



Overview of the First 1000 Days on Medicaid Proposal Voting Tool

The First 1000 Days on Medicaid initiative workgroup is charged with developing a ten-point plan that will focus on improving outcomes and access to services for children in their first 1000 days: the most crucial period of their development. At its first meeting in August, the workgroup collectively identified 44 discrete problems to be addressed across 8 domains. Hundreds of comments on those problems began to identify potential solutions and raised new problems and potential solutions. That feedback was compiled into 14 broad approaches, many containing multiple potential solutions, presented on the September 25 webinar. Another round of workgroup comments on the 14 approaches resulted in the 23 proposals which were presented at the November 1 in-person meeting, and subsequently amended based on feedback at and immediately after that meeting. Once the top ten proposals have been identified the Department of Health will work with workgroup members to ensure the full intent of each proposal has been fully captured during implementation.

Voting Tool Instructions

The online voting tool, for which a link has been provided to each workgroup member, is designed to allow workgroup members to quickly score and rank each of the final proposals. You will be asked to score each of the 23 proposals on a scale of 1 to 5 on each of five criteria described in detail below: 1) Costs, 2) Cross-sector, 3) Feasibility, 4) Strength of evidence, and 5) Overall impact. The survey will not let you proceed until you have provided scores for all criteria under each proposal.

The last question will ask you to rank all 23 proposals in order of your preference for their placement in the 10 point plan, 1 being your top preference and 23 being your lowest preference. You may rank proposals by using either the drop down feature, or by clicking on a proposal and dragging it to your preferred location on the list (e.g. clicking and dragging your #1 proposal to the top of the list). The survey will not let you progress until you have provided a ranking for each proposal.

The tool is estimated to take 30 minutes to an hour to complete, and should be completed in one sitting. You will not be able to save your progress and return at a later point, but will be able to reopen the survey and start over should you exit the window prior to completion. Please print and reference the scoring criteria detailed in this document, in addition to the proposal descriptions, while taking the survey.

Voting will close at 10:00am EST on Thursday, November 16.

Criteria Descriptions

1. **Costs** – Defined as amount of state Medicaid dollars (“Total Cost (State)” in proposals) necessary to implement a proposal.

Score 1-5 based on...

- 1) Proposal costs more than \$2,000,000
- 2) Proposal costs between \$1,000,000 and \$2,000,000
- 3) Proposal costs between \$500,000 and \$1,000,000
- 4) Proposal costs less than \$500,000 but is not cost neutral
- 5) Proposal has no cost or cost is negligible

2. **Cross Sector** – Defined as the scale and scope of cross-sector collaboration inherent in the implementation of a proposal. Cross-sector can be both at the system level (multiple state agencies and offices working together), and at the community implementation level (for example, health care providers working with community based organizations or other non-health service providers e.g., early education). Potential cross-sector *outcomes* are not to be included in your assessment.

Score 1-5 based on...

- 1) Recommendation does not have a clearly specified cross-sector component and could inadvertently create new barriers to future cross-sector collaboration
- 2) Recommendation does not have a clearly specified cross-sector component, but the door remains open to identifying useful cross-sector collaboration during implementation
- 3) Recommendation has clearly identified cross-sector component with at least one non-Medicaid sector and/or is SOMEWHAT likely to encourage cross-sector collaboration during implementation
- 4) Recommendation has clearly identified cross-sector component with at least two non-Medicaid sectors and/or is VERY likely to encourage cross-sector collaboration during implementation
- 5) Recommendation has clearly identified cross-sector component with at least two non-Medicaid sectors and/or is EXTREMELY likely to encourage cross-sector collaboration during implementation

3. **Feasibility** – Defined as the complexity of implementation considering the amount of time necessary to implement, and the scope of the approvals and system changes necessary for implementation. Note that the top of each proposal indicates whether the implementation timeline is short-term or long-term. This reflects an estimate of how long it would take to move from concept to implementation of the proposal. Short-term was defined as less than six months. Long-term was defined as six months or more.

Score 1-5 based on...

- 1) Proposal is HIGHLY UNLIKELY to be successful due to known potential implementation barriers
- 2) Proposal is PROBABLY UNLIKELY to be successful due to known potential implementation barriers
- 3) Proposal is LIKELY to be successful and could move from concept to implementation over a **medium- to long-term** time period
- 4) Proposal is LIKELY to be successful and could move from concept to implementation over a **short-term** time period
- 5) Proposal is EXTREMELY LIKELY to be successful, regardless of the time it might take to move from concept to implementation

4. **Strength of Evidence** – Defined as the quality of the evidence-base regarding effectiveness (improved outcomes and/or return on investment) supporting the proposal or the specific intervention(s) that could be implemented under the proposal.

Score 1-5 based on...

- 1) No peer-reviewed or other type of evidence is available to support the effectiveness of the recommendation
- 2) Some peer-reviewed evidence exists on this strategy, but the conclusions are mixed in terms of its effect on outcomes
- 3) Limited peer-reviewed evidence or non-peer reviewed publications/evidence (e.g. implementation in other states) suggests potential for effectiveness
- 4) Peer-reviewed evidence suggests strategy would improve outcomes but not necessarily any return on investment (or if proposal is not for a specific intervention, the proposal would significantly enable adoption of evidence-based strategies that improve outcomes)
- 5) Peer-reviewed evidence suggests both improved outcomes and return on investment (or if proposal is not for a specific intervention, the proposal would significantly enable adoption of evidence-based strategies that improve outcomes and result in a return on investment)

5. **Overall Impact** – Taking into account all other criteria and additionally considering the broad effect on the health and development of all children on Medicaid (e.g., the number of children that would be reached), and the impact on child-serving professionals (inclusive of, but not limited to, health care providers). Also consider any other factors that would affect quality of care and reduction of disparities for children on Medicaid.

Score 1-5 based on...

- 1) The overall effect will negatively impact children and/or child-serving professionals
- 2) The overall effect will have no impact on children and/or child-serving professionals
- 3) The overall effect will have a moderately positive impact on children and/or child-serving professionals
- 4) The overall effect will have a significantly positive impact on children and/or child-serving professionals



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- 5) The overall effect will have a significant positive impact on children and/or child-serving professionals and will catalyze broader positive system change(s)