



Maternal and Infant Health Coverage in Medical Assistance

Health Care Administration

Medical Assistance enrollment in Minnesota

Medical Assistance covers
40% of births in Minnesota.

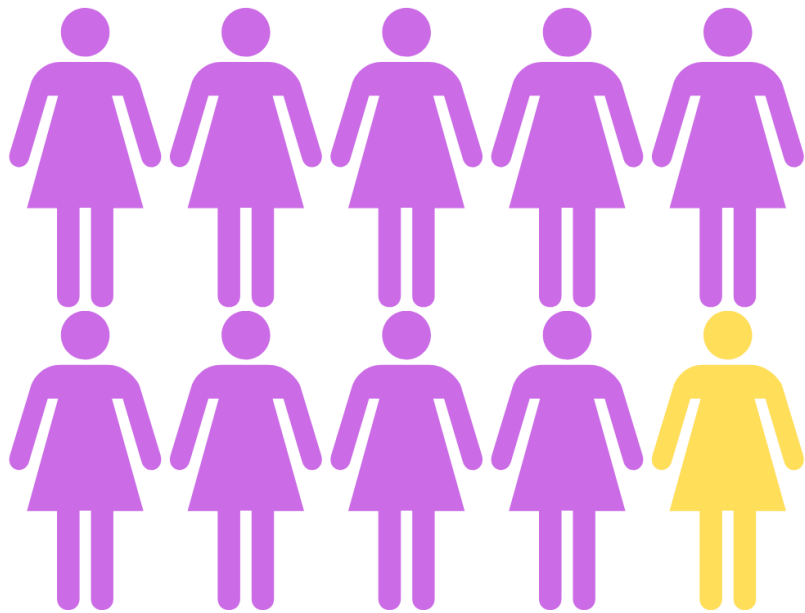


Medical Assistance covers health care for
44.3% of Minnesota children.

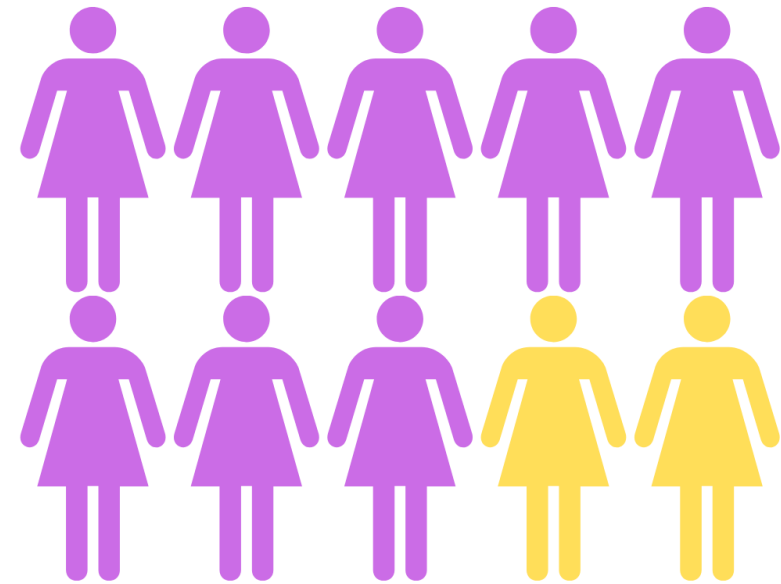


Medical Assistance enrollment in Minnesota

~9 in 10 of MN's Indigenous birthing persons are insured by MHCPS



~8 in 10 of MN's Black birthing persons are insured by MHCPS



How do Minnesota's children get health coverage?

Medicaid is the source of health care coverage in Minnesota for:

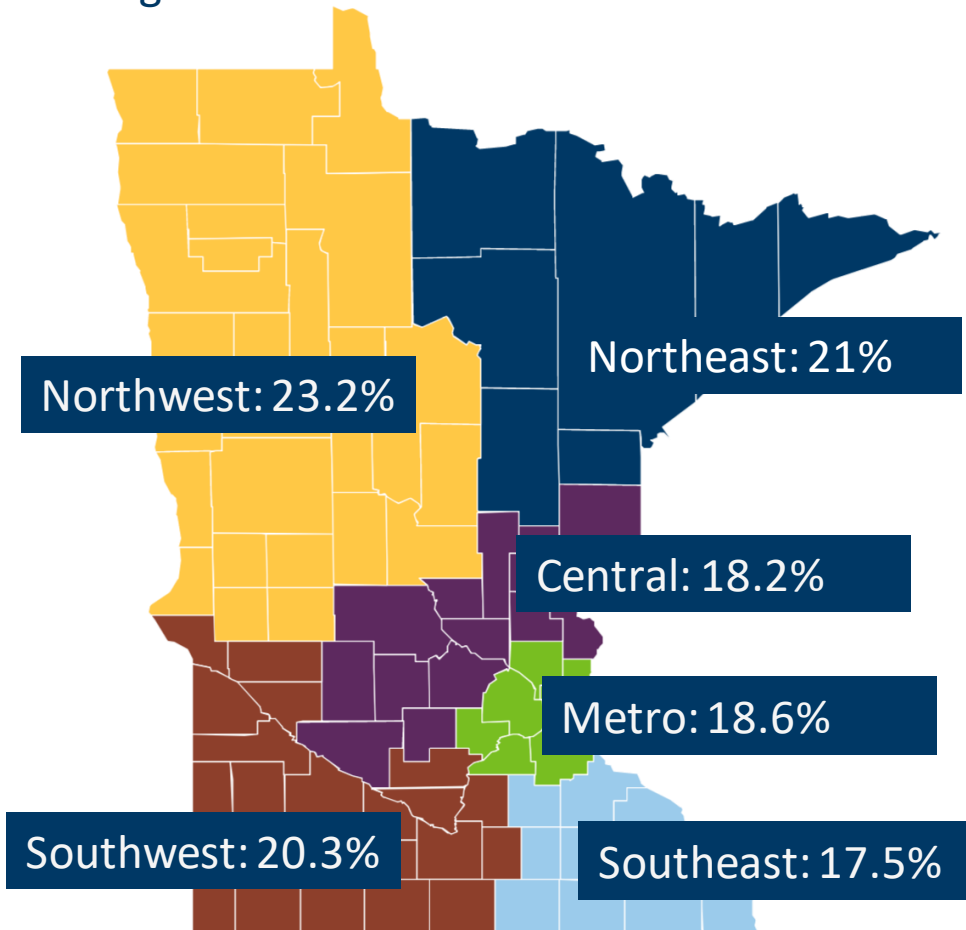
- 64% of Black/African American children
- 54% of American Indian/Alaskan Native children
- 52% of Hispanic children
- 31% of Asian children
- 17% of White children
- 28% of “Other” children

Source: SHADAC analysis of the 2018 American Community Survey (ACS) Public Use Microdata Sample (PUMS) files.

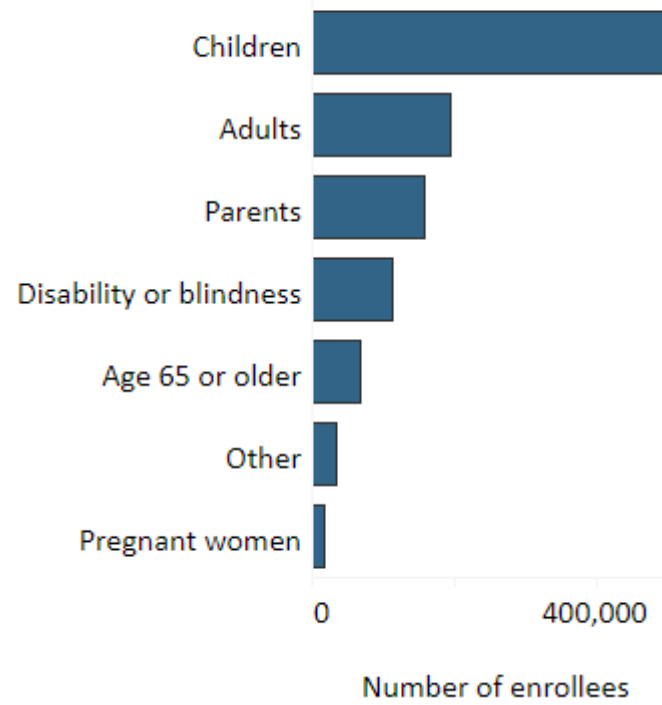


Medical Assistance enrollment in Minnesota

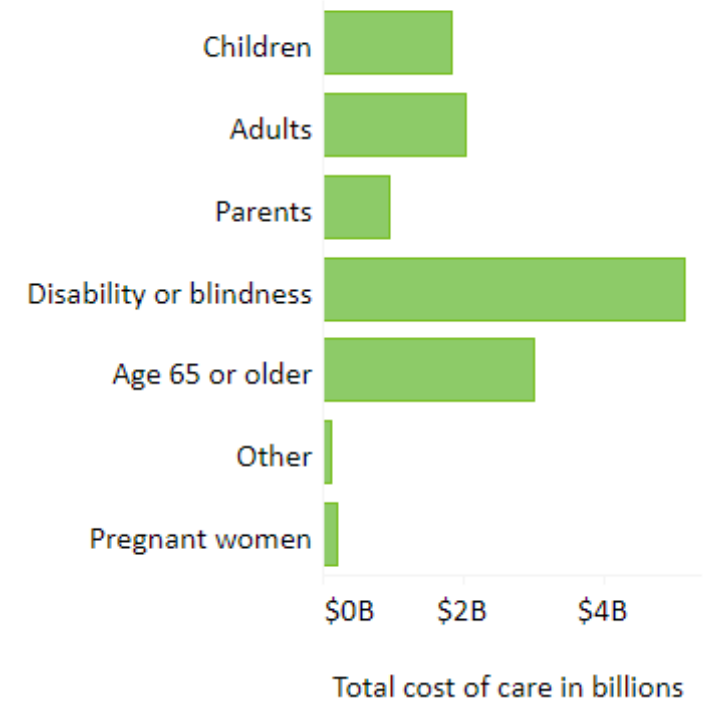
Percentage of the population within the region enrolled in Medical Assistance



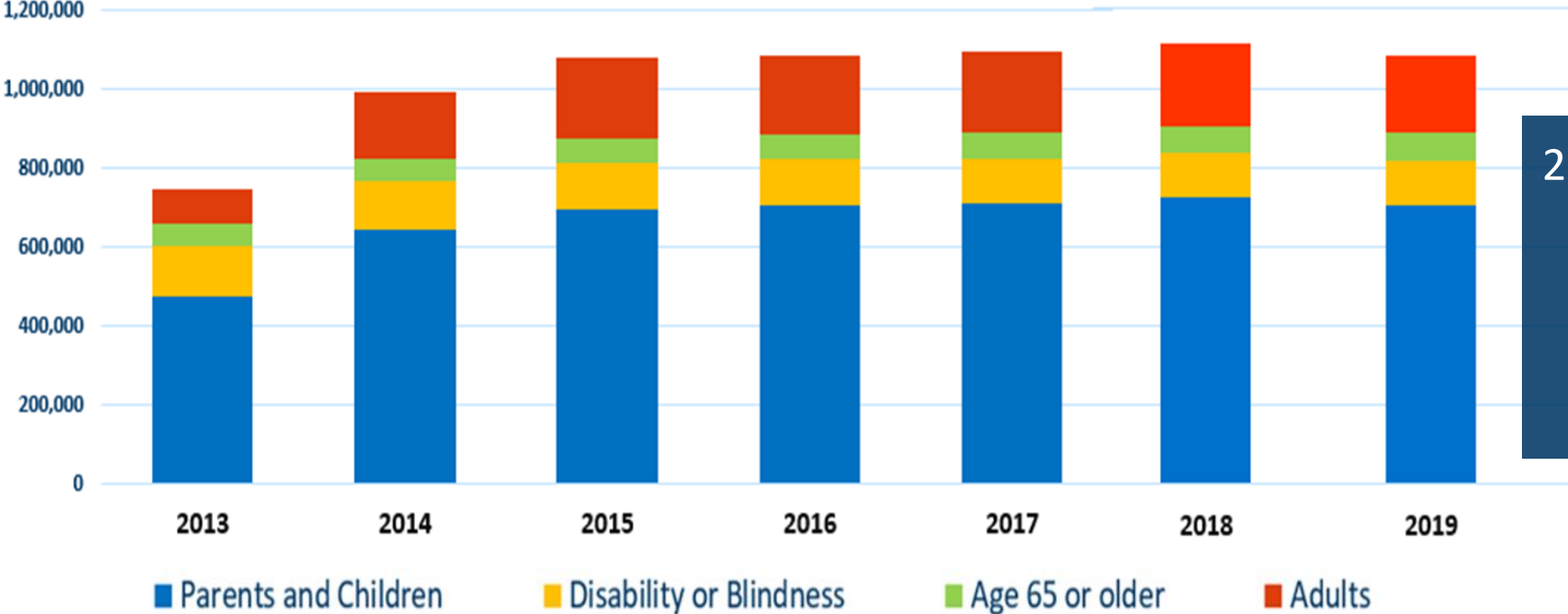
Statewide enrollment by eligibility type



Statewide total cost of care by eligibility type



Average monthly enrollment: 2013-2020

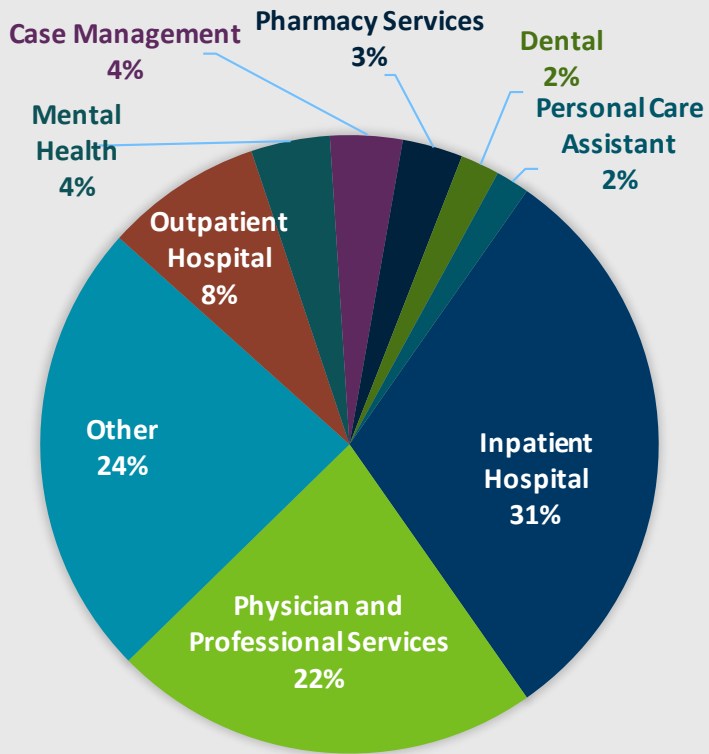


2020 average monthly enrollment:

- 513,128 children
- 167,281 parents
- 17,722 pregnant women

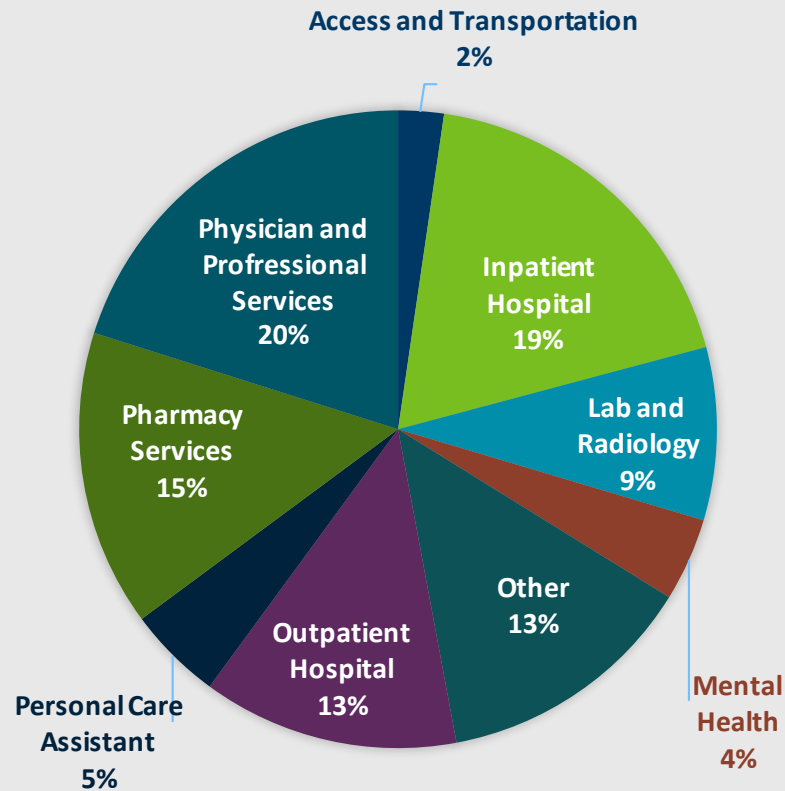
Medical Assistance spending in calendar year 2019

Children 0-5 years old



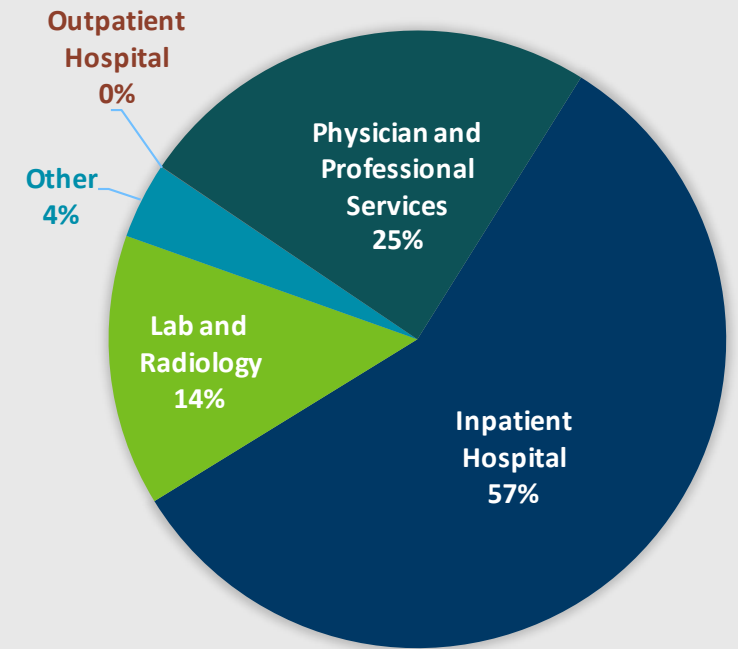
Total spending: ~\$746million

Parents and pregnant women



Total spending ~\$1.19 billion

Maternity care



Total spending: ~\$181 million

Medical Assistance eligibility factors: pregnant women

- A woman who is pregnant or within the postpartum period (two months following the month pregnancy ends) may be eligible for Medical Assistance
- Income must be at or below 278 percent of federal poverty guidelines (FPG)
 - \$3,993 monthly for a household of two or \$47,927 annually
 - Eligibility continues until the end of the postpartum period, irrespective of any income changes.
- Must meet all other Medical Assistance eligibility requirements (e.g., a resident of Minnesota)
- There is no asset test.



Medical Assistance eligibility factors: infants and children

- Newborns: Children born to mothers enrolled in Medical Assistance at the time of their birth have automatic eligibility through their first year of life as long as a Minnesota resident.
- Infants: Children through the month of their second birthday
 - Household income at or below 283 percent FPG (\$4,065 monthly for a family of two or \$48,789 annually)
- Children ages 2 through 18
 - Household income at or below 275 percent FPG (\$3,950 monthly for a family of two or \$47,410 annually)
- Children ages 19 and 20
 - Household Income at or below 133 percent FPG (\$1,910 monthly for a family of two or \$22,929 annually)



Medicaid Coverage of Doula Services

Covered services: up to seven sessions of childbirth education and support services, which include emotional and physical support provided before, during and after childbirth.



Integrated Care for High Risk Pregnancies (ICHRP)

- In 2015 the Minnesota Legislature directed the Department of Human Services to implement a pilot program to improve birth outcomes, the Integrated Care for High Risk Pregnancies (ICHRP) Initiative.
- The program uses grant funds to promote integrated care and enhanced services to women at risk for adverse outcomes of pregnancy, through the use of perinatal care collaboratives.



Integrated Care for High Risk Pregnancies (ICHRP)

- These community-led collaboratives have created perinatal care models that help mitigate psychosocial risk by integrating & strengthening pathways & partnerships between mothers, community organizations, clinics, community health workers & doulas.
- The goal is to decrease birth disparities by directly supporting African-American & American-Indian communities in Minnesota through a community co-created & co-lead approach to perinatal care.



African-American ICHRP & Tribal ICHRP





African-American ICHRP - A Public-Private Partnership serving Ramsey and Hennepin Counties



ICHRP's Focus Areas

STRENGTHENING COMMUNITY

- Culturally responsive
- Community owned and driven
- Asset based approaches
- Community involvement and engagement in program planning and implementation
- Cultural networks
- Integrated care teams
- Collaborations and partnerships
- Strong access to culturally-based resources
- Community-based commissioning

ENHANCING PREGNANCY AND FAMILY SUPPORT

Culturally responsive:

- Pregnancy screening
- Prenatal support
- Peer support network
- Peer education and mentoring
- Family support resources
- Mom and family support groups
- Postpartum follow-up

INCLUDING FATHERS

Culturally responsive:

- Health screening for dads
- Father support resources
- Peer network
- Peer education and mentoring
- Father and family support groups

HEALTHY BABIES

- Full term
- Healthy weight

H.O.W.

Doula/Perinatal Care Givers

Paraprofessionals
Staff Trainings

Messaging

PSA's, Webinars
Newsletters
Facebook
Radio Messaging
SDOH Training
Seasonal Action
Luncheons

Healthy Brain Development

Perinatal, Postpartum Care
Early Childhood Education

Youth Engagement

Healing Vessels
Youth
Interactions

Engagements

Men
Coaching
Mental &
Health Care



TWIN CITIES ICHRP INITIATIVES:
Northpoint Medical Center
African American Babies Coalition
and Projects, Saint Paul Care
Collaborative: West Side Clinic,
Open Cities Health Clinic,
Intergrated High Risk Advisory
Committee

WHAT IS DIVA MOMS?



WHO WE ARE

D.I.V.A. Moms stands for Dynamic, Involved, Valued, African-American Moms! We offer a free, culturally reflective prenatal program where you can learn about nutrition, labor, birth, breastfeeding, and newborn care. We believe that motherhood should be a JOY for Black women, as it is for others, without FEAR that their race will threaten their lives.

OUR MISSION



This program supports Black (and Brown) sisters sojourning towards wellness, evident by improved maternal & fetal outcomes, and lived experiences. Through telehealth, group prenatal care, home visits, sharing of health information in Drop-In support groups, we will ignite women and families ready to reclaim their health, rebuild trusting relationships, and THRIVE in their community!

OUR SERVICES

- Access to a Personal Navigator/Doula/Community Health Worker
- Access to Culturally Congruent Care Teams
- Access to Prenatal and Postnatal Risk assessments
- Access to Community Resources/Allies/Referrals
- We offer Nu'DIVA Drop-In support circles that we host with Open Cities Nubian Moms
- Home and community-based visits
- Breastfeeding support and so much more!



WHO IS ELIGIBLE?



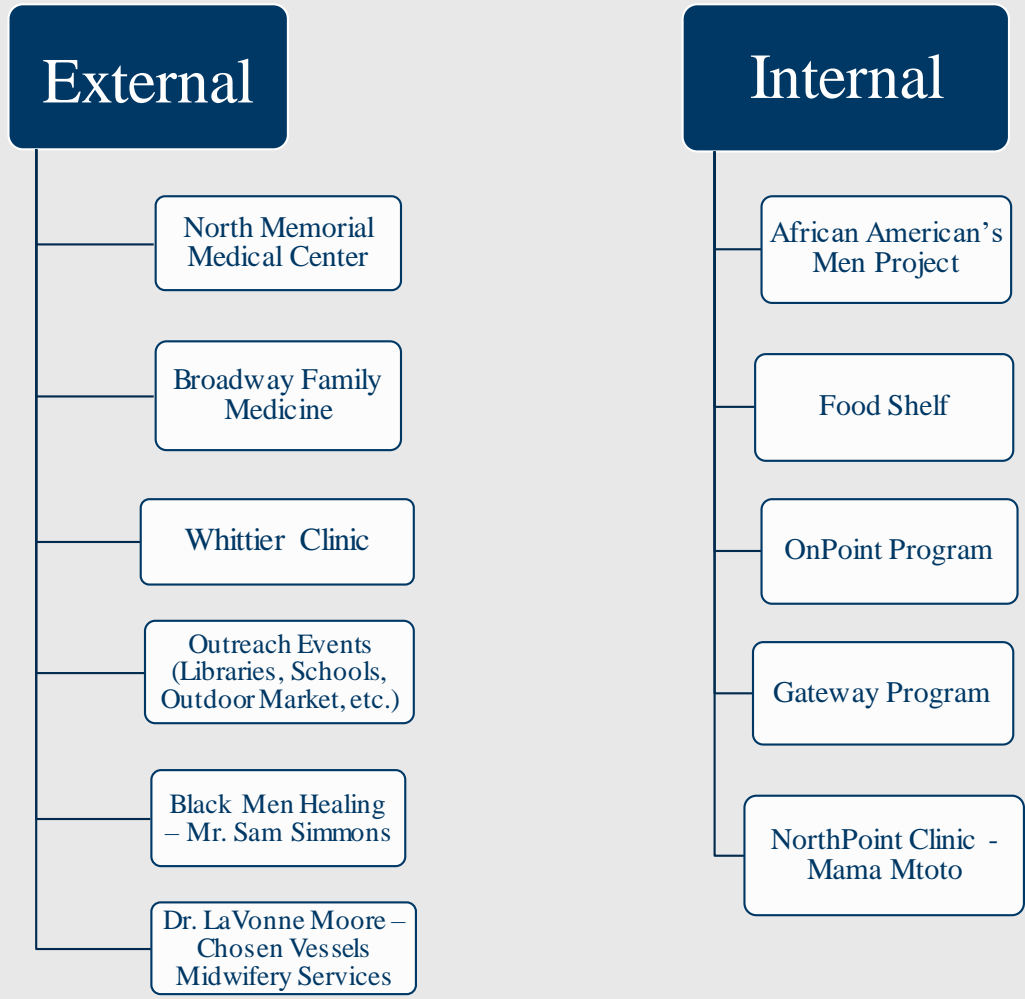
- U.S. born African American women who are pregnant or post-partum
- Child delivered within the last two years
- Ready to engage and willing to participate

African American ICHRP

- Patient Care Navigator
- Cultural Connectors/Brokers
- Traditional OB visits (Internal/External) + group care
- Group Prenatal Care
- Case Management
- Home or Community-Based Visits
- Breastfeeding Support
- Labor Support/Doula Care
- DIVA Rounds at Regions
- Tele-Health Visits



African American ICHRP





ICHRP's tribal partners & Minnesota DHS adopted 3 program objectives for their initiatives:

- Screening & Assessment
- Joint Accountability & Shared Outcomes
- Services for pregnant women, substance-exposed infants & their family

“As the Mille Lacs ICHRP program director put it, “peer recovery coaches are so community-connected that it doesn’t even feel like a referral. It’s more like an invitation, or it happens the other way where the person in need knows how and who to ask for help.” In some of the tribal ICHRP programs, successful clients have later progressed to become peer recovery coaches and counselors.”

2019 ICHRP Legislative Report

Approaches varied by tribe as they set up collaboratives to maximize their resources & strengths. Essential features were:

- Ensuring that culture is at the core of policy, programming & daily interactions
- Utilizing peers with lived experience
- Keeping & treating families together as a unit, preventing trauma of family separation
- Eliminating stigma associated with SUDs
- Breaking down silos through improved coordination and collaboration
- Engaging the support of tribal leadership from the start

The Opportunity that ICHRP presents

- A truly *co-designed, community-led* collaborative care model
- A model that has demonstrated:
 - Success in mitigating psychosocial risks during pregnancy for at-risk American Indian & African American women
 - Improved care models for women and spouses
 - Improved birth outcomes
 - Less family disruption
 - Authentic community engagement and awareness



Governor Walz's FY 2022-23 Biennial Budget: Expanding Integrated Care for High-Risk Pregnant Women (ICHRP)

- The Governor's proposal recommends investing in ICHRP to
 - Expand services for African American women in the Twin Cities metropolitan area
 - Build additional regional care collaboratives centered around Duluth, Bemidji, and the Twin Cities for American Indian women
- This proposal has a net General Fund impact of \$1.6 million of additional expenditures in the FY2022-2023 biennium and \$706,000 additional expenditures in the FY2024-2025 biennium.

Human Services				
FY 2022-23 Biennial Budget Change Item				
Change Item Title: Expanding Integrated Care for High-Risk Pregnant Women (ICHRP)				
Fiscal Impact (\$000s)	FY 2022	FY 2023	FY 2024	FY 2025
General Fund				
Expenditures	964	629	353	353
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	964	629	353	353
FTEs	1	1	1	1

Recommendation:
 The Governor recommends investing in the Integrated Care for High Risk Pregnancies (ICHRP) grant program to support communities experiencing disparities in birth outcomes. This proposal expands services for African American women in the Twin Cities metropolitan area and will build additional regional care collaboratives centered around Duluth, Bemidji, and the Twin Cities for American Indian women. This proposal has a net General Fund impact of \$1.6 million of additional expenditures in the FY2022-2023 biennium and \$706,000 additional expenditures in the FY2024-2025 biennium.

The Opportunity that ICHRP presents

- Seeking increased funding to bring ICHRP to scale
 - Help community advisory bodies create the structure to become a self-sustaining private/public partnership
 - Continue community relationships that have been built → allowing for the time necessary to repair the trust that has been broken due to historical trauma at the hands of the state & medical community
 - Education for medical professionals, law enforcement/judiciary
 - Paraprofessional workforce development
 - Increased connections to other social supports
 - ICHRP to become the standard of care for all African American and American Indian women in Minnesota

Thank you!