

## **New York's First 1,000 Days on Medicaid Initiative**

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NYS Community Action Association  
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[www.scaany.org](http://www.scaany.org) |

# Session Results

- Participants understand the role that Medicaid plays for NY's youngest & most vulnerable children
- Participants understand Medicaid's system reform, especially with regard to social determinants of health, and children and families
- Participants understand cross-sector and long-term value associated with investing early

**Medicaid:**  
It's all about  
the babies





**Pregnant women depend on Medicaid**

**51%** of all births are covered by Medicaid.



**Kids depend on Medicaid**

**48%** of New York's children 0-18 are covered by Medicaid.



**Children in their first 1000 days of life depend on Medicaid**

**59%** of kids 0-3 in New York are covered by Medicaid.

- Sources:
1. <http://www.kff.org/medicaid/state-indicator/births-financed-by-medicaid/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>
  2. U.S. Census Bureau, Population Division. Medicaid enrollment count as of December 2015.

# Children on Medicaid Have Better Outcomes

- Increases the rates of high school and college graduation
- Better health and lifetime outcomes for children
- Most important time for coverage is during pregnancy, infancy and early years
- We get the highest return for investments in improving SDH and human development

Source: <http://theincidentaleconomist.com/wordpress/medicaid-is-good-for-children-and-makes-them-better-adults/>



- We won't be able to help kids without a focus on the social determinants of health (SDH)
- These include poverty, unequal access to health care, poor environmental conditions, educational inequities.
- SDH disproportionately affect poor and minority children.
- We must work cross-system to address these issues.

# NY Medicaid

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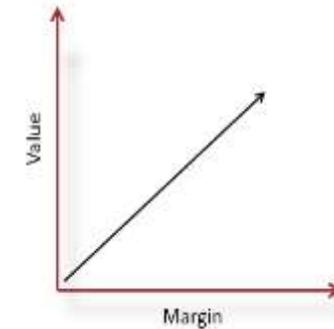
- Covers many low-income parents; when parents have coverage, children are more likely to get the care they need.
- Supports the safety net to ensure that children and families can get the care they need from pediatricians, behavioral health specialists, dentists, community clinics, hospitals, etc.
- Ensures that families with children who have disabilities can get array of important services and supports.

# New York State Medicaid Transformation



2011: Governor Cuomo created the Medicaid Redesign Team (MRT) which developed a series of recommendations to lower immediate spending and propose future reforms

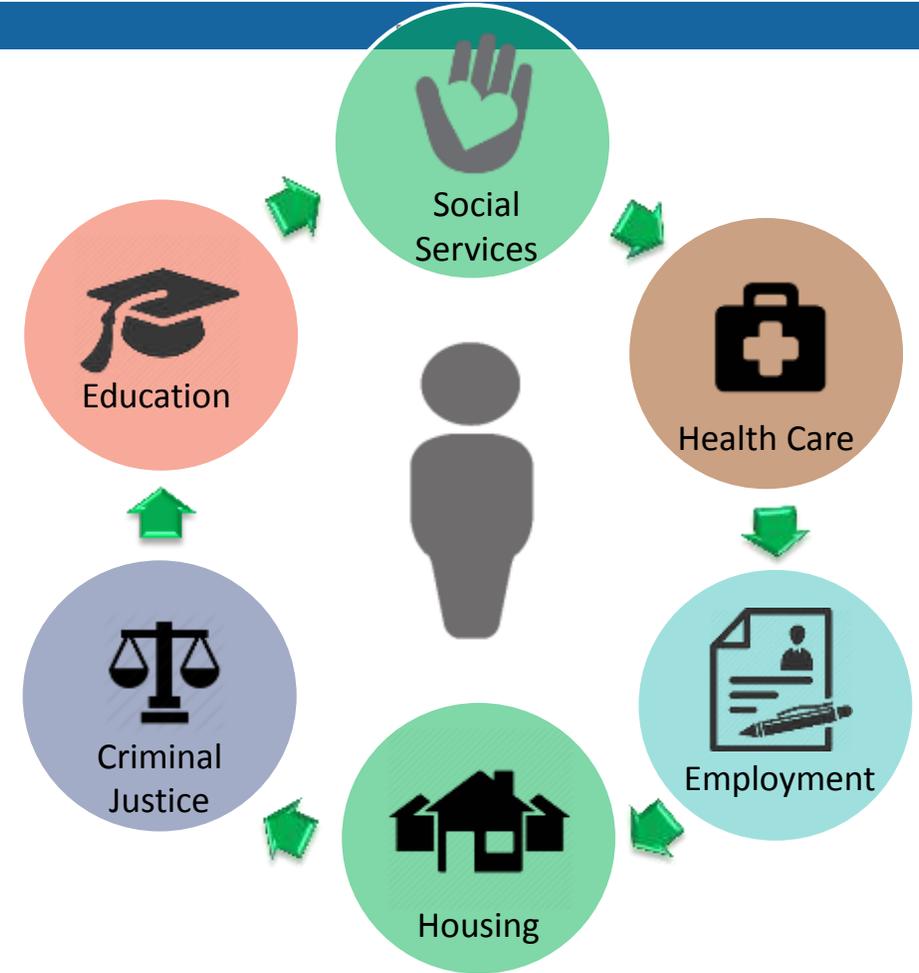
2014: As part of the MRT plan NYS obtained a 1115 Waiver which would reinvest MRT generated federal savings back into redesigning New York's health care delivery system known as **DSRIP**



2015: As part of DSRIP, NYS undertakes an ambitious payment reform plan working towards 80% value based payments by the end of the waiver period.

# DSRIP → VBP → Beyond: True System Alignment

- DSRIP and VBP break down siloes within health care and build relationships to other sectors
- NYS is thinking even more broadly about the systems that serve our communities
- NYS is developing an ecosystem designed to achieve the most important outcomes to a community
- VBP pilots, like Connections, are supporting transformation at a state level, and collaboration and a community level
- By 2020: 80-90% of all managed care payments are value-based



# Children's Advisory Group on VBP

- 75 stakeholders representing health care, early childhood, education sectors; 7 meetings in 2017-18
- Developed recommendations for a child-specific VBP model, measures and future work on children with medically complex needs
- Identified a specific set of measures to be applied to VBP arrangements for children in 2018
- Report available:  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/vbp\\_library/docs/2017-09-12\\_child\\_cag.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/vbp_library/docs/2017-09-12_child_cag.pdf)

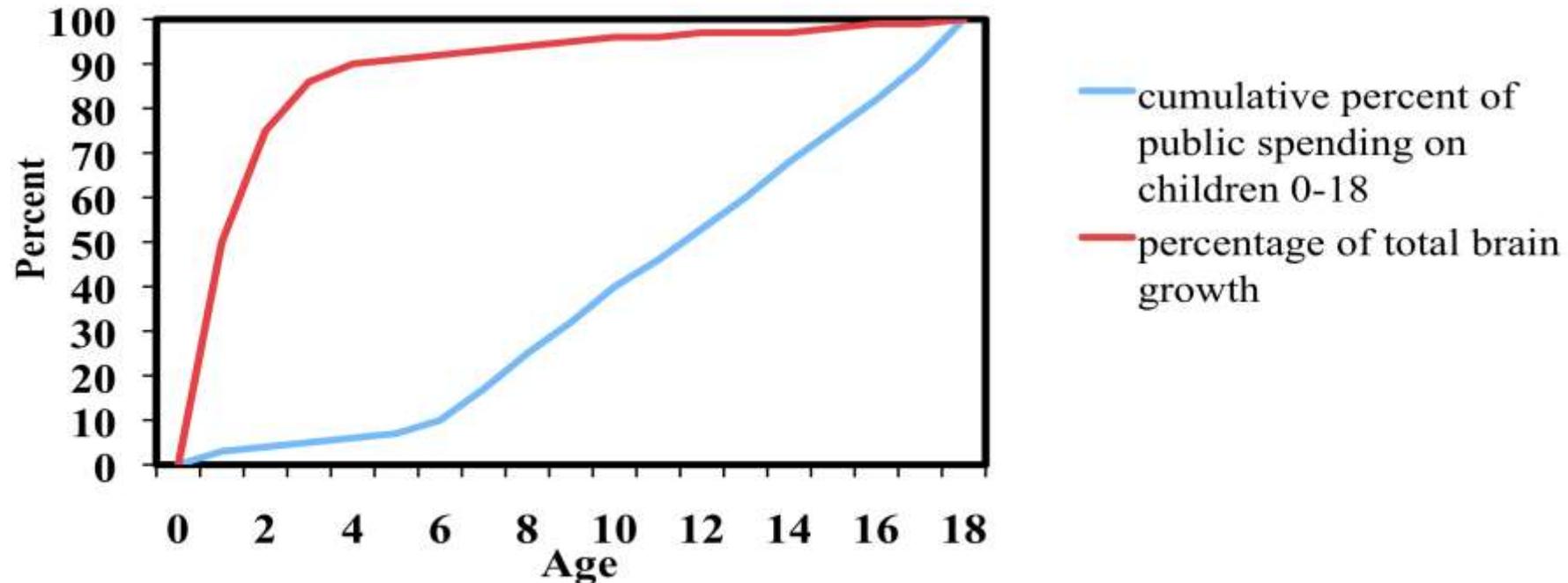


First  
1000 Days  
on Medicaid

# Early Childhood: the most important years are the most publicly under-funded

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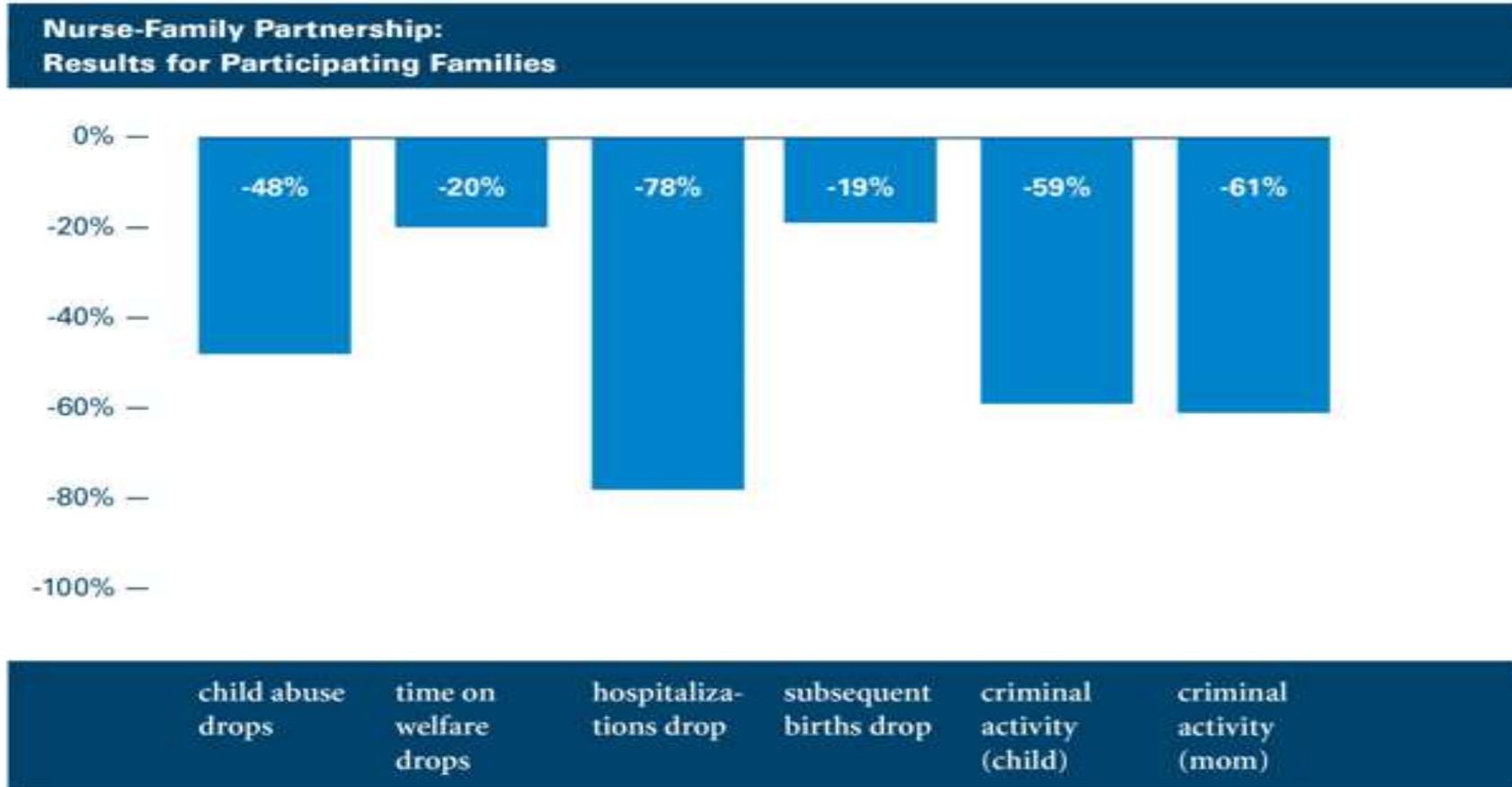
Rand: Brain growth versus public expenditures on children ages 0-18.



90% of public expenditures are after age 5, after up to 90% of brain development has occurred. *New York Times*: In 2008, federal & state govts spent more than \$10,000 per K-12 child per year. By contrast, 3-5 year-olds = \$5,000, and children 0-3 = \$300/year.

# Potential life-long impact:

## For example, evidence-based home visitation



# 1st 1K Days Work Group Leadership

## Co-Chairs:

**MaryEllen Elia**, *Commissioner*

*New York State Education Department*

**Nancy Zimpher**, *Chancellor,*

*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*

# 1<sup>st</sup> 1K Days Principles

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- Intentionally broad and cross-sector representation– health, child development, education, child welfare, family strengthening
- Focus on evidence-based interventions/programs
- Build on existing programs/services that exist
- Use of data to measure success
- Outcomes-focused above all!

## First 1,000 Days Executive Budget Proposal \$ in millions

		FY 18-19	FY 19-20
<b>1</b>	Braided Funding for Early Childhood Mental Health Consultations		
<b>2</b>	Statewide Home Visiting	\$0.5	\$2.0
<b>3</b>	Preventive Pediatric Care Clinical Advisory Group		
<b>4</b>	Expand Centering Pregnancy	\$0.1	\$0.4
<b>5</b>	Promote Early Literacy through Local Strategies	\$0.1	\$0.2
<b>6</b>	Require Managed Care Plans to have a Kids Quality Agenda		
<b>7</b>	Developmental Inventory Upon Kindergarten Entry		
<b>8</b>	Pilot and Evaluate Peer Family Navigators in Multiple Settings	\$0.2	\$1.1
<b>9</b>	Parent/Caregiver Diagnosis as Eligibility Criteria for Dyadic Therapy	\$0.4	\$1.8
<b>10</b>	Data System Development for Cross–Sector Referrals	\$0.1	\$0.3
	<b>TOTAL</b>	<b>\$1.4</b>	<b>\$5.8</b>

Additional detail is available at [https://www.health.ny.gov/health\\_care/medicaid/redesign/first\\_1000.htm](https://www.health.ny.gov/health_care/medicaid/redesign/first_1000.htm)

DOH will begin implementation of these initiatives 4/1/18; implementation costs begin 1/1/19

Source: NYS Department of Health; February 2018

# 1<sup>st</sup> 1K Days in Budget

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- Recommendations of the workgroup embraced by the State – DOH, SED, OMH, Governor
- Included in State of the State
- Included in Governor's Budget proposal:
  - \$2.9 million (\$1.45 million State) in 2018-19
  - Projected \$11.6 million (\$5.8 million State) in 2019-20

# 1<sup>st</sup> 1K Days on Medicaid

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- For details on the recommendations and the meetings leading up to them, go to the Department of Health website:

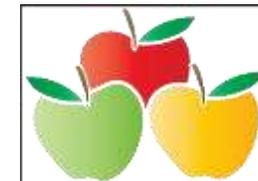
[https://www.health.ny.gov/health\\_care/medicaid/redesign/first\\_1000.htm](https://www.health.ny.gov/health_care/medicaid/redesign/first_1000.htm)

- The Schuyler Center for Analysis and Advocacy has posted a brief overview of the First 1,000 Days on Medicaid proposals at [www.scaany.org](http://www.scaany.org)

# Planting the 1<sup>st</sup> 1K Days Seeds

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We should think of the budget investment as the planting of a seed. Not enough to fully implement all First 1K Days, but a significant step forward toward making sure that Medicaid focuses on our youngest and most vulnerable children and families. If we don't plant the seed, we won't taste the fruit. And in the context of a \$4 billion dollar plus budget deficit and significant threats from the federal level, the seed is significant.



# Now it is up to the Legislature

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- Find your NYS Senator and NYS Assembly Member by putting your address in at the NYS Board of Elections website:  
<https://www.elections.ny.gov/district-map/district-map.html>
- NYS Senate Member Directory <https://www.nysenate.gov/senators-committees>
- NYS Assembly Member Directory <http://nyassembly.gov/mem/>

# We'd love to hear from you!

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