



**children's
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new york**

Public Comment on New York State's Medicaid § 1115 Waiver Proposal

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About the Children's Defense Fund – New York

Children's Defense Fund – New York (CDF-NY) is grateful to the New York State Department of Health (NYSDOH) for the opportunity to comment on its proposed amendment to New York's Medicaid Redesign Team Waiver Demonstration, titled *Strategic Health Equity Reform Payment Arrangements: Making Targeted, Evidence-Based Investments to Address the Health Disparities Exacerbated by the COVID-19 Pandemic*.

CDF-NY is a non-profit child advocacy organization that works statewide to ensure every child in New York State has a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start* and a *Moral Start* in life and a successful passage to adulthood with the help of caring families and communities. As the New York office of the Children's Defense Fund (CDF), an organization with roots in the Civil Rights Movement, we are committed to advancing racial equity and to leveling the playing field for all children, youth and families. We envision a state – and a nation – where marginalized children flourish, leaders prioritize their well-being and communities wield the power to ensure they thrive. CDF-NY provides a strong, effective and independent voice for children who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of children living in poverty, children of color and those with disabilities. CDF-NY strives to improve conditions for children through research, public education, policy development, direct service, organizing and advocacy. Our policy priorities are racial justice, health justice, education justice, child welfare, youth justice and economic mobility. To learn more about CDF-NY, visit www.cdfny.org.

What's At Stake

New York's proposed Medicaid § 1115 Waiver affords an important opportunity for our State to design innovative ways of using Medicaid funds to promote health equity and to address the racial health disparities that the COVID-19 pandemic has laid bare. In its proposal to the U.S. Department of Health and Human Services, New York is requesting approximately \$13.52 billion in Medicaid funding to be used over five years. Medicaid is well-equipped to reduce health disparities and promote health as well as racial equity in New York, as nearly 7.5 million New Yorkers – over one in three of our State's residents and half of all pregnant women – receive health coverage under Medicaid. Medicaid is also the foundation of New York's children's health care system, providing comprehensive and affordable health coverage to nearly 50 percent of our State's children. And Medicaid covers 60 percent of

children under the age three in New York, providing critical services during one of the most important parts of their development.

CDF-NY firmly supports the goal of infusing our State's Medicaid program with new funding to achieve greater health equity. However, this goal would be better achieved and New York children, youth and families would be better served, if the following amendments to the § 1115 Waiver proposal were made:

I. Center the mental health and developmental needs of New York's children and youth

Despite its stated focus on promoting health equity, the investments detailed in the State's Medicaid § 1115 Waiver proposal are not aligned with the needs of an especially large population of New Yorkers who rely on Medicaid: children and youth. This inequity is not only shortsighted; it is simply unacceptable. This is particularly true given the fact that New York's children of color disproportionately receive coverage under Medicaid – over half of our State's Black children and over 60 percent of our Latinx children are covered by Medicaid, compared to approximately one third of white children.¹ CDF-NY strongly believes that without an explicit focus on children and youth in this Waiver, New York will fail to achieve its overall goal of fully integrating social care and health care into the fabric of the New York State Medicaid program. New York must use the opportunity presented by the Waiver as a lever to reverse its chronic under-investment in children and youth – beginning with the mental health and developmental needs of the youngest New Yorkers. Investing in the healthy growth and development of New York's children and youth will benefit community wellbeing today and will also bring long-term value to Medicaid and to the future of our State.

The COVID-19 pandemic is undoubtedly profoundly impacting the mental health of the youngest New Yorkers, and its effects on our youth are also far-reaching. Last Fall, the American Association of Pediatrics (AAP), American Academy of Child and Adolescent Psychiatry (AACAP) and Children's Hospital Association (CHA) jointly declared a national emergency in child and adolescent mental health² and not long after, the United States Surgeon General issued his own advisory on the youth mental health crisis.³ These somber declarations come on the heels of two years during which the pandemic has upended the lives of New York's most marginalized children, youth and families through devastating loss of life and destabilizing unemployment, not to mention harrowing food and housing insecurity, onset of poverty, and loss of health insurance throughout our State. These traumas have been disparately shouldered by communities of color. And these inequities were not

¹ "Snapshot of Children with Medicaid by Race and Ethnicity, 2018," Georgetown University Health Policy Institute, Center for Children and Families, July 2020, <https://ccf.georgetown.edu/wp-content/uploads/2020/07/Snapshot-Medicaid-kids-race-ethnicity-v4.pdf>.

² "AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health," American Academy of Pediatrics, October 19, 2021, <https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/>.

³ "Protecting Youth Mental Health: The U.S. Surgeon General's Advisory," Surgeon General of the United States, December 7, 2021, <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>.

new. Prior to the pandemic, suicide was the second leading cause of death among New York youth ages 15 to 19, and the third leading cause of death among children ages 5 to 14, ⁴ with Black youth at a particularly heightened risk of suicide and classified as a high-risk suicide population in New York. ⁵ Accordingly, New York should utilize Waiver funding to improve access to the mental health care and services children and families need.

The Medicaid § 1115 Waiver proposal should bolster Medicaid's reach in the school setting, where children and youth spend the majority of their day. For example, the Waiver should expand school mental health and primary care clinics, fund more school-based mental health providers, expand community school models that link families with services and encourage engagement through the use of family peer advocates. The Waiver should also fund and implement universal screening for anxiety and depression for school-age children, and work to link children to behavioral health resources early on.

Furthermore, New York must foster two-generation approaches to support youth mental health which require attending to parent and family needs as well as those of children. This could be achieved by expanding the presence of behavioral health specialists in pediatric and primary care practices. Doing so would better enable providers to address the emerging mental health needs of both parents and young children through such mechanisms as early screening and treatment of maternal anxiety and depression and increased referral to patient support programs. Care coordinators must also be added to these settings to assist families with care access.

Without prioritizing the developmental needs of children, attempts to achieve health equity in New York State will fail. The Medicaid § 1115 Waiver proposal does not support preventive methods in early development. It is critical that the State invest in comprehensive early childhood developmental and social-emotional screenings in partnership with trusted community partners, early identification and other evidence-based developmental services. Developmental assessments in pre-kindergarten programs and child care community settings should also be funded under this Medicaid Waiver to ensure children who may miss screening via their doctors still receive care. When infants and toddlers receive such screenings in a timely fashion, Early Intervention and Preschool Special Education services can begin as needed, thereby improving outcomes for social relationship, knowledge and skills and enabling children to catch up to their peers.

II. Expand Medicaid eligibility and services for children and new mothers

New York's Medicaid § 1115 Waiver proposal includes investments meant to support our State's houseless, long-term institutional and criminal justice-involved populations. In

⁴ "New York State Leading Causes of Death," New York State Department of Health, Accessed February 2, 2021, https://apps.health.ny.gov/public/tabvis/PHIG_Public/lcd/reports/#state.

⁵ "Black Youth Suicide in New York: An Urgent Crisis," Children's Defense Fund New York, May 2021, <https://www.cdfny.org/wp-content/uploads/sites/3/2021/05/Black-Youth-Suicide-in-New-York-An-Urgent-Crisis.pdf>.

addition to serving these marginalized populations, our State must take advantage of § 1115 flexibilities that permit targeted eligibility expansions for specific populations to help states achieve health equity goals – particularly, children and new mothers.

Under this Waiver, New York must act to implement continuous Medicaid eligibility for children and their mothers from birth to three years of age. Doing so would safeguard the health of the youngest New Yorkers (and particularly, of our young New Yorkers of color) and their mothers, protect children against insurance churn and coverage losses, and offer continuity of care during a period of critical growth and physical, cognitive and emotional development. It would also prevent the emergence of health issues due to gaps in health coverage. New York families whose mothers and babies are receiving coverage under Medicaid should not have to worry about reapplying for coverage during the first three years of life, risking delaying or skipping essential medical services in the process. An extension of Medicaid coverage for three years after birth without the administrative burdens and costs to families of reapplying for coverage will thereby reduce gaps in coverage due to such factors as confusion over renewal requirements or family income fluctuations.

New York must also cover universal home visiting for parents of all newborns to provide support for parents and babies and to reduce maternal and infant mortality and morbidity. The State must expand the New York State First 1,000 Days Maternal Infant Care Initiative and phase in statewide home visiting for all newborns so that it is fully available for every New York family by the end of the Medicaid Waiver period.

III. Ensure equity, access and quality in the creation of a statewide digital health and telehealth infrastructure

Telehealth holds great potential to improve access to critical health services throughout the duration of the pandemic and beyond, particularly for New Yorkers facing barriers to in-person visits and those living in areas with provider shortages. At the same time, the persistent digital divide that disparately affects Black and Latinx households throughout our State – and the troubling increases in suicide attempts and psychiatric emergencies among young New Yorkers – necessitate a close examination of telehealth service provision statewide, particularly relating to adolescent behavioral health. As New Yorkers increasingly turn to telehealth to meet their health needs, it is incumbent upon our State to ensure equity, access and quality of telehealth service provision statewide.

CDF-NY is deeply concerned that marginalized youth in need of behavioral health services may not be receiving them via telehealth. This is due to a variety of home factors including a lack of access to personal electronic devices and/or reliable broadband internet in the home, a lack of privacy in the home and a lack of secure housing, a difficult home environment, or a home environment that is unsafe or abusive. Additional barriers that marginalized young people face include a lack of community spaces where they can safely and privately access telehealth services and language barriers for youth with limited English proficiency.

The State's proposed § 1115 Waiver would make an estimated \$300 million investment over five years to expand access to digital and telehealth services through provisioning information technology and training support to providers, as well as making investments in infrastructure to improve patient access. Targeted activities include installing telehealth kiosks in homeless shelters, providing tablets to New Yorkers who lack access to technology necessary to participate in telehealth and promoting telehealth and digital literacy.

In addition to taking such actions in service of creating a statewide digital health and telehealth infrastructure, CDF-NY urges the State to be mindful of investment parity for telehealth and to ensure that investments do not solidify healthcare deserts. Furthermore, the State should provide funding for an independent analysis of equity, access and quality of telehealth services being delivered across our State, particularly with regards to behavioral health services for young people. Medicaid funds should also be allowed to cover broadband access to create a more equitable system of access. The State should invest in the creation of community safe-spaces where youth can access telehealth services privately if they can not or do not wish to access such services in their home. Additionally, we must remain vigilant to potential issues with the quality of telehealth service provision that replaces in-person care, particularly for Early Intervention (EI) services, and be mindful of how telehealth could affect integrated practices. Telehealth investments such as these would promote healthy growth and development in children and youth and connect families to other public systems.

IV. Disaggregate data by race and ethnicity and ensure transparency in quality measure selection and Waiver funding

It is vital that New Yorkers experience greater access to services and achieve better health and wellness through the activities supported by the § 1115 Waiver, and that the State have mechanisms in place to track whether or not intended health equity outcomes are reached. While the Waiver application proposes statewide standards for data collection and availability and statewide and regionally-specific sets of health equity quality improvement measures, it does not identify the entities that will determine what those measures are or how they would be prioritized. It is also integral that consumer advocates be integrated into the measure selection process.

New York must seize upon the opportunity presented by this Waiver to follow other States' leads in collecting and reporting racially and ethnically disaggregated data. California, Massachusetts, New Jersey and Oregon have all recently submitted § 1115 Waiver applications calling for disaggregation of data by race and ethnicity. As a part of newly collecting this disaggregated data, individuals will be asked to self-report their demographics and must be informed in understandable and clear language why they are being asked for this information and how it may result in better health and access to services. Additionally, data transparency should be implemented to enable independent oversight of the Waiver, conducted by an independent body that includes diverse statewide consumer and community representation. Additionally, CDF-NY urges that flow of Waiver funding be as

transparent as possible so that the public is able to track the funding the State receives and the entities that receive it.

Thank you for the opportunity to provide our comments. Should you have any questions, please do not hesitate to contact Melissa Genadri, Health & Economic Mobility Policy Associate, at mgenadri@childrensdefense.org.

