



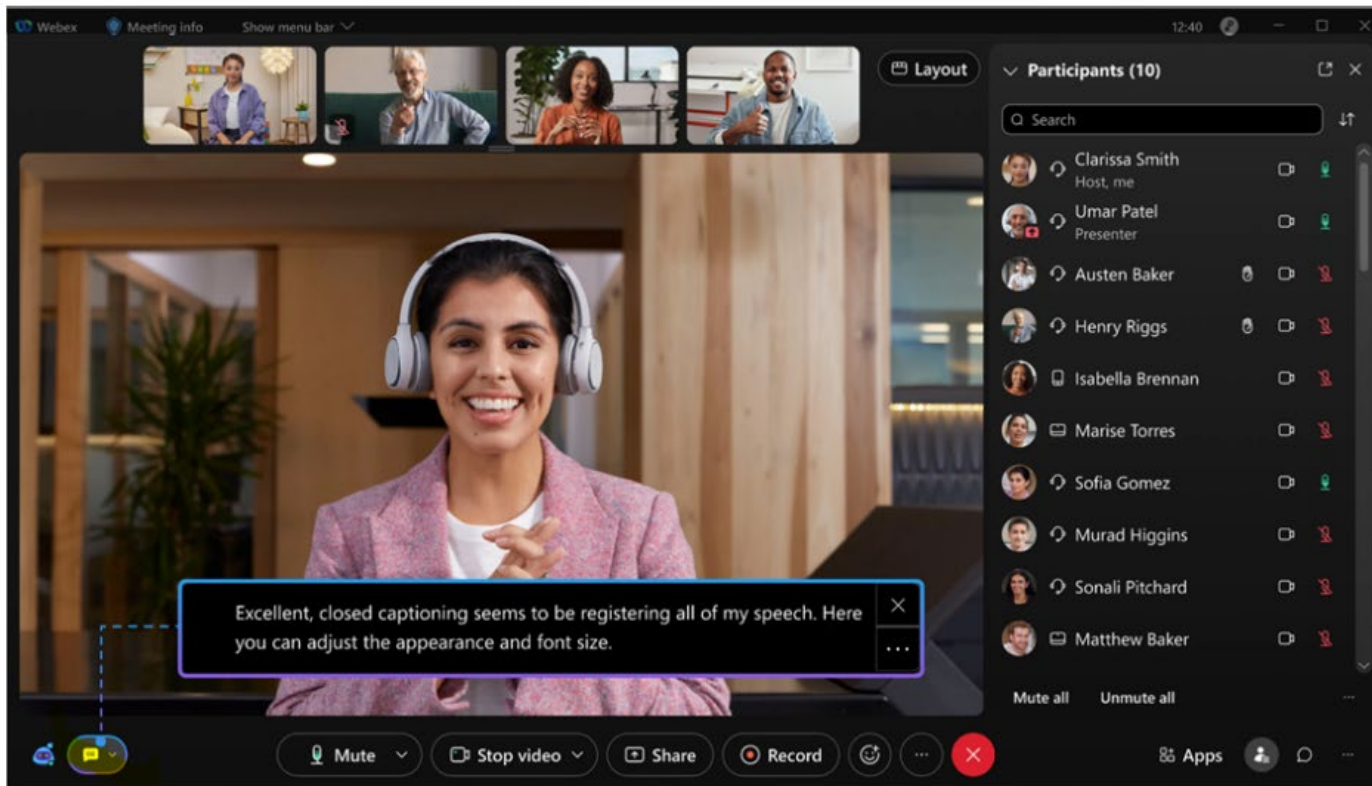
Department
of Health

PUBLIC HEARING: 1115 WAIVER AMENDMENT


Making Evidence-Based Investments to Address the Health Disparities Exacerbated by the COVID-19 Pandemic

May 2022

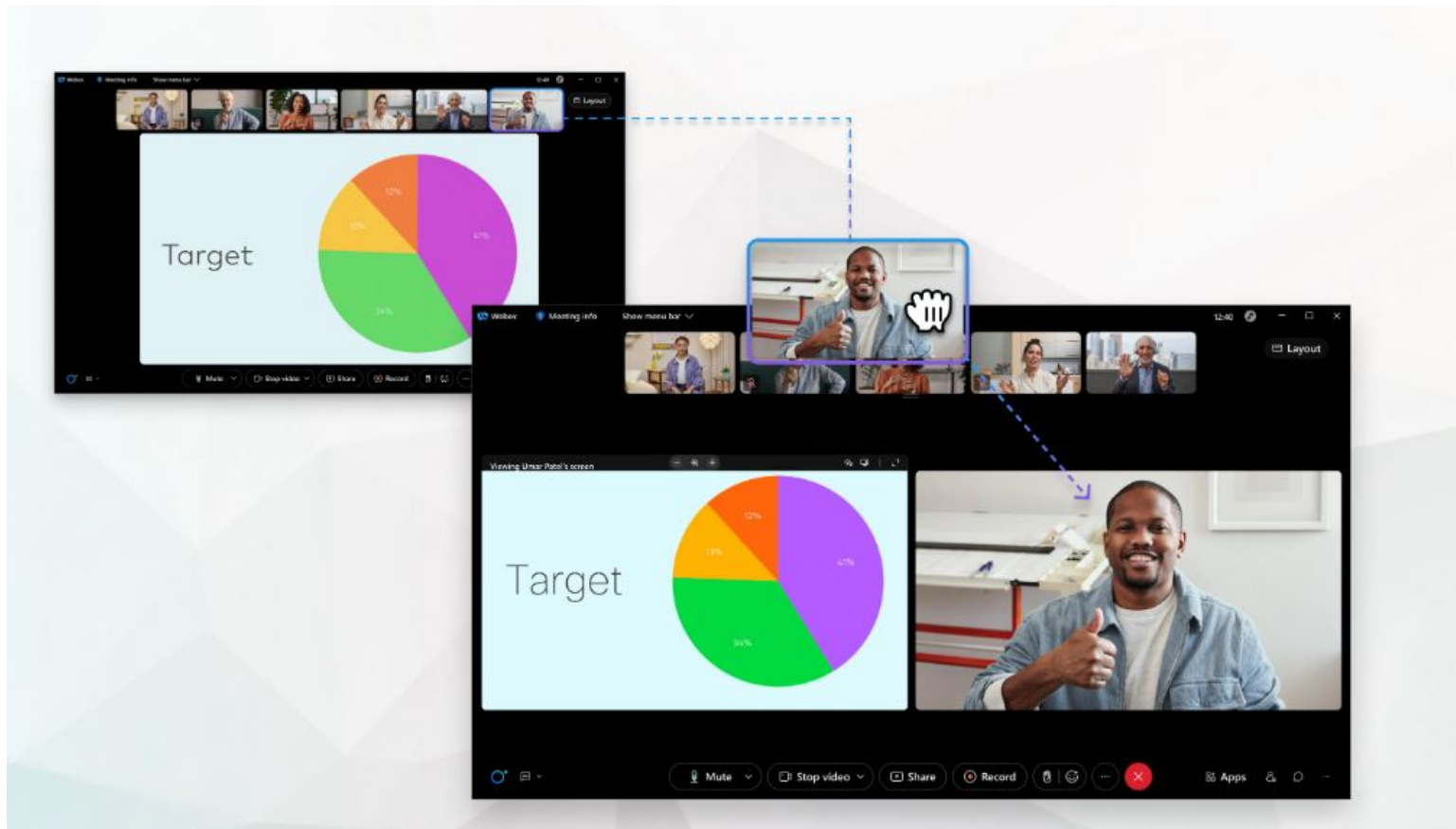
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Agenda

1115 Amendment Public Hearing

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- 1115 Waiver Demonstration Background and Status
- Overview of Proposed 1115 Waiver Amendment
 - *Goal #1: Health Equity-Focused System Redesign*
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- Public Comment

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Virtual Public Hearing Format

In compliance with social distancing guidelines due to COVID-19 and alignment with approved CMS exceptions to satisfy the public hearing requirements in 42 CFR § 431.408, the State is holding two virtual (rather than in-person) public hearings in connection with this waiver amendment request.

- **Public Hearings** are required for 1115 waiver amendments in order to afford the public the opportunity to provide comments regarding the State's waiver amendment application.
- Comments made during a public hearing may supplant, supplement, or reiterate written comments submitted through alternative comment channels, as described later in this presentation.
- A recording and transcription of this hearing will be available on the MRT Waiver website 3-5 days after the hearing. Language translation is available upon request.

1115 Demonstration Waiver Background

- Section 1115 Demonstration Waivers grant flexibility to states for innovative projects that promote the objectives of the Medicaid program.
- **Authorized under Section 1115 of the Social Security Act, these waivers:**
 1. Give the Secretary of Health and Human Services the authority to waive certain provisions and regulations for Medicaid programs, and
 2. Allow Medicaid funds to be used in ways that are not otherwise allowed (i.e., “matchable”) under federal rules.
- Typically, 1115 waivers are approved for 3-5 years, although recently CMS has approved some waivers for longer terms.

New York State's 1115 Waiver

- The **NYS Medicaid Redesign Team (MRT) Waiver** (formerly the Partnership Plan) has been in effect since 1997.
- New York's 1115 MRT Waiver was last renewed on April 1, 2022 and is effective through March 31, 2027.
- ***The goals of the larger MRT Waiver are as follows:***
 - ✓ Improve access to health care for the Medicaid population;
 - ✓ Improve the quality of health services delivered; and
 - ✓ Expand coverage to additional low-income New Yorkers with resources generated through managed care efficiencies.

Overview of the 1115 Waiver Amendment

Overview of New 1115 Waiver Amendment

New York State is seeking **\$13.52 billion over five years** to fund a new 1115 Waiver amendment that addresses health disparities and systemic health care delivery issues that have been both highlighted and intensified by the COVID-19 pandemic.

The goals of this waiver amendment are as follows:

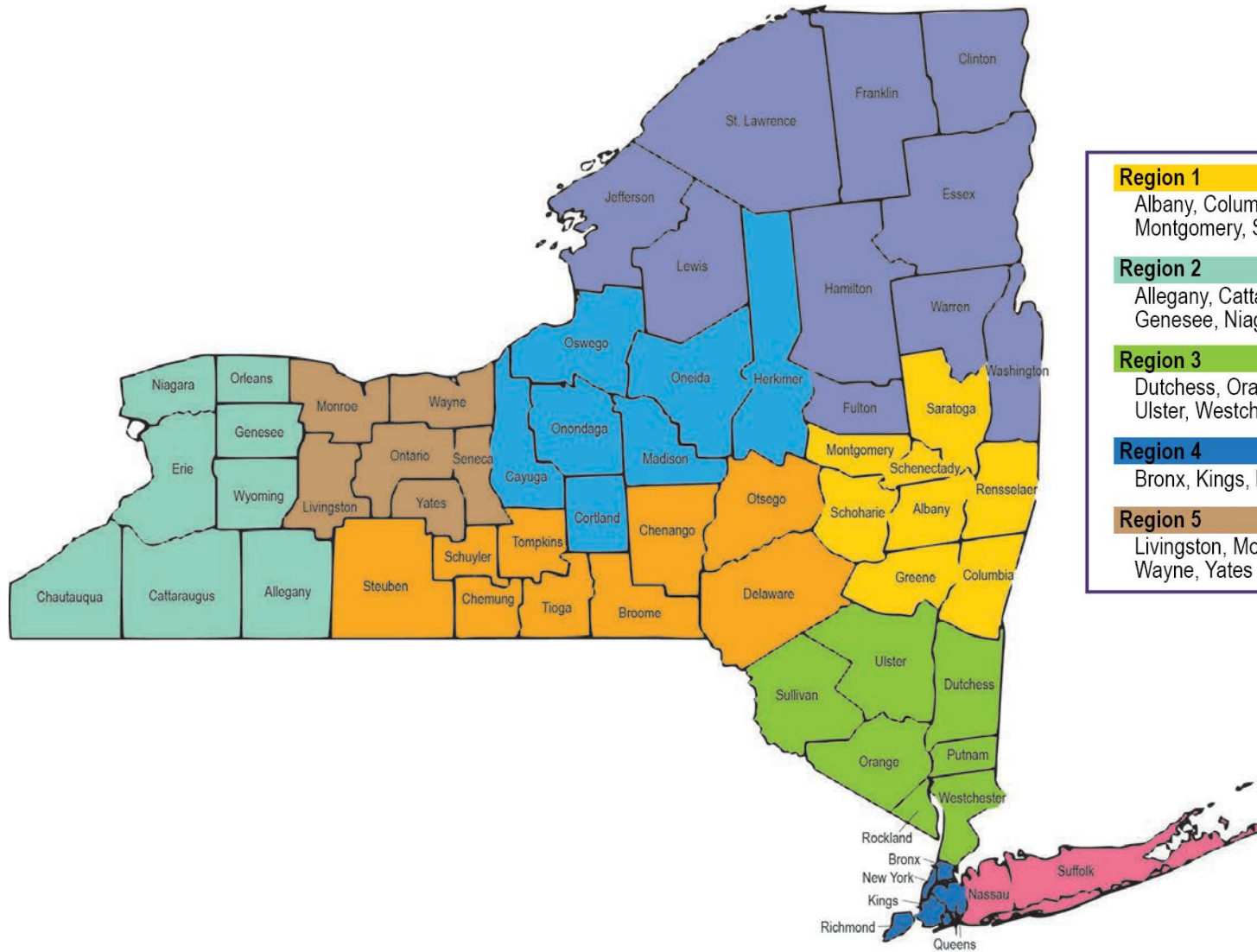
1. Building a more resilient, flexible, and integrated delivery system that reduces health disparities, promotes health equity, and supports the delivery of social care;
2. Developing and strengthening supportive housing services and alternatives for the homeless and long-term institutional populations;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

Goal #1: Health Equity-Focused System Redesign

Health Equity Regional Organizations (HEROs) – \$325 million

- HEROs are regional, mission-based entities composed of a coalition of stakeholders in each region.
- HEROs have two critical roles that are central to the waiver amendment design:
 - Develop **Annual Regional Plans** that evaluate and address the physical and behavioral health and social care needs of vulnerable populations in each region through VBP interventions that enable holistic, clinically integrated, and value-driven care.
 - As part of the Regional Plans, HEROs will assess regional need for housing and telehealth to identify and address gaps in services, which are related to Goals 2 and 4, respectively.
 - Serve as hubs for **regional collaboration, coordination, decision-making, and data infrastructure** to address additional areas of need, including regional data capabilities assessment and technical support.
- DOH will contract with a **single HERO per region**, with nine regions in total, although sub-stratification by region may be necessary, especially in more densely populated areas.
- A HERO may be an expansion of an existing entity (e.g., Integrated Health Network or Local Public Health Department), or a new corporate entity formed by regional participants.

Proposed HEROs Regions



- Region 1**
Albany, Columbia, Greene, Rensselaer, Montgomery, Saratoga, Schoharie
- Region 2**
Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming
- Region 3**
Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
- Region 4**
Bronx, Kings, New York, Queens, Richmond
- Region 5**
Livingston, Monroe, Ontario, Seneca, Wayne, Yates
- Region 6**
Broome, Chemung, Chenango, Delaware, Otsego, Schuyler, Steuben, Tioga, Tompkins
- Region 7**
Cayuga, Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego
- Region 8**
Nassau, Suffolk
- Region 9**
Clinton, Essex, Franklin, Fulton, Hamilton, Jefferson, Lewis, St. Lawrence, Warren, Washington

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HERO Goals

- Guide the development of a delivery system built for “**well care**” and that **accounts for the whole-person** by:
 - ✓ Integrating physical and behavioral health and social care need services;
 - ✓ Meeting patients where they are; and
 - ✓ Improving outcomes for all patients, particularly the most vulnerable and underserved.
- Facilitate the movement to more **advanced VBP models** that promote health equity and provide cash flow stability during health crises.
- Build on the successes of DSRIP, while incorporating changes informed by challenges and lessons learned.
- Rebuild from the COVID-19 pandemic with a more flexible, resilient healthcare system.

HERO Role Clarification

HEROs are:

- ✓ Intended to work with existing regional and local health systems.
- ✓ Hubs for regional planning, consensus building, collaboration, coordination, and decision-making.
- ✓ Composed of and governed by a broad range of providers, CBOs, MCOs, and other stakeholders.
- ✓ Built to inform future advanced VBP arrangements targeted at social care needs & health equity.

HEROs are NOT:

- ✗ Performing Provider Systems (PPS) or another form of intermediary entity.
- ✗ Responsible for receiving or distributing waiver funds.
- ✗ Duplicating any existing public health activities.
- ✗ Controlled by any single entity or provider type.

HERO Composition

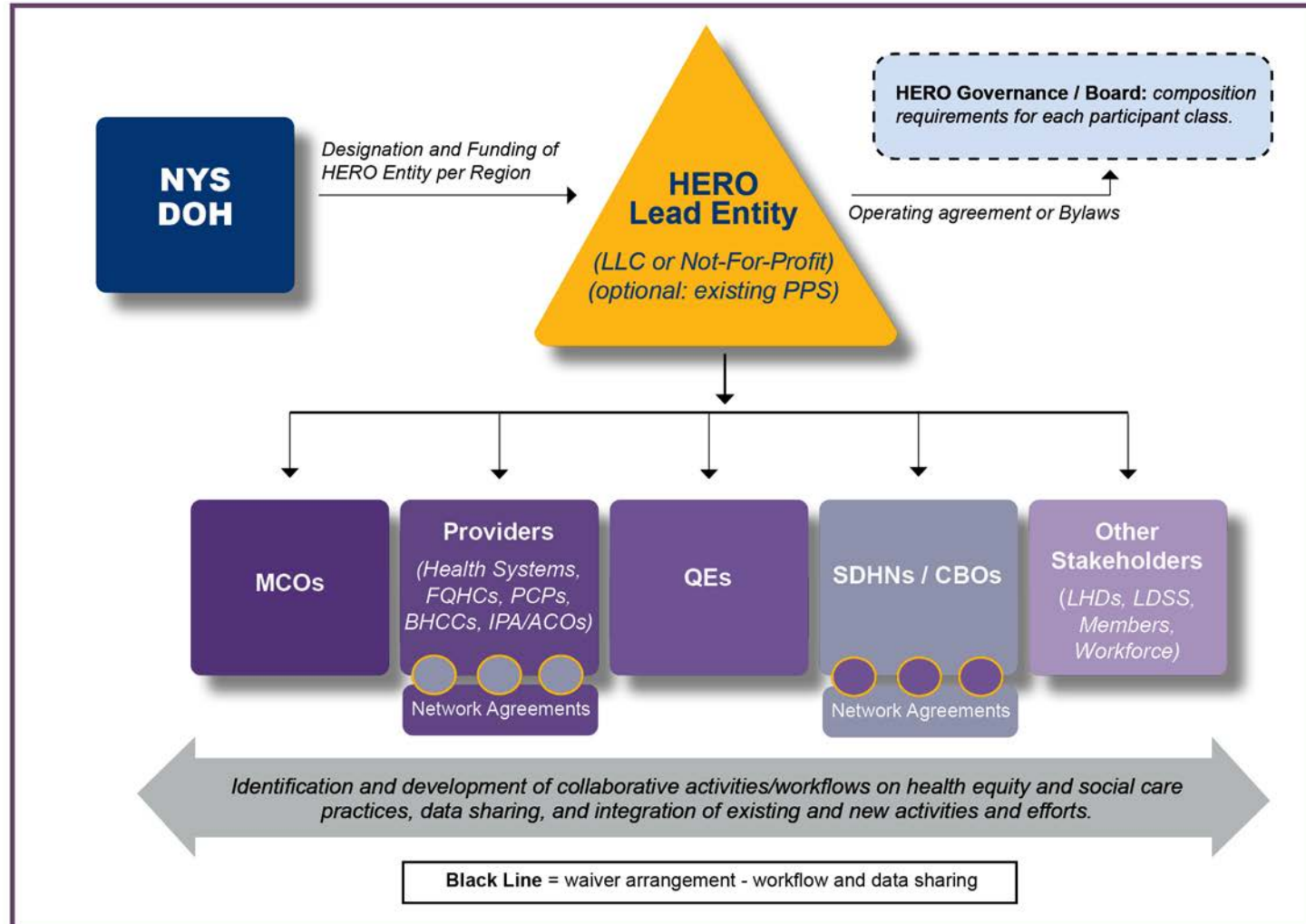
HERO membership could include:

- Local Health Departments
- Managed Care Organizations (MCO)
- Hospitals and Health Systems*
- Primary Care Providers and FQHCs *
- Community Providers *
- Specialty Providers *
- Behavioral Health Providers *
- Consumer Representatives
- Providers of Long-term Services and Supports (LTSS)*
- Providers serving individuals with Intellectual and Developmental Disorders (I/DD) *
- Community Based Organizations (CBO) *
- Qualified Entities (QE) / Health Information Exchanges (HIE) / Regional Health Information Organizations (RHIO)
- Members of the Health Care Workforce
- Other Stakeholders

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*Participation may be direct or through network entities, such as IPAs, ACOs, SDHNs, or BHCCs, as applicable

HERO Structural Diagram



Cont. Goal #1: Health Equity-Focused System Redesign

Social Determinants of Health Networks (SDHNs) – \$585 million

- Coordinated networks of physical and behavioral health and social care Community Based Organizations (CBOs).
- A major component of SDHN work will be coordinating a regional referral network of providers of physical and behavioral health and social services.
- Waiver investments will support a statewide IT social needs referral and data platform to support SDHNs in the collection of data, the referral network, and to inform future targeted interventions.

Cont. Goal #1: Health Equity-Focused System Redesign

Advanced VBP Arrangements – \$7 billion

- Based on input from HERO and SDHN regional plans and data collection, DOH will enter into advanced VBP arrangements with various stakeholders via MCOs, targeted at health equity-related measures.
- The VBP Roadmap will be updated to address health equity and regional social care needs.

Ensuring Access for Criminal Justice-Involved Populations – \$745 million

- **Targeted in-reach services** for incarcerated individuals **30 days prior to release** to ensure engagement in services upon release and assist with the successful transition to community life.
- *These services include –*
 - Care management and discharge planning,
 - Clinical consultant and peer services, and
 - Medication management plan development and delivery of certain high priority medications.

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Goal #2: Strengthen Supportive Housing Services

Investing in Supportive Housing Services – \$1.57 billion

- HEROs will develop an **inventory of available housing resources and regional need** to identify and address gaps in services.

SDHNs and Supportive Housing Stakeholders will implement the Enhanced Supportive Housing Initiative

- The initiative will encourage coordinated and targeted effort among MCOs, SDHNs, CBOs, and VBP contractors to connect high Medicaid utilizers with housing and services.
- *These services include –*
 - **Medical respite** for recently discharged patients at risk of imminent homelessness and too sick to return to the street,
 - **Community transitional services** for those living in institutional settings or experiencing homelessness,
 - **Tenancy supports** to ensure that individuals can stay safely housed in the community, and
 - **Referral** to and **coordination** of related services and benefits.

Goal #3: System Redesign and Workforce Capacity

COVID-19 Unwind Quality Restoration Pool – \$1.5 billion

- A VBP Quality Incentive pool available to financially distressed safety net hospitals and nursing homes to engage in VBP arrangements, with a focus on ***quality improvement, advancing health equity, and expanding workforce capacity.***

Develop a Strong and Well-Trained Workforce – \$1.5 billion

- Funding to address long-standing workforce shortages that were exacerbated by the COVID-19 pandemic to make the field more attractive to workers and provide opportunities for advancement.
- *Funds will be used to support the following activities –*
 - Recruitment and retention activities,
 - Development and strengthening of career pathways,
 - Workforce training initiatives,
 - Expansion of the community health workforce, and
 - Standardization of occupations and job training.

Goal #4: Creating Statewide Digital Health and Telehealth Infrastructure

Equitable Access to Telehealth Services for Members and Providers – \$300 million

- An initiative to expand access to Digital and Telehealth Services by provisioning IT and training support to providers, as well as investments in infrastructure to improve patient access.
- *Activities include* –
 - Telehealth kiosks in homeless shelters,
 - Community health worker training to assist members in utilizing telehealth services, and
 - Tablets for providers and enrollees who lack access to technology necessary to participate in telehealth.

Estimate of Annual Amendment Expenditures

1115 Waiver Application Funding Estimates						
Proposal	DY 1	DY 2	DY 3	DY 4	DY 5	Total
Goal #1: Health Equity-Focused System Redesign	\$205	\$852	\$2,526	\$2,533	\$2,540	\$8,655
<i>HEROs</i>	\$65	\$65	\$65	\$65	\$65	\$325
<i>SDHNs</i>	\$121	\$116	\$116	\$116	\$116	\$585
<i>Advanced VBP Models</i>	\$0	\$500	\$2,167	\$2,167	\$2,167	\$7,000
<i>Criminal Justice-Involved Populations</i>	\$19	\$171	\$178	\$185	\$192	\$745
Goal #2: Supportive Housing	\$63	\$101	\$301	\$501	\$601	\$1,565
Goal #3: System Redesign and Workforce	\$600	\$600	\$600	\$600	\$600	\$3,000
<i>System Redesign</i>	\$300	\$300	\$300	\$300	\$300	\$1,500
<i>Workforce Training</i>	\$300	\$300	\$300	\$300	\$300	\$1,500
Goal #4: Digital Health & Telehealth	\$60	\$60	\$60	\$60	\$60	\$300
Total Ask:	\$928	\$1,613	\$3,486	\$3,693	\$3,800	\$13,520

Dollars in Millions

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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	May 3, 2022 and May 10, 2022
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

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Public Comment

Guidelines for Public Comments

- A list of the pre-registered commenters will indicate the order in which you will be called on to speak.
- A member of the DOH team will call your name and manually unmute your line to allow you to provide your comment.
- Comments will be timed, please limit your comment to five minutes.

Written comments will be accepted through **May 20, 2022**, by email at 1115waivers@health.ny.gov or by mail at:

Department of Health
Office of Health Insurance Programs
Waiver Management Unit
99 Washington Ave., 12th fl. (Suite 1208)
Albany, NY 12210

**Questions or
Comments?**

**For further information,
please contact us at:
1115waivers@health.ny.gov**

1115 MRT Waiver Resources

1115 MRT Waiver Website

http://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm

MRT II

https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/

1115 Amendment Application

https://www.health.ny.gov/health_care/medicaid/redesign/2022/docs/2022-04_1115_waiver_draft_amendment.pdf

Public Notice in State Register (pages 75-80)

<https://dos.ny.gov/system/files/documents/2022/04/041322.pdf>

Original Concept Paper

https://health.ny.gov/health_care/medicaid/redesign/2021/docs/2021-08_1115_waiver_concept_paper.pdf

Quality Strategy

https://www.health.ny.gov/health_care/medicaid/redesign/docs/rev_quality_strategy_program_sept2015.pdf



ONE MINUTE REMAINING

TIME IS UP