First 1,000 Days on Medicaid
Proposal #:
Contributor Name/Organization:

Proposal (Short Title):

Implementation Complexity: High/Medium/Low
Implementation Timeline: Short term/ Long term

Required Approvals/Systems Changes:

___ Administrative Action	___ Statutory Change	__ IT/data infrastructure
___ State Plan Amend	___ Federal Waiver	___ NYS budget request

Proposal Background/Description:

Cross-Sector Collaboration Component: Yes __ No___

Cost Assumptions:

[Contributors: please insert any information you have that would enable us to develop a cost estimate for the proposal]

[placeholder for State cost estimates table]

Potential Return on Investment:

Metrics to Track Success/Outcomes:

Benefits of Proposal:

Concerns with Proposal:

Links to Available Evidence:

Additional Technical Detail: (If needed, to evaluate proposal)