

**1115 Waiver Public Comment Day (Downstate)
NYU Kimmel Center (60 Washington Square Park South), NYC
May 4, 2016**

Topics:

- Broader topic of the NYS 1115 Medicaid Waiver
- Public hearing on any other topics related to the 1115 Waiver including DSRIP
- Kalin Scott provided historical details about the 1115 waiver as well as current updates.

DSRIP Project Approval and Oversight Panel Co-Chairs:

Ann F. Monroe – introduced panel members

William Toby Jr. – encouraged public comment

Present Panel Members:

Mary McKay, Anne Marie Sullivan, Belinda Greenfield on behalf of Arlene González-Sánchez, Kate Breslin, Sylvia Pirani, Lara Kassel, Judy Wessler

Summary:

A total 39 speakers raised issues:

- 56% were representing the CBOs, which included organized labor representatives – they expressed concerns about not receiving funding timely and that CBOs are being used as free consultants – they are not compensated for time and expertise
- 11% represented the PPSs as well as primary agencies - need capital to foster Primary Care which is fundamental to the delivery of healthcare, need definition for Health Equity, Cultural Competency and CBO diversity
- Some people raised concerns about fluoridation in water. However the scope of the waiver does not cover this issue. NYS is willing to provide other avenues to discuss this issue.

Specific issues discussed include the following:

- Workforce issue – training and retraining is not at the table; DSRIP information is being shared on a limited basis to downstream partners of the PPS
- Lack of data regarding people with disabilities; specific comments that healthcare should accommodate people with disabilities
- CBOs – Include CBOs to specifically address social determinates of health at a local level, such as to address racism, housing, and immigration. CBOs need resources for strategic planning; CBOs are not regularly included in PPS or Managed Care governance
- Need to align Medicaid, CHIP and Medicare
- Not enough time in DSRIP between DSRIP years 3-4 to make substantive corrections
- Address social determinants, gather housing data to track participants living with HIV
- Data is lost when blending services – cannot document where uninsured access care.