

First 1,000 Days

MEDICAID'S UNIQUE ROLE IN EARLY CHILDHOOD ▶

Medicaid is uniquely positioned to identify and connect at-risk children (ages 0-3) in low-income families with needed health, developmental, and social services — increasing the odds that children get a good start in life.



Medicaid covers almost half of babies born in the United States and 40 percent of children



Publicly financed health care is the social institution most likely to have regular contact with children ages 0-3 in low-income families




Medicaid guarantees coverage for developmental screenings and other preventive care that is important for identifying concerns early

The First 1,000 Days of RItE Care

- Collaborative effort spearheaded by RI KIDS COUNT in close partnership with EOHHS/Medicaid
- Bringing together subject matter experts to explore **collaborative approaches** to maximize coordination and improve outcomes
- Charged with developing a set of recommendations to the Medicaid Director



Aligning Early Childhood & Medicaid

- Technical Assistance opportunity from 
- Improve **coordination and alignment** between Medicaid and early learning and development system
- Objectives:
 - Kickstart Medicaid's role in the **First 1,000 Days initiative**
 - Partner closely with **DHS, RIDOH, EOHHS, and DCYF**
 - Apply learnings from the Ecosystem **Child Maltreatment Prevention project**
 - Leverage **existing forums** and **structures** to drive collaboration

First 1,000 Days

- Proposed Approach:

- 1 Early and Periodic Screening, Diagnosis, and Treatment: Data analysis and performance improvement
- 2 Child Maltreatment Prevention: Develop strategies to engage children/families consistently missing well-child visits
- 3 Improve Alignment of Publicly Administered Health and Human Services: Create targeted strategies with sister agencies to align program administration and policy

EPSDT Project

1. Conduct analysis to benchmark performance relative to EPSDT schedule; engage providers and payers to ensure efficacy of analysis
2. Evaluate performance; identify and prioritize opportunities for targeted improvement; consider suggestions for adding to the EPSDT schedule
3. Define performance improvement activities and state levers for incentivizing/supporting performance improvement efforts
4. Develop guidance documentation for providers to a) assist with billing/coding and b) support referrals to existing developmental, health-related, or SDOH resources

Questions & Discussion