Schuyler Center for Analysis and Advocacy

150 Years

FAMILY FOCUSED HEALTH CARE: DYADIC SERVICES FACT SHEET

New York's Children Overview

Children under five represent 5.8% of New York's population[1] and approximately 40%, or 539,000, of New York children under age 6 are considered low-income.[2] 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[3], there is great opportunity to positively influence the next generation of New Yorkers by reforming Medicaid payment to better support preventive care for families.

Photo courtesy of ZERO TO THREE

What are the limitations with our current model of care?

New York's health care system treats parents/caregivers and their children as separate entities, despite their interdependence, and Medicaid largely relies on diagnoses to drive reimbursement, rather than paying for prevention. This can lead to higher costs, potentially poorer outcomes, and missed opportunities for promotion of positive parent-child interactions and prevention and early intervention.[4]

What is dyadic or 2Gen care?

The dyadic approach to care treats the child and their caregiver together. Within the context of primary care, this includes screening babies and toddlers for healthy development and adults for stressors such as depression and substance use disorders, intimate partner violence, unstable housing, and food insecurity, all of which impact the well-being of the whole family. If necessary, connections are made to early intervention programs and community-based resources. Dyadic services also guide providers and caregivers to have open conversations about the best ways to support early learning, healthy disciplinary interactions, and caregiver-child bonding.[5]

How can Medicaid reform improve access to dyadic services?

Based on examples from other states, several changes to New York Medicaid have been proposed which would allow for reimbursement for 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 billing 90846 or 90847 (family therapy with or without patient present) in primary care.
- 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 when billing 90832, 90834, 90836, 90837, 90853, and 90849 (individual, group, and multi-family group psychotherapy 60 minutes) in women's health, obstetrics, gynecology, pediatrics, and behavioral health by licensed behavioral health clinicians.

How would these proposed reforms impact New York families?

Based on experiences in California, Colorado, and Massachusetts, expanding dyadic services in New York could improve outcomes for young children and their caregivers including, but not limited to:[6]

Children

- Increased well-child visits attendance in the first 30 months of life, resulting in short- and long-term health benefits including improved immunization rates and preventive screenings.
- Increased developmental and social-emotional screening rates in the first three years of life, creating more opportunities for prevention and better identification of children who need more support.
- Earlier age of autism diagnosis, increasing earlier opportunities for intensive supports that improve outcomes.
- Increased rate of Early Intervention referrals, helping families get the services they need.
- Improved bonding with caregivers and a healthier home environment, supporting socioemotional development.

Caregivers

- Improved identification and early intervention with maternal mental health and substance use disorders, improving postpartum health, reducing maternal morbidity and mortality.
- Supporting mothers to breastfeed, increasing rates of continued breastfeeding.
- Increased support for caregivers to ask questions in a stigma-free environment, ensuring their concerns about their child or family circumstances are addressed.

Society

- Increased childhood immunization rates, reducing costs associated with disease.
- Reduced Emergency Department visits, reducing overall health care costs.
- Improved rates of school readiness, ensuring more children enter school with the knowledge base and skills needed to succeed.

Recommendation

Implement Medicaid reforms to expand reimbursement for dyadic services.

Endnotes

[1] United States Census Bureau. (2019). *2019: ACS 1-Year Estimates Data Profiles.* Retrieved from United States Census Bureau: https://data.census.gov/cedsci/table?q=DP05&g=0100000US%240400000_0400000US36&tid=ACSDP1Y2019.DP05&moe=false

[2] National Center for Children in Poverty. (2022). *50-State Demographics Data Generator*. Retrieved from National Center for Children in Poverty: https://www.nccp.org/demographics-data/

[3] Schuyler Center for Analysis and Advocacy. (2022). *The State of New York's Children 2022*. Albany: Schuyler Center for Analysis and Advocacy. https://scaany.org/state-of-new-yorks-children-2022/

[4] Margolis, K., Briscoe, A., & Tracey, J. (2020). *Babies Don't Go to the Doctor By Themselves: Innovating a Dyadic Behavioral Health Payment Model to Serve the Youngest Primary Care Patients and Their Families*. San Francisco: California Children's Trust. https://cachildrenstrust.org/wp-content/uploads/2020/05/Dyadic_final_May2020.pdf

[5] Ibid.

[6] Ibid.