




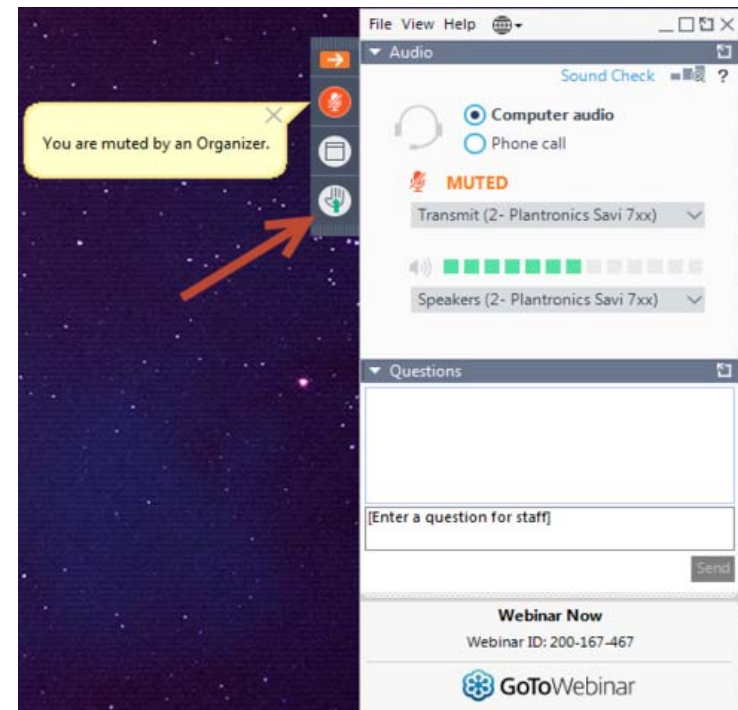
First
1000 Days
on Medicaid

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 this graphic  to “raise your hand”
- During discussion periods we will unmute individuals with raised hands for comments and questions
- You **must** have entered the **individual audio PIN** that was shown on your computer screen after joining in order for this function to work



Participating Without Webinar

- We cannot unmute lines unless you registered for the webinar and have entered an audio PIN
- If you are not on the webinar and would still like to participate, you can submit a comment or question to Suzanne:

Sbrundage@uhfnyc.org



Meeting Agenda

Agenda Items	Time	Duration
1. Welcome and Agenda	1:00pm	10 mins
2. Ten-Point Plan Recommendations Reveal	1:10pm	5 mins
3. Review of Process to Date	1:15pm	5 mins
4. Voting Process and Methodology	1:20pm	15 mins
5. Voting Results in Detail	1:35pm	15 mins
6. Comments from DOH	1:50pm	15 mins
7. Comments from SED	2:05pm	15 mins
8. Moving Toward Implementation	2:20pm	10 mins
9. Closing	2:30pm	5 mins

Ten-Point Plan Recommendation Reveal

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




First 1000 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

Review of Process to Date

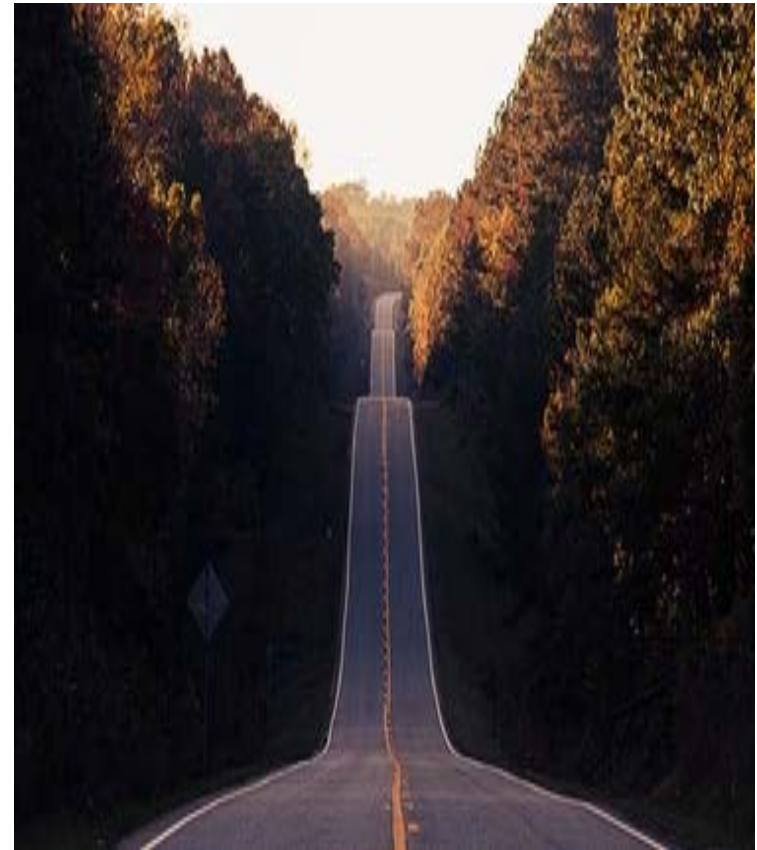
Kate Breslin, Vice-Chair, First 1000 Days on Medicaid

Initial Charge

-  The “First 1000 Days on Medicaid” initiative will be a collaborative effort, bringing together stakeholders to develop recommendations for a ten-point plan.
-  Builds off of the successful VBP Advisory Group on Children’s Health.
-  The group’s ten-point plan will focus on improving outcomes and access to services for children in their first 1000 days: the most crucial years of their development.

Where We've Been

- Kick-off discussion on August 7th set the foundation for idea generation
- 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 Process & Methodology

Chad Shearer, Vice President for Policy, United Hospital Fund

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 (+1 partial completion)

Proposal Scoring Methodology

- Members scored each proposal on 5 criteria using a 1-5 (5 = best) scale to assess cost, cross-sector, feasibility, strength of evidence, and overall impact
- Averages (means) for each individual proposal/criteria were calculated and ranked, sum of those averages created score-based rank (higher better)

Example

Proposal	Cost	Cross-Sector	Feasibility	Strength of Evidence	Overall Impact	Sum of Means	Score Rank
Proposal Y	3.74	4.12	3.51	3.96	3.95	19.28	1
Proposal X	3.94	3.79	2.65	2.64	3.24	16.26	2
Proposal Z	3.58	2.47	1.77	1.53	1.76	11.11	3

Proposal Subjective Ranking Methodology

- Members ranked each proposal in order of preference from 1-23 (1 being top preference)
- Average subjective rank was calculated (sum of all ranks/number of rankers) and ranked, with lowest average given a rank of 1 and highest average a rank of 23

Example

Proposal	Ranker A	Ranker B	Ranker C	Ranker D	Ranker E	Average Rank	Subjective Rank
Proposal X	1	2	2	1	3	1.8	1
Proposal Z	3	1	1	3	2	2.0	2
Proposal Y	2	3	3	2	1	2.2	3

Final Ranking Methodology

- Score rank and subjective rank were averaged to create final rank (lowest average ranked first)

Example

Proposal	Score Rank	Subjective Rank	Sum	Average	Final Rank
Proposal X	2	1	3	1.5	1
Proposal Y	1	3	4	2	2
Proposal Z	3	2	5	2.5	3

Methodological Considerations

- Criteria averages used to create score-based rank (as opposed to individual criteria ranks) to reflect total points that scorers attributed to each proposal
- Final subjective rank used average (mean) ranking, but analysis also looked at score based (rank of 1 worth more points than a rank of 2) and number of times each proposal appeared in rankers' top-ten, which produced nearly identical results
- Averaging the score rank and subjective rank provided the most comprehensive assessment of workgroup members relative agreement on the top 10 proposals

Questions?

Voting Results in Detail

Chad Shearer, Vice President for Policy, United Hospital Fund

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

Balance of Proposal “Types” and Areas of Focus

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

Cost Estimate Summary from Proposals (Draft)

Proposal	Cost Estimate (State)
#17: Braided Funding for Early Childhood Mental Health Consultations	-
#10: Statewide Home Visiting	\$2,016,200
#1: Create a Preventive Pediatric Clinical Advisory Group	-
#4: Expand Centering Pregnancy	\$388,125
#2: Promote Early Literacy through Local Strategies	\$193,556
#14: Require Managed Care Plans to Have a Kids Quality Agenda	-
#5: New York State Developmental Inventory Upon Kindergarten Entry	-
#20: Pilot and Evaluate Peer Family Navigators in Multiple Settings	\$1,140,000
#18: Parent/Caregiver Diagnosis as Eligibility Criteria for Dyadic Therapy	\$1,878,940
#16: Data System Development for Cross-Sector Referrals	\$250,000
Total	\$5,866,821



DOH Comments

Jason Helgerson, Deputy Commissioner and Medicaid Director, NYSDOH

SED Comments

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

NYS Board of Regents Early Childhood Blue Ribbon Committee

Presentation of Final Recommendations

Monday, December 11 or

Tuesday, December 12

Agenda with specific timing and webcast details will be available at:

<http://www.regents.nysed.gov/meetings>



WEBCAST

Questions?

Moving Toward Implementation

Jeffrey Kaczorowski, Vice-Chair, First 1000 Days on Medicaid

Guiding Principles

- **Stay focused on improved outcomes for children and families**
- Approach work with a race, equity, and inclusion lens
- Implement activities consistent with National Culturally and Linguistically Appropriate Services Standards
- Leverage existing collective impact ‘tables’ or other community efforts
- Include families/caregivers and ground-level CBO’s in final design and implementation
- Keep the goal of building family capacity at the center of the work
- Use evidence to drive implementation decisions

Guiding Principles (Con't)

- Learn from the implementation process and use lessons to inform future policy and structural changes (e.g. future model contract changes)
- Seek synergies amongst the ten-point plan projects and with other efforts (e.g., SED Blue Ribbon Commission, ECAC, Children's VBP, etc.)
- Leverage pilots and activities to strengthen systems of care, including family systems
- Continue to educate providers, policymakers, and the public about the importance of the first 1,000 days of life

Mile Markers on Road to Implementation

- NYS Board of Regents Early Childhood Blue Ribbon Committee final recommendations will be made public during December 11-12 Board of Regents meeting
- OHIP and SED will work internally to identify synergies between proposals, developing an evaluation plan, and beginning immediate implementation for no-cost budget proposals
- Workgroup will reconvene via webinar in January or February for an implementation update

How You Can Help

(1) Send by Friday, December 8 additional feedback on:

- Cross-sector opportunities missed in the ten-point plan proposals
- Thoughts on what you would consider successful implementation of the ten proposals and how success should be measured
- Any glaring omissions in the ten proposals (without changing overall scope)

(2) Volunteer to join an Evaluation Workgroup that will provide advice to DOH and SED on measuring the Ten-Point Plan.

(3) Offer reflections on the process to date.

All comments can be sent to Suzanne at sbrundage@uhfnyc.org

Questions?

Closing

Nancy Zimpher, Chair, First 1000 Days on Medicaid

Contact Information

Chad Shearer

Vice President for Policy
Director, Medicaid
Institute

cshearer@uhfnyc.org

(212) 494-0793

@chadeshearer

Suzanne Brundage

Program Director,
Children's Health
Initiative

sbrundage@uhfnyc.org

(212) 494 - 0729

@suzbrundage

Join the conversation on twitter: #First1KDaysNY @NewYorkMRT

Appendix

Final Rank	Proposal Description	Subjective Rank Mean (Average)	Sum of Score Means (Averages)	Individual Score Mean (Average)				Overall Impact
				Cost	Cross-Sector	Feasibility	Strength of Evidence	
1	Proposal 17 - Braided Funding for Early Childhood Mental Health Consultations	8.022	19.312	3.742	4.129	3.516	3.968	3.957
2	Proposal 10 - Statewide Home Visiting	6.054	18.323	1.774	3.957	3.677	4.516	4.398
3	Proposal 1 - Create a Preventive Pediatric Clinical Advisory Group	8.793	19.138	4.755	3.777	4.000	3.000	3.606
4	Proposal 4 - Expand Centering Pregnancy	8.022	18.245	3.532	2.617	3.723	4.277	4.096
5	Proposal 2 - Promote Early Literacy through Local Strategies	9.783	18.553	3.883	3.340	3.766	3.883	3.681
6	Proposal 14 - Require Managed Care Plans to have a Kids Quality Agenda	11.815	17.763	4.484	3.495	3.624	2.796	3.366
7	Proposal 5 - New York State Developmental Inventory Upon Kindergarten Entry	11.457	17.634	4.237	3.548	3.204	3.226	3.419
8	Proposal 20 - Pilot and Evaluate Peer Family Navigators in Multiple Settings	9.022	16.613	2.258	4.054	3.613	3.054	3.634
9	Proposal 18 - Parent/Caregiver Diagnosis as Eligibility Criteria for Dyadic Therapy	9.054	16.548	2.161	2.527	3.742	4.097	4.022
10	Proposal 16 - Data System Development for Cross-Sector Referrals	12.989	17.022	3.839	3.871	2.935	2.957	3.419
11	Proposal 8 - Children's Regulatory Modernization Workgroup	12.043	16.806	4.419	3.097	3.634	2.462	3.194
12	Proposal 15 - Insure All Kids Task Force	13.098	17.548	4.355	3.656	3.409	2.806	3.323
13	Proposal 22 - Evaluate Healthy Steps Outcomes with Goal Towards Value-Based Payment	11.707	16.505	3.989	2.430	3.366	3.387	3.333
14	Proposal 3 - Task Force on Perinatal Care	13.457	17.149	4.628	3.298	3.585	2.660	2.979
15	Proposal 11 - Developmental Screening Registry Demonstration Project	11.815	16.290	3.946	3.796	2.656	2.645	3.247
16	Proposal 13 - Expand Value-Based Payment to Child Health Plus	12.989	16.473	4.473	3.140	3.183	2.376	3.301
17	Proposal 6 - Expansion of "Connections: A Value-Driven Project to Build Strong Brains" Project	12.424	15.452	1.634	4.118	3.151	3.000	3.548
18	Proposal 7 - Incentivize Use of Infant Mental Health-Endorsement Credential	13.011	15.312	2.806	3.258	2.860	3.011	3.376
19	Proposal 21 - Use of Neurosequential Model of Therapeutics for Traumatic Stress	15.391	16.022	3.505	3.215	2.871	3.237	3.194
20	Proposal 9 - Common Home Visiting Training	14.946	15.140	3.914	3.258	2.903	2.237	2.828
21	Proposal 19 - Increasing In-Office Detection of Elevated Blood Lead Levels	15.435	15.118	3.699	1.860	3.172	3.226	3.161
22	Proposal 23 - Telemedicine Pilots	16.272	14.495	3.000	2.882	3.000	2.613	3.000
23	Proposal 12 - Carve-In Fee-For-Service Early Intervention Payments into Medicaid Managed Care	20.217	11.129	3.581	2.473	1.774	1.538	1.763

Braided funding for Early Childhood Mental Health Consultations (Proposal #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

Statewide Home Visiting (Proposal #10)

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
- **Net Cost to State:** \$2,016,200

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
- **Net Cost to State:** Negligible – staff time for convening and managing group

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
- **Net Cost to State:** \$388,125

Promote Early Literacy through Local Strategies (Proposal #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

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
- **Net Cost to State:** N/A – There is no state cost associated with this proposal

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
- **Net Cost to State:** N/A—the recommendation includes the selection/creation of a tool

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

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
- **Net Cost to State:** \$1,140,000

Parent/Caregiver Diagnosis as Eligibility Criteria for Parent-Child Therapy (Proposal #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/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
- **Net Cost to State:** \$1,878,940

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
- **Net Cost to State:** \$250,000