



Inclusive Alliance

CNY CBO Connect: What the Heck is the 1115 Waiver Amendment?

September 23, 2022

Inclusive Alliance

Agenda

 10:00 – 10:05: Introductions

 10:05 – 11:00: Presentation by M.S. Hall

 11:00 – 11:30: Discussion





New York Health Equity Reform
(NYHER): Making Targeted,
Evidence-Based Investments to
Address Health Disparities
Exacerbated by the COVID-19
Pandemic

1115 Research & Demonstration Waiver
Amendment

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1115 Research and Demonstration Waiver Amendment

The takeaways

NYS requested \$13.52 billion over a five (5) year waiver

Health Equity: the idea that everyone has a fair and just opportunity to be as healthy as possible, which requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. (Robert Wood Johnson Foundation definition)

Overall goal: fully integrating social care and health care into the fabric of the NYS Medicaid Program

- Building a more resilient, flexible, and integrated delivery system that reduces health disparities, promotes health equity, and supports the delivery of social care
- Developing and strengthening transitional housing services and alternatives for the homeless and long-term institutional populations, and those at risk for institutionalization
- Redesigning and strengthening system capabilities to improve quality, advance health equity, and address workforce shortages
- Creating statewide digital and telehealth infrastructure

Why?

Lessons Learned from DSRIP

Regional alignment on objectives

More direct investments to CBOs addressing SCN

Developing VBP arrangements that promote whole person care by involving BH providers in governance and design of arrangements

Promoting regional coordination of WF initiatives


Achieve deeper alignment of provider and payer incentives – particularly capitation and/or global budgets

A few caveats:

- This is *not DSRIP 2.0* (or 3.0)
- It is the State showing its *health equity* cards and its determination to go in this direction.
- *Community-based organizations* will play a central role.
- Success will be found where *networks of trust* are made visible and expanded.

This is not just a continuation of previous efforts. It is a recalibration, and a significant next step for New York's march toward health equity.

It is the creation of a new status quo.



Building a more resilient, flexible, and integrated delivery system that reduces health disparities, promotes health equity, and supports the delivery of social care

Health Equity
Regional
Organizations
(HEROs)

Mission-based organizations with a state-designated lead entity that:

builds a coalition of a variety of organizations

that will be regionally focused

in order to align with the health equity needs that differ by
community and future value-based payment contracting structures.

Structure and Responsibilities of HEROs

Representation and Governance w/in HERO

- MCOs,
- hospitals and health systems,
- community-based providers
- ACOs and IPAs,
- behavioral health networks,
- Tribal Nation representatives
- Providers serving complex children and families
- LTSS including those who serve individuals with I/DD,
- community-based organizations (CBOs) organized through SDHNs,
- Qualified Entities (QEs) and Regional Health Information Organizations (RHIOs),
- consumers including those with lived experience of SMI, SUD, physical, intellectual, & developmental disabilities, as well as those who serve those populations and other stakeholders
- and other stakeholders

Funding and Capabilities

- \$293M over 5 years; \$33M in DY1, \$65M/DY2-5; 2% of overall funds
- Receive limited planning grants
- Receive and ingest data from national, State, local and proprietary data sources, and
- Assume a necessary regional planning focus in order to create collaborations,
- Develop a range of VBP models or other targeted interventions

Responsibilities

- Develop annual Regional Plans
- Utilization of data from State-developed Uniform Social Care Assessment
- Measure Selection including measures stratified by race and ethnicity & optional measures for entire populations & subpopulations
- Targeted VBP Interventions
- The ultimate objective of the HEROs is to inform the continued movement to more advanced VBP models***

Regional Plan



Enable a coordinated, holistic, and **value-driven approach** to evaluating and addressing the needs of vulnerable populations in a financially stable and efficient manner *through VBP*



Must include a **needs assessment** of the key communities in the region



Develop a **mission-driven framework**, establishing goals, intended impacts, and a theory of change of how to accomplish the work



Identify specific **actions and initiatives** that facilitate assessment and data collection functions and that promote further coordinate care management for population health improvement

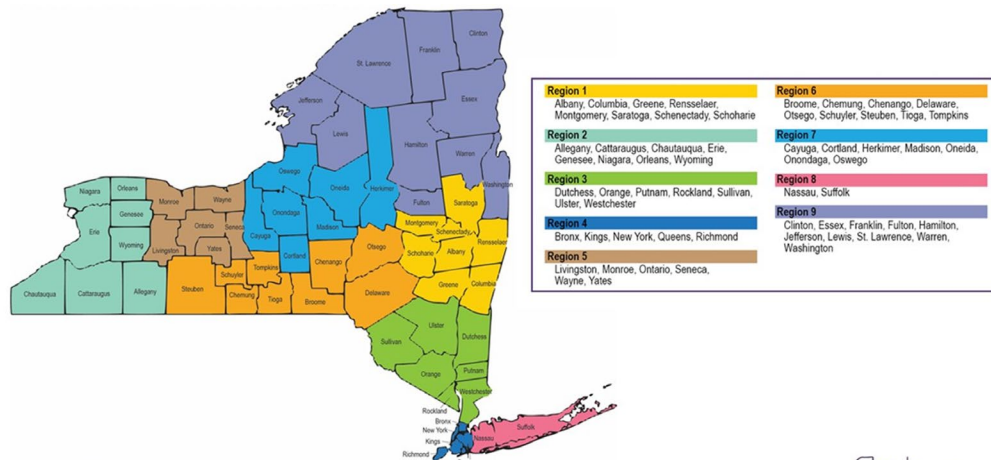


Act as **central hub of a data infrastructure** that operates with continuous feedback and measure adjustment to address additional areas of need

Regional Breakout To Be Determined Later

Announced in Public Hearing on May 3:

Response to Public Comments on 9/2:




There were multiple comments around the HERO and SDHN regions and commenters expressed the desire for more than nine regions and the need to have them be carefully defined and reflect natural referral patterns and existing networks. Several commenters also suggested that CBOs operating in more than one region be allowed to contract with multiple SDHNs.

NYS appreciates these comments and has decided not to finalize the regions at this time. We will take more time to consider the best way to define the regions and will share further information closer to implementation. We do agree that CBOs who operate in more than one geographic area will not be limited to participation in only one SDHN.


May 2022

Social
Determinants of
Health Networks

SDHNs will consist of a state-designated lead and a network of CBOs within each region of the State



that will collectively use evidence-based interventions, or other DOH-approved interventions on a pilot basis,



to coordinate and deliver services to address a range of SCNs that will improve health outcomes, such as housing instability, food insecurity, transportation, and interpersonal safety.

Structure & Responsibilities of SDHNs

Representation and Governance w/in SDHN

- Network of CBOs with a State-designated lead

Funding and Capabilities

- \$860M over 5 years; \$100M in DY1, \$190M/DY2-5; 6% of overall funding
- Receive direct investments to develop the infrastructure necessary to support this network of care
 - Including development of IT and business processes and other capabilities necessary
- CBOs will also receive funding necessary to integrate into this network, provide services, and develop infrastructure
- CBO funding will be tied to specific deliverables of the populations served

Responsibilities

- Formally organize CBOs to perform SCN interventions
 - SDHNs may also pilot SCN interventions for their region with DOH approval.
- Coordinate a regional referral network with multiple CBOs, health systems, and other healthcare providers
- Create a single point of contracting for SCN arrangements in VBP arrangements or with other providers
- Advise on the best structure for screening Medicaid enrollees for the key SCN social care issues and make appropriate referrals based on need

Social Care Data
Interoperability
Exchange

SHIN-NY

- NYS will leverage existing infrastructure of the SHIN-NY

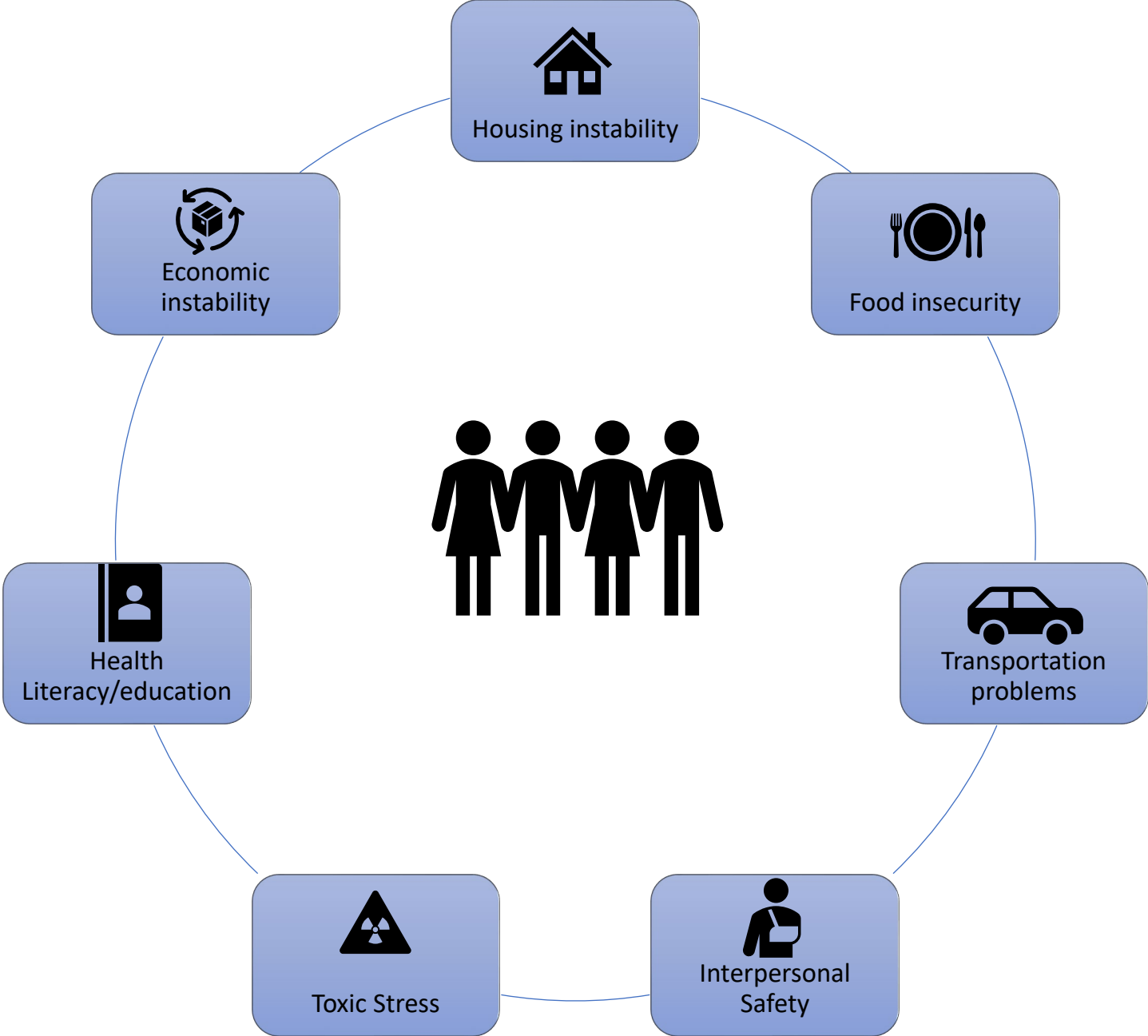
Referrals

- NYS will ensure referral and SCN data will feed into this statewide data repository

Interoperability

- Referral platforms & data systems that support screening and referral processes will be qualified and approved by NYS

Social Care Needs Areas



Investments in Advanced VBP Models

Global Prepayment Model

- Support the mid- to long-term transformation and integration of the entire NYS health care and social care delivery system by funding the services needed to address SCN at scale

Redesign the VBP Roadmap to address health equity & SCN

- NYS will develop a comprehensive range of VBP arrangements for the HEROs, SDHNs, and MCOs to consider adopting based on the specific populations and needs within each region

Advanced VBP Contract Requirements & Funds Flow

- VBP incentive pool will use an established fee schedule to pay CBOs for interventions on a per service basis or similar methodology

Investments in
Advanced VBP
Models

Funding:


- \$6.755B over the 5 years
- 50% of overall funding

Staggered approach:

- DY1 \$500M
- DY2 \$1B
- DY3-5 \$1.752B

Ensuring Access for Criminal Justice- Involved Populations

- Seeking to build and strengthen:
 - the relationship between the care provided inside its prisons and the care offered by Medicaid providers upon release,
 - ensuring appropriate transition and supports prior to re-entry to ensure particularly vulnerable patients with comorbidities have the housing and other supports they need to stabilize in a community setting
- Provision of Targeted Medicaid Services to Incarcerated Individuals 30 Days Prior to Release
 - care management and discharge planning
 - clinical consultant services
 - peer services
 - medication management plan development and delivery of certain high priority medications
- Services would be phased-in over two years
 - State facilities in the first year and adding services in local jails in the second year
- Funding: \$748M over the 5 years
 - 6% of overall funding




Developing and strengthening transitional housing services and alternatives for the homeless and long-term institutional populations

Investing in
Transitional Housing
Services and
Alternatives for the
Homeless and Long-
Term Institutional
Populations

- Planning and coordinating through HEROS
 - Conduct an inventory of **transitional** housing programs in each region and identify the gaps that exist, mapping existing efforts and any gaps by area and vulnerable population
 - Match Medicaid and homeless data in order to identify eligible high utilizers that need enhanced engagement
- 5 Core Task to target the NYS housing gap
 - Identify accessible and affordable housing options in each region for homeless and transitional populations.
 - Identify high utilizer members and those who can transition safely to the community.
 - Provide enhanced housing services and coordination of all needed services to identified members.
 - Ensure the availability of sufficient long-term services and supports and accessible health care capacity to enable aging in place.
 - Measure costs savings and health outcomes.

Enhanced Transitional Housing Initiative

- Enhanced Transitional Housing Pool
 - Informed by a comprehensive and unified transitional housing and respite services menu for Medicaid members developed by HEROs and include MCO and VBP arrangement funding with matching 1115 waiver dollars
- Targeting:
 - Identified high utilizers or for those living in an institutional setting for 90 days or more using the regional data match mentioned above
 - Utilize the HERO's housing inventory and mapping to find appropriate housing
- Funds will then be paid to the SDHN for CBOs to engage Medicaid members and provide:
 - medical respite
 - Referral and coordination of related services and benefits
 - community transitional services
 - coordinate care and services
 - tenancy supports
- Funding: \$1.565B over 5 years
 - \$63M in DY1, \$101M in DY2, \$301M in DY3, \$501M in DY4, \$601M in DY5
 - 12% of overall funding



Redesign and strengthen system capabilities to improve quality, advance health equity, and address workforce shortages

COVID-19 Unwind Quality Restoration Pool for Financially Distressed Hospitals and Nursing Homes

- VBP Pool
 - Available to financially distressed safety net and critical access hospitals and nursing homes
 - State will flow VBP funds through the MCOs to support VBP proposals consistent with waiver priorities.
- Targeting:
 - High Medicaid payor mix to engage in VBP arrangements and facilitate post-pandemic quality improvement and meaningful contribution to the health equity goals of this waiver
- Funds will be available to these entities for the following activities::
 - Further move toward VBP with a focus on quality improvement and promoting health equity, consistent with the goals of this proposed amendment;
 - Develop workforce training, in collaboration with Workforce Investment Organizations (WIOs), to support quality improvement initiatives and pandemic-related needs
 - Implement interventions focused on health equity and population health improvement goals and work of HEROs described in Goal #1.
- Funding: \$1.5B over 5 years
 - 11% of overall funding

Develop a Strong, Representative and Well-Trained Workforce

- Reinvestment in Workforce Investment Organizations (WIOs)
 - Focus on the needs of their respective regions and coordinate with the other WIOs across NYS to facilitate a cohesive approach to workforce development and share best practices
 - Planning efforts will involve a variety of stakeholders, including local government entities, labor organizations, provider organizations, and CBOs
- Funds will target:
 - Recruitment and Retention Initiatives
 - recruit greater participation by people of color and people identifying as LGBTQ+ in medical professions, and workers that reflect the communities they serve.
 - Develop and Strengthen Career Pathways
 - Training Initiatives
 - Expanding the Community Health Worker and Related Workforce
 - Standardize Occupations and Job Training
- Funding: \$1.5B over 5 years
 - 11% of overall funding



Creating statewide digital and telehealth
infrastructure

Equitable Virtual Care Access Fund

- Targeting:
 - Assist providers with these human capital investments, resources, and support
- Statewide collaborative group:
 - Identify local strategies/solutions for mutual assistance and to also
 - Inform statewide standardization of technical requirements, workflows, training, and technical assistance
- Funds may bolster telehealth modalities such as:
 - ‘At scale’ remote patient monitoring programs and other advanced care management and coordination solutions for high-prevalence chronic conditions,
 - Predictive analytics and other data platforms to support the delivery of comprehensive and integrated physical and virtual care
 - Patient-facing tools and devices to support the delivery of comprehensive and integrated physical and virtual care
 - Remote or digital-only day habilitation or social day care services for individuals with long-term care needs
 - Infrastructure and virtual care models that increase access to novel treatments and/or clinical trials for underserved populations
- Funding: \$300M over 5 years
 - 2% of overall funding



What's next?

Announced
in July 2022

1115 Health Equity Waiver Amendment Next Steps

Activity	Date
Review Public Comments and Finalize Application	May-August 2022
Target Date for Formal Submission of Amendment Application to CMS	By September 1, 2022
Federal Public Comment Period	September 16-October 17, 2022
CMS & New York Negotiate Terms of Amendment	Beginning Mid-October 2022
Target Implementation Date	January 1, 2023

Where We Are Now

Federal Public Comment Period

- September 19, 2022 through October 19, 2022

CMS & NY negotiate terms of the Amendment

- Late October 2022

Target Implementation Date

- January 1, 2023

Questions?

Thank you!

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How To Get Involved?

- ∞ Federal comment period opportunity through 10/19
- ∞ Monthly 1115 webinars
- ∞ County-based CBO listening forums
- ∞ Provide feedback on the regional SDOH inventory



About Inclusive Alliance



- ∞ Independent Practice Association (IPA) of community-based organizations of varying sizes and scopes of services founded in 2017
- ∞ 28 members & **growing**
- ∞ Mission: To advance the growth and quality of cost effective and inclusive individual services for children and adults through innovation, collaboration and coordination.
- ∞ Primary Purpose: Prepare members for Managed Care and the transition to value-based payment (VBP)



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