Mapping Stakeholders

Sara Hayes, Director
Jasmine Mah, Research Analyst

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ACEEE
American Council for an Energy-Efficient Economy

The American Council for an Energy-Efficient Economy is a nonprofit 501(c)(3) founded in 1980. We act as a catalyst to advance energy efficiency policies, programs, technologies, investments, & behaviors.

Our research explores economic impacts, financing options, behavior changes, program design, and utility planning, as well as US national, state, & local policy.

Our work is made possible by foundation funding, contracts, government grants, and conference revenue.

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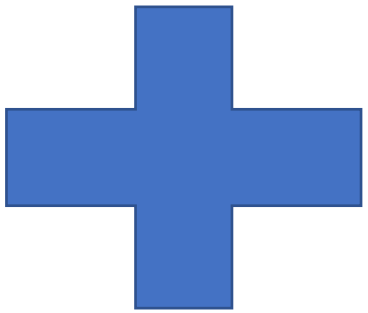
Agenda

- Identifying stakeholders whose buy-in is necessary
- Potential partnerships to make
- Guest speaker
  - Tricia Brooks, Georgetown University Center for Children and Families

Previous Webinar Recap

- Overview of the cohort goals and participants
- Introduction to Health Service Initiatives (HSIs)
- Examples of previous successful HSIs
- Resources



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Key Actors

- State-level
  - Person who submits the State Plan Amendment (SPA)
  - Agency that implements the HSI
  - State official(s) responsible for program administration and financial oversight
- Centers for Medicare & Medicaid Services (CMS)
  - Person who approves the SPA
  - Named CHIP officer
- Program service area
  - Outside partner organizations

Person who submits the SPA

- Varies by state, usually the Medicaid Director
- See National Association of Medicaid Directors (NAMD) directory

Michelle Probert
Director, Office of MaineCare Services
State of Maine, Department of Health and Human Services

Mr. Gary Parker
State CHIP Director
Office of Medicaid Policy and Planning
Family and Social Services Administration

Agency that implements the HSI

- Typically the state's health department
  - Michigan – Department of Health and Human Services
  - Ohio – Department of Health, with oversight from the OH Department of Medicaid
- Common for state agencies to partner with regional, county, and city bodies
- Other notable state agencies
  - Maine – Maine Housing Authority, Maine CDC
  - Maryland – Maryland Department of Housing and Community Development

Region	Contact	States Served by Region
Region 1	ROBOSORA@cms.hhs.gov	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont
Region 2	RONYCORA@cms.hhs.gov	New Jersey, New York, Puerto Rico, Virgin Islands
Region 3	ROPHIORA@cms.hhs.gov	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia
Region 4	ROATLORA@cms.hhs.gov	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee
Region 5	ROCHIORA@cms.hhs.gov	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin
Region 6	RODALORA@cms.hhs.gov	Arkansas, Louisiana, New Mexico, Oklahoma, Texas
Region 7	ROKCMORA@cms.hhs.gov	Iowa, Kansas, Missouri, Nebraska
Region 8	ROREAORA@cms.hhs.gov	Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming
Region 8	ROSFOORA@cms.hhs.gov	Arizona, California, Hawaii, Nevada, Pacific Territories
Region 10	ROSEA_ORA2@cms.hhs.gov	Alaska, Idaho, Oregon, Washington

Data from CMS website: https://www.cms.gov/Medicare/Coding/ICD10/CMS-Regional-Offices

Outside Partner Organizations

- Regional, county, and city organizations
- Program implementers
- Managed care organizations

Resources

- National Association of Medicaid Directors (NAMD) list of state Medicaid Directors
- State-specific fact sheets describing opportunity
- Video of webinar #1
- Slides of webinar #1 (will appear in follow-up email)

Tricia Brooks Presentation

Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES

Health Services Initiatives: An Opportunity to Use CHIP Funds for Public Health Services

Tricia Brooks

American Council for an Energy-Efficient Economy

March 23, 2022

CHIP Health Services Initiative (HIS)

- HSIs are activities that:
  - protect the public health,
  - protect the health of individuals,
  - improve or promote a state's capacity to deliver public health services, or
  - strengthen the human and material resources necessary to accomplish public health goals relating to improving the health of children.
- HSIs may be used for direct services or public health initiatives
- If an HSI serves an broader population, the state may only claim CHIP funding for services provided to children under age 19.

https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-D/part-457/subpart-A/section-457.10

https://www.ssa.gov/OP_Home/ssact/title21/2105.htm

Action Steps

Do Your Homework

- How are HSIs currently used?
- Is there funding available for HSIs
  - Within the CHIP's 10% cap on administrative costs?
  - Within the state's allotment?
- What are the cost projections over time?
- What do the research and data tell us about the need and potential impact of the initiative?

Develop a Plan

- Demonstrate the need
- Develop a proposal that illustrates how the initiative improves the health of low-income children
  - Can be targeted (not statewide)
  - Funding can only be used for children
- Identify sources of state funding (15% - 35% of total cost)
- Create detailed timeline for implementation

Determine Impact and Outcomes

- How will the initiative improve child health?
- How many children will benefit?
- What proportion are low-income?
- What are the metrics for measuring impact/outcomes?
- Emphasis how initiative continues to health equity

Be Aware of Annual Reporting Requirements

- For each HSI program:
  - Describe population served, number of children served, percent of children with income below state's CHIP limit
  - Define a metric used to measure the program's impact
  - Provide outcomes for the metrics
- HSI expenditures
  - Budget – CHIP Annual Report
  - Actual Expenditures – CHIP Form 21

Who are the decision maker(s); who should be engaged?

Government Officials	External Stakeholders
• Secretary/Commissioner of Health, Human Services • Medicaid director • CHIP director • Legislative champions • Legislative budget office • Public health officials	• Child health policy/advocacy CBOs • Groups that would be involved with implementation • Families who would benefit • Technical experts on specifics of the initiative • Pediatricians and other health professionals • Managed care plans

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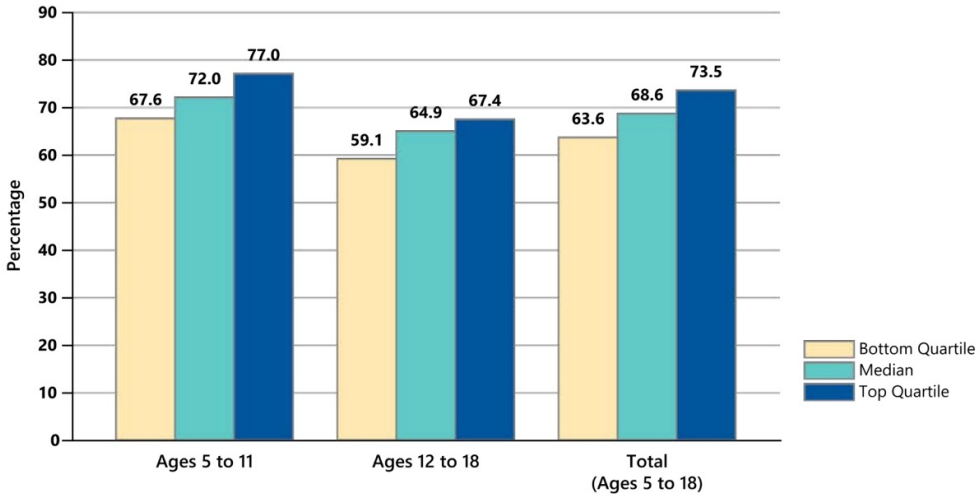
CMS FAQ (July 2017)

- Consider the Medicaid/CHIP core set quality measures, as well as other state quality initiatives and goals in developing an HSI
  - The core set is a group of health quality measures that states report annually
  - Only one asthma measure: medication ratio
- State must have a written quality strategy that must be updated every three years

Asthma Medication Ratio: Ages 5 to 18

Asthma affects more than 5 million children under age 18 in the United States. Uncontrolled asthma among children can result in ED visits, hospitalizations, lost school days, and a higher risk of falling behind in school. The National Heart Lung and Blood Institute recommends long-term asthma control medications for children with persistent asthma. This measure assesses the percentage of children with persistent asthma who were dispensed appropriate asthma controller medications.

Percentage of Children Ages 5 to 18 with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or Greater (AMR-CH), FFY 2020 (n = 42 states)



Source: Mathematica analysis of MACPro reports for the FFY 2020 reporting cycle as of June 18, 2021.

Notes: This measure shows the percentage of children ages 5 to 18 who were identified as having persistent asthma and who had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year. Three rates are reported: (1) ages 5 to 11; (2) ages 12 to 18; and (3) a total rate for ages 5 to 18. When a state reported separate rates for its Medicaid and CHIP populations, the rate for the larger measure-eligible population was used.

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Challenges

- Lack of readily available financial information
  - CHIP allotment carryover
  - Detailed CHIP budgets
- Finding a sustainable source of state matching funds (15% – 35%)
  - Can't supplant or match CHIP funds with other federal funds

Potential Pitfalls

- Competition for dollars
- Significant increase in HSIs in recent years
- Unmet need for direct health services
- Reluctance to commit long-term
- May be time-limited (lead abatement)

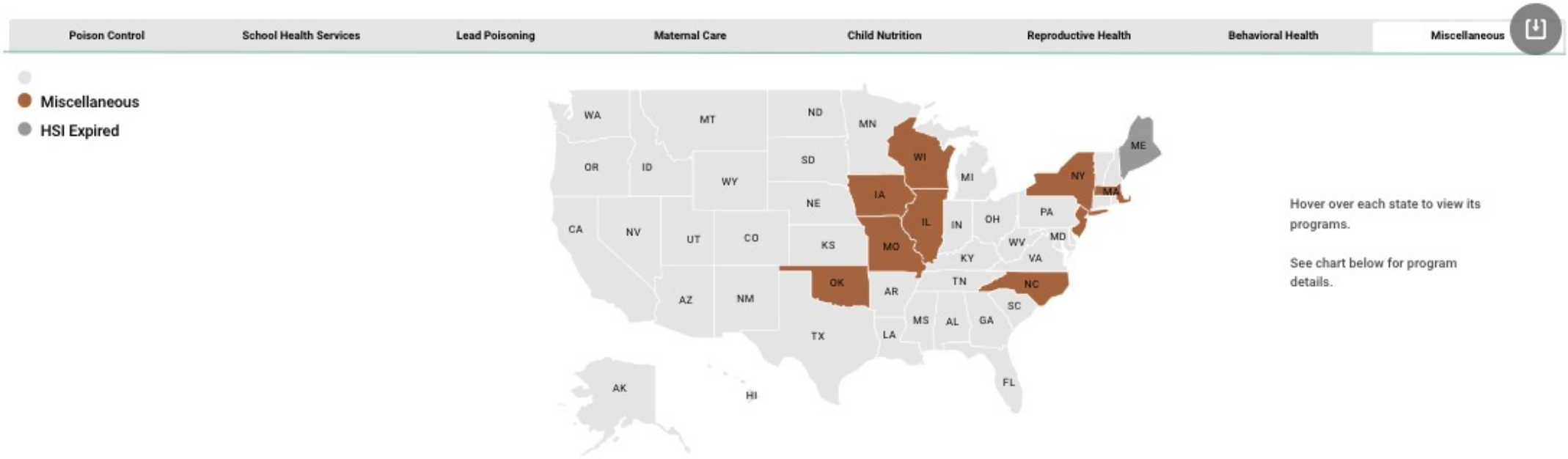
CMS State Health Official Letter (Jan 2021)

- HSIs can address many SDOHs
- Example: “States have used HSIs for home lead abatement, home visits and environmental modifications (e.g., high-efficiency air filters to reduce asthma triggers), emergency food services, and youth violence prevention programs.”

Maryland Case Study

- Uses HSI funds to target environmental and educational factors of childhood asthma
- Expands county level programs to provide environmental case management and in-home education (lead and asthma)

NASHP's Interactive Resource



Poison Control | School Health Services | Lead Poisoning | Maternal Care | Child Nutrition | Reproductive Health | Behavioral Health | Miscellaneous

Search

State	Program	Program Description	Population Served	Number of Children Served	Percent of Low-Income Children Served	Metric for Measuring Impact and Current Outcomes
Illinois	Services during presumptive eligibility period	Provides services for the time-period between the date of application and the date the application is registered.	Children who qualify for children's presumptive eligibility	6,847	100%	Number of children who benefited from health care services during a time period for which they would not have had covered if it weren't for Presumptive Eligibility. 6,847 of 42,372 or 16% of children who received presumptive eligibility were able to get services that they would not have coverage for. There is a larger percentage who received services in real time that may have been turned away without the promise of PE. The lag between the data of service and the data of billing by the provider limits the ability to fully report this number.

https://www.nashp.org/leveraging-chip-to-improve-childrens-health-an-overview-of-state-health-services-initiatives/ *Updated September 2021.*

Resources

- CCF HSI Blog
- MACPAC fact sheet on HSIs
- CMS FAQs on HSIs
- CMS SDOH State Health Official Letter
- NASHP interactive tool - HSIs
- CCF/KFF 2020 50-State Survey data on HSIs
- KFF CHIP eFMAP FY-2022
- CHIP Annual Reports
- CHIP Financial Management Reports
- 2020 CHIP Allotments (MACPAC)
- KFF CHIP eFMAP FY-2022
- Child Core Set Quality Measures Chart Pack

Calendar of Upcoming Webinars

Date	Webinar theme
May 4	Components of a State Plan Amendment (SPA)
June 8	Peer Exchange
July 20	Participants' Choice

Additional Webinars

This initiative is meant to serve you, our program participants. We are planning to host one additional webinar with topics suggested by participants.

Are there particular topics that you would like to hear more about at a future session?

Please type your answers into the chat window now

Q & A

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A link to Session 1 resources has been pasted in the chat and will be emailed out to you.

Feel free to send questions, comments, or feedback to Jasmine at jmah@aceee.org.