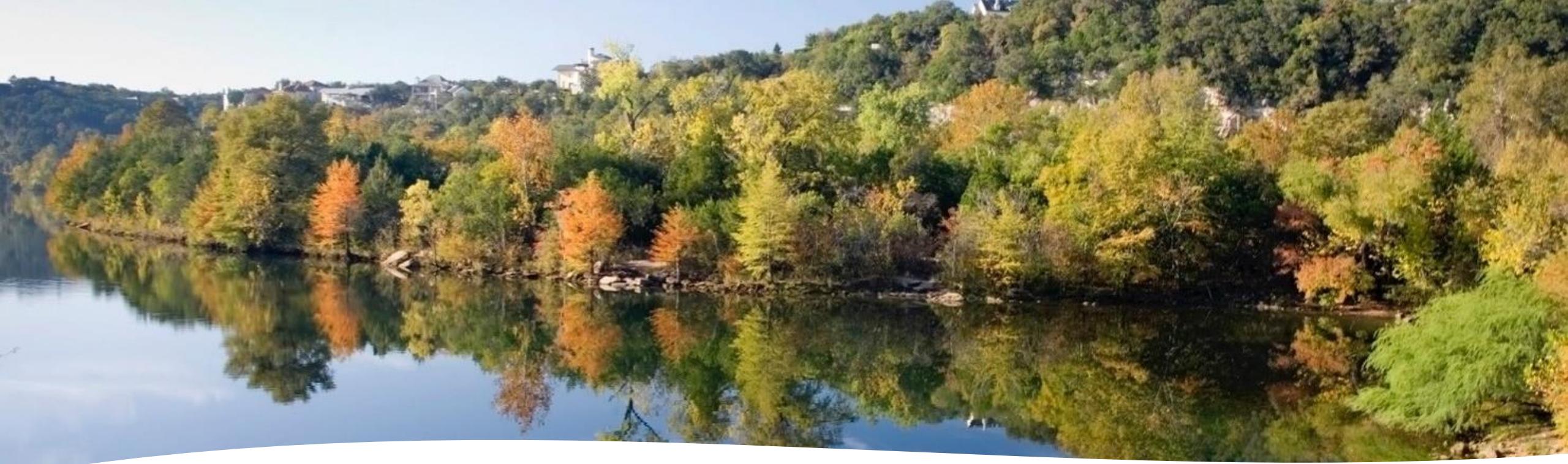


May 13, 2022

# **Finger Lakes Region Community Forum #2: NYS DOH 1115 Waiver Amendment Proposal**

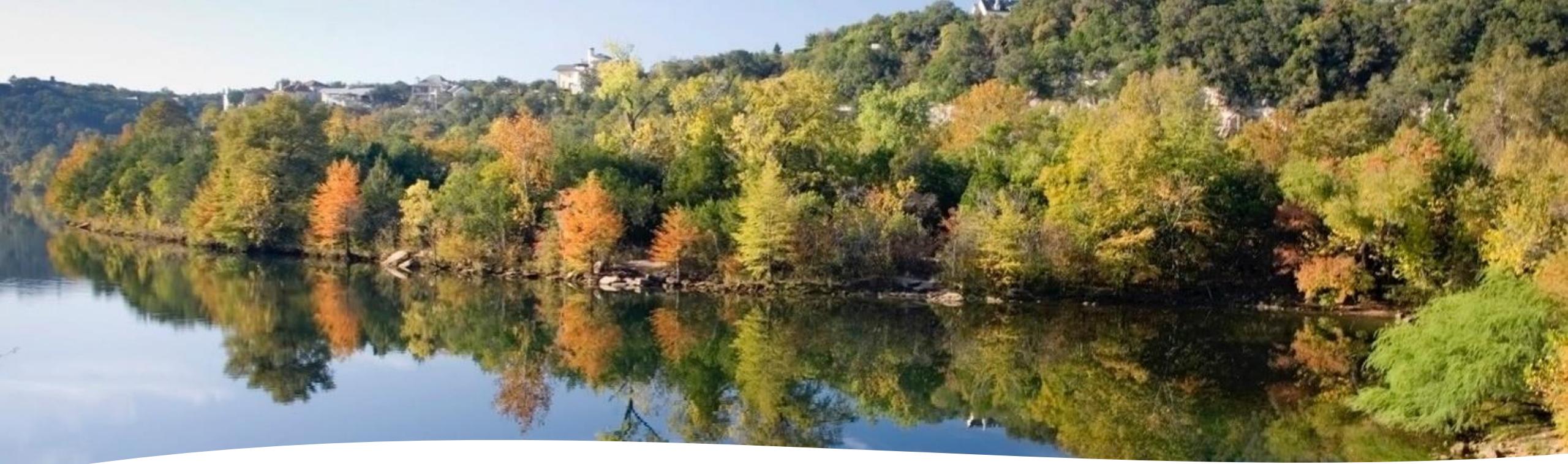
*Hosted by Common Ground Health*



# Welcome & Opening Remarks

# Agenda

- 1) Survey Feedback Results & Outline of Finger Lakes Region Response Letter to NYS DOH**
- 2) Timeline & Next Steps**
- 3) Open Forum**
- 4) Closing Remarks**



# **Survey Feedback Results & Outline of Finger Lakes Region Response Letter to NYS DOH**

# High Level Speaking Points for Our Region

- State-prescribed regions should reflect **existing care patterns and supporting structures**.
- Our region has invested in **tools, resources, infrastructure, and relationships** to successfully respond to this 1115 Waiver.
- **Flexible implementation** will allow us to **leverage these assets and meet regional needs**, without overly-prescriptive approaches.
- NYS should adopt standards and outcome measures that drive us to meet the Waiver objectives, incenting **innovative, next-generation solutions that meet community need and achieve equity**.
- Our region's collective response to the COVID-19 pandemic has reinforced that transformative solutions must be designed at the **local regional level**.
- Data should be **locally managed**.
- NYS should consider **equity, empowerment, and data sovereignty when designing and deploying digital solutions**.

# Survey Discussion Outline

- Introduction
- The Development of A Community Consensus Response
- Areas of Alignment
- Comments on Structure
- Special Populations
- Goals
- Conclusion

# Introduction

- Waiver represents a reflection of work that the Finger Lakes has been focused on for decades
- We have the assets, drive and collaboration in our community to be successful at implementing this work
- There is already much work going on in the Finger Lakes that aligns with the goals and structure of this proposal

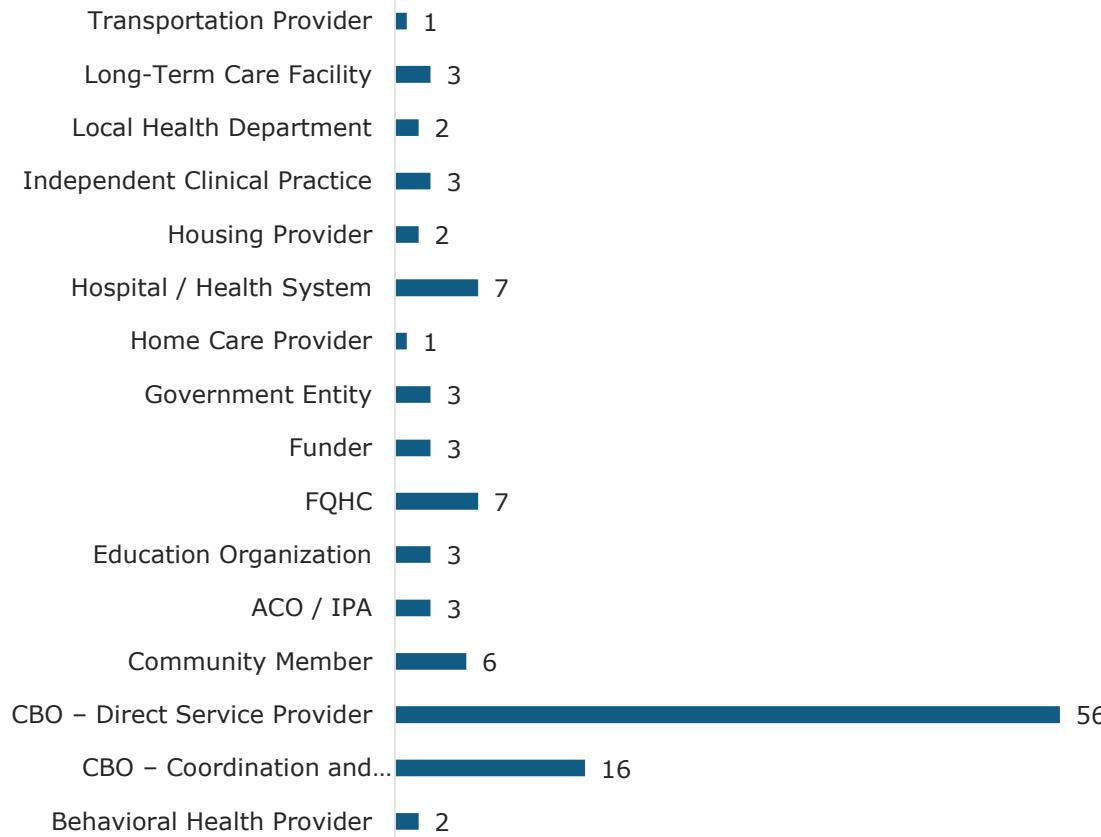
# A Community Consensus Response

# **Process for Development of Response**

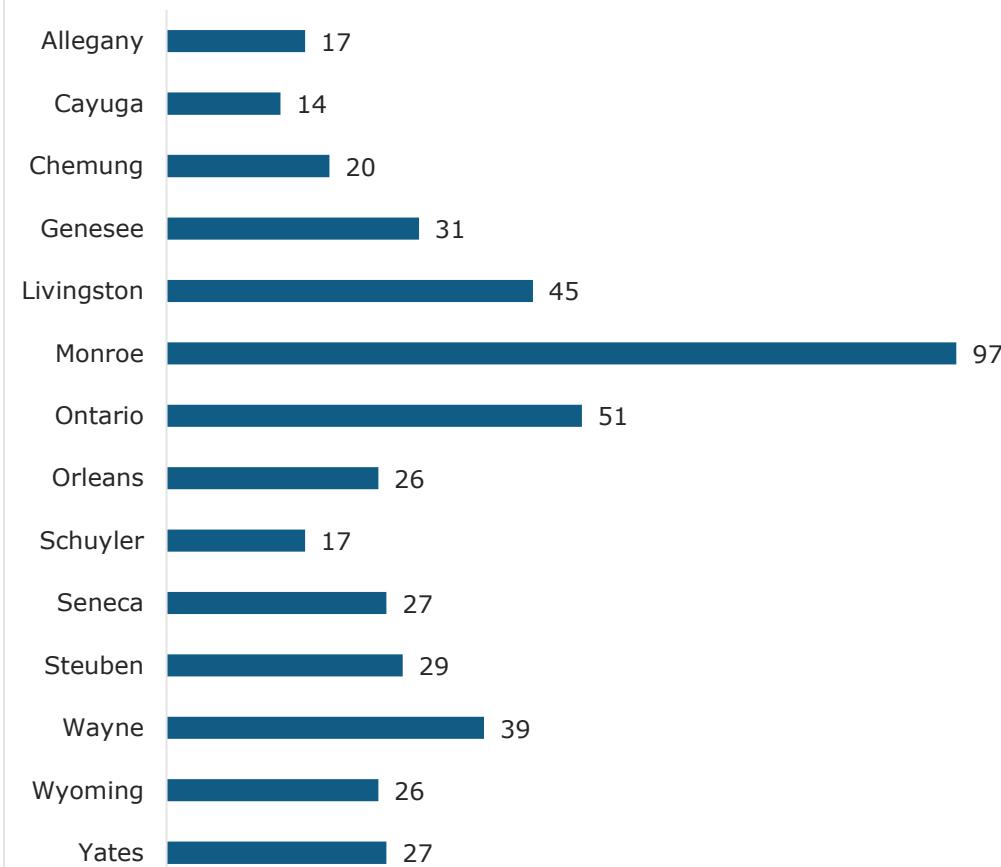
- Survey information & statistics
- Description of overall responses

# Responding Organizations

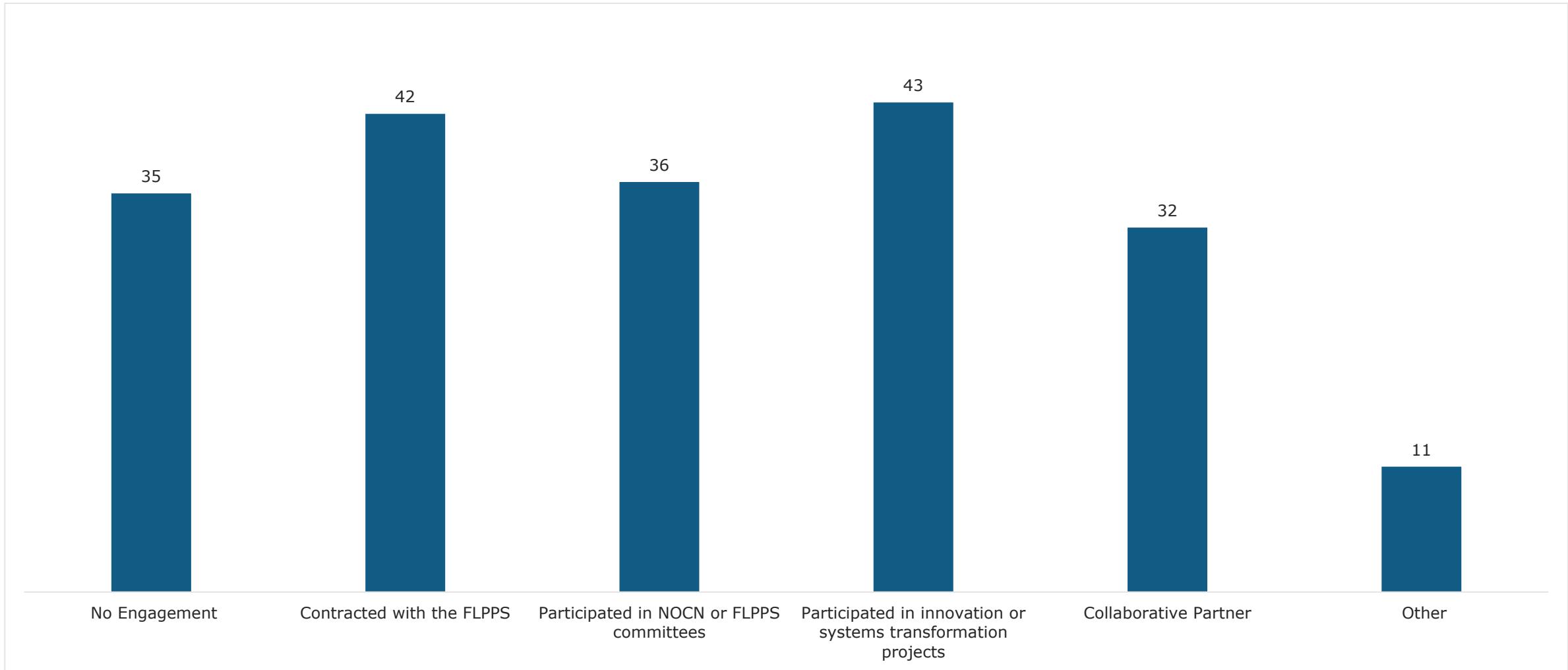
## Organization Type



## Counties Served



# Engagement with DSRIP

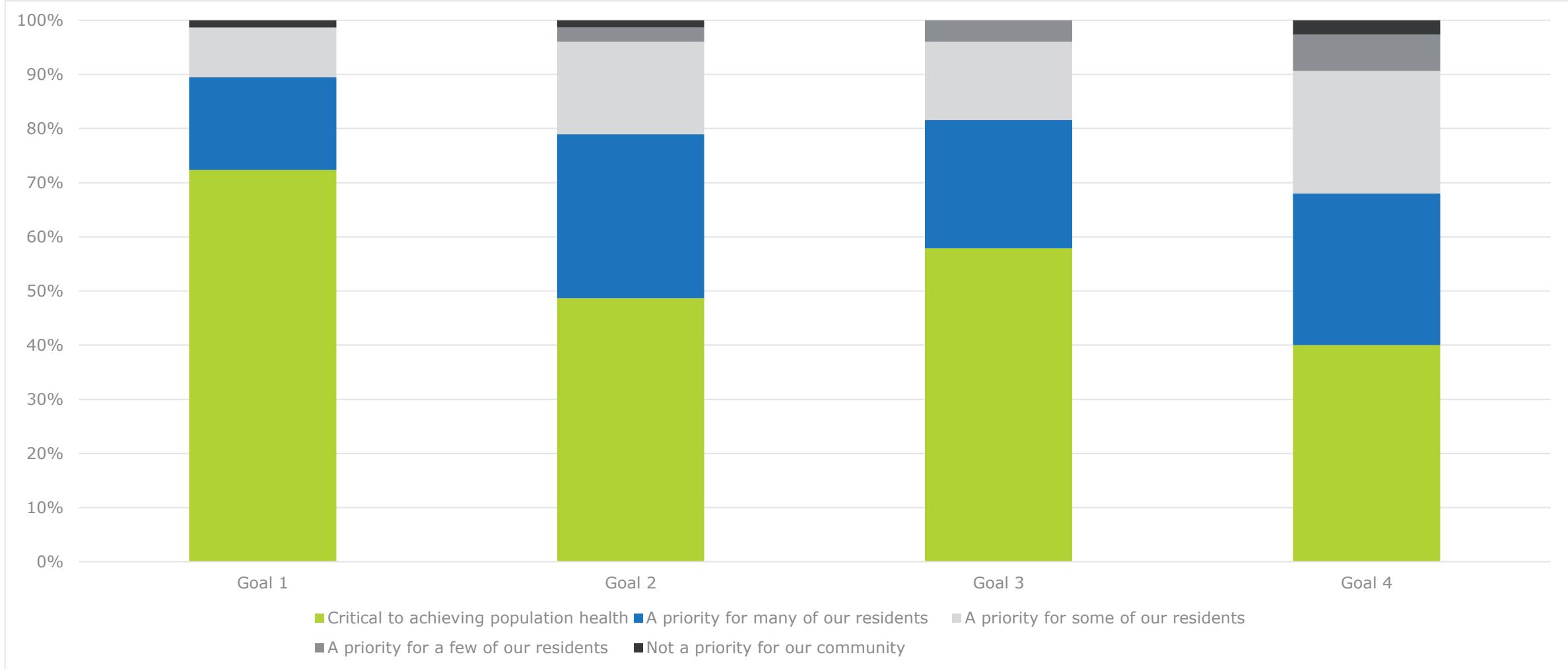


# Areas of Alignment

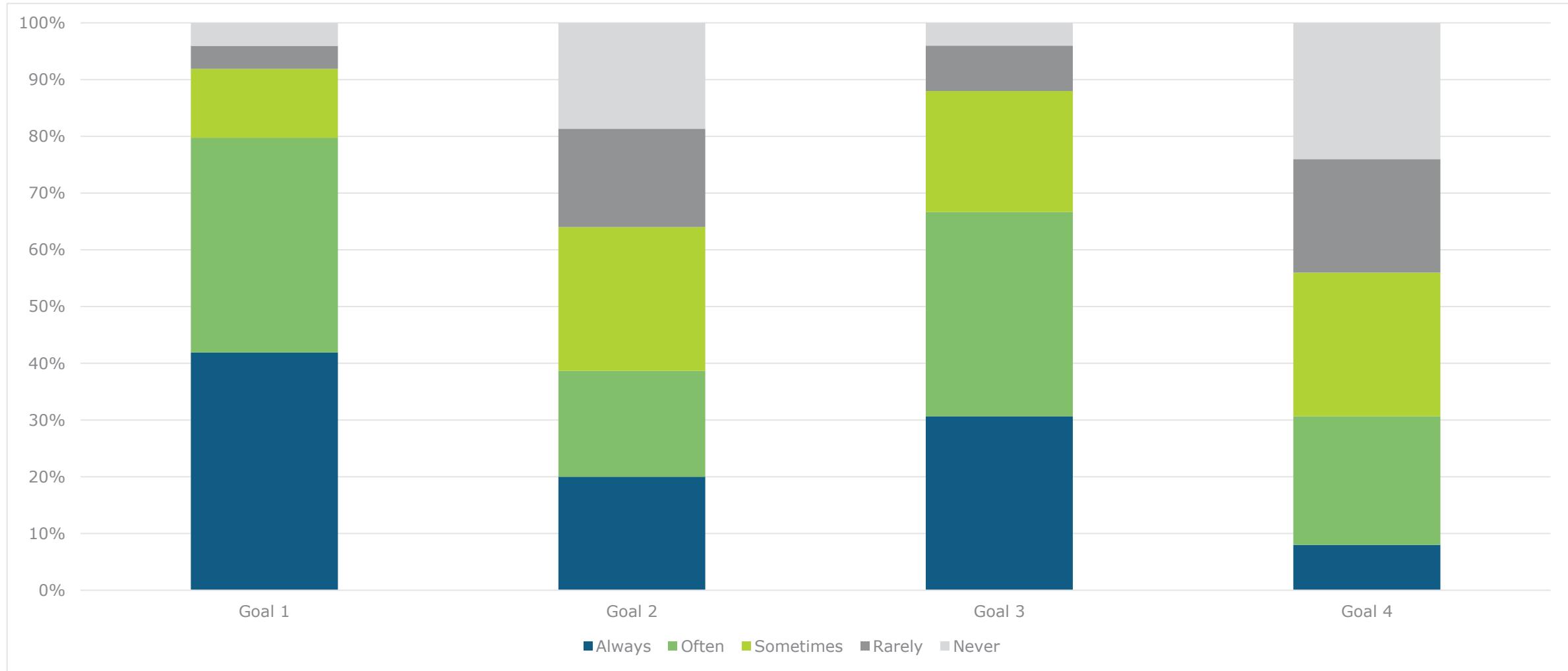
# Alignment

- Our region is well oriented to the goals of the proposal and agrees that they are laudible.
- The shift in focus to SDOH and working upstream is where we are already headed.
- Adding the role of public health and the prevention agenda in the proposal since the release of the concept paper.

# Waiver Goals as Regional Priorities



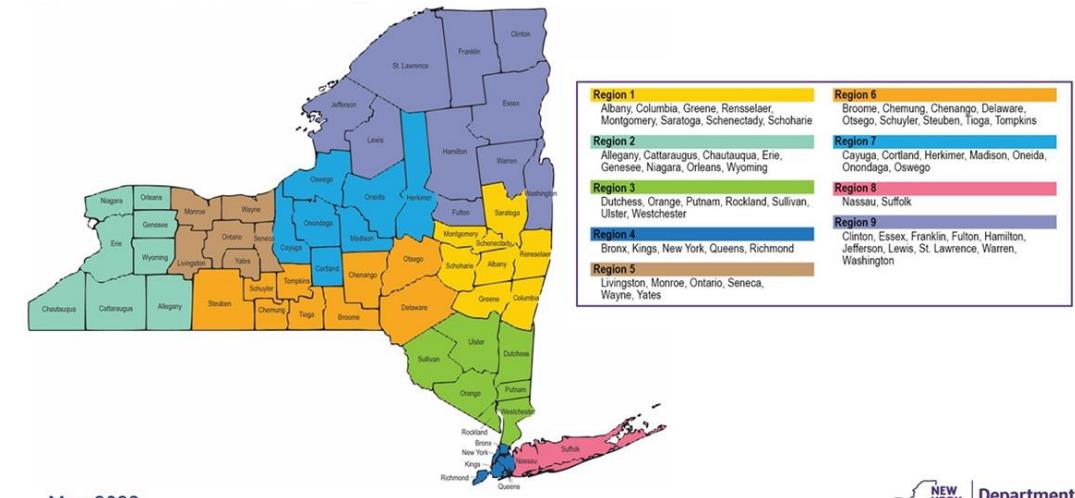
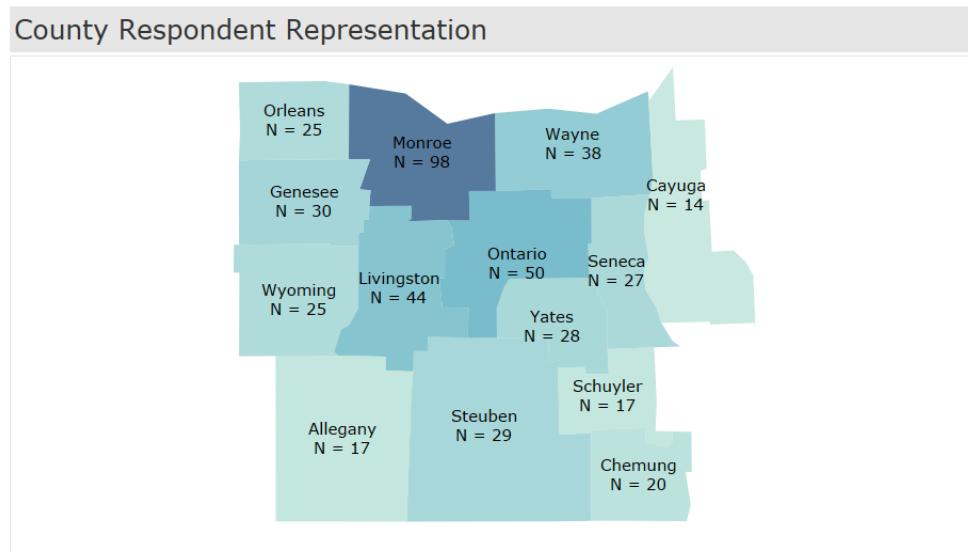
# Work Currently Happening to Address Each Goal



# Comments on Structure

# Structure Feedback - Geography

- The geography identified in the current proposal does not match with our current networks of medical and social support. Our survey respondents spread across 14 counties.



# Structural Feedback - Community Driven Implementation

- We encourage the state to consider a broad range of interventions for funding. Only allowing evidence-based interventions inhibits innovation. Allow 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.
- Our community has a robust network of existing resources and relationships. We ask that the final proposal allow for regions to leverage these assets and organize in a way that meet the needs of the waiver program, without the need to create new duplicative structures.
- The proposal mentions several organizations and programs already operating in the Finger Lakes. We ask that the final proposal allow for those organizations to continue that work without the need to recreate systems and projects that are already in motion. This further reinforces the need to recognize geographical regions for the HERO structure that leverage already existing care patterns, relationships, and structures.

# Structural Feedback – CBO Support

- The community is highly pleased that SDOH are such a core component of this proposal, and excited to see the plan to better integrate CBOs into the Medicaid care system.
- There is a need for significant various types of technical support in order for the CBOs in our region to be able to successfully participate in this program. We ask for the waiver to account for the time and additional funding needed to build the skills and systems needed.
- Robust CBO representation in the planning and governance of each regional waiver implementation is critical.

# Structural Feedback - Measurement

- We reiterate our request for the State to consider allowing for local flexibility and management of the process and to leverage existing resources and organizations to achieve those goals.
- In this waiver, we request no proprietary measures that cannot be locally replicated are used for measurement or accountability.
- All outcome and accountability measures need to be available in a way and at a level of detail that is actionable.
- Health equity must drive each of the goal areas as outlined and success needs to include a measurement of the change in equity.
- However, consideration of the significant transformation required to achieve these goals should be considered when creating those meaningful measures to adequately measure progress.

# Structural Feedback – Educational Sector

- There is 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 state develops the details of the proposal and designs the implementation of the program, we ask that those organizations be acknowledged and clear communications pathways between the SDHNs and educational organizations are implemented.
- Educational organizations may also be part of SDHNs depending on their roles.

# Special Populations

# Special Populations

- We recommend the recognition for additional support for specific populations in the document. Most notably:
  - Children and Families
  - Maternal Health
  - Older Adults
  - The LGBTQ+ Community
  - People who are Deaf or Hard of Hearing
  - Individuals working through Mental Health and Substance Use, including those in Recovery
- We request the ability to identify these populations and how to support them at the regional level.

# Goals

# **Goal 1: HERO, SDHN, Social Care, VBP**

- The definition of “social care” needs to be informed by local models of care within regions.
- CBOs are highly suited to provide culturally responsive care to the populations they serve. That value must be acknowledged with representation and funding across the SDHNs.
- The governance of all entities needs to fully represent all stakeholders, in both structure and power.
- 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: Housing

- Housing supports must be available beyond high-acuity patients. Beneficiaries who are struggling with housing needs require housing support regardless of current acute care utilization.
- There are challenges with housing stock, quality, quantity and affordability. How will those be addressed outside of the waiver by NY?
- Rural Urban needs must be considered separately
- Individuals with lived experience must be at the table for design and governance of these programs.

# Goal 3: Workforce

- Equity in accessibility and utilization of training and career development, including addressing historical barriers of people of color.
- To the extent possible the workforce should come from the community in which they serve. Minority representation in workforce is essential.
- Language diversity and cultural responsiveness are requisites for providing these services. They need to be included in academic and professional development curriculae.
- Mitigation strategies for burnout need to be developed to enhance retention.
- Employees at all levels need to be engaged in the decision-making.
- Many members of our workforce rely on the social care networks discussed in this proposal. Their needs need to be accounted for on both sides of the equation.

# Goal 4: Telehealth

- Telehealth delivery and digital solutions need to include social care delivery and behavioral health care delivery. 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, digital literacy and many other factors that limit the ability to engage in telehealth services, in particular for rural communities and counties. Funding needs to include addressing 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.
- A diverse workforce needs to be present to ensure the success of telehealth care delivery, including behavioral consultations, social care managers, and direct social care providers.
- 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.

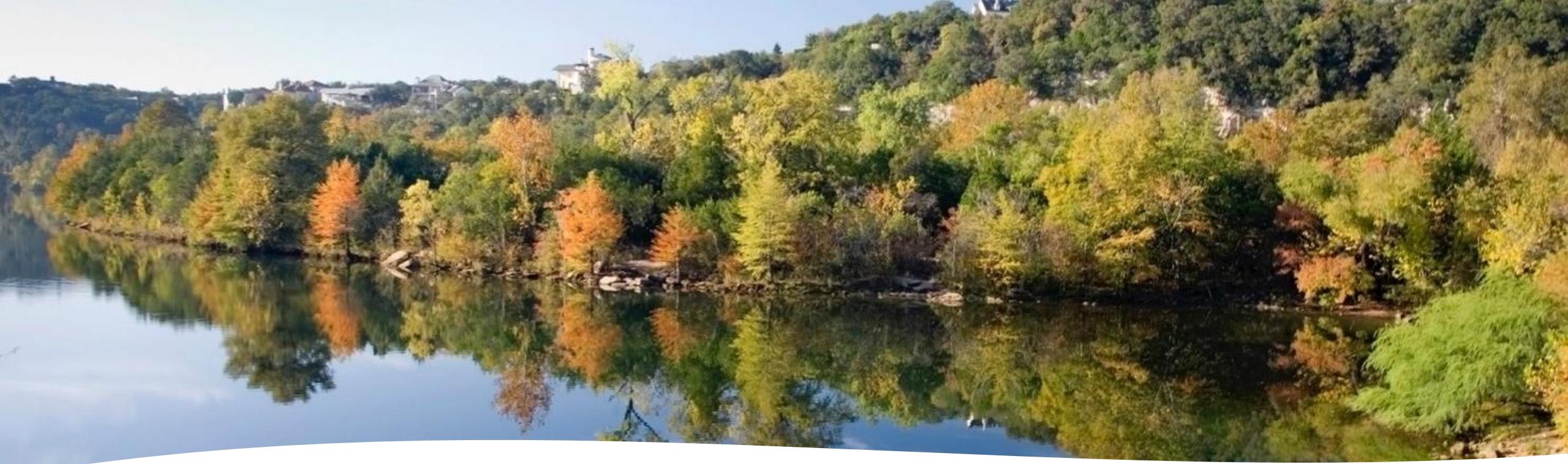
# Conclusion

# Conclusion

- We are excited by and for the waiver proposal.
- Applaud NYSDOH for aggressive moves to address upstream health issues.
- We stand ready and able to implement.
- Thank you for considering our feedback and we hope that you'll consider it as you finalize your proposal to CMS.

# Other Feedback

- Local implementation needs to be truly regional
- How will this be governed here?
- Information about the waiver needs to be shared across impacted individuals in the region
- Local coordination / communication is critical
- Include all stakeholders, especially beneficiaries and potential beneficiaries, early and often
- Be wary of unintended consequences. Complex systems create unintended outcomes.



# Timeline & Next Steps

# Timeline

4/13/22

NYS DOH published Waiver proposal with 30 day comment period

4/14/22

Communication to Finger Lakes Region stakeholders

- \* New Waiver Proposal
- \* 4/29 Forum
- \* NYS Public Forums

4/15 – 4/28/22

CGH led development of regional response survey

4/29/22

Finger Lakes Region Community Forum

- \* Waiver Overview
- \* Q&A and Feedback
- \* Survey

5/3/22

NYS Public Comment #1

- \* Written testimony extended to 5/20
- \* Regional response survey extended to 5/6

5/7 – 5/11/22

CGH analyzing and finalizing survey results and drafting response letter outline

# Next Two Weeks

**Tuesday  
5/10/22**

NYS DOH Public  
Comment #2

**Today Friday  
5/13/22**

Finger Lakes Region  
Community Forum  
Review survey  
results & response

**Next Monday  
5/16/22**

Email with regional  
response letter will  
be sent to  
community  
stakeholders to  
sign-on

**Next Friday  
5/20/22**

Written responses  
due to NYS DOH  
We will send to NYS  
DOH like collective  
Finger Lakes Region  
response letter.

We also encourage you to send a letter  
with feedback specific to your  
organization response.

If you would like to reinforce regional  
alignment please cc: Wade and Carol

## Immediate Next Steps

- Later Today - Meeting slides and recording will be emailed.
- Monday Morning – Full written testimony and sign-on link.
- If you are not receiving email updates, please add your name, organization, and email in the chat.

Contact Albert Blankley with any questions

1-607-437-9188

[Albert.Bankley@commongroundheatlh.org](mailto:Albert.Bankley@commongroundheatlh.org)

## **Process to also send your own letter to NYS DOH**

Written comments will be accepted by email at [1115waivers@health.ny.gov](mailto:1115waivers@health.ny.gov) or by mail at:

**New York State Department of Health  
Office of Health Insurance Programs  
Waiver Management Unit  
99 Washington Avenue  
12<sup>th</sup> floor (Suite 1208)  
Albany, NY 12210**

**All comments must be postmarked or emailed by 30 days of the date of this notice.**

If you would like to reinforce regional alignment, please cc:

**Wade Norwood, Common Ground Health  
Wade.norwood@commongroundhealth.org**

**Carol Tegas, FLPPS  
Carol\_tegas@flpps.org**

# Then what?

## Implementation Timeline

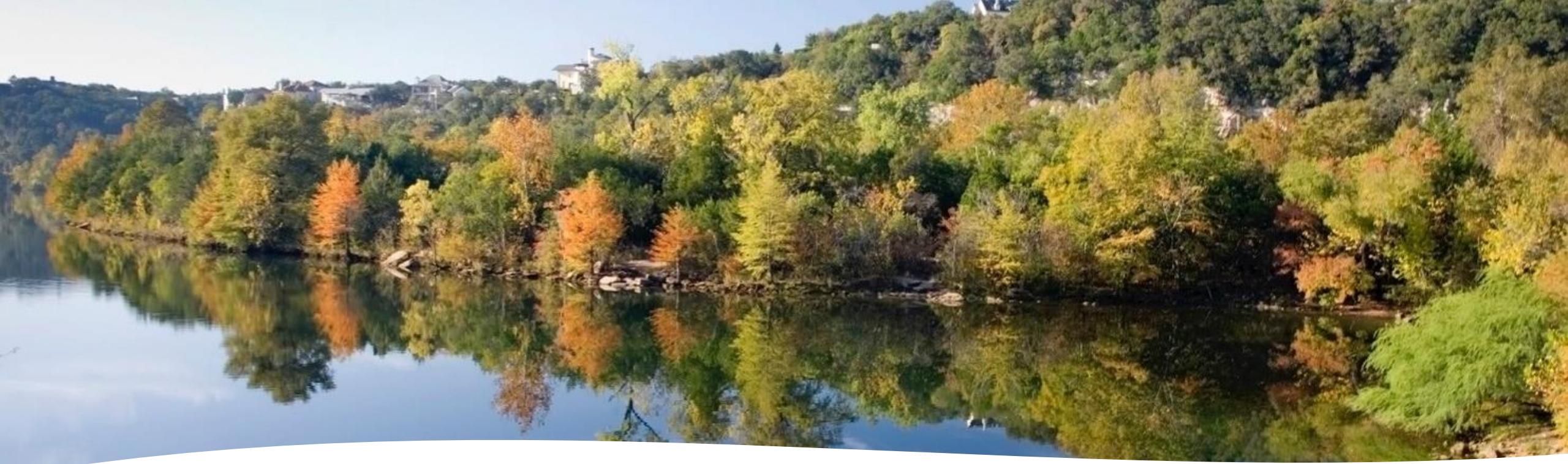
Most provisions of the waiver amendment will begin immediately on January 1, 2023, except for HEROs and SDHNs, which will require additional time for procurement and set up, and the VBP arrangements informed by these entities. The State is exploring the procurement options available through state and federal regulations and will provide a detailed procurement and implementation timeline HEROs and SDHNs with the amendment submission.

*Source: p. 47 of NYS DOH Waiver*

# Next Steps

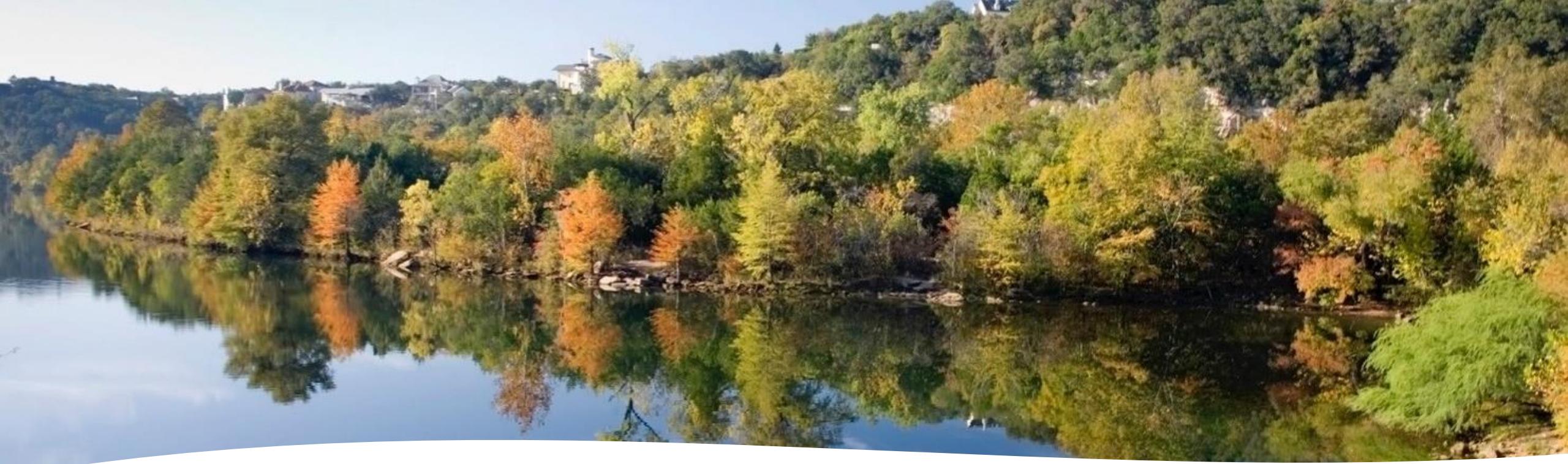
Activity	Date
Public Notice posted to State Register/Public Comment Period Begins	April 13, 2022
Tribal Comment Period Begins	April 13, 2022
Public Hearings 1 & 2	<i>Recordings will be available on NYS DOH Website</i> <del>May 3, 2022 and May 10, 2022</del>
Public Comment Period Ends	May 20, 2022
Tribal Comment Period Ends	May 20, 2022
Target Date to Incorporate Public Comments and Finalize Amendment	July 1, 2022
Target Date for Formal Submission of Amendment Application to CMS	July 25, 2022
Federal Public Comment Period	July 30, 2022 – August 29, 2022
CMS & New York Negotiate Terms of Amendment	Potentially Beginning Summer 2022
Target Implementation Date	January 1, 2023

May 2022

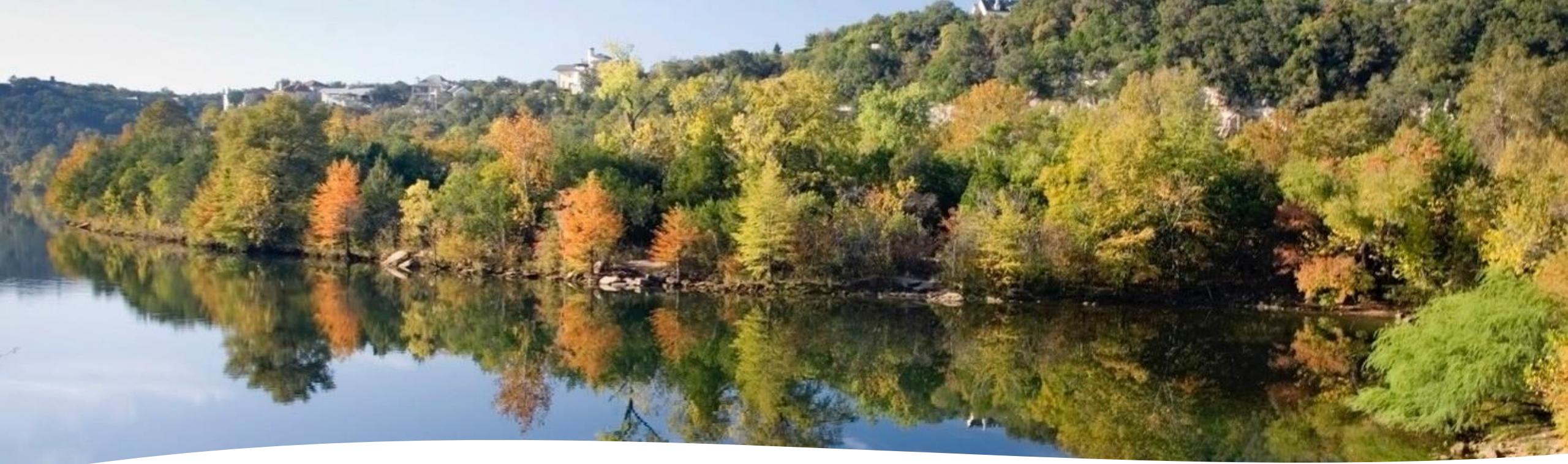


## **Open Forum**

**Please continue to use chat for comments/questions.**



# Closing Remarks



**Thank You!**