

1115 MRT Waiver Public Comment Day Downstate, NY
Location: Academy for Medicine New York, NY

November 16, 2017

Welcome and Introduction

Jason Helgerson welcomed everyone to the 1115 MRT Waiver public forum and provided an overview of the public forum process; Jason presented an overview of the 1115 MRT waiver and a progress update on the Delivery System Reform Incentive Program (DSRIP). Jason highlighted two pending MRT waiver amendments: The Children's Behavioral Health System Transformation and the OPWDD 1915c transition to 1115 waiver.

Co-Chairs

Ann F. Monroe –welcomed everyone and explained the purpose of public forum and process for offering public comment.

William Toby Jr. – Absent

Project Approval and Oversight Panel (PAOP) members present:

Sherry Sutler, Sylvia Pirani, Arlene González-Sánchez, Judy Wessler, Marilyn Pinsky, John August, Lara Kassel, Ann Sullivan, Steve Berger, Ann Monroe, Chau Trinh-Shevrin, William Ebenstein, Anne Schettine

Summary of Public Comment:

Thirty-four speakers signed-up to offer public comment.

Speakers highlighted the following issues and topics

Community Based Organizations (CBOs) issues

Speakers conveyed the importance of collaboration among community partners. Through CBOs, smart coordinated care decreases redundant tests, and results in decreased costs and better patient outcomes. A request for updated reports on primary care expansions in community based settings.

Concern expressed that appropriate CBO projects be properly funded.

CBOs can be better partners with PPS', but there needs to be fairness in the partnership. No metrics can really define community engagement, which may look differently in different neighborhoods.

CBOs don't know how they fit into Value Based Payment (VBP). How do CBOs build a structure to fit into VBP? CBOs can help PPS' in their performance phase.

CBOs continue to be outsiders – no equity in process, better structure needed in engagement; request for the State to provide leadership in this area; VBP doesn't include how CBO work is valued.

PPS' need stronger collaboration with CBOs. CBO's receive a disproportion amount of funds relative to PPS'. Community engagement needs to be matched with financial accountability. Recruitment of more Tier One CBO's is needed to avoid hospital re-admissions.

Many collaborative ideas were shared. More grant opportunities needed for CBO's.

There needs to be meaningful CBO participation in DSRIP. PPS' must include CBOs from the beginning.

Workforce issues

Workforce needs competitive salaries, and regular cost of living; and innovative sustainable workforce solutions. Compensation and benefit reports for year one to present, have not been shared with the public. A request was made to report year one data online, as well as subsequent years.

Lack of infrastructure for data collection, contract acting, and workforce credentialing.

Cultural Competency

Cultural competence definition as defined by the VBP task force is not a one size fits all definition. Lack of cultural diversity on the VBP task force. Must include CBOs in the social determinants of health.

Cultural competence is not defined in the context of DSRIP.

Lack of diversity - DSRIP and PPS' should include consumers and community members in their governance structure.

Another concern expressed about how cultural competency is "played-out" at the PPS level.

PPS Transparency

Flow of funds needs much better reporting and transparency from PPS'. Transparency needed around funds flow within PPS' – the data is available, but PPS' are just not sharing the information.

Transparency – how PPS' are operating; The number of CBOs reported as partners and how many have a contract is misrepresented. Lack of transparency of funding among PPS'.

Social Determinants of Health

Speaker thanked the panel for addressing the social determinants of health. Highlighted the importance of integrating behavioral health into primary care. Community based organizations don't have the volume to make health home assessment and HCBS referrals worthwhile.

Social determinants are really part of health and wellness.

Other

The whiteboard presentation that Jason Helgerson provided around innovation funds very helpful.

Need information technology (IT) to track patients and outcomes.

More investment in Medicaid supportive housing needed.

Speaker encourages medical respite as a solution, which is a step-down from hospital care. More accessible billing codes needed for medical respite. More people discharged from hospitals with community services already in place, leading to fewer re-hospitalizations.

Must keep institutions/hospitals viable in communities like Brooklyn. Money from federal government that was sent to states is unaccounted for and should flow to hospitals in financial need.

Concern expressed about the renewal of the waiver and the new U.S. Health and Human Services Administration's new approach about value-based payment.

Closing remarks

Jason Helgerson thanked everyone for coming to the public forum, and the plans for re-engaging the PAOP in February. PAOP member Judy Wessler suggested the panel respond to the people that came-out today to talk and share their thoughts with the PAOP. Jason offered that meeting notes be sent to PAOP members, and participants that provide email addresses.

A video recording of the public forum is archived <https://www.health.ny.gov/events/webcasts/archive/> on the NYS DOH website https://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm for future viewing as well as a transcript of this meeting.

The Department of Health to date has received additional written comments submitted via email.