



First
1000 Days
on Medicaid

Welcome & Agenda

Chad Shearer, Vice President for Policy, United Hospital Fund

Raising a Hand via Webinar

- Currently all lines are muted
- We will pause periodically for comments
- Click on the hand graphic to “raise your hand”
- During discussion periods we will unmute individuals with raised hands for comments and questions
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Meeting Agenda

Agenda Items	Time	Duration
1. Welcome and Agenda	12:30pm	10 mins
2. Chairs' Welcome and Updates	12:40pm	15 mins
3. DOH Welcome and Update	12:55pm	15 mins
4. Implementation Progress and Next Steps	1:10pm	20 mins
5. Discussion	1:30pm	30 mins
6. Vice Chairs' Update on First 1,000 Days Interest	2:00pm	10 mins
7. Discussion	2:10pm	15 mins
8. Closing	2:25pm	5 mins

Welcome

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

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

Reminder that improving child outcomes is a
collective responsibility

DOH Welcome & Update

Donna Frescatore, Medicaid Director and Executive Director, NY State of Health





Implementation: Progress & Next Steps

Kalin Scott, Director, Medicaid Redesign Team

First 1,000 Days on Medicaid: 10-Point Plan

Final Rank	Proposal Description
1	Proposal 17 - Braided Funding for Early Childhood Mental Health Consultations
2	Proposal 10 - Statewide Home Visiting
3	Proposal 1 - Create a Preventive Pediatric Clinical Advisory Group
4	Proposal 4 - Expand Centering Pregnancy
5	Proposal 2 - Promote Early Literacy through Local Strategies
6	Proposal 14 - Require Managed Care Plans to have a Kids Quality Agenda
7	Proposal 5 - New York State Developmental Inventory Upon Kindergarten Entry
8	Proposal 20 - Pilot and Evaluate Peer Family Navigators in Multiple Settings
9	Proposal 18 - Parent/Caregiver Diagnosis as Eligibility Criteria for Dyadic Therapy
10	Proposal 16 - Data System Development for Cross-Sector Referrals

First 1,000 Days on Medicaid 10-Point Plan:

-  Specific and laser focused on improving outcomes and access to services for children in their first 1000 days
-  Focused on what is doable in the near-term
-  Affordable
-  Implementable through Medicaid levers

First 1K Days Project Management Approach

- DOH and state agency partners coordinate on project management of First 1K Days on Medicaid implementation
- Each initiative has a designated state lead and project team
- Excel based project template defines project tasks, timelines and progress
- Regular check in meetings allow leads to report updates on recent activity, highlight accomplishments and troubleshoot challenges
- Project management process will continue through implementation of each initiative

#17 Braided funding for Early Childhood Mental Health Consultations

- This is a proposal for OHIP to convene a design committee with colleagues in the Office of Mental Health, Office for People with Developmental Disabilities, Office of Alcoholism and Substance Abuse Services, 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
 - Identify potential funding sources
 - Identify a strategy for allocating revenues and expenditures by categorical funding source
 - Test feasibility of new funding approach
 - Coordinate with OMH's Project TEACH



Project team currently researching existing models and identifying agency partners for design committee

#10 Statewide Home Visiting

- This proposal is for New York Medicaid to take several significant steps to ensure the sustainability of home visiting in New York so every child and pregnant woman who is eligible and desiring of the services receives them
 - Convene a workgroup to identify opportunities for increased Medicaid payment for evidence-based, evidence-informed, and promising home visiting programs
 - Engage NY State Education Department to explore scope of practices that would allow non-clinician home visits to be billable
 - Design and launch a pilot project in 3 high perinatal risk communities to scale up evidence-based home visiting programs using a risk stratification approach to match families to a home visiting program (or potentially other community-based health supports) that best fits their needs and eligibility
- ☑ Project team working with state agency partners on identifying high perinatal risk communities; cataloguing existing efforts statewide; researching models in other states; identifying work group membership and meeting dates


#1 Create a Preventative Pediatric Care Clinical Advisory Group

- This proposal is to convene a clinical advisory group charged with developing a framework model for how best to organize well–child visits/pediatric care in order to implement the Bright Futures Guidelines (the American Academy of Pediatrics standard of care)
 - Identify barriers, incentives, and new system approaches for doing what is expected of pediatricians as identified by Bright Futures
 - The group would make recommendations to the New York Medicaid program on how to work with managed care organizations and providers to turn its implementation guidance into routine practice
 - The end goal of addressing these structural components of well–child visits/pediatric practice is to ensure that all children visiting primary care receive the most effective care possible



First work group meeting held 5/29; meetings to work toward final recommendations will continue through the fall

#4 Expand Centering Pregnancy

- This proposal is for Medicaid to support a pilot project in the neighborhoods/communities of poorest birth outcomes 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
 - The model is designed to enhance pregnancy outcomes through a combination of prenatal education (gestational development, healthy behaviors) and social support
 - The state would contract with the Centering Healthcare Institute (CHI) to provide both training workshops for providers as well as on-going implementation support and technical assistance
 - The state should also ensure that implementation of the model also includes screening and referral for social determinants of health (environment, housing, educational attainment, etc.)
-  Project team has engaged with Centering Healthcare Institute and existing state sites, identified potential areas for implementation/expansion based on poor health outcomes, is working with state agency partners on program design for implementation

#2 Promote Early Literacy through Local Strategies

- This proposal is for Medicaid to launch one or more three-year pilots to expand the use of Reach Out and Read (ROR) in pediatric primary care and foster local cross-sector collaboration focused on improving early language development skills in children ages 0 – 3
 - NY Medicaid would provide three-year pilot funding to any interested mainstream managed care organization sufficient to conduct pilots covering up to 1,500 children age 0-3 per year
 - Primary care providers participating in the pilot would be required to complete the national ROR online CME training course and share data with national organization and managed care organization
- ✔ Project team will meet with national Reach Out and Read organization and existing New York sites in June to support program design for implementation

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

- Under this proposal, the Department of Health would develop a two–year effort to improve managed care plan performance on children and perinatal health care quality measures
 - Develop a two–year common PIP for all Medicaid managed care plans called the "Kid's Quality Agenda"
 - Each plan would be required to develop, implement and evaluate a supplementary intervention that aims to address the three focus areas; each PIP would be evaluated by the External Quality Review Organization which would publish a compendium of PIP abstracts per CMS requirements
 - To encourage Medicaid managed care plans to adequately invest in the Kid's Quality Agenda PIPs, DOH would provide an extra one measure's worth of points (currently 3.03 points) in calculating the Quality Incentive program results, for any plan that was in the 90th percentile on all three of related measures in that program (well–child visits first 15 months, timeliness of prenatal care, and postpartum care)
 - An additional one bonus point in the Quality Incentive program calculation would be available to any plan that effectively engaged non–health sector community based organizations in its intervention (as validated by the External Quality Review Organization)
- ✔ Project team is in process of designing PIP approach, will be engaging with MCOs in the near term, and will also consult on design with the Preventive Pediatric Care Clinical Advisory Group

#5 New York State Developmental Inventory Upon Kindergarten Entry

- Under this proposal, the State Education Department, Medicaid, and other partners would agree upon a measurement tool to assess child development upon Kindergarten entry
 - A standardized measurement tool at kindergarten entry would enable:
 - 1) population–level tracking of trends over time in child development;
 - 2) assessment of how policy and programmatic changes are possibly affecting child development; and
 - 3) identification of areas (e.g. whether regions of the state, areas within child development) in need of improvement, investment, and policy change



During week of 5/29, SED project team distributed short survey on current screening/assessment usage across NYS – information collected will guide stakeholder discussions and next steps to determine need and scope of Statewide Development Upon Kindergarten Entry; stakeholders to be convened in Fall 2018


#20 Pilot and Evaluate Peer Family Navigators in Multiple Settings

- This proposal would develop, implement and evaluate a total of nine pilots that would provide peer family navigator services
 - The first set of sites would evaluate the use of peer family navigator services in community settings outside of the acute care physical health system
 - An additional pilot with four sites would focus on family health navigation services in primary care offices
 - DOH would conduct internally or contract externally for a qualitative and quantitative evaluation of the pilots



Project team is interviewing stakeholders, working to define pilot scope, funding and evaluation strategy

#18 Parent/ Caregiver Diagnosis as Eligibility Criteria for Dyadic Therapy

- This proposal is for Medicaid to allow providers to bill for the provision of evidence–based parent/caregiver–child therapy (also called dyadic therapy) based solely on the parent/caregiver being diagnosed with a mood, anxiety, or substance use disorder
 - Develop list of evidence-based dyadic treatment models eligible for payment
 - Issue guidance to plans and providers explaining expanded eligibility criteria for dyadic therapy
-  Project team is working with Medicaid policy team to research similar policies and approaches in other states and design approach for implementation in New York

#16 Data System Developmental for Cross-Sector Referrals

- Under this proposal, Medicaid would direct competitive grant funds to at least 3 communities for the purchasing of a Medicaid–determined hub–and–spoke data system that enables screening and referrals across clinical and community settings
 - Create data infrastructure to support service referrals and document connections
 - 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 at least 3 communities (if fiscally feasible grants would ideally be available to two urban, two suburban and two rural communities)
- ☑ Project team researching existing community level efforts in NYS, and working with related SDH and VBP efforts to align pilot design strategy

Questions?

First 1,000 Days: Growing Interest

Kate Breslin, Vice-Chair, First 1,000 Days on Medicaid

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

Growing Interest and Outreach



Creation of First 1,000 Days Florida & growing interest in North Carolina, Massachusetts, New Jersey and Connecticut



DOH calls with counterparts from Oregon



Georgetown Center for Children and Families state advocacy webinar on June 26, 12:00pm – 1:30pm



Ongoing conversations with foundations on how they can support First 1,000 Days

Questions?

Closing

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

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

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