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Project Title	<p><i>Create universal access across the state to evidence-based and -informed home visiting programs that build knowledge and skills for families with and/or anticipating young children to stop the intergenerational transition of ACEs, improve health outcomes for mothers and their children, and develop lasting connections to the health care system.</i></p>

Rationale for the Project	
<ul style="list-style-type: none"> ➤ <i>Problem statement – why this project is needed.</i> Over the past two decades, evidence has emerged about the connection of adverse events in childhood, particularly early childhood, and poor health & social outcomes over the lifespan. We are seeing further evidence that ACEs can be passed down generation to generation. We need to begin focusing on interventions that stop the intergenerational transition of ACEs at the root. Evidence-based home visiting programs provide the opportunity to do that. There are currently several communities across the state that participate in or coordinate home visiting programs. However, there isn't always a consistent communication and coordination structure in place across each region to facilitate sharing of resources and best practices, to collectively look at where the gaps exist in home visiting, and to strategically determine how to fill those gaps. Lastly, for the communities that are implementing home visiting programs, it has been a struggle to get delivery of the program, and associated services, paid for by Medicaid. ➤ <i>Supporting research (evidence-based and promising practices) for the value of the proposed project.¹</i> In order to respect the diversity of communities in the state, we propose a menu of home visiting programs be made available to every region. The five programs listed below all have evidence supporting improved health outcomes. This proposal would be able to leverage experiences community partners have already had in implementing home visiting to more easily scale and spread home visiting across the state. (Click on "Supporting Evidence" to see more on the research conducted for the programs) <ul style="list-style-type: none"> ❖ Nurse Family Partnership; Supporting Evidence ❖ Parents as Teachers; Supporting Evidence ❖ Parent Child Assistance Program (PCAP); Supporting Evidence ❖ HealthConnect One ❖ Family Spirit; Supporting Evidence ❖ Other home visiting programs with demonstrated impact: Providing an opportunity for individual communities to identify other home visiting models that fit with the needs of their unique population that include the core components of home visiting ➤ <i>Relationship to federal objectives for Medicaid with particular attention to how this project benefits Medicaid beneficiaries.</i> <ul style="list-style-type: none"> ✓ Increase and strengthen coverage of low income individuals: This project proposes to scale the availability of home visiting programs so that low-income mothers, children, and families can have universal access to these programs. ✓ Increase access to, stabilize, and strengthen provider networks available to serve Medicaid and low-income populations: By scaling up the availability of home visiting programs, this project will increase the opportunities for providers (from community health works to nurses to all providers and sponsors of home visiting programs) to be trained on delivering a variety of programs. One of the essential ways to better ensure universal access to home visiting is increase the capacity of regions to provide the programs. This waiver period will also be an opportunity to bring in new or different organizations to administer home visiting programs (e.g., Medicaid Managed Care Organizations [plans or BHOs]), which will create new access points for beneficiaries to be enrolled in the programs. ✓ Improve health outcomes for Medicaid and low-income populations: Certain home visiting programs have been linked to improved health outcomes for both mothers and their children. Many of those programs are included on our menu. Certain health outcomes that home visiting programs have affected include reduction in emergency room visits for accidents and poisoning, improvement in birth spacing, fewer cases of pregnancy-induced hypertension, and increases in full immunization status. Beyond that, home visiting programs are strongly linked to improved social outcomes for mothers and children, including building resilience in the family as a whole and the mitigating the instances and intergenerational transition of ACEs. ✓ Increase the efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks: This project specifically calls for universal access to home visiting so that the 	

quality of care can be increased for ALL eligible Medicaid beneficiaries in the state. Additionally, this project proposes to test payment and reimbursement models that could create more efficiency in the Medicaid system than currently exists for the coverage of home visiting delivery and associated services.

Project Description

Which Medicaid Transformation Goalsⁱⁱ 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*

Because this project proposes universal access to home visiting programs, the target populations for each intervention are listed below.

- ❖ Nurse Family Partnership: first-time low income mothers and their children through age 2
- ❖ Parents as Teachers: designed to serve families throughout pregnancy through kindergarten entry
- ❖ Parent Child Assistance Program (PCAP): Pregnant and parenting mothers with substance abuse disorders
- ❖ HealthConnect One: underserved, low-income pregnant women
- ❖ Family Spirit: Native American mothers and their children (beginning in pregnancy through the child's third birthday)

Several ACHs have partnered in designing this project (and have signed-on in support) including Cascade Pacific Action Alliance ACH and North Sound ACH, while others have expressed interest. Additionally, because there are other statewide entities that have funding to implement home visiting programs across the state, potentially all ACHs may want to take this on to leverage and build on current activities that already exist in their regions.

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

- ❖ Reduce avoidable use of intensive services: Many of the home visiting interventions listed for this project have resulted in decreased use of emergency department, particularly related to child injury. Additionally, many of the programs have shown reduction in preterm birth and high-risk pregnancies, which reduces the use of more intensive prenatal, labor, and delivery services.
- ❖ Improve population health, focused on prevention: Home visiting, in general, is a prevention-focused intervention. Not only do home visiting programs help parents build the parenting skills they need and want and create safe and resilient spaces for parents and their children, but they also connect families into the preventive health care system and help them understand the importance of preventive care and services.
- ❖ Accelerate transition to value-based payment: Right now, certain services related to the delivery of home visiting programs are billable to Medicaid but programs have struggled to get reimbursement. This project will provide an opportunity to explore how to bundle home visiting services into contracts that fall along the value-based payment continuum. Additionally, sustainability for these programs, particularly for the administration of the programs, could be tested by using a pay-for-success model, which would be a different approach to outcomes-based contracting for these preventive programs and services.
- ❖ Ensure Medicaid per-capita growth is below national trends: All programs on the menu have demonstrated a return-on-investment within the five year time period required under the waiver.

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

1. Goal: Universal access to home visiting programs throughout regions and communities to reduce the intergenerational transition of ACEs.
 2. Goal: Mothers, children, and families have the support and connections to the health system they need beginning in pregnancy to improve and sustain their mental and physical health.
 3. Goal: Traditional and innovative payment models support delivery of a variety of home visiting programs and health services related to utilizing home visiting programs.
- ❖ Programmatic interventions include the five home visiting programs listed on page 1 [*note: regions could choose to implement one or more interventions.*]; a variety of implementing organizations and providers will be considered and tested (including using community health workers to deliver programming to eligible beneficiaries).
 - ❖ Approaches to Regional Capacity-Building [*note: regions would individually select which of these approaches to pursue allowing for regional adaptation.*]: Create a regional network of home visiting program provider and coordinating entities to build the support for the programs and get services to beneficiaries in need
 - ❖ Approaches to developing value-based payment models for home visiting programs: Convene a multi-sector task force

for 12-18 months to develop a value-based payment roadmap specific to home visiting programs and services. This Task Force will also examine pay-for-success strategies that will sustain home visiting in communities after the completion of the waiver period.

- *Links to complementary transformation initiatives*
 - ❖ The [Department of Early Learning](#) currently has federal funding for home visiting that several communities receive. This proposal intends to complement and build on those efforts to create universal access to programs across the state.
- *Potential partners, systems, and organizations*
Accountable Communities of Health; Current and potential home visiting provider organizations, such as local health jurisdictions, community-based organizations, community health centers, and health care delivery systems; Thrive Washington; Department of Early Learning; Department of Health; Medicaid Managed Care Organizations, including MCO Health Plans and Behavioral Health Organizations; Foundation for Healthy Generations

Core Investment Components

Describe:

- *Proposed activities and cost estimates (“order of magnitude”) for the project.*
Beyond the costs of program implementation, if a region chooses to implement a regional infrastructure, this will include at least 1 FTE program manager per implementation year (Annual Cost: \$70,000-\$100,000 for salary, benefits, and indirects).
- *Best estimate (or ballpark if unknown) for:*
 - ❖ How many people you expect to serve, on a monthly or annual basis, when fully implemented.
When combining the eligibility criteria of all 5 programs listed, the general population you are looking at is mothers and children, up to age 5 who are enrolled in Medicaid. Because we are proposing universal access to home visiting, the following numbers include the amount of potential beneficiaries the project would serve versus more realistic numbers, based on the average rate (55% out of all those eligible) of uptake across all the programs.

	Mothers	Infants (<1 year)	Children (1-5 years)
Potential Served	41,456*	40,710**	211,927**
Realistic	22,800	22,390	116,559

*based on number of Medicaid births, 2014

**based on [Medicaid enrollment figures](#), 09/2015

- ❖ How much you expect the program to cost per person served, on a monthly or annual basis.
Depending on the program, the costs per family annually is between \$4000-\$5000
- *How long it will take to fully implement the project within a region where you expect it will have to be phased in.*
Training and capacity-building will be required to implement these programs across the region. Certain approaches to this project can begin immediately. Implementation of the home visiting interventions themselves will have to be phased in to full scale over a 12-18 month period as capacity is built up in the region.
- *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.*
According to the WSIPP studies on home visiting programs, Nurse Family Partnership saw a benefit to cost ratio of \$1.68 (2013). Parents as Teachers saw a benefit to cost ratio of \$3.39 (2014).

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:* Home visiting programs have produced outcomes specific to better health throughout pregnancy and for infants and toddlers. Using NFP as an example, this program has seen an 18% reduction in first preterm births, 42% reduction in ED use related to childhood injury, 8% reduction in person-months of Medicaid coverage (through 15 years post-partum), and 6% reduction in costs if on Medicaid through age 18.
- *If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation?*
Many of these home visiting programs are specific to certain populations. Evaluation efforts could look at effectiveness in different populations as programs are implemented in unique communities statewide.