New York State Department of Health
Office of Health Insurance Programs (OHIP)
Waiver Management Unit
99 Washington Ave.
Suite 1208
Albany, NY 12210

May 20, 2022

Dear OHIP Waiver Management Unit:

We, the undersigned, respectfully submit the following testimony to the New York State Department of Health's ("Department") request for public comment in regard to the draft *Strategic Health Equity Reform Payment Arrangements: Making Targeted, Evidence-Based Investments to Address the Health Disparities Exacerbated by the COVID-19 Pandemic* proposal ("draft proposal").

This testimony represents a regionwide community consensus response from the greater Finger Lakes region. We are extraordinarily impressed with the foresight, creative frameworks, and programs outlined in the draft proposal. These concepts represent a significant shift upstream in care and should result in significant outcome improvements for the people of the Finger Lakes region. A key driver of overall health outcomes in our region is the inequity that exists across racial, ethnic, and sociodemographic lines. The best way to begin to ameliorate those inequities is to address their roots as early as possible, and this proposal presents many opportunities to do just that.

Our community has been moving collaboratively in this direction for decades. We have a long history of working together to achieve better outcomes for our neighbors implementing preventive and transformative practices. These efforts have yielded incredible assets that we hope to leverage to achieve the goals outlined in this draft proposal. We are strongly aligned with those goals and many organizations are already executing on them in ways that could easily fit into the framework described therein.

We wish to thank the Department for this opportunity to provide input to the draft proposal. The feedback contained herein represents the summary of 118 responses to a fourteen-county[1] regional survey conducted from May 2 to May 6, 2022, as well as two regional forums held on April 29 and May 13 (attended by approximately 200 and 70 people respectively).

The Development of Community Consensus Testimony

After the Department's release of the concept paper in August of 2021, Common Ground Health and the Finger Lakes Performing Provider System (FLPPS) began to engage with leaders across the Finger Lakes and New York State to review and discuss how the concepts described in that paper might be operationalized. Regionally, we began an ongoing discussion with key

[1] Counties included: Allegany, Cayuga, Genesee, Chemung, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Waye, Wyoming, Yates

partners, including our regional health systems, insurers, Accountable Care Organizations (ACO) and Independent Provider Associations (IPA), non-clinical human and social services agencies, our county governments, our United Way and its affiliates, and other community stakeholder organizations.

Once the Department released the draft proposal, we quickly mobilized to implement a process to collect, analyze, and submit consensus testimony from across our region. 118 individuals responded to the aforementioned survey and represent a broad range of stakeholders. Figures 1 and 2 describe the varying types of organizational respondents and the counties in which they operate. The responding organizations also had a wide range of previous engagement with Medicaid Reform programs (DSRIP). Figure 3 provides the breakout of engagement.

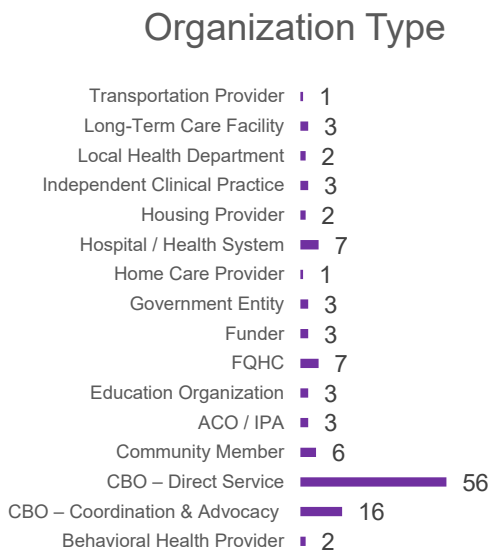

Figure 1 - Responding Organizations by Type

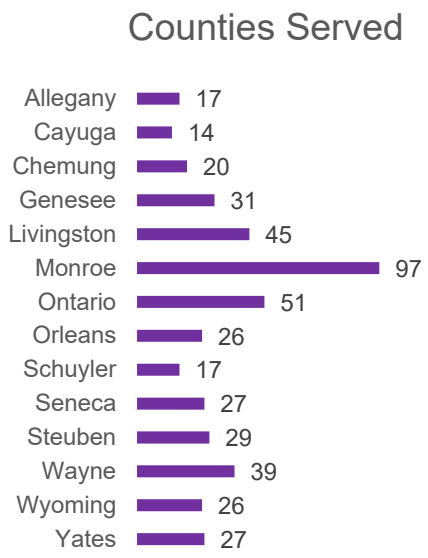

Figure 2 - Counties Served by Organizations

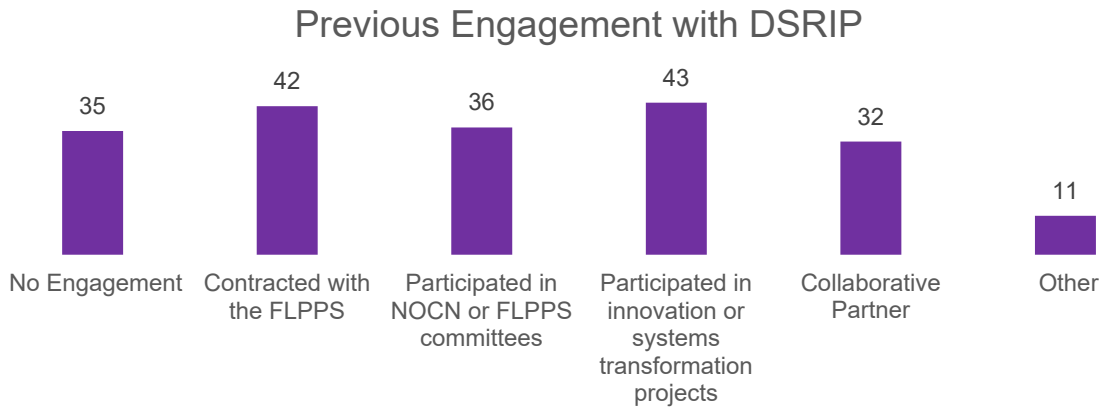

Figure 3 - The Historical Engagement of Respondents with Medicaid Reform Programs.

The 124 signatories to this testimony agree with the recommendations contained in the following pages. The diversity of the nature of our organizations demonstrates that there is broad consensus across our community, and we hope that significant consideration is given to the suggestions we have to improve on this draft proposal. We have also encouraged, and many respondents have submitted, their own written testimony. This consensus testimony affirms and complements those individual responses.

Strong Alignment with the Proposed Goals

Our region is well oriented to the four goals of the draft proposal:

1. Building a more resilient, flexible and integrated delivery system that reduces health disparities, promotes health equity, and supports the delivery of social care;
2. Developing and strengthening supportive housing services and alternatives for the homeless and long-term institutional populations;
3. Redesign and strengthen system capabilities to improve quality, advance health equity and address workforce shortages; and
4. Creating statewide digital health and telehealth infrastructure.

We appreciate the Department's foresight in the prioritization of these goals. Figure 4 demonstrates that a vast majority of our respondents agreed that all four goals were either critical to achieving population health or a priority for many of our residents, with over 80% of respondents indicating that for both goals one and three.

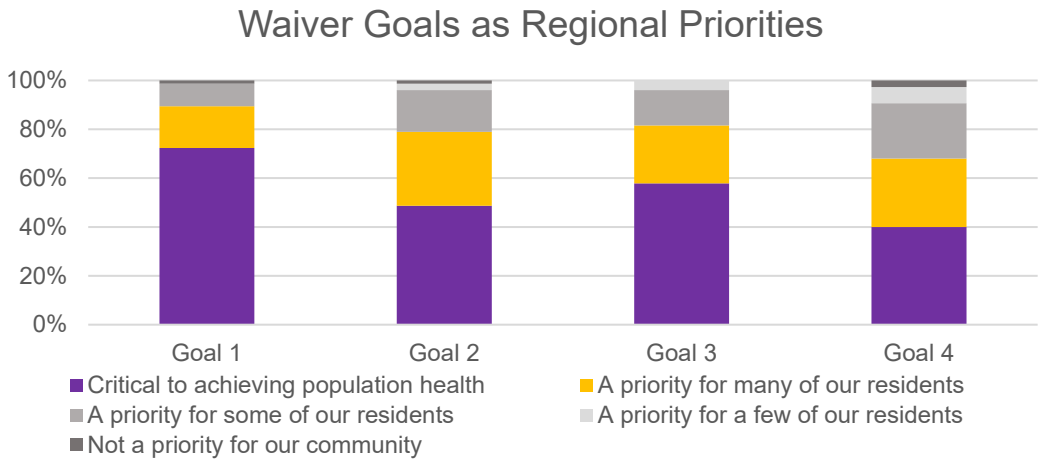

Figure 4 - Respondents' description of the importance of each one of the four goals outlined in the draft proposal.

Not only do we agree that these are important and laudable goals, many individuals and institutions in our region are already actively working on them. We asked respondents to share how frequently they or their organizations were working towards each of the goals described in the draft proposal. Figure 5 demonstrates that for every goal, there are many organizations in the Finger Lakes region actively striving to achieve it today.

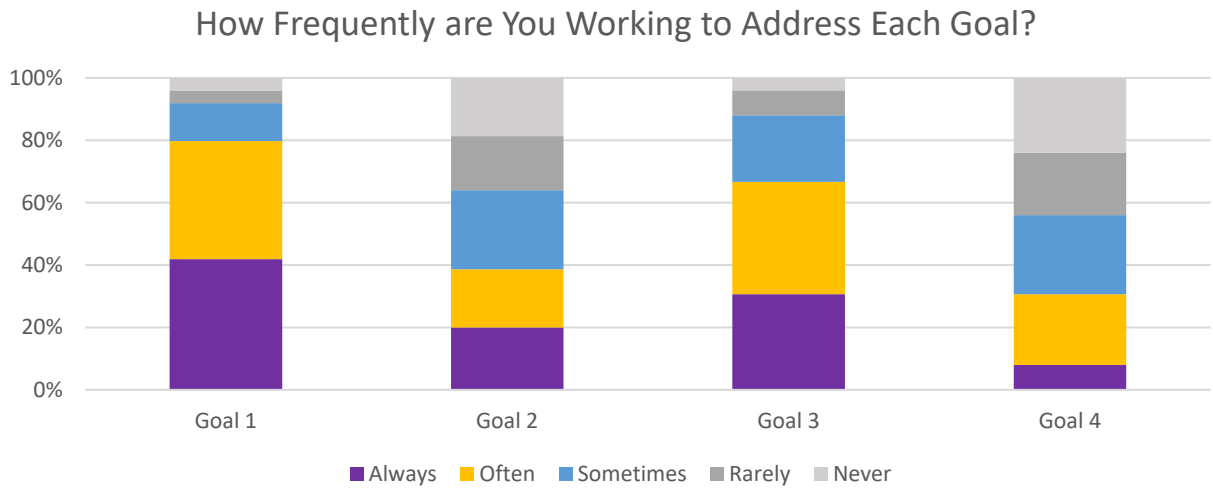

Figure 5 - Many in the Finger Lakes are Already Working to Achieve the Goals Described in the Draft Proposal

We also wish to acknowledge the importance of the shift in direction to focus on the Social Determinants of Health (SDOH). This draft proposal aligns with work that has already been happening in our region. For example, the FLPPS has initiated an extensive System Transformation and Community Investment program that specifically focuses on addressing gaps and SDOH in the domains of Maternal Child Health, Behavioral Health, and Care Management. This work focuses on bridging clinical and community services.

Another example is our region's collective response to the COVID-19 pandemic, in which we not only attended to clinical needs such as testing, vaccination, patient engagement, and remote patient monitoring, but also worked as a collaborative with our education system and local employers to keep people whole by ensuring that the basic needs of safe shelter and quality food were met for those needing isolation and quarantine,

Lastly, collaborative and innovative efforts such as our three behavioral health IPAs, two Accountable Care Organizations, a Federally Qualified Health Center (FQHC) & behavioral health IPA, and our Behavioral Health Care Collaboratives (BHCC), and the Systems Integration Project in Monroe County, referenced in the draft proposal, demonstrate our eagerness to collaborate and the readiness of our community to address SDOH. This project achieves its success by aligning and integrating the healthcare, human service, and education sectors and recognizes the impact each have on health outcomes and inequities.

Focusing on the SDOH will not only contribute to cost-savings through preventative and proactive work, but it will also improve the longevity and quality of life for Medicaid recipients in the Finger Lakes and across New York.

It is also important to acknowledge that adding a focus on public health and the Prevention Agenda to the draft proposal is critically important to success. We know how much the public health infrastructure impacts both acute and chronic outcomes for individuals, and that the infrastructure has a disproportionate effect on lower-income individuals. Failing to invest in and integrate efforts with our public health infrastructure as a component of this waiver would have had serious negative impacts on the Medicaid population and we applaud the Department for its inclusion as an important component.

Recommendations on Structure

Community-Driven Implementation

The regional autonomy that is described in the draft proposal highly aligns with our region's approach. Our community has a robust network of existing resources and relationships, and we ask that the final proposal allow for regions to leverage these assets and organize in a way that meets the needs of the waiver program without creating new duplicative structures or restarting projects already in motion. This recommendation was a resounding theme of respondents to our regionwide survey and further reinforces the need to recognize geographical regions for the HERO structure that leverage already existing care patterns, relationships, and structures.

While the utilization and expansion of evidence-based interventions are critical to advancing population health, we encourage the Department to consider a broad range of interventions for funding. Only allowing evidence-based interventions inhibits innovation. There must be allowance for both promising practices and innovative solutions in addition to evidence-based interventions. The standards and outcomes measures to be used will need to accommodate for innovative, next-generation solutions that may not have outcomes measurable in pre-defined frameworks. Evidence-based models only come about through investment in new ideas so they can be tested.

Geographical Regions

We highly encourage the Department to re-consider the definition of geographic regions contained in the draft proposal. Our regional population and networks of care are not represented by the six-county Finger Lakes region described therein. Indeed, as Figure 6 demonstrates, we received a sizeable number of responses to our survey from organizations serving fourteen counties, extending from Lake Ontario to the Pennsylvania border. We are not necessarily recommending this exact region but recommend the Department strongly reconsider the regional definitions.

These counties represent the collection of clinical and community organizations that have been working successfully together to transform and improve how healthcare is delivered in our region. As the Department considers the geographic regions that will be defined in the final proposal, the consideration of these types of networks should be an important factor in that decision-making.

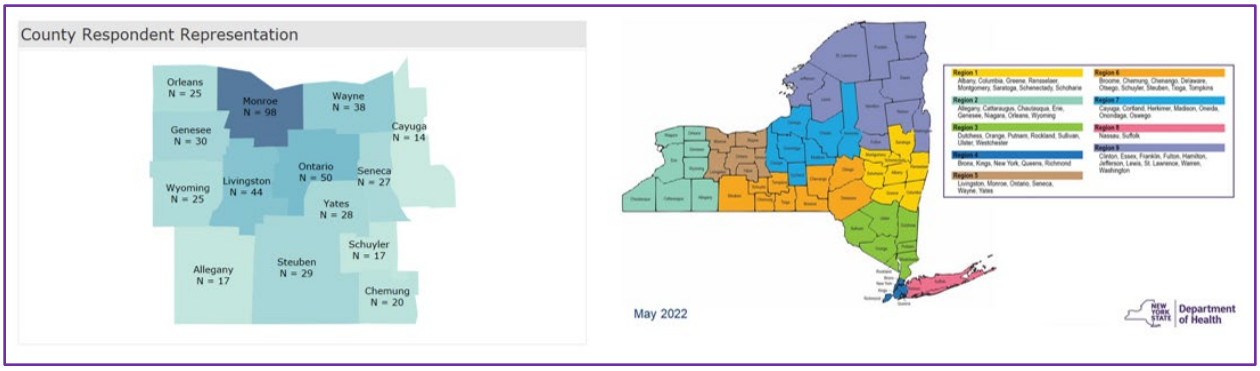

Figure 6 – Comparison of the Responses to our Regional Survey to the Regions Defined in the Draft Proposal.

Community Based Organization (CBO) Support

To fully address the SDOH, we firmly agree that CBOs are critical to the system of care. Incorporating CBOs into the Medicaid framework will require significant resources and support for those organizations seeking to participate in Value-Based Payment (VBP) arrangements.

In order to achieve the success that we believe will be possible under this redesign, there is a need for various types of technical resources and support, such as IT infrastructure development, billing procedures, care coordination, data management, and other trainings to be provided to the CBOs. We ask that the implementation of the final proposal and Department's approach to implementation account for the significant time and additional funding needed to build the skills and systems needed for those VBP arrangements to be successful and for Medicaid beneficiaries to reap the full benefits of what our region has to offer in social supports.

Additionally, robust CBO representation in the planning and governance of each regional waiver implementation is critical. Health Equity Regional Organizations (HERO) and Social Determinant of Health Network (SDHN) governance models should not only require representation but encourage power structures that allow for co-creation and problem-solving across the healthcare and CBO sectors.

Measurement

The measurement of success is an incredibly challenging endeavor and will require iterative analysis, the ability of local actors to dissect the results, and a collaborative approach to defining and re-defining both process and outcome measures. It is our hope that the Department will set the tone for how measures are developed and implemented for the HEROs, SDHNs, and Managed Care Organizations (MCOs).

Therefore, in this waiver we request that proprietary measures that cannot be locally replicated are not used for measurement or accountability. Additionally, all outcome and accountability measures need to be available to the HEROs, SDHNs, MCOs, and providers in a way and at a level of detail that are actionable and allow for disaggregation so as to provide meaningful understanding of disparities and inequities.

Improving outcomes for an entire region cannot be the only aim of this program. The Finger Lakes has dramatic disparities in outcomes by socioeconomic status, geography, race and ethnicity that must be addressed. Health equity must drive each of the goal areas as outlined and success needs to include a measurement of the transformative improvement in health and well-being for historically disadvantaged communities.

Because a collaborative approach to measurement is required, consideration of the significant transformation required to achieve the goals of the draft proposal should be considered. Determinations of success need to acknowledge that different organizations will be able to achieve outcomes more readily than others and targets should be set with an accommodation for baseline results.

Children, Families & Educational Sector

Children were noted as a significant population missing from the draft proposal. Nearly 40% of respondents indicated that there was a need to focus on children, families, youth mental health and / or early childhood health and well-being. There is very strong support in our region for the

draft proposal to prioritize the importance of elevating the priorities of maternal-infant-early child health and the mental and behavioral health crisis among children and youth.

Overloaded[2], a report published by Common Ground Health in 2019, noted the crisis of mental and emotional health in our region among those in low-income households, in unsafe neighborhoods with transportation barriers. With the additional burden of the COVID-19 pandemic, there is no doubt that this crisis has worsened

This theme in responses surpassed a focus on not only just children but included a need to direct resources to families and multi-generational approaches. Waiver implementation structures and programmatic efforts must prioritize long-term and generational improvements. We highly encourage the Department to consider programs that are focused on the enduring improvement of people's lives, over their life course trajectory, and beginning as early as possible, despite the fact that savings measures may be difficult to ascertain within the timeline of the draft proposal.

In particular, mental health and well-being for families was noted as a critical area for attention. Poor mental health, especially among, youth has been exacerbated by the COVID-19 pandemic. Infant and Early Childhood Mental Health (IECMH) was referenced by several respondents as being a critical component to the long-term success of any Medicaid redesign program and the impacts of social isolation and the interruption of school-based services requires an immediate and strong response.

Further highlighting the absence of a focus on children and families is the limited mention of the role of primary, secondary, and post-secondary educational organizations can play in addressing the SDOH. In our community, those organizations are key partners and as the Department develops the details of the draft proposal and designs the implementation of the program, we ask that those organizations be acknowledged and clear communication pathways between the SDHNs and local education agencies and higher education institutions be designed and/or leveraged. Educational organizations may also be part of SDHNs depending on their role in each community.

Advancing Health Equity - Special Populations

The approach to health equity is rooted in global and local research into and community input from sub-populations. The Department's approach to special populations must consider sub-population approaches as critical for global community health improvement. Our experience in the Finger Lakes has demonstrated that "a rising tide does not always lift all boats in the same manner to the same height."

Therefore, special efforts are required to reach vulnerable populations and the Department should ensure that HERO, SDHN, and VBP approaches speak to the needs of special populations. The regional needs assessments developed by the HEROs should strive to identify the needs and gaps for various populations, including, but not limited to:

- People of Color
- Older Adults
- Indigenous Peoples

[2] https://www.commongroundhealth.org/news/articles/study-finds-regions-no-1-health-concern-is-poverty

- The LGBTQ+ Community
- Individuals with Physical Disabilities
- Individuals with Intellectual and / or Developmental Disabilities
- People with Mental Health Challenges
- Refugees
- Individuals Engaged in Substance Use, Including Those in Recovery
- People who are Deaf or Hard of Hearing

These are populations that our region has identified but we know that every region will have different groups that they will want to identify and support and that even similar populations may have different requirements for support in different communities. We request the ability to identify these populations and how to support them at the regional level.

Goals

Goal 1 – Building a More Resilient, Flexible and Integrated Delivery System that Reduces Health Disparities, Promotes Health Equity, and Supports the Delivery of Social Care

The draft proposal defines “social care needs” broadly. We appreciate the flexibility of this definition and expect that social care networks will be defined by the HERO and existing models of care for each region. “Social care” network development needs to be informed by local models of care within regions.

The non-clinical care providers in our region are highly suited to provide culturally responsive care to the populations they serve. We fully expect that value to be acknowledged with representation and adequate funding across the SDHNs, and request that the payment models developed fully allow for the ability to recognize that ability.

We applaud the autonomy given to regions to chart their own course towards these goals. We also ask that the governance of all regional entities be required to fully represent all stakeholders, in both structure and power.

The determination of funds flow will be critical to developing trust between MCOs, SDHNs, and the CBOs in our community. Investments in the SDHN by the MCOs need to be transparent, community-guided, and congruent with the goals of the waiver in addressing the SDHOH.

Goal 2 – Developing and Strengthening Supportive Housing Services and Alternatives for the Homeless and Long-Term Institutional Populations

Housing is a critical issue in our community, and the focus on it as a priority SDOH is aligned with the challenges we are experiencing in the Finger Lakes. In previous waiver programs, housing insecurity by itself was not enough to qualify beneficiaries for housing support. In the final proposal, housing supports should be made available beyond high-acuity patients, including high-risk women and children. Beneficiaries who are struggling with housing needs require housing support regardless of current acute care utilization.

We recognize that the availability of quality, affordable housing stock is outside the purview of Medicaid, but we would like to know how the Department will be partnering with Federal, State, and Local agencies to make sure that significant housing supply is accessible to meet the demand generated by the final proposal.

Our region consists of rural, urban, and suburban communities, each of which require distinct consideration in the planning and execution of housing programs for Medicaid beneficiaries. As with other decisions, these choices will be best made by the communities in which they are being established. In addition to the ability to locally define this work, individuals with lived experience must be engaged for design and governance of these programs, and we ask that they be required to be a part of those structures.

Goal 3 – Redesign and Strengthen System Capabilities to Improve Quality, Advance Health Equity and Address Workforce Shortages

Like many areas across the country, the Finger Lakes region is challenged with workforce shortages in the healthcare, education, and social care sectors. The focused development of and investment in those workforces is critical to the long-term health and well-being of not just Medicaid beneficiaries, but all residents of the Finger Lakes.

As the department develops its final proposal, we request that additional emphasis be placed on:

- Equity in accessibility and utilization of training and career development, including addressing historical barriers to underrepresented people of color;
- Building workforces that come from the community in which they serve;
- Pursuing language diversity and cultural responsiveness as requisites for the entry and ongoing learning and development of the members of these workforces;
- Mitigation strategies for burnout to enhance retainment;
- Engaging employees at all levels in curriculum development, incentive design, and overall decision-making.

It is also important to note that many members of these workforces rely on the social and health care networks discussed in this draft proposal. Strengthening those systems is crucial to the successful adoption of new workers into these sectors.

Goal 4 – Creating Statewide Digital Health and Telehealth Infrastructure

The advancements in the availability of telehealth infrastructure that resulted from the COVID-19 pandemic need to be built upon and telehealth support will provide a needed service to beneficiaries who may have never been able to successfully access it before. We encourage the Department to consider continuing to stretch those services to include social care delivery as well. We hope that the funding for Equitable Virtual Care should extend to those organizations providing non-clinical care such as CBOs in the SDHN.

Interventions in telehealth need to build both supply and demand. Demand is driven by broadband access, equipment capabilities, digital literacy, and many other factors that limit the ability to engage in telehealth services; in particular, for rural communities. Either through the waiver or by other means, funding needs to be provided to address the digital divide for those individuals who cannot navigate digital solutions and technology, and/or do not have the necessary technology to access those digital solutions.

Just as with the discussion of the general workforce above, the telehealth workforce needs to be diverse to ensure the success of telehealth care delivery, including behavioral consultations,

social care managers, and direct social care providers. Finding ways to link providers with beneficiaries over telehealth must be developed to maximize the impact of those tele-visits. We recognize the significant challenge that this request represents and know that it is an important component of building trust between beneficiaries and the Medicaid system and providers.

Lastly, efforts toward this goal need to ensure they do not replace or create barriers to needed in-person care delivery, as defined by the populations being served. Individuals should be able, to the extent possible, choose how they receive services. This funding needs to support community-driven interventions that fill critical gaps in hardware, software and “human-ware,” and community members that can support technological literacy.

Conclusion

As you may have discerned from the robust response we received to the development of our community consensus testimony, we have been mobilized by the draft proposal and are excited and eager for the program to begin, pending approval by the Centers for Medicare and Medicaid Services (CMS). This approach by the Department represents a shifting of resources towards upstream issues that result in poor outcomes for beneficiaries and higher expenses for taxpayers. We stand ready and able to implement this redesign effort once approved.

Thank you for reviewing our testimony and we hope that you’ll strongly consider the recommendations of this incredibly broad range of stakeholders as you finalize your proposal to CMS.

Respectfully Submitted,

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Meaghan de Chateauvieux
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Willow Domestic Violence Center

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George A Roets
Director, Community Services
Yates County Community Services

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Phyllis Lukenbill
VP of Operations
YWCA of Rochester and Monroe County