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:

- 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

- 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

<table>
<thead>
<tr>
<th>Enrollment Aug 2017</th>
<th>2,259,071</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managed Care</td>
<td>2,037,665</td>
</tr>
<tr>
<td>Fee For Service</td>
<td>221,406</td>
</tr>
</tbody>
</table>

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.
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

- 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

- 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

<table>
<thead>
<tr>
<th>2014*</th>
<th>Children</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditures</td>
<td>$7.52 Billion</td>
<td>$23.8 Billion</td>
</tr>
<tr>
<td>Enrollees w/ Inpatient Visit</td>
<td>5.8%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Length of Stay</td>
<td>5.32 days</td>
<td>8.17 days</td>
</tr>
<tr>
<td>Emergency Visits / 1,000 Enrollees</td>
<td>487</td>
<td>648</td>
</tr>
</tbody>
</table>

*Data limited to children and adults continuously enrolled in New York Medicaid in 2014

Source: United Hospital Fund Understanding Medicaid Utilization for Children in New York State.
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.
New York State Medicaid Transformation Since 2011

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 Delivery System Reform Incentive Payment Program (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.

June 2015: NYS publishes a multi-year VBP Roadmap, a living document that outlines the State’s payment reform goals and program requirements.
**Goal**: To improve population and individual health outcomes by creating a sustainable system through integrated care coordination and rewarding high value care delivery.

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal 1</th>
<th>Goal 2</th>
<th>Goal 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>≥ 10% of total Managed Care Organization (MCO) expenditure in Level 1 VBP or above</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td></td>
<td>≥ 50% of total MCO expenditure in Level 1 VBP or above. ≥ 15% of total payments contracted in Level 2 or higher *</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td></td>
<td></td>
<td>80-90% of total MCO expenditure in Level 1 VBP or above ≥ 35% of total payments contracted in Level 2 or higher *</td>
</tr>
</tbody>
</table>

* 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
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.
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
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

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
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.
Healthcare Uniquely Positioned for Impact

<table>
<thead>
<tr>
<th>Ages 0-1</th>
<th>Ages 1-2</th>
<th>Ages 2-3</th>
<th>Ages 3-4</th>
<th>Ages 4-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Healthcare touches/yr (well-child visits)</td>
<td>4 Healthcare touches/yr</td>
<td>2 Healthcare touches/yr</td>
<td>1 Healthcare touch/yr</td>
<td>1 Healthcare touch/yr</td>
</tr>
</tbody>
</table>

Child care in formal educational settings is voluntary; shortages in care supply & quality exist

Early pre-K opportunities limited; voluntary

Pre-K opportunities growing; voluntary
How X-Sector Leads to Population-Level Impact

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

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.

2.2M children on Medicaid
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*

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

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

(1) What is the problem we are trying to resolve? What are the barriers preventing Medicaid and partners from achieving our goals?

(2) What could work? What are the potential solutions to the identified issue?

(3) Which solutions can Medicaid effect? What Medicaid system levers could be used to implement the solution(s)?

(4) What’s the measureable outcome that will be achieved if this solution is implemented? How does it fit into the framework?

(5) What’s the recommendation? How would a recommendation be framed given all of the above? What should Medicaid do?
Where We’ve Been

- 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

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

* 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

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

Additional information/links

Presenter contact information

Additional information about each of the 10 recommendations
Additional info/links

- 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](https://www.health.ny.gov/health_care/medicaid/redesign/first_1000.htm)

- Overview of First 1,000 Days in NYS Budget
  

- Data regarding Medicaid and children in NYS
  
  [http://uhfny.org/publications/881143](http://uhfny.org/publications/881143)
Contact information

Kate Breslin, kbreslin@scaany.org
Suzanne Brundage, sbrundage@uhfny.org
Jeffrey Kaczorowski, Jeffrey_Kaczorowski@URMC.Rochester.edu
Juliette Price, jcprice@albany.edu
Kalin Scott, kalin.scott@health.ny.gov
Chad Shearer, cshearer@uhfny.org
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
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)

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)

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
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)

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)

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
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
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)

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