

First  
**1000** Days  
on Medicaid

# Chair's Welcome

Nancy Zimpher, Co-Chair, First 1000 Days on Medicaid

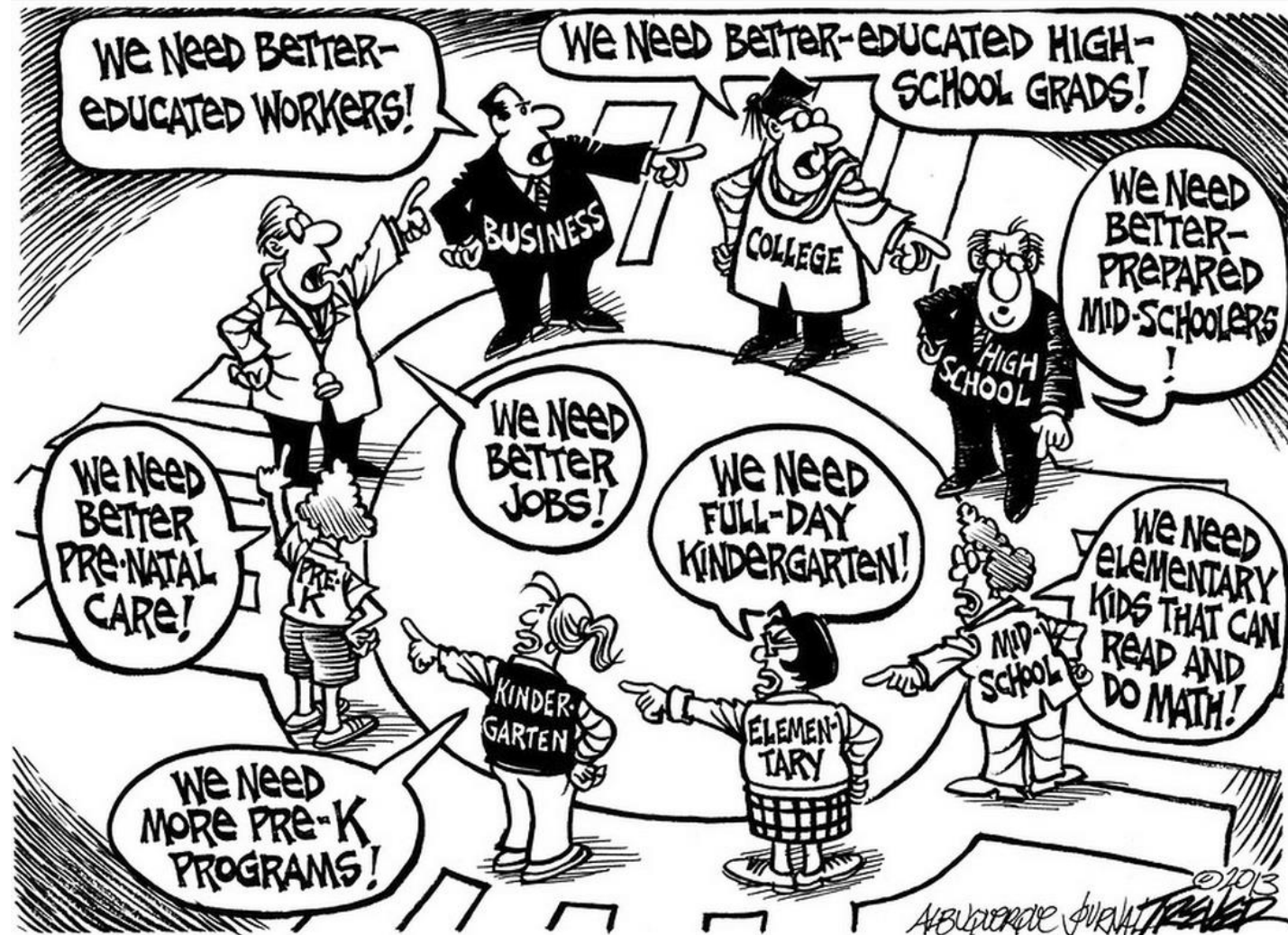
# Meeting Agenda

Agenda Items	Time	Duration
1. Welcome	11:00am	5 mins
2. DOH Update	11:05am	5 mins
3. Proposal Criteria and Discussion Guidelines	11:10am	10 mins
4. Review of Proposals (Batches A, B, and C)	11:20am	90 mins
5. Lunch Break	12:50pm	20 mins
6. SED Update and Review of Proposals (Batches D, E, and F)	1:10pm	95 mins
7. Proposal Ranking Tool and Process	2:45pm	10 mins
8. Adjourn	2:55pm	5 mins

# Transformative Moment

Early experiences have serious, long-term consequences for children in the education pipeline.

And it's our **collective responsibility** to fix this.



## Work Group Leadership

**Co-Chairs:** **MaryEllen Elia**, *Commissioner*  
*New York State Education Department*

**Nancy Zimpher**, *Chancellor Emeritus*,  
*The State University of New York*

### Vice Chairs:

**Kate Breslin**, *President & CEO*,  
*Schuyler Center for Analysis and Advocacy*

**Jeff Kaczorowski, MD**, *Senior Advisor*,  
*The Children's Agenda*

# DOH Update

Jason Helgerson, Deputy Commissioner and Medicaid Director, NYSDOH

# Proposal Criteria & Discussion Guidelines

Kate Breslin and Jeff Kaczorowski (Vice-Chairs)

# Proposal Criteria

Five criteria areas:

- **Affordability** – Cost to state Medicaid
- **Cross-sector** – Scale and scope of collaboration
- **Feasibility** – Time and intensity of implementation, other barriers
- **Evidence-base** – Strength of effectiveness evidence (improved outcomes, return on investment)
- **Overall Impact** – Ability to improve children's health, reduce disparities, and encourage systems change



## Guidelines for Providing Input

- I. Provide a specific edit to *strengthen* the proposal
- II. Provide a bullet to the benefits/ROI sections
- III. Provide a bullet to the concerns section
- IV. Ask a clarifying question

We will introduce proposals in 6 groups. We have an average of 30 minutes per grouping for discussion.

# Types of Proposals

## Workgroup/Taskforce

- 1: Preventive Pediatric Care Clinical Advisory Group
- 3: Task Force on Timely Prenatal Care
- 5: Kindergarten Readiness Skills Inventory
- 8: Children's Regulatory Modernization Workgroup
- 15: Insure All Kids Taskforce

## Hybrid

- 7: Infant Mental Health Endorsement
- 10: Statewide Home Visiting
- 14: MCO Kids Quality Agenda
- 17: Early Childhood Mental Health Consultations

## "Intervention"

- 2: Promote Early Literacy through Local Strategies
- 4: Centering Pregnancy and Parenting
- 6: Expand Connections Pilot
- 9: Common Home Visiting Training
- 12: Carve in FFS EI Payments
- 13: Expand VBP for CHP
- 14: MCO Kids Quality Agenda
- 16: Data System Development for Cross Sector Referrals
- 18: Parent Diagnosis as Eligibility for Parent Child Therapy
- 19: In Office Detection of Elevated Blood Lead Levels
- 20: Peer Family Navigator Pilot
- 21: Use of NMT for Traumatic Stress
- 22: Evaluate Healthy Steps Outcomes
- 23: Telehealth Pilots

**Group A: Pediatric Primary Care Improvements**

- 1: Preventive Pediatric Care Clinical Advisory Group
- 19: In Office Detection of Elevated Blood Lead Levels
- 22: Evaluate Healthy Steps Outcomes

**Group B: Systems Improvements and Measures**

- 5: Kindergarten Skills Inventory
- 8: Children's Regulatory Modernization Workgroup
- 11: Developmental Registry Demonstration Project
- 16: Data System Development for Cross Sector Referrals

**Group C: Insurance Changes**

- 12: Carve in FFS EI Payments
- 13: Expand VBP for CHP
- 14: MCO Kids Quality Agenda
- 15: Insure All Kids Taskforce

**Group D: Prenatal Care**

- 3: Task Force on Timely Prenatal Care
- 4: Centering Pregnancy and Parenting
- 9: Common Home Visiting Training
- 10: Statewide Home Visiting

**Group E: Mental Health**

- 7: Infant Mental Health Endorsement
- 17: Early Childhood Mental Health Consultations
- 18: Parent Diagnosis as Eligibility for Parent Child Therapy
- 21: Use of NMT for Traumatic Stress

**Group F: Cross-Sector Pilots**

- 2: Promote Early Literacy through Local Strategies
- 6: Expand Connections Pilot
- 20: Peer Family Navigator Pilot
- 23: Telehealth Pilots

# Review of Proposals (A, B, C)

Nancy Zimpher, Co-Chair, First 1000 Days on Medicaid

Chad Shearer, United Hospital Fund

Suzanne Brundage, United Hospital Fund

# Create a Preventive Pediatric Care Clinical Advisory Group (#1)

*This proposal is for Medicaid to convene a Preventive Pediatric Care clinical advisory group charged with developing a standard of care to be followed by New York's child-serving Medicaid providers.*

- **Implementation Complexity:** Low
- **Implementation Timeline:** Short Term
- **Required Approvals/Systems Changes:** Administrative Action
- **Cross-sector Collaboration Component:** Yes
- **Net Cost to State:** Negligible – staff time for convening and managing group

# In Office Detection of Elevated Blood Lead Levels (#19)

*The Department of Health would create a grant program that targets Medicaid providers in communities with a high share of Medicaid-covered lives that have lower than average blood lead testing rates or higher than average elevated blood lead level results. Grants would support the purchase, training, and certification costs for providers in those targeted communities who agree to implement point of care blood lead testing and strive for 100 percent testing of all children at or around ages one year and two years (consistent with NYS statutory and regulatory requirements).*

- **Implementation Complexity:** Medium
- **Implementation Timeline:** Long-Term
- **Required Approvals/Systems Changes:** Administrative Action, NYS Budget Request
- **Cross-sector Collaboration Component:** No
- **Net Cost to State:** \$300,000

# Evaluate Healthy Steps Outcomes with Goal Toward Value-Based Payment (#22)

*This is a proposal for Medicaid to partner with the Office of Mental Health (OMH), and the National Healthy Steps team at ZERO TO THREE to evaluate the multi-year outcomes of OMH's pilot of the evidence-based primary care prevention intervention, Healthy Steps, using Medicaid claims data. The results of this study could then be used to assess opportunities to sustain Healthy Steps as part of Medicaid's value-based payment designs for children.*

- **Implementation Complexity:** High
- **Implementation Timeline:** Long Term
- **Required Approvals/Systems Changes:** Administrative Action
- **Cross-sector Collaboration Component:** Yes
- **Net Cost to State:** TBD. Estimated up to \$150,000

## Pause for Discussion

- I. Provide a specific edit to *strengthen* the proposal
- II. Provide a bullet to the benefits section
- III. Provide a bullet to the concerns section

Or clarifying question



# New York State Kindergarten Skills Inventory (#5)

*Given significant investments—including a recent \$800 million investment into expanding pre-k access for children—there is a need for the state to better understand where the development of each child stands when they enter kindergarten. This proposal suggests that New York State, in collaboration with its partners- State Education Department, State University, Medicaid program, experts in the field of early childhood development, and others as necessary- agree upon a tool to be implemented state-wide to drive results for children.*

- **Implementation Complexity:** Medium
- **Implementation Timeline:** Short Term
- **Required Approvals/Systems Changes:** Administrative Action
- **Cross-sector Collaboration Component:** Yes
- **Net Cost to State:** N/A—the recommendation herein includes the selection/creation of a tool

# Children's Regulatory Modernization Workgroup (#8)

Under this proposal, the state would convene a Children's Regulatory Modernization Workgroup, a sub-group of the Regulatory Modernization Initiative, and charge them with providing feedback on streamlining and updating of existing policies and regulations across a range of areas to best meet the needs of children. The workgroup would be charged with looking at regulatory and policy issues and barriers directly related to children's health services, with a special emphasis on modernizing and aligning regulations to transform the Medicaid services for infant and early childhood mental health.

- **Implementation Complexity:** Low
- **Implementation Timeline:** Short Term
- **Required Approvals/Systems Changes:** Administrative Action
- **Cross-sector Collaboration Component:** No
- **Net Cost to State:** Negligible – staff time for convening and managing group

# Developmental screening registry demonstration project (#11)

*Under this proposal the Medicaid program would catalyze a cross-agency demonstration project that would test the feasibility of establishing a statewide registry that captures both the incidence and results of child developmental screening through the incorporation of the data into the existing child immunization registry.*

- **Implementation Complexity:** High
- **Implementation Timeline:** Long Term
- **Required Approvals/Systems Changes:** Administrative Action; IT/Data Infrastructure, NYS Budget Request
- **Cross-sector Collaboration Component:** Yes
- **Net Cost to State:** \$75,000 (initial start up costs, not including data analytics)

# Data system development for cross-sector referrals (#16)

*Under this proposal, New York Medicaid would direct competitive grant funds to purchase a Medicaid-determined hub-and-spoke data system that enables screening and referrals across clinical and community settings for up to 3 communities.*

- **Implementation Complexity:** High
- **Implementation Timeline:** Long Term
- **Required Approvals/Systems Changes:** Administrative Action; IT/Data Infrastructure, NYS Budget Request
- **Cross-sector Collaboration Component:** Yes
- **Net Cost to State:** \$250,000

## Pause for Discussion

- I. Provide a specific edit to *strengthen* the proposal
- II. Provide a bullet to the benefits section
- III. Provide a bullet to the concerns section

Or clarifying question

# Carve-In Fee-For-Service Early Intervention Payments into Medicaid Managed Care (#12)

*This is a proposal for New York's Medicaid program to carve-in Early Intervention Program services into managed care. Including this payment responsibility as part of managed care contracts (a "carve-in") would mean that managed care organizations would be responsible for ensuring payments are made to Early Intervention providers in a timely fashion and that an adequate network of providers is maintained.*

- **Implementation Complexity:** High
- **Implementation Timeline:** Long Term
- **Required Approvals/Systems Changes:** Administrative Action, IT/Data Infrastructure  
Possibly State Plan Amendment, Possibly Federal Waiver, Possibly Statutory Change
- **Cross-sector Collaboration Component:** Yes
- **Net Cost to State:** TBD, likely budget neutral

# Expand Value-Based Payment to Child Health Plus (#13)

*Building on the work of the Children's VBP Subcommittee, and the impending final recommendations of the broader VBP Workgroup, the Department of Health should extend the opportunity for CHP plans and their network providers to enter into value-based payment arrangements for children in CHP. Specifically, the state would formalize the availability of VBP model options (especially the finalized Children's VBP model and associated required measures) in CHP plan contracts and identify ways to incentivize CHP plans to adopt VBP payment models and quality measures.*

- **Implementation Complexity:** Medium
- **Implementation Timeline:** Short Term
- **Required Approvals/Systems Changes:** Administrative Action
- **Cross-sector Collaboration Component:** Yes
- **Net Cost to State:** N/A – Value-based payment in CHP can be accomplished within the existing CHP plan rate structure and reinvesting of VBP savings

# Require Managed Care Plans to have a Kids Quality Agenda (#14)

*DOH, working with its External Quality Review Organization, would develop a two-year common Performance Improvement Project (PIP) for all Medicaid managed care plans called the “Kid’s Quality Agenda.” The focus of the common PIP could be threefold: 1) to increase performance on young child related QARR measures (well-child visits, lead screening, child immunization combo); 2) to enhance rates of developmental and maternal depression screening; or 3) to improve select performance on existing Quality Assurance Reporting Requirements (QARR) women’s health measures related to perinatal health.*

- **Implementation Complexity:** Medium
- **Implementation Timeline:** Short Term
- **Required Approvals/Systems Changes:** Administrative Action
- **Cross-sector Collaboration Component:** Yes
- **Net Cost to State:** N/A – There is no state costs associated with this proposal



# Insure All Kids Taskforce (#15)

*This proposal is for Medicaid to create an “Insure All Kids” Taskforce charged with identifying ways to insure the remaining children in New York that do not have health insurance. The Taskforce would partner with stakeholders to identify uninsured kids, identify barriers preventing their enrollment in coverage or preventing re-certification of coverage, and identify sector-specific strategies for connecting all kids to coverage regardless of documentation status or family ability to pay. Additionally, the Taskforce would closely monitor federal policy and anticipate and plan for “shocks” to New York’s health system that might result in coverage losses for children.*

- **Implementation Complexity:** Low
- **Implementation Timeline:** Short Term
- **Required Approvals/Systems Changes:** Administrative Action
- **Cross-sector Collaboration Component:** Yes
- **Net Cost to State:** Negligible – staff time for convening and managing group

## Pause for Discussion

- I. Provide a specific edit to *strengthen* the proposal
- II. Provide a bullet to the benefits section
- III. Provide a bullet to the concerns section

Or clarifying question

# Break

# SED Update

MaryEllen Elia, Commissioner, NY State Education Department

# Review of Proposals (D, E, F)

MaryEllen Elia, Co-Chair, First 1000 Days on Medicaid

Chad Shearer, United Hospital Fund

Suzanne Brundage, United Hospital Fund

# Taskforce on Timely Prenatal Care (#3)

*This is a proposal for Medicaid to convene a Taskforce on Timely Prenatal Care, in partnership with Department of Health colleagues, aimed at developing data-driven strategies for enrolling pregnant women in Medicaid more quickly and increasing timely access to prenatal care.*

- **Implementation Complexity:** Low
- **Implementation Timeline:** Short Term
- **Required Approvals/Systems Changes:** Administrative Action
- **Cross-sector Collaboration Component:** Yes
- **Net Cost to State:** Negligible – staff time for convening and managing group.

# Expand Centering Pregnancy and Parenting (#4)

*This proposal is that Medicaid support a pilot project spread across 5 MCOs to encourage obstetrical providers serving Medicaid patients to adopt the Centering Pregnancy group-based model of prenatal care which has shown dramatic improvements in birth-related outcomes and reductions in associated disparities. Additionally, NY Medicaid could consider extending this approach to testing the Centering Parenting model – a group model of well-child care that grew out of the popularity of Centering Pregnancy.*

- **Implementation Complexity:** High
- **Implementation Timeline:** Long Term
- **Required Approvals/Systems Changes:** Administrative Action, NYS Budget Request
- **Cross-sector Collaboration Component:** No
- **Net Cost to State:** \$621,875

# Common Home Visiting Training (#9)

This proposal is for Medicaid to provide funding to develop and facilitate – through funding of a statewide home visiting orientation/training coordinator – orientation to home visiting in New York State that would benefit all staff, including supervisors and home visitors, regardless of program model.

- **Implementation Complexity:** Low
- **Implementation Timeline:** Long Term
- **Required Approvals/Systems Changes:** Administrative Action, NYS Budget Request
- **Cross-sector Collaboration Component:** Yes
- **Net Cost to State:** \$100,000



# Statewide Home Visiting (#10)

*This proposal is for New York Medicaid to take several significant steps to ensure the sustainability of home visiting in New York including amending NYS managed care contracts to include Nurse Family Partnership per EBBRAC recommendation, convening a workgroup to identify fundable components of home visiting programs, exploring scope of practice changes with SED, developing incentives for clinician referrals to home visiting programs, and identifying new sources of funding for home visiting.*

- **Implementation Complexity:** High
- **Implementation Timeline:** Long Term
- **Required Approvals/Systems Changes:** Administrative Action, NYS Budget Request, Possibly State Plan Amendment, Possibly Federal Waiver
- **Cross-sector Collaboration Component:** Yes
- **Net Cost to State:** \$453,575,305

## Pause for Discussion

- I. Provide a specific edit to *strengthen* the proposal
- II. Provide a bullet to the benefits section
- III. Provide a bullet to the concerns section

Or clarifying question

# Incentivize Use of Infant Mental Health-Endorsement Credential (#7)

*This proposal is for Medicaid to incentivize attainment of the Infant Mental Health Endorsement® (IMH-E®) to ensure that all those working with infants and young children, birth to age three, provide relationship based, family centered, developmentally appropriate, and culturally competent services. Additionally, this proposal calls for a collaborative effort with SED to work IMH-E competencies into professional curricula.*

- **Implementation Complexity:** Medium
- **Implementation Timeline:** Long Term
- **Required Approvals/Systems Changes:** Administrative Action, NYS Budget Request
- **Cross-sector Collaboration Component:** Yes
- **Net Cost to State:** \$663,500

# Braided funding for Early Childhood Mental Health Consultations (#17)

*This is a proposal for OHIP to convene a design committee with colleagues in the Office of Mental Health, Office of Child and Family Services, and potentially the State Education Department (Adult Career and Continuing Education Services) to explore a braided funding approach for paying for mental health consultation services to early childhood professionals in early care and education settings.*

- **Implementation Complexity:** High
- **Implementation Timeline:** Long Term
- **Required Approvals/Systems Changes:** Administrative Action, NYS Budget Request
- **Cross-sector Collaboration Component:** Yes
- **Net Cost to State:** Design Committee costs: Negligible  
Pilot costs depend on braided funding recommendations

# Parent Diagnosis as Eligibility Criteria for Parent-Child Therapy (#18)

*This proposal is for Medicaid to allow providers to bill for the provision of evidence-based parent-child therapy (also called dyadic therapy) based solely on the parent being diagnosed with a mood or anxiety disorder.*

- **Implementation Complexity:** Low
- **Implementation Timeline:** Short Term
- **Required Approvals/Systems Changes:** Administrative Action
- **Cross-sector Collaboration Component:** No
- **Net Cost to State:** \$1,878,940

# Use of Neurosequential Model of Therapeutics for Traumatic Stress (#21)

*Proposal is for Medicaid to expand funding of EI screening and interventions to include all children ages birth to three whose cases have been “indicated” by Child Protective Services (CPS) to include children that are mandated to receive preventive services, or are entering foster care and other out of home placements. Further, the proposal would expand the EI assessment process (the Neurosequential Model of Therapeutics) to include an evidence-based protocol for assessing specific neurodevelopmental deficits resulting from abuse/neglect, and designing, implementing, monitoring, and modifying interventions appropriate to their neurodevelopmental needs.*

- **Implementation Complexity:** High
- **Implementation Timeline:** Long Term
- **Required Approvals/Systems Changes:** Administrative Action, NYS budget request
- **Cross-sector Collaboration Component:** Yes
- **Net Cost to State:** \$375,000

## Pause for Discussion

- I. Provide a specific edit to *strengthen* the proposal
- II. Provide a bullet to the benefits section
- III. Provide a bullet to the concerns section

Or clarifying question

# Promote Early Literacy through Local Strategies (#2)

*This proposal is for Medicaid to launch one or more three-year pilots to expand the use of Reach Out and Read in pediatric primary care and foster local cross-sector collaboration focused on improving early language development skills in children ages zero to three.*

- **Implementation Complexity:** High
- **Implementation Timeline:** Long Term
- **Required Approvals/Systems Changes:** Administrative Action, NYS budget request
- **Cross-sector Collaboration Component:** Yes
- **Net Cost to State:** \$193,556



# Expansion of “Connections: A Value-Driven Project to Build Strong Brains” Project (#6)

*This proposal is for Medicaid to expand the Albany-based Connections VBP Pilot to 1 – 2 additional regions. In 2016, the Albany Promise Cradle to Career partnership began working with the NYS DOH around a county-based pilot to: screen all children between the ages of 0 and 3 with a standard developmental screening tool; refer all children who screen as developmentally off-track to appropriate care, including most specifically Early Intervention; and track their progression through these systems of care until they enter school ready to learn. This project is a VBP pilot project, enabling bonus payment for participants who reach certain quality indicators.*

- **Implementation Complexity:** Medium
- **Implementation Timeline:** Short Term
- **Required Approvals/Systems Changes:** Administrative Action
- **Cross-sector Collaboration Component:** Yes
- **Net Cost to State:** \$2,220,000

# Pilot and Evaluate Peer Family Navigators in Multiple Settings (#20)

*This proposal would develop, implement and evaluate a number of pilots that would provide peer family navigator services in community settings outside of the acute care physical health system. DOH would develop an RFP and make grant funds available to support a total of 5 pilots across the state (two upstate, three downstate) of the following types of sites (family homeless shelters, supportive housing, community mental health clinics, drug treatment programs, WIC offices, and existing Help Me Grow sites.)*

- **Implementation Complexity:** High
- **Implementation Timeline:** Long Term
- **Required Approvals/Systems Changes:** Administrative Action, NYS budget request
- **Cross-sector Collaboration Component:** Yes
- **Net Cost to State:** \$700,000

# Telemedicine Pilots (#23)

*Under this proposal OHIP would make available grant funds for infrastructure and training, and initial startup operations for up to five Medicaid managed care organizations that included high-risk pregnancies or children in their first 1,000 days of life in their telehealth innovation plans. OHIP would create a request for proposal for managed care organizations to apply for these funds.*

- **Implementation Complexity:** High
- **Implementation Timeline:** Long Term
- **Required Approvals/Systems Changes:** Administrative Action, NYS budget request, Data/IT Infrastructure
- **Cross-sector Collaboration Component:** Possibly – depends on managed care plan telehealth strategy
- **Net Cost to State:** \$500,000

## Pause for Discussion

- I. Provide a specific edit to *strengthen* the proposal
- II. Provide a bullet to the benefits section
- III. Provide a bullet to the concerns section

Or clarifying question

# Proposal Ranking Tool & Process

Kate Breslin and Jeff Kaczorowski (Vice-Chairs)

## Immediate Next Steps

Send any of the following to Suzanne ([sbrundage@uhfncy.org](mailto:sbrundage@uhfncy.org)) by Friday, Nov 3

- I. Provide a specific edit to *strengthen* the proposal
- II. Provide a bullet to the benefits section
- III. Provide a bullet to the concerns section
- IV. Or ask clarifying question

## Next Steps

- I. **Editing:** Proposals are edited, based on today's input & comments by 11/3, and shared with workgroup
- II. **Voting:** Workgroup members receive online survey tool and are given at least 3 days to score each proposal on each of the 5 criteria
- III. **Analysis:** Scores compiled, relative agreement used to rank order proposals
- IV. **Reconvening:** Webinar to present analysis and discuss final 10-point plan

***Done by November 30***

# Voting/Analysis Process

- Online survey system (Poll Everywhere) link will be provided to all workgroup members
- Workgroup members will be asked to score each proposal on the 5 criteria on a scale of 1-5 for each criteria
- Detailed instructions will be provided explaining each criteria and the 1-5 voting scale for each criteria
- Proposals will be scored assessing the mean, median and variation for each criteria
- Each criteria for each proposal will then be assigned a rank (1-23) based on mean and variation
- A composite rank will be calculated based on the average of the five individual criteria ranks



# Closing

Nancy Zimpher, Co-Chair, First 1000 Days on Medicaid

# Contact Information

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