Attachment A: **TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS**

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**.
Please email completed templates by **January 15, 2016,** to MedicaidTransformation@hca.wa.gov with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

Contact Information	Siobhan Mahorter Business Development Manager, Nurse-Family Partnership National Service Office Siobhan.Mahorter@nursefamilypartnership.org, 206-715-4035 *Which organizations were involved in developing this project suggestion?* Benton-Franklin Health District Jefferson County Public Health Kitsap Public Health District Lewis County Public Health and Social Services Nurse-Family Partnership National Service Office Providence Health and Services Thurston County Public Health and Social Services
Project Title	Improving the health of high-risk mothers and their children, reducing health disparities, and saving Medicaid money through scaling of **Nurse-Family Partnership** services.

Rationale for the Project

- ***Problem statement – why this project is needed.***

When a young woman becomes pregnant before she's ready to take care of a child, the risk factors for the entire family escalate—often resulting in health disparities and poverty. In Washington an estimated 16,000 babies are born every year to first-time, low-income mothers[i]. Nurse-Family Partnership (NFP) is an evidence-based community health program for first-time, low-income moms and their babies with over 38 years of randomized controlled trial research proving its effectiveness.

Through home visits from registered nurses, beginning early in pregnancy until the child reaches age two, NFP clients receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become economically self-sufficient. NFP nurses build a trusting relationship, transferring knowledge and instilling confidence that empowers the mom to strive for and achieve a better life for herself and for her children.

- ***Supporting research (evidence-based and promising practices) for the value of the proposed project.***

Rigorous and independently validated evaluations of NFP's effectiveness have clearly demonstrated that NFP achieves significant and sustained outcomes for high-risk families. Ongoing evaluations of the NFP model, including three well-designed randomized controlled trials that began in 1977, 1988, and 1994 with different populations and geographies, have demonstrated that NFP achieves significant and sustained outcomes for high-risk families, including:

- 35% fewer cases of pregnancy-induced hypertension;
- 79% reduction in preterm delivery among women who smoke;
- Fewer subsequent births on Medicaid
- 31% reduction in very closely spaced (<6 months) subsequent pregnancies;
- 39% fewer health care encounters for injuries or ingestions in the first two years of life among mothers with low psychological resources;
- 48% reduction in state-verified reports of child abuse and neglect by child age 15;
- 56% reduction in emergency room visits for accidents and poisoning at age 2;
- 50% reduction in language delays by child age 21 months; and
- 67% reduction in behavioral and emotional problems at child age 6.

Based on a review of evidence from 30 NFP evaluation studies, including randomized controlled-trials, quasi-experimental studies and large scale replication data, the most current cost-benefit analysis predicts that when NFP is brought to scale, it can achieve the following outcomes in Washington[ii]:

- 27% reduction in smoking during pregnancy
- 31% reduction in pregnancy-induced hypertension
- 18% reduction in first preterm births (<37 weeks)

- 67% reduction in infant mortality (3.8 fewer infant deaths per 1,000 families served)
- 35% reduction in closely-spaced second births (within 2 years postpartum)
- 27% reduction in very closely-spaced second births (within 15 months postpartum)
- 25.8 fewer subsequent preterm births per 1,000 families served
- 14% increase in moms who attempt to breastfeed
- 42% reduction in emergency department use related to childhood injuries (ages 0-2)
- 35% reduction in child maltreatment (through age 15)
- 44% reduction in language delay
- 52% reduction in youth crimes and arrests (ages 11-17)
- 59% reduction in alcohol, tobacco & marijuana use (ages 12-15)
- 26% increase in full immunization status (ages 0-2)
- 8% reduction in TANF payments (through 9 years postpartum)
- 10% reduction in Food Stamp Payments (through 10 years postpartum)
- 8% reduction in person-months of Medicaid coverage (through 15 years post-partum)
- 6% reduction in costs if on Medicaid through age 18
- Subsidized child care caseload reduced by 4.0 children per 1,000 families served

- ***Relationship to federal objectives for Medicaid with particular attention to how this project benefits Medicaid beneficiaries.***

NFP is well aligned with federal Medicaid objectives and when coordinated with the client's medical home increases the efficiency and quality of care a client receives. The NFP model combines case management with preventive services, including ongoing health and psychosocial assessments and screenings; incidental direct services; early identification of problems with swift intervention; referral to and coordination of other care and services; and health education and guidance within the scope of practice of a registered nurse. Content of the home visits includes mother's and child's health; environmental health; maternal role & life course; health and human services needed; and developing a healthy support network. Specific areas of focus include (among others) interconception care; safe sleep practices; reduction in use of harmful substances; and breastfeeding.

NFP will result in improved maternal and child health outcomes, better care, smarter spending and healthier communities. Evidence shows that children and parents experience improvement in health and socio-economic status as a result of NFP home visiting. If every eligible Medicaid mother in Washington could count on the benefits of NFP, these women would be healthier (physically and mentally), better educated, and workforce-ready or working. Their children will be healthier, better prepared for school and at reduced risk for developing costly chronic health issues later in life. In addition Medicaid rolls will decrease. If brought to scale, especially in high-risk communities, NFP will have significant population-based impacts.

Project Description

Which Medicaid Transformation Goals are supported by this project/intervention? Check box(es)

- ✓ Reduce avoidable use of intensive services
- ✓ Improve population health, focused on prevention
- ✓ Accelerate transition to value-based payment
- ✓ Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)

- ✓ Health Systems Capacity Building
- ✓ Care Delivery Redesign
- ✓ Population Health Improvement – prevention activities

Describe:

- ***Region(s) and sub-population(s) impacted by the project. Include a description of the target population (e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders).***

NFP targets first-time (no previous live birth), low-income mothers and their children. Low-income is defined at a community level; most communities use Medicaid or WIC eligibility as a proxy for NFP eligibility, and this proposal focuses on serving Medicaid-enrolled women and their children. In Washington state, NFP currently has the capacity to serve approximately 1,938 families in 16 counties (Clark, Cowlitz, Franklin, Jefferson, King, Kitsap, Mason, Pierce, Skagit, Snohomish, Spokane, Thurston, Whatcom and Yakima). In taking NFP to scale the program's benefits could extend beyond families to impact entire communities.

- ***Relationship to Washington's Medicaid Transformation goals.***

NFP has been shown to reduce avoidable use of intensive services such as emergency rooms and improve population health through preventative case management and coordination of care. NFP is also effective at reducing Medicaid costs while improving client health. A recent study from the Center for American Progress found that an increased Medicaid investment in home visiting programs like NFP would save money while reducing infant mortality and premature births[iii].

- ***Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.***

Goals: NFP's primary goals are to achieve improved maternal and child health outcomes, better care, smarter spending and healthier communities. Additionally, scaling NFP to reach significantly more families in Washington can lower Medicaid costs through improving families' economic self-sufficiency and reducing unnecessary use of intensive services and emergency rooms. Evidence shows that children and parents experience improvement in health and socio-economic status as a result of NFP home visiting.

If every eligible Medicaid mother in Washington could count on the benefits of NFP, these women would be healthier (physically and mentally), better educated, and workforce-ready or working. Their children will be healthier, better prepared for school and at reduced risk for developing costly chronic health issues later in life. In addition Medicaid rolls will decrease. If brought to scale, especially in high-risk communities, NFP will have significant population-based impacts.

Intervention: Take NFP to scale and offer the program to every eligible mother by her 28th week of pregnancy. Specific interventions offered by NFP include (among others):

- Targeted Case Management services
- pre-natal screening for health, psychosocial, environmental, mental health and substance use risk
- postpartum health status assessments of the mother and the child (including immunizations)
- assessments of child growth and development milestones (including ASQ and ASQ-SE)
- maternal depression screening (Edinburgh or PHQ-9)
- assessments of mother-child interaction

Based on assessments and continuous reassessments completed during home visits, the NFP nurse develops and implements a care plan that is client-centered and reflects the needs of the client as well as the client's goals for herself. Referrals are made to needed medical, social, educational and other services as necessary. In turn, the nurse advocates for the client—and cultivates the client's self-efficacy to advocate for herself—to ensure the mother is able to access the services in the care plan. Care plans are updated as needed and coordinated with all involved care providers, including the client's health care provider, to ensure coordination and continuity of care.

In addition to these typical nursing assessments and case management activities, NFP nurses follow extensive Visit-to-Visit Guidelines for pregnancy, infancy and toddler home visits. These guidelines provide important structures and resources to enable the nurse to adapt the program to each family's needs while simultaneously ensuring that the program is delivered consistently and effectively with adherence to the model's core theoretical framework. Content for each visit focuses on the six domains of individual and family functioning.

- ***Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3.***

If every first-time mother on Medicaid was offered NFP directly, Washington would see community-level impacts on health, education and economic indicators (as laid out in the Transformation Goals alignment section).

- ***Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project.***
- **Nurse-Family Partnership National Service Office (NSO):** The NSO is a 501(c)(3) organization with the mission of helping communities implement and scale the NFP program. The NSO contracts with and provides support to Washington state and local agencies that deliver the NFP program, including:
  - Developing new programs: To support the development of high-quality sites, the NSO, through consultation with local communities and with the National Implementation Research Network (NIRN), has developed a robust implementation planning process which every agency must complete prior to becoming an Implementing Agency. This planning process guides the prospective agency toward a successful implementation.
  - Monitoring program quality and model fidelity: NSO collects and analyzes a wide range of data from NFP implementing agencies. Programs can compare their data over time and to statewide or national data.
  - Nursing support: NSO Nurse Consultants provide ongoing support to nurse supervisors and nurse home visitors in

improving the quality of their practice.

- **Department of Early Learning and Thrive WA:** The Department of Early Learning is the federal MIECHV grant recipient. DEL and Thrive jointly administer the Home Visiting Services Account (HVSA), which currently provides significant funding to NFP programs. Thrive provides training and technical assistance to home visiting programs and a State Nurse Consultant who provides clinical consultation to NFP programs throughout the state. DEL and Thrive have an in-depth understanding of NFP and will be an instrumental partner in scaling the program.
- **Local Implementing Agencies:** NFP in Washington is primarily implemented through local public health departments, except in Snohomish County where the program is operated by a non-profit (ChildStrive) and in Yakima County where the program is operated collaboratively by Yakima Memorial Hospital and Yakima Valley Farm Workers Clinic. ACHs will need to engage these agencies in order to expand the reach of NFP. Additionally, ACHs will have the opportunity to work with the NFP National Service Office and community partners to designate new implementing agencies, be it a public health department, non-profit, FQHC, visiting nurse service, hospital system or MCO.
- **Managed Care Organizations:** We envision that MCOs will need to be actively engaged to develop referral processes for eligible Medicaid clients and to ensure coordination between NFP and our clients' medical homes. Given the savings NFP accrues, an MCO may also take on the role of implementing agency or direct funder.

Core Investment Components

Describe:

- ***Proposed activities and cost estimates ("order of magnitude") for the project.***

Currently, NFP has the capacity to serve about 1,938 Washington families at any given time, which is about 12% of first-time, low-income mothers statewide. With a strong infrastructure and proven track record of providing quality services, NFP has the potential to have a greater impact on the overall health of communities by reaching a greater proportion of moms in need.

We propose a universal system that would automatically refer all first-time mothers on Medicaid to the NFP program as early in pregnancy as possible, and before their 28th week. The program will need to be scaled accordingly in order to accommodate these referrals, as explained in detail below. Currently NFP programs are only able to bill Medicaid for a small portion of the services they provide. Given the program's return on investment and the need for stable funding, we propose exploring value-based payment models or direct Medicaid billing options to sustain the programs.

In addition to the nurse-client relationship central to the NFP model, ACHs may assess specific population needs, such as behavioral health issues, cultural and language barriers, or specific health disparities. Based on this assessment, communities may elect to hire additional professionals to provide expertise to the nurse home visitors and their clients. These may include community health workers, social workers, behavioral health professionals, nutritionists, interpreters, etc.

- ***Best estimate (or ballpark if unknown) for:***
  - **How many people you expect to serve, on a monthly or annual basis, when fully implemented.**
  - **How much you expect the program to cost per person served, on a monthly or annual basis.**

A statewide scaling of the NFP program would serve approximately **10,472 families at any one time**—an increase of 8,462 families. This estimate is based on the assumption that 90% of eligible mothers would be referred to NFP with a universal Medicaid referral system, and that 50% of those mothers would choose to enroll. ACHs may elect to target more specific populations depending on the level of funding available (ex: teen populations, high-risk zip codes, income level, etc.). NFP in Washington state currently has an **average annual cost of $6,742 per family**, but this average cost may decrease as the program grows to scale. Below is a breakdown of NFP's growth potential and associated costs, by ACH.

Accountable Community of Health	Current Capacity (families)	Potential Capacity Growth (families)	Predicted Annual Cost
Better Health Together	150	888	$5,986,896
Cascade Pacific Action Alliance	252.5	670.5	$4,520,511
Greater Columbia	250	1458	$9,829,836
King	650	1620	$10,922,040
North Central	0	613	$4,132,846
North Sound	305	1185	$7,989,270
Olympic	75	334	$2,251,828
Pierce	175	1110	$7,483,620
SW Washington RHA	80	583	$3,930,586
State Total	1937.5	8461.5	$57,047,433

- ***How long it will take to fully implement the project within a region where you expect it will have to be phased in.***

In counties that already have NFP, the program could be expanded as soon as new staff are hired (2-4 months; potentially longer in areas facing nurse shortages or bilingual needs). In communities where NFP does not currently operate the NFP National Service Office has developed an implementation planning process that new agencies will need to complete (2-4 months). Once a nurse is hired it takes approximately 9 months to develop a full caseload of 25 clients (this may take less time with a universal referral system).

- ***The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.***

Independent studies have confirmed that NFP saves scarce public resources. Based on a review of evidence from 30 NFP evaluation studies, including randomized controlled-trials, quasi-experimental studies and large scale replication data, a 2013 cost-benefit analysis predicts that when NFP is brought to scale communities can see up to $4.52 in return for every dollar invested due to savings in social, medical and criminal justice expenditures (an estimated 55% of this return accrues to Medicaid)[iv].

A recent study from the Center for American Progress found that an increased Medicaid investment in home visiting programs like NFP would save money while reducing infant mortality and premature births.

The NFP National Service Office is currently developing a tool to estimate the short-term ROI to Medicaid programs. We expect this information to be available in February 2016 and will share this with HCA and Medicaid partners.

Project Metrics

The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps.

Wherever possible describe:

- ***Key process and outcome measures (and specific benchmark performance data if known) against which the performance of the project would be measured. Include priority measures sets described in the Waiver application http://www.hca.wa.gov/hw/Documents/waiverappl.pdf pages 46-47[v].***

Process measures:

- Screening for depression
- Assessment for Domestic Violence
- BMI assessment (adult and youth)
- Tobacco use assessment
- Developmental screening for infants and toddlers
- Environmental assessment

Outcome measures:

- Reductions in preterm births among NFP clients
- Improvements in healthy birth spacing
- Reductions in hospitalizations and ED visits related to childhood injury
- Improved compliance with immunization guidelines
- Reductions in hypertension among women who smoke
- Increases in mothers who attempt to breastfeed

- ***If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation?***

NFP monitors many of the same quality and outcome measures that integrated care models are accountable for on a regular basis through our Efforts to Outcomes data system, which all implementing agencies are required to use for tracking their own progress in implementation. Regularly-tracked performance data include: ED utilization, access to primary care, access to behavioral/mental health, developmental screening, well child visits in the first 15 months, birth weight, preterm births, timeliness and frequency of prenatal care, postpartum care, immunization status, depression screening, lead screening, BMI assessment, connection to community resources, and culturally/linguistically appropriate care. In areas where current data is inadequate, we encourage implementing agencies, MCOs and the state to work together to collect and evaluate that data during the scale-up process.

[i] Based on 2013 HCA Medicaid-Paid births data. An estimated 40% of Medicaid births are first-time births. http://www.hca.wa.gov/medicaid/firststeps/Documents/medicaid_status_births.pdf

[ii] Ted Miller, Ph.D., Pacific Institute for Research and Evaluation, *Nurse-Family Partnership Home Visitation: Costs, Outcomes, and Return on Investment*, April 30, 2013 and associated Return on Investment Calculator dated 5/5/2014. Updated state-specific data from a 2015 study is expected to be available in 2016.

[iii] Center for American Progress, *Paying it Forward Home Visiting Report,* https://cdn.americanprogress.org/wp-content/uploads/2015/10/30075012/HomeVisiting-reportB.pdf

[iv] Ted Miller, Ph.D., Pacific Institute for Research and Evaluation, *Nurse-Family Partnership Home Visitation: Costs, Outcomes, and Return on Investment*, April 30, 2013 and associated Return on Investment Calculator dated 5/5/2014. The national report is accompanied by a state-specific return on investment calculator that modifies national estimates to project state-specific outcomes and associated return on investment. The calculator is updated periodically to reflect major research updates.