

New York State's First 1,000 Days on Medicaid

Presented by
Schuyler Center for Analysis and Advocacy
United Hospital Fund
NYS Department of Health Medicaid
The Children's Agenda
The Albany Promise



June 26, 2018

Objective:

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- Participants understand special role that NYS Medicaid plays for our youngest children and how recent efforts are trying to leverage that to achieve better outcomes across sectors and lifespan.

Welcome/Introductions

Tricia Brooks

Georgetown Center for Children and Families

Kate Breslin

Schuyler Center for Analysis and Advocacy





**Grounding the work in the data:
Medicaid & children in NYS**

Chad Shearer, *United Hospital Fund*

Context—Children in NY Medicaid

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- Medicaid covers 43% of all children under age 21 in New York State
- Children account for 37% of all NYS Medicaid Enrollees
- Most, but not all, children are in managed care
- VBP only applies to children in managed care

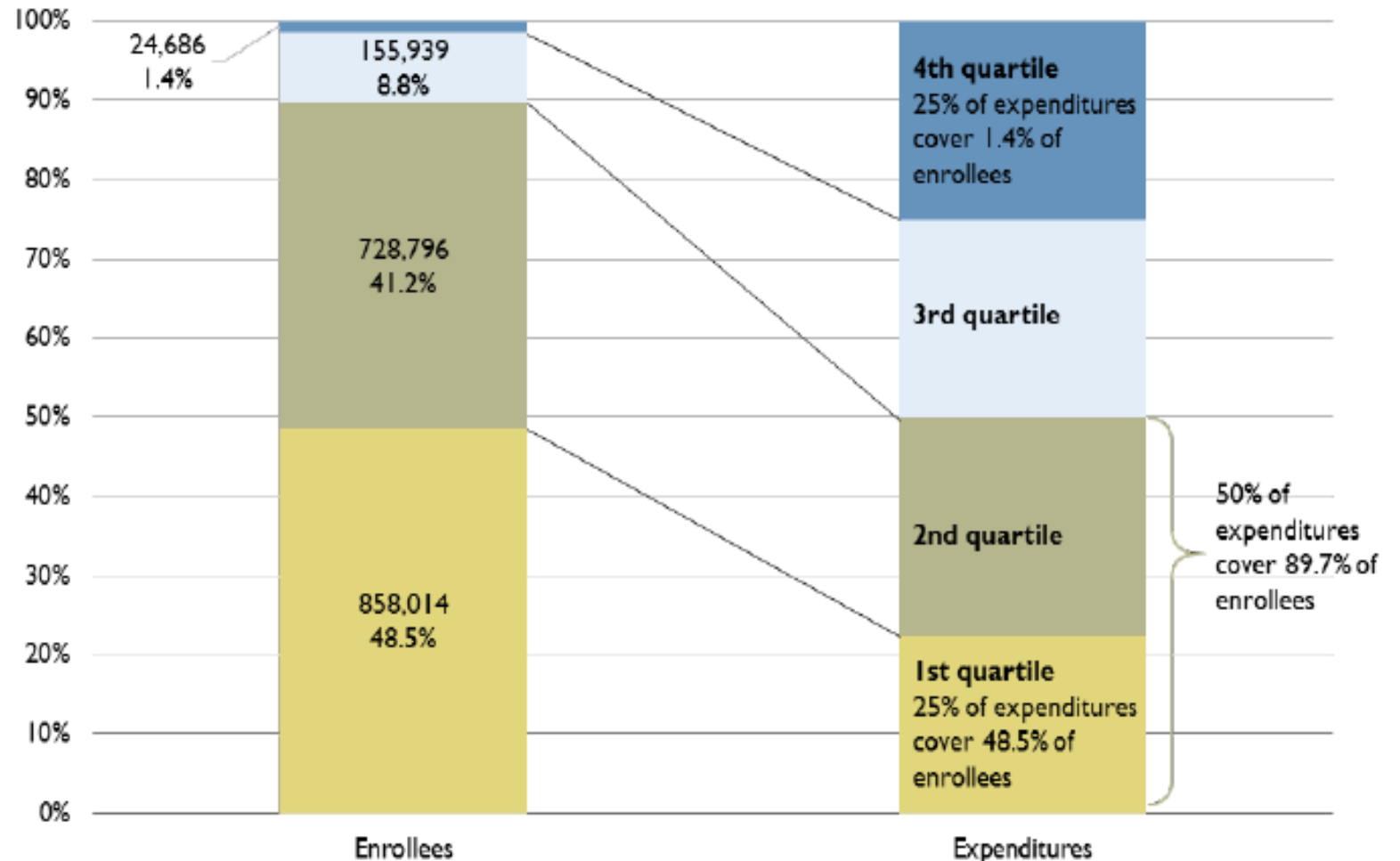
Enrollment Aug 2017	2,259,071
Managed Care	2,037,665
Fee For Service	221,406
Age Breakdown	Under age 1 – 6%
	1-4 – 22%
	5-9 – 26%
	10-13 – 18%
	14-17 – 17%
	18-20 – 11%

Sources: New York State Medicaid Program Enrollment by Month – Health Data NY;
Census Bureau American Fact Finder ACS Demographic and Housing Estimates;
United Hospital Fund Understanding Medicaid Utilization for Children in New York State.

Population Segmentation by Expenditure Quartiles

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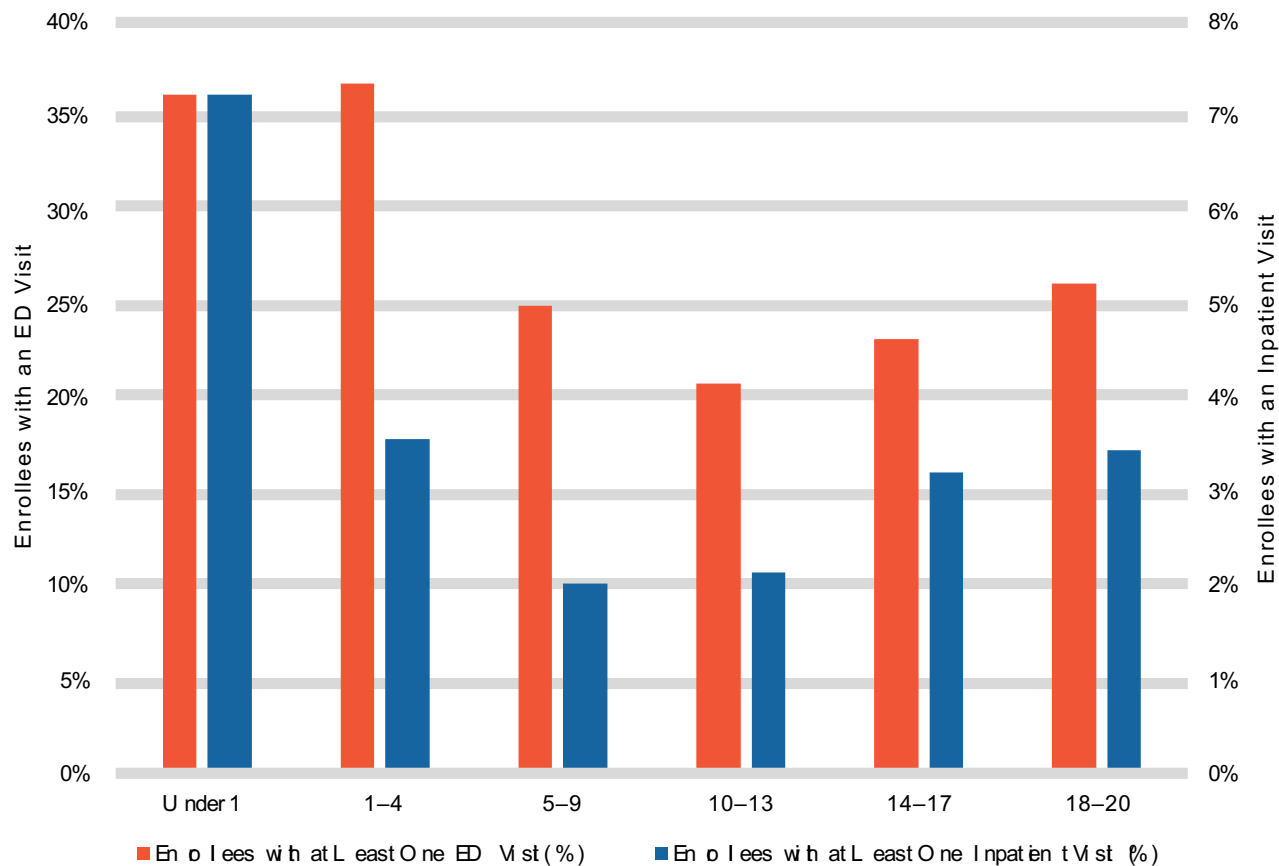
- 90% of Children averaged only \$2400 annual expenditure in 2014
- High-cost children have a range of conditions (e.g., DD, BH, complex chronic conditions)
- Not all high-cost in one year remain high-cost next year



Source: United Hospital Fund Understanding Medicaid Utilization for Children in New York State.

Utilization for Children Varies by Many Factors

CE Children with at Least One Inpatient or ED Visit by Age Group, 2014



- Children have high utilization in the early years, especially primary care and hospitalizations for asthma and gastroenteritis
- In the teen years utilization rises mostly due to behavioral health conditions
- Primary care utilization decreases with age

Source: United Hospital Fund Understanding Medicaid Utilization for Children in New York State.

Children Are Not Just Small Adults

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- Average expenditure per child \$6,900 less than for average adult
- Children use much less inpatient care, and have shorter stays than adults
- Diagnoses driving emergency and inpatient utilization differ greatly

2014*	Children	Adults
Expenditures	\$7.52 Billion	\$23.8 Billion
Enrollees w/ Inpatient Visit	5.8%	12.3%
Length of Stay	5.32 days	8.17 days
Emergency Visits / 1,000 Enrollees	487	648

Medicaid Matters

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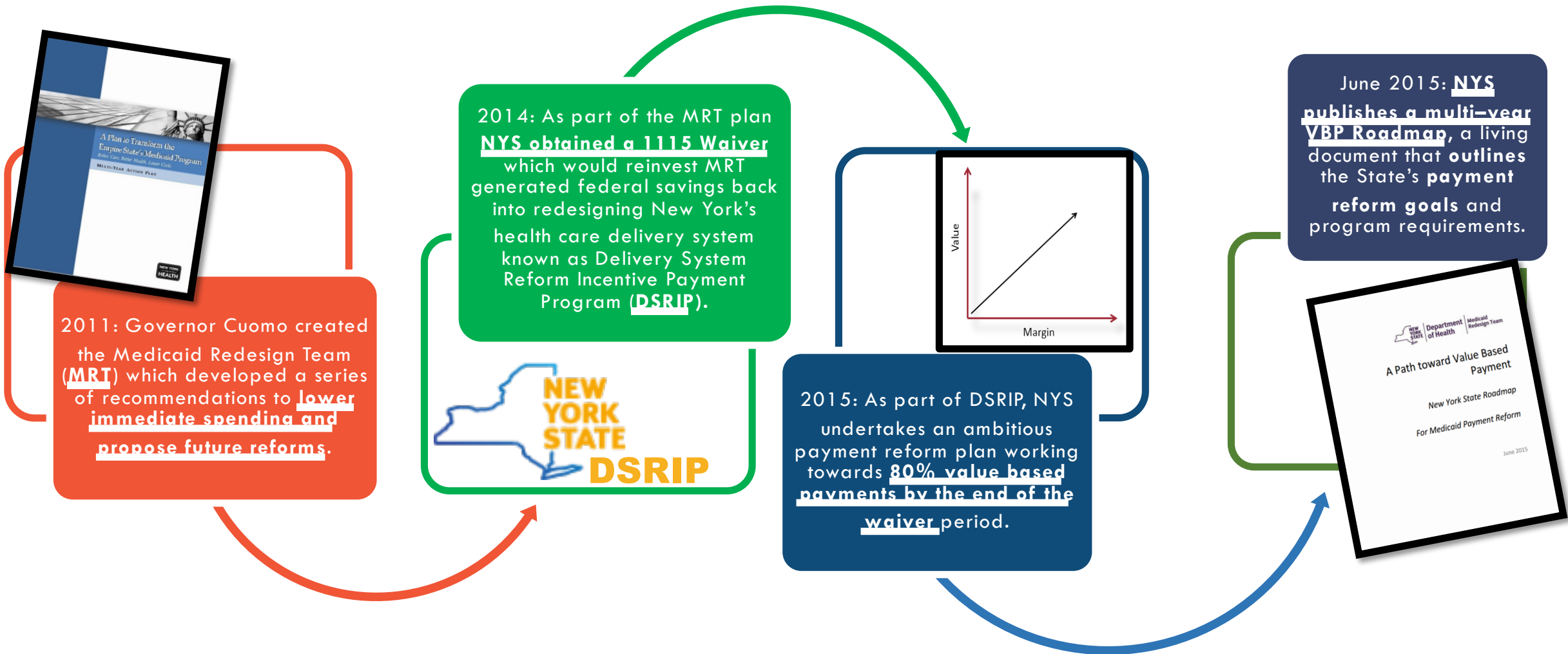
- Pregnant women depend on Medicaid. 51% of all births are covered by Medicaid
- Children rely on Medicaid. 48% of New York's children 0-18 are covered by Medicaid
- Children in their first 1,000 days of life depend on Medicaid. 59% of children 0-3 in NYS are covered by Medicaid

A healthcare professional in blue scrubs and glasses is examining a baby's chest. A woman with long dark hair is sitting next to the baby, looking on. The scene is set in a clinical or hospital environment.

Delivery system reform in NYS

Kalin Scott, *NYS Department of Health*

New York State Medicaid Transformation Since 2011



VBP Transformation: Overall Goals and Timeline

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Goal: To improve population and individual health outcomes by creating a sustainable system through integrated care coordination and rewarding high value care delivery.

VBP Pilots

New York State (NYS) Payment Reform

Towards 80-90% of Value Based Payments to Providers

Today

2017

2018

2019

2020

April 2017

April 2018

April 2019

April 2020

Performing Provider Systems (PPS) requested to submit growth plan outlining path to 80-90% VBP

≥ 10% of total Managed Care Organization (MCO) expenditure in Level 1 VBP or above

≥ 50% of total MCO expenditure in Level 1 VBP or above.
≥ 15% of total payments contracted in Level 2 or higher *

80-90% of total MCO expenditure in Level 1 VBP or above
≥ 35% of total payments contracted in Level 2 or higher *

* For goals relating to VBP level 2 and higher, calculation excludes partial capitation plans such as MLTC from this minimum target.



North Star Framework in NYS




Suzanne Brundage, *United Hospital Fund*

North Star Framework

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1. For general child population, value will be driven by emphasizing quality and long-term outcomes, not cost-cutting in areas where investment may already be insufficient

2. Need clear child-focused goals and outcomes to drive systems change

United Hospital Fund Value-Based Payment for Kids: Goals, Indicators, & High-Value Primary Care Strategies, by Age			
	Preterm to 1 Month	1 Month to 1 Year	1 Year to 5 Years
	Overarching "North Star" Goals		
	Optimal birth outcomes for mother and child	Optimal physical health and a secure attachment with a primary caregiver	Optimal physical health and developmentally on track at school entry
	Key Indicators		
	<ul style="list-style-type: none"> • Birthweight <2500 grams • Preterm births • Severe maternal morbidity 	<ul style="list-style-type: none"> • On-target developmental and social-emotional screens • Reported cases of abuse and neglect 	<ul style="list-style-type: none"> • On-target developmental and social-emotional screens • ED visits for unintentional injury • Expulsions/suspensions • Kindergarten readiness using standardized tool (aspirational) • Reported cases of abuse and neglect
	High-Value, Often Underutilized Primary Care Strategies		
	<p>Early and regular prenatal care visits including:</p> <ul style="list-style-type: none"> • Birth spacing/contraceptive use counseling • Breastfeeding encouragement • Care transition plan for use by obstetrician, newborn nursery and primary care doctor • Screening/treatment for preterm birth risks and tobacco/substance use <p>Co-located/integrated behavioral health services</p> <p>Screening/referrals for:</p> <ul style="list-style-type: none"> • Adverse Childhood Experiences (ACEs) • Social determinants of health • Domestic violence/personal safety • Maternal depression <p>Enhancing parental skills through evidence-based education/home visitation programs</p> <p>Seamless information exchange between women's health and child health providers</p>	<p>Regular well-child visits including:</p> <ul style="list-style-type: none"> • Developmental screenings in four domains: motor, language, cognitive, and social emotional • Weight/nutrition/physical activity counseling • Early Intervention referral <p>Co-located/integrated behavioral health services</p> <p>Screening/referrals for:</p> <ul style="list-style-type: none"> • ACEs • Social determinants of health • Domestic violence/personal safety • Maternal depression <p>Enhancing parental skills through evidence-based education/home visitation programs</p> <p>Seamless information exchange between women's health and child health providers (when mother is primary caregiver of child)</p>	<p>Regular well-child visits including:</p> <ul style="list-style-type: none"> • Developmental screenings in four domains: motor, language, cognitive, and social emotional • Weight/nutrition/physical activity counseling • Early Intervention referral • Dental screening/treatment • Eye and hearing examination/referral • Vaccinations <p>Co-located/integrated behavioral health services</p> <p>Screening/referrals for:</p> <ul style="list-style-type: none"> • ACEs • Social determinants of health <p>Enhancing parental skills through evidence-based educational programs</p> <p>Management/treatment of chronic conditions</p>

North Star Framework (cont.)

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3. Child health best measured by outcomes across child-serving sectors

4. Primary care can drive change, especially in earliest years of life

5. Brain science tells us social determinants and family systems must be included



Value-Based Payment for Kids: Goals, Indicators, & High-Value Primary Care Strategies, by Age

6 Years to 10 Years	11 Years to 14 Years	15 Years to 21 Years
 Overarching "North Star" Goals		
Staying healthy and strengthening social, emotional and intellectual skills	Staying healthy and coping effectively with challenges of early adolescence	Staying healthy and able to succeed in the world of work, school, and other adult responsibilities
 Key Indicators		
<ul style="list-style-type: none"> • Average daily school attendance • Hospitalization for asthma • Obesity • Positive screens for depression/anxiety • Grade progression • Standard 3rd-grade reading scores 	<ul style="list-style-type: none"> • Average daily school attendance • Hospitalization for asthma • Obesity • Positive screens for depression/anxiety • Tobacco/substance use 	<ul style="list-style-type: none"> • Algebra 1 Regent passing • Hospitalization for asthma • Obesity • Positive screens for depression/anxiety • Tobacco/substance use • Cohort graduation • Post-secondary enrollment • Pregnancy, ages 15-17
 High-Value, Often Underutilized Primary Care Strategies		
Regular well-child visits including: <ul style="list-style-type: none"> • Weight/nutrition/physical activity counseling • Dental screening/treatment Co-located/integrated behavioral health services	Regular adolescent visits including: <ul style="list-style-type: none"> • Weight/nutrition/physical activity counseling • Health care self-management/health literacy education • Vaccinations Co-located/integrated behavioral health services	Regular adolescent visits including: <ul style="list-style-type: none"> • Weight/nutrition/physical activity counseling • Health care self-management/health literacy education • Vaccinations Co-located/integrated behavioral health services
Screening/referrals for: <ul style="list-style-type: none"> • ACEs • Social determinants of health • Behavioral health risks Enhancing parental skills through evidence-based educational programs	Screening/counseling/referrals for: <ul style="list-style-type: none"> • ACEs • Social determinants of health • Behavioral health risks Enhancing parental skills through evidence-based educational programs	Screening/counseling/referrals for: <ul style="list-style-type: none"> • ACEs • Social determinants of health • Behavioral health risks Management/treatment of chronic conditions
Management/treatment of chronic conditions	Management/treatment of chronic conditions	Management/treatment of chronic conditions

A photograph of two young children, one Black and one white, smiling. The Black child is on the left, wearing a striped shirt. The white child is on the right, wearing a white shirt. The background is plain white.

First 1,000 Days' Cross-sector Model: Why and How

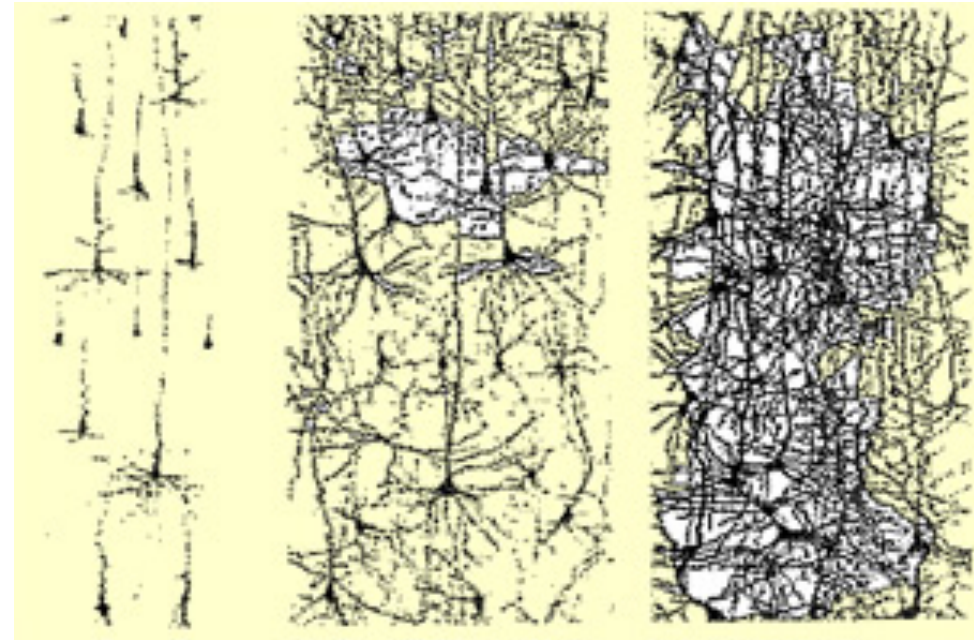
Jeff Kaczorowski, M.D., *The Children's Agenda*

Juliette Price, *The Albany Promise*

Holding Two Truths in Our Minds

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Truth 1: A child's brain develops rapidly in the first 3 years of life, and we know what kinds of interventions can help or hinder this process.



Synapses (Connection between brain cells) at birth, 3 months, and 2 years

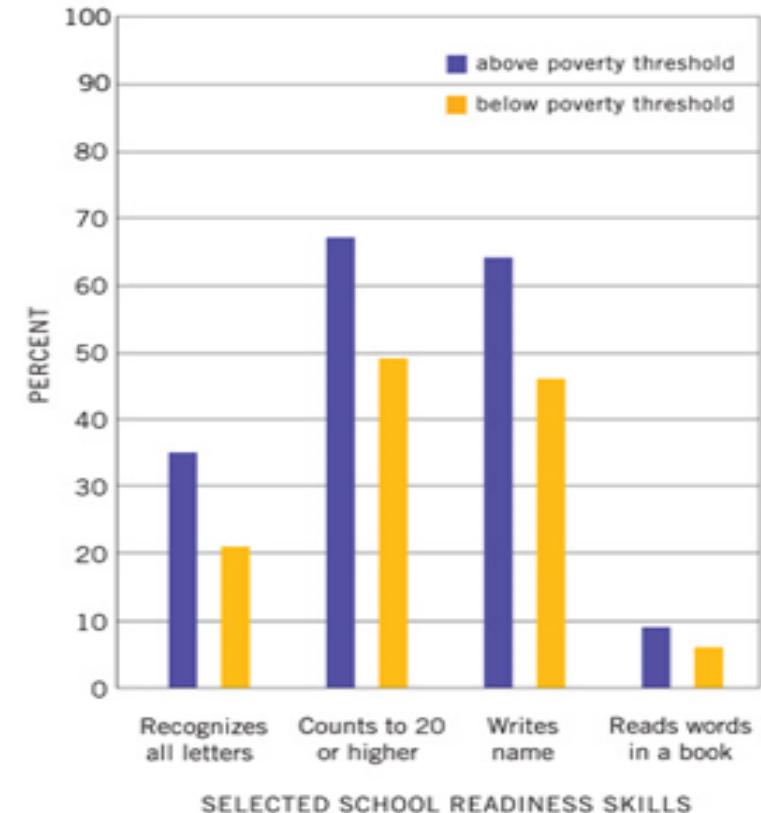
Holding Two Truths in Our Minds

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Truth 2: Early experiences' effect on the brain and body partially explain significant disparities in health and learning by school entry – especially for children living in poverty.

Nationally, about 40% of 5-year-olds enter kindergarten not ready for school.

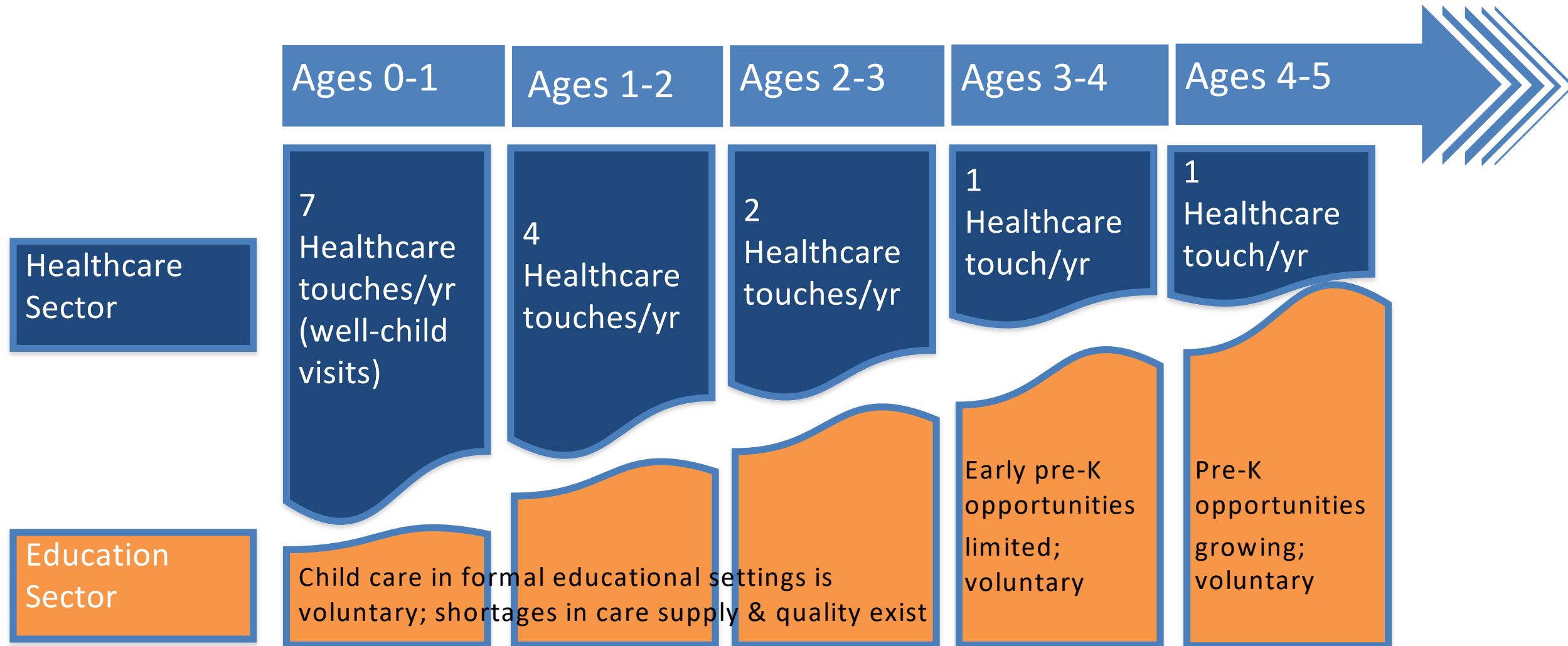
Percentage of Children Ages 3–6 With Selected School Readiness Skills, by Poverty Status



Source: O'Donnell, Kevin. Parents' Reports of the School Readiness

Healthcare Uniquely Positioned for Impact

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How X-Sector Leads to Population-Level Impact

19



2.2M children on Medicaid

Policy changes at the state level are made informed by what works in local communities when sectors partner together



Engagement across sectors builds understanding of the complexity and buy-in that solutions must be developed across sectors



Local cross-sector collaborations have deep understanding of problem & can test new ways of doing things quickly & without much risk

Social Determinants of Health

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- NYS Medicaid recognizes the outsized role that SDOH play in health outcomes and now requires that health care providers and payers address at least one social determinant of health when they enter into certain value-based payment arrangements.





First 1,000 Days Principles and Process

Kate Breslin, Schuyler Center for Analysis and Advocacy

Cross-Sector Participation

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Engage and benefit from diversity of perspectives

- Leadership from education and higher ed
- Participation from child care, child welfare, community-based orgs., philanthropy, public health, mental health
- Expectation that participants would work and be heard

Overarching Charge & Principles

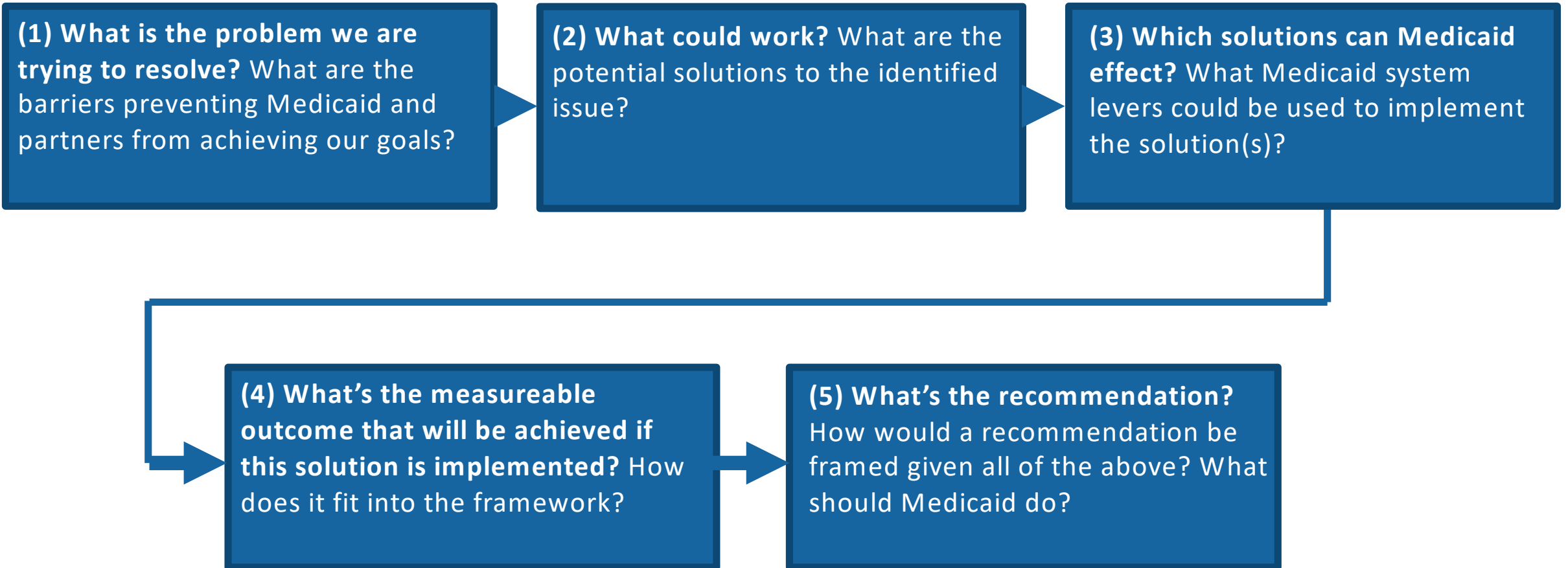
23

Develop a 10-point plan for how Medicaid can improve health/development of children ages 0 to 3 that is:

- **Affordable** – Reasonable cost to state Medicaid
- **Cross-sector** – Collaboration beyond health care
- **Feasible** – Able to be implemented in near term through Medicaid levers
- **Evidence-based** – Proposed interventions or approaches are backed by strong evidence
- **High Impact** – Likely to improve children’s “North Star” goals, reduce disparities, and encourage systems change

Pathway to Creating a Recommendation

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Where We've Been

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- Initial brainstorm period yielded over 300 suggestions
- Suggestions were grouped into 14 thematic areas with different potential approaches
- Based on discussion of those 14 thematic areas, 23 concrete and detailed proposals were developed
- 23 proposals were strengthened based on workgroup input
- All workgroup members were invited to score the proposals in a robust voting process



Voting Structure

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Part 1: Scoring based on five criteria areas:

- Affordability
- Cross-sector
- Feasibility
- Evidence-base
- Overall Impact



Part 2: Ranking of proposals in order of preference

Voting Response

- 93 completed responses

Final Rank	Proposal Description	Subjective Rank	Composite Score Rank	Individual Scale Score Rank				
				Cost	Cross-Sector	Feasibility	Strength of Evidence	Overall Impact
1	Proposal 17 - Braided Funding for Early Childhood Mental Health Consultations	2	1	13	1	10	4	4
2	Proposal 10 - Statewide Home Visiting	1	4	22	4	5	1	1
3	Proposal 1 - Create a Preventive Pediatric Clinical Advisory Group	4	2	16	19	4	2	2
4	Proposal 4 - Expand Centering Pregnancy	2	5	1	7	1	12	7
5	Proposal 2 - Promote Early Literacy through Local Strategies	7	3	11	11	2	5	5
6	Proposal 14 - Require Managed Care Plans to have a Kids Quality Agenda	8	6	3	10	7	16	12
7	Proposal 5 - New York State Developmental Inventory Upon Kindergarten Entry	9	7	7	9	13	8	9
8	Proposal 20 - Pilot and Evaluate Peer Family Navigators in Multiple Settings	5	12	20	3	8	10	6
9	Proposal 18 - Parent/Caregiver Diagnosis as Eligibility Criteria for Dyadic Therapy	6	13	21	20	3	3	3
10	Proposal 16 - Data System Development for Cross-Sector Referrals	10	10	12	5	18	14	9
11	Proposal 8 - Children's Regulatory Modernization Workgroup	13	11	5	17	6	20	17
12	Proposal 15 - Insure All Kids Task Force	17	8	6	8	11	15	14
13	Proposal 22 - Evaluate Healthy Steps Outcomes with Goal Towards Value-Based Payment	11	14	8	22	12	6	13
14	Proposal 3 - Task Force on Perinatal Care	18	9	2	12	9	17	21
15	Proposal 11 - Developmental Screening Registry Demonstration Project	12	16	9	6	22	18	16
16	Proposal 13 - Expand Value-Based Payment to Child Health Plus	15	15	4	16	14	21	15
17	Proposal 6 - Expansion of "Connections: A Value-Driven Project to Build Strong Brains" Project	14	18	23	2	16	12	8
18	Proposal 7 - Incentivize Use of Infant Mental Health-Endorsement Credential	16	19	19	13	21	11	11
19	Proposal 21 - Use of Neurosequential Model of Therapeutics for Traumatic Stress	20	17	17	15	20	7	17
20	Proposal 9 - Common Home Visiting Training	19	20	10	13	19	22	22
21	Proposal 19 - Increasing In-Office Detection of Elevated Blood Lead Levels	21	21	14	23	15	8	19
22	Proposal 23 - Telemedicine Pilots	22	22	18	18	17	19	20
23	Proposal 12 - Carve-In Fee-For-Service Early Intervention Payments into Medicaid Managed Care	23	23	15	21	23	23	23

* See appendix for additional score detail and summary information on top 10 proposals

First 1,000 Days on Medicaid principles, recommendations, and next steps/implementation

Suzanne Brundage, *United Hospital Fund*

Kalin Scott, *NYS Department of Health*



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

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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

Discussion/Questions



Appendix

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Additional information/links

Presenter contact information

Additional information about each of the 10 recommendations

Additional info/links

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- Recommendations (detail) and meeting materials from NYS **First 1,000 Days on Medicaid Workgroup**

https://www.health.ny.gov/health_care/medicaid/redesign/first_1000.htm

- Overview of First 1,000 Days in NYS Budget

http://www.scaany.org/wp-content/uploads/2018/02/1st1K_Budget_overview_02-18.pdf

- Data regarding Medicaid and children in NYS

<http://uhfnyc.org/publications/881143>

Contact information

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Chad Shearer, cshearer@uhfnyc.org

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

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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

Statewide Home Visiting (Proposal #10)

35

This proposal is for New York Medicaid to take several significant steps to ensure the sustainability of home visiting in New York including a workgroup to identify opportunities for increased Medicaid payment, exploring scope of practice changes with SED, launch a pilot project in 3 high perinatal risk communities to scale up evidence-based home visiting programs using a risk stratification approach.

- **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

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

36

This proposal is for Medicaid to convene a Preventive Pediatric Care 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.

- **Implementation Complexity:** Low
- **Implementation Timeline:** Short Term
- **Required Approvals/Systems Changes:** Administrative Action
- **Cross-sector Collaboration Component:** Yes

Expand Centering Pregnancy and Parenting (Proposal #4)

37

This proposal is that Medicaid support a two-year pilot project in neighborhoods 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. Additionally, NY Medicaid should 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

Promote Early Literacy through Local Strategies (Proposal #2)

38

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

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

39

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 Quality Assurance Reporting Requirements (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 QARR measures related to perinatal health.

- **Implementation Complexity:** Medium
- **Implementation Timeline:** Short Term
- **Required Approvals/Systems Changes:** Administrative Action
- **Cross-sector Collaboration Component:** Yes

New York State Developmental Inventory Upon Kindergarten Entry (Proposal #5)

40

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

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

41

This proposal would develop, implement and evaluate a number of pilots that would provide peer family navigator services in community and primary care settings. DOH would develop an RFP and make grant funds available to support a total of 9 pilots across the state at community sites (e.g. family homeless shelters, supportive housing, community mental health clinics, drug treatment programs, WIC offices, and existing Help Me Grow sites) and within primary care.

- **Implementation Complexity:** High
- **Implementation Timeline:** Long Term
- **Required Approvals/Systems Changes:** Administrative Action, NYS budget request
- **Cross-sector Collaboration Component:** Yes

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

42

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/caregiver being diagnosed with a mood, anxiety, or substance abuse disorder. Medicaid would also explore paying for evidence-based early childhood mental health-focused group parenting programs such as Triple-P.

- **Implementation Complexity:** Low
- **Implementation Timeline:** Short Term
- **Required Approvals/Systems Changes:** Administrative Action
- **Cross-sector Collaboration Component:** No

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

43

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