/ Guardian Contacted:	
Phone Number and/or email:	_____ (Month) / _____ (Day) / _____ (Year)
Contacted By:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date Contacted:	_____ Feet _____ Inches
Would you like to participate in nutritional counseling for your child? Nutritional counseling will be provided by Medicaid MCO-participating Registered Dieticians from [NAME OF PRACTICE], [NAME OF R.D.s]	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, do you give consent for your contact information to be shared with [NAME OF R.D.s]. from [NAME OF PRACTICE] so they may contact you to schedule services?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Draft Information Sheet for Families

New Nutritional Counseling Services Provided at Head Start

[NAME OF HEAD START PROGRAM], [NAME OF MEDICAID AGENCY], and [PARTICIPATING MCOS] are pleased to offer a new Medicaid benefit at no cost to you.

What is the new service?

[NAME OF HEAD START PROGRAM], [NAME OF MEDICAID AGENCY], and [PARTICIPATING MCOS] are partnering to provide nutritional counseling to children. Registered dietitians will teach children about healthy eating. The dietitians will also talk to parents and caregivers about ways to help your family members get the nutrition they need to be strong. You don't have to pay anything for the service.

We know how busy you are raising young children. That's why the dietitians will be at the Head Start. There will be certain days when you can talk to the dietitians when you drop your child off or pick them up. You won't have to make an extra trip.

How does it work?

Registered dietitians will work with Head Start staff and teachers to be in the classroom to teach lessons to the class during the school day. The registered dietitians are [NAME OF DIETITIANS]. They work with [NAME OF DIETITIAN PRACTICE] and are part of some Medicaid MCO provider networks. They will teach lessons about healthy eating habits. Parents and guardians are always welcome to join the class for the daytime lessons.

The families of eligible children in certain MCOs can also choose to meet with the dietician one-on-one. The dietitians will meet one-on-one with families whose child is in participating MCOs if the child meets a common medical definition of overweight (body mass index above 85 percent of children of the same age and gender). The dietitians can help you learn new ways to support the health of your family.

If [NAME OF DIETITIAN PRACTICE] is not part of your MCO's provider network, please contact your MCO to find out about additional options for your child to receive nutritional counseling.

Why should I participate?

This new service means that you can meet one-on-one with an expert who can help you meet your child's nutritional needs. For example, you can learn new tips to shop for and fix healthy, affordable meals. You can ask the dietician about specific topics, such as how to deal with young children who are picky eaters or have other special health needs.

We know that you have many demands on your time. When you participate in this new service we want to thank you. That's why we're offering you points for our holiday store when you meet with the dietician or if you choose to attend classroom lessons with your child.



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