

Highlights from the States: Innovative Programs to Support Children during COVID-19

Based on current research, children are less likely than adults to contract COVID-19 or to have significant health consequences because of a COVID-19 infection.¹ However, children have been impacted by the pandemic with consequences to their physical, social, and emotional development, including missing scheduled vaccinations,² well-child visits, and other routine health services.³ Parents and guardians may delay addressing their child's health needs for a multitude of reasons: fears of visiting a clinic or doctor's office during COVID-19, lack of access to school-based health care and social services,⁴ loss of job-based health insurance,⁵ or an inability to access the required devices or internet connection for video-based telehealth appointments.⁶

The social-emotional effects of COVID-19 are likely to be far-reaching and will have a disproportionate effect on vulnerable populations, including low-income children, children of color, and children who have experienced prior trauma. Specifically, the impact of COVID-19 has been even more profound for children of color who may be experiencing increased trauma and stress due to higher COVID-19 mortality rates among Black,⁷ Latino⁸ and American Indian populations.⁹

The federal government has passed sweeping legislation^{10,11} and issued regulatory guidance¹² to mitigate these harms. In addition, states are also taking action to address the pressing needs of children and families. Since the pandemic began, a number of states have made important administrative

changes to support children and families. This analysis will highlight some of the innovative policy changes that could serve as models for other states.ⁱ

Children's Health Insurance Program

In February 2020, 34.9 million children were covered by Medicaid and the Children's Health Insurance Program (CHIP) in the United States.¹³ Enrollment for safety net programs has since increased¹⁴ as families seek support due to pandemic-related economic instability caused by an unprecedented 6.5 million job losses per month.¹⁵ A recent analysis found that a 20% unemployment rate would cause 6.6 million children to lose job-based coverage.¹⁶ However, nearly three out of four of these children would be eligible for Medicaid or CHIP coverage.¹⁷

ⁱ Unless otherwise noted the state-level policy changes described in this paper are temporary and will be discontinued with the end of either the federal public health emergency or the state-declared public health emergency.

States are implementing policy changes to deliver children the routine care that is critical to their health and well-being, and to expand service and delivery models to help address COVID-19 related trauma.

States are working to ensure that children maintain their coverage during the public health crisis:

1. [Arizona](#) has a Centers for Medicare & Medicaid Services (CMS)-approved state plan amendment (SPA) to provide children with 12 months of continuous Medicaid eligibility during the emergency period.
2. [Maine](#) has a CMS-approved CHIP SPA to suspend premiums and subsequent lockout periods for children covered by CHIP.
3. [Colorado](#) has a CMS-approved CHIP SPA to delay the collection of enrollment fees at the time of redetermination for existing CHIP beneficiaries.
4. [Maryland's](#) state-based marketplace opened a special enrollment period until July 15, 2020, and thus far has seen the largest enrollment numbers from consumers under the age of 18.¹⁸

Children's Access to Routine Health Care

The Centers for Disease Control and Prevention (CDC) recently released a report indicating that vaccinations for children decreased substantially in March and April 2020.¹⁹ The American Academy of Pediatrics (AAP) has also noted a significant drop in well-child

visits, resulting in delays in vaccinations as well as delays in appropriate screenings and referrals.²⁰ In addition to the routine care that children are going without, COVID-19 is likely to exacerbate existing mental health issues for youth and may lead to new cases of anxiety and depression due to changes in a child's daily routine, increased family stress, and the child's prior history of trauma.²¹ For example, in a 2013 study involving children who were quarantined for disease containment, researchers found that criteria for post-traumatic stress disorder (PTSD) was met in 30% of isolated or quarantined children according to parental reports.²² However, states are implementing policy changes to deliver children the routine care that is critical to their health and well-being, and to expand service and delivery models to help address COVID-19 related trauma:

1. The [South Carolina](#) Department of Health and Human Services announced policy modifications to pay for well-child visits provided via telehealth for children through age 18. Due to delays in in-person care, South Carolina will also pay for immunizations delivered outside of the well visit, as well as an in-person follow-up visit to the telehealth appointment.

2. The [Maryland](#) Department of Health issued guidance recommending that primary care offices prioritize children under 24 months old for in-person visits. However, for children older than 24 months, a telehealth visit may be offered for timely provision of Early Periodic Screening, Diagnostic, and Treatment (EPSDT) services, but an in-person follow-up appointment is encouraged within six months from the date of the telehealth visit. Telehealth well-child visits for children over 24 months will be reimbursed at the same rate as an in-person visit.
3. Starting in July, [Missouri's](#) Department of Social Services will permanently lift existing provider requirements to submit invoices related to evidence-based treatment for children with severe trauma in fee-for-service Medicaid and managed care. As a result, providers will no longer need to submit invoices for the enhanced payments.

Critical Support Services for Children

States work in partnership with the U.S. Department of Agriculture (USDA) to help feed low-income children and families. Before the pandemic began, nearly 35 million children relied on USDA food programs on a daily basis, with these meals providing up to two-thirds of children's daily nutritional needs and an economic safety net for food-insecure families.²³ Due to widespread job losses and the closures of schools and child care centers, many low-income families are struggling to put food on the table.²⁴ In a recent study by the Urban Institute, 31% of parents surveyed reported cutting back spending on food due to the economic impact of COVID-19.²⁵

The USDA has created additional temporary program flexibilities to allow states to modify existing food and nutrition programs to adapt to participants' needs during the public health crisis:²⁶

1. The [Ohio](#) Department of Job and Family Services allowed Supplemental Nutrition Assistance Program (SNAP) recipients to order and pay for groceries online, issued supplemental SNAP payments, and extended SNAP recertification periods by six months during the months of March, April, May, and June.
2. [Montana](#) and [Texas](#) requested and received federal approval to automatically renew SNAP benefits for families during the public health emergency.
3. The [South Carolina](#) Department of Education updated its meal service guidance to allow local schools to provide up to five days of food per child each week. School districts are delivering meals to families through a combination of grab-and-go sites as well as bus drop-off locations.²⁷

Child Welfare

Child welfare systems rely on an intricate network of home investigations, child-parent visits, mandatory court appearances, and education programs to protect children's safety and well-being.²⁸ Due to COVID-19, the protection of child welfare has become increasingly difficult. Many courts have delayed hearings, social worker visits with families are occurring virtually, and foster youth aging out of care are losing access to their networks and support systems at an incredibly fragile time.²⁹ Additionally, during times of crisis, intimate partner violence and child abuse often increase due

to added stress, isolation, economic anxiety, rising substance use (and lack of access to treatment), and a lack of resources overall.³⁰

States have worked to ensure that children in foster care and youth at risk of abuse continue to have supports in place during COVID-19:

1. [Rhode Island](#) Gov. Gina Raimondo issued an executive order outlining an emergency moratorium on emancipation from foster care. This allows young adults in foster care who would otherwise age out of the program to voluntarily continue to receive services, including rental assistance.
2. [California](#) Gov. Gavin Newsom issued an executive order that allows for temporary waivers to certain foster youth programs to ensure continuity of care, including a 60-day waiver to allow for flexibility in the emergency placement of foster youth. The order also suspends requirements for face-to-face interactions, which allows county child welfare agencies and probation departments to work remotely as needed.
3. [New York](#) created a COVID-19 Domestic Violence Task Force to find innovative solutions to address a spike in domestic violence during the COVID-19 pandemic. One of the recommendations includes a new prevention initiative, specifically directed at men, emphasizing the connection between domestic violence and harm to children. The task force was created under the leadership of Secretary to the Governor Melissa DeRosa and the New York State Council on Women and Girls.

Home Visiting

Home visitors deliver essential services to families that are at risk for poor birth outcomes. Home visiting has shown to improve health outcomes for pregnant women and their infants, increase economic achievement for parents and children, and advance child development and school performance.³¹ Because of the pandemic, home visiting programs have adapted as they continue to provide families with critical resources and support. Although local home visiting programs are reporting challenges to making interactive visits to participants' homes, including a lack of privacy and access to the internet or digital devices (e.g., computers, tablets),³² states are working to continue to bring these important services to the families that need them:

1. [Minnesota](#) Health Care Programs expanded coverage of telemedicine visits in response to the public health emergency declared by Gov. Tim Walz. Based on these regulatory changes, telephonic visits may now be reimbursed as a part of nurse home visiting services coverage.
2. The [Iowa](#) Department of Public Health issued guidance for virtual home visits and staff working remotely during COVID-19. The state has since issued additional guidelines extending the use of teleconferencing to deliver home visiting services. The state also created a peer-sourced COVID-19 teleconferencing resources document for home visitors.
3. The [Pennsylvania](#) Office of Child Development and Early Learning created a three-phase (red/yellow/green) approach for family support programs, which aligns with Gov. Tom Wolf's

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phased approach to reopening Pennsylvania. In phase one, face-to-face family support and home visiting services are suspended, and telephonic/virtual visits are encouraged. In phase two, family support services and screenings will continue through telephonic/virtual delivery, and providers may make home visits only if there is an identified need and a COVID-19 health risk assessment is completed. The last phase allows for face-to-face services to resume, but recommends telephonic/virtual visits unless there is minimal concern for the spread of COVID-19.

Conclusion

While children have not suffered high rates of illness from COVID-19, the pandemic has dramatically affected their health and well-being and will have far-reaching effects on their future health outcomes and social-emotional development. States have a critical role to play in mitigating both the direct and indirect effects of COVID-19 on children. Already a number of states have recognized their ability to act under current law to implement policies that protect children's healthy development. This paper highlights examples of how states are using their authority and taking action to ensure the health and safety of children. State policymakers should consider the possibilities outlined here as they look for additional ways to advance policy to protect and provide for children during the public health emergency and beyond.

Endnotes

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