Overview

Despite the interdependence of mothers and their babies, New York’s health care system, and its funding and payment rules in particular, are structured such that parents and children are treated as separate, disconnected entities. This can lead to higher costs, poorer outcomes, and missed opportunities for promotion of positive parent-child interactions and prevention and early intervention.

These issues can be remedied with a dyadic approach. Also called 2Generation (or 2Gen), this approach treats the parent/caregiver and child (dyad) together. In the context of primary care, it includes screening babies and toddlers for healthy development and adults for behavioral health concerns and stressors, including depression and substance use disorders. Also included are screenings and referrals for intimate partner violence, unstable housing, and food insecurity, as well as referrals to family planning, all of which impact the well-being of the whole family. With its focus on care coordination and community-based referrals, the approach is well poised to transform care and outcomes for New York families.

New York’s Medicaid reimbursement model must be reformed to make this shift. As it stands now, mental health billing requires a diagnosis before payment, making it virtually impossible for providers to receive reimbursement for prevention efforts meant to avert a future diagnosis and, in turn, more expensive and prolonged treatments. Payment opportunities do not yet support simple, sustainable models designed to intervene with maternal or family stress and adversity, which often drive the development of mental health challenges in young children.¹

Insurance payment—the availability and amount—determines what services babies and caregivers receive from health providers. Several states have initiated payment for dyadic/2Gen services and it is time for New York Medicaid to do the same: recognize the intimate relationship between the health of parents and children, and prioritize the well-being of whole families. With Medicaid/CHIP covering 41% of all children under 18 in the state, and 78% of those in families with income below 200% of the Federal Poverty Level, there is a huge opportunity to positively influence the next generation of New Yorkers.²
Dyadic Services Defined

Dyadic services support children and their parents/caregivers at the same time to strengthen this foundational relationship.

Caregiving relationships are unquestionably the most crucial factor in the healthy development of infants. People are most impacted by their social and physical environment during early childhood, creating a time of both great risk and opportunity which will influence a child for the rest of their life and predict lifelong health and well-being.\(^3\) Familiar stress during this time, stemming from caregiver mental and behavioral health concerns, food insecurity, housing instability, or violence, among other factors, may be a barrier to the consistent and quality interactions between parents and children that are the building blocks for healthy attachment, growth, and development.\(^4\) The goal of dyadic services is to support families facing adversity, while also promoting safe, nurturing relationships for all babies and toddlers.

The vast majority of young children covered by Medicaid make significant repeat contact with primary care in the early years of life. Dyadic/2Gen services reach caregivers at the same time their baby’s health is being assessed during pediatric well-baby visits in the first three years.\(^5\) This provides opportunities to explore concerns impacting the adult which may otherwise go unaddressed due to barriers related to insurance, access to adult primary care, or stigma.\(^6\) Dyadic services guide providers and caregivers to have open conversations about the best ways to support early learning, healthy disciplinary interactions, and caregiver-child bonding.\(^7\)

Families treated with dyadic services have better adherence to best practices as well as vaccination and well-child schedules. An extensive evaluation of one dyadic services program found:\(^8\)

- Children were 1.4x more likely to be current on their vaccinations by age two;
- Children were 8x more likely to undergo a developmental assessment between 30-33 months;
- Families were 4x more likely to be informed about community-based resources;
- Mothers were 1.4x more likely to receive a nonmedical referral, including for maternal depression;
- Mothers were 22% more likely to read picture books to their child daily.

Dyadic Services in New York State

Dyadic services are available in some areas of New York State, often paid for through government grants and private philanthropy. HealthySteps, an evidence-based program of ZERO TO THREE, is a team-based pediatric primary care program that promotes the health, well-being, and school readiness of babies and toddlers, with an emphasis on families living in low-income communities.\(^9\) HealthySteps is currently integrated into 60 practices in New York and is the primary way that providers are working to expand access to critical dyadic services.\(^10\) By embedding into pediatric and family medicine primary care teams, HealthySteps Specialists provide a suite of services (stratified by risk level, and including screening, intervention, and referrals) and help primary care providers identify families in need of additional services and connect them to resources available throughout the State’s early childhood services continuum.\(^11\)

Building on HealthySteps, New York City Health + Hospital's 3-2-1 IMPACT model (Integrated Model for Parents and Children Together), spans three disciplines (Women’s Health, Behavioral Health, and Pediatrics), two generations, and has one singular goal of improving the health and well-being of families with young children.\(^12\) In 3-2-1 IMPACT, HealthySteps is the foundational program of three pediatric offerings, the other two being a Video Interaction Project, which offers supportive parenting and parent-child bonding, and Reach Out and Read, which supports literacy and language development.\(^13\) These three programs are offered universally to any family with a child under the age of three seen by the practice. 3-2-1 IMPACT facilities at NYC Health + Hospitals currently include Queens Hospital, Bellevue, and Gouverneur. NYC Health + Hospitals plans to expand system-wide.\(^14\)
The Importance of Funding Dyadic Services

Medicaid’s payment policies are important to ensure access to care because, as noted above, Medicaid/CHIP covers 41% of all children under 18 in the state, and 78% of those in families earning under 200% of the Federal Poverty Level. In 2019, 13% of all children in NYS Medicaid received a general behavioral health service or medication. An additional 6% of children received a more intensive service, including mental health or substance use disorder inpatient services, emergency room services, or state plan services. In most instances, Medicaid payment does not flow without a mental health diagnosis, which does not allow for the sustainable funding of programs focused on preventive mental health. Without a payment model conducive to preventive or risk-based dyadic services, providers have limited options to intervene with a billable service prior to a diagnosis. By the time a child has progressed to the point of a diagnosis, a trajectory is in place that may be impossible, and expensive, to curb. In contrast, dyadic services prioritize prevention and early intervention, ultimately reducing the challenges that can come with behavioral health problems as well as total cost of care for the family unit. Funding a dyadic approach in New York holds promise for improved rates of screening, allowing for more robust data collection on well-child visits and better quality and compliance metrics.

New York State Medicaid Recognizes Connection between Babies and Parents/ Caregivers

In 2016, the Center for Medicaid and CHIP Services issued guidance recognizing maternal depression screening as part of a child’s risk assessment and allowed state Medicaid agencies to cover the screening through the child’s Medicaid as part of the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. New York State Medicaid allowed providers of infant health care to bill for postpartum maternal depression screening under the infant’s Medicaid identification number starting in November of that year. While this was a small, but important step in recognizing the interconnectedness of the health of caregivers and their children, pediatricians often face barriers in accessing the medical records for adults who are not their patients, as well as connecting them with treatment following a positive screening, potentially dissuading providers from performing the service at all. In order to address these barriers, and all of the behavioral and social factors influencing a family’s well-being, systematic policy and reimbursement for comprehensive dyadic services are needed.

New York has already acknowledged the importance of dyadic services by highlighting the approach in the First 1,000 Days on Medicaid’s final ten proposals and the First 1,000 Days Preventive Pediatric Care Clinical Advisory Group’s five recommendations. Reforming Medicaid to better support these services is not a new concept, it is a continuation of years of work that has already been done to improve health outcomes for all New York families.

Proposed Funding Solutions

Based on examples from other states, several changes to New York Medicaid have been proposed which would allow for reimbursement for providers delivering dyadic services as part of integrated primary care for young children and their caregivers:

- Allow billing for licensed behavioral health providers to participate in preventive well-child visits through use of H0025 (behavioral health prevention education service), which is delivery of services to the target population to affect knowledge, attitude and/or behavior, in primary care.
- Remove the behavioral health diagnosis requirement to allow billing and require Managed Care Organizations (MCOs) to reimburse for family therapy for families when family therapy with or without patient present in primary care (billing codes 90846 or 90847).
Remove the behavioral health diagnosis requirement to allow billing and require Managed Care Organizations (MCOs) to reimburse for individual and group interventions for pregnant and postpartum women individual, group, and multi-family group psychotherapy 60 minutes in women's health, obstetrics, gynecology, pediatrics, and behavioral health by licensed behavioral health clinicians (billing codes 90832, 90834, 90836, 90837, 90853, and 90849).

**Conclusion**

Evidence-based dyadic services come with decades of data showing positive impact on developing children and whole families. By expanding access to dyadic services, through Medicaid and other health insurance reforms to allow for sustainable funding, New York stands to improve childhood immunization rates, increase developmental screenings, and better prepare families to respond to stress and adversity.

**Endnotes**

6. Ibid.
7. Ibid.
8. Ibid.
9. Ibid.
10. Ibid.
11. Ibid.
12. Ibid.
13. Ibid.
14. Ibid.
17. Ibid.
19. Ibid.
21. New York State Medicaid Update - August 2016 Volume 32 - Number 8 New York State Medicaid Update - August 2016 Volume 32 - Number 8 (ny.gov)