

United States Senate

WASHINGTON, DC 20510

August 28, 2012

The Honorable Kathleen Sebelius
Secretary of Health and Human Services
Washington, D.C. 20201

Dear Secretary Sebelius:

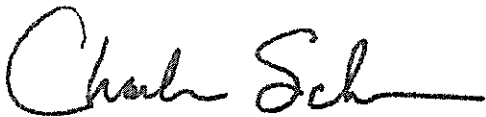
As you know, New York State has been working for more than a year on a dramatic change to its Medicaid program. Governor Cuomo created the Medicaid Redesign Team (MRT) in January 2011 and has enacted a number of reforms, including a new Medicaid Global Spending Cap that has already begun controlling costs and modernizing the program. Many health care providers and other stakeholders worked closely with the state throughout MRT process to transform the state's health care delivery system, improve care to patients and generate significant savings in the Medicaid program.

We have been informed that the State has submitted a request to amend the existing New York Partnership Plan waiver under Section 1115 (b) of the Social Security Act. According to Governor Cuomo, the waiver would result in a reinvestment of \$10 billion of an estimated \$17.1 billion in savings over a five-year period. This reinvestment, aimed at achieving CMS' "Triple Aim" of providing better patient care and improving health outcomes while simultaneously lowering costs, would help spur even greater innovation among New York's health care providers and assist in implementation the Affordable Care Act.

The state's proposal is very ambitious and we are confident it will improve New York's Medicaid program. We are particularly supportive of the primary care expansion, which is critical to access to essential health care, and proposals to provide for public hospital innovation and stabilize safety net providers, such as hospitals, clinics and nursing homes who currently do so much with so little. In addition, capital stabilization for safety net hospitals is of particular importance.

We hope you will carefully consider these proposals and their positive impact on New York patients and providers. We urge you to approve the request.

Sincerely,



Charles E. Schumer
United States Senate



Kirsten E. Gillibrand
United States Senate

Congress of the United States
Washington, DC 20515

August 7, 2012

The Honorable Kathleen Sebelius
U.S. Department of Health & Human Services
The Hubert Humphrey Building
200 Independence Avenue, S.W.
Washington D.C. 20201

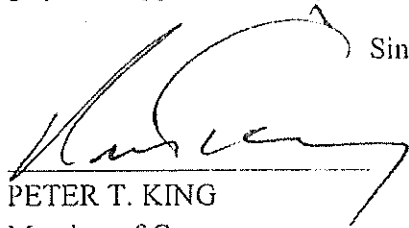
Dear Secretary Sebelius:

As members of the New York delegation, we write to express our strong support for New York State's request to amend the existing New York Partnership Plan waiver under Section 1115 (b) of the Social Security Act. Granting the waiver amendment would provide New York the opportunity to reinvest in the state's health care infrastructure while saving the federal government billions of dollars.

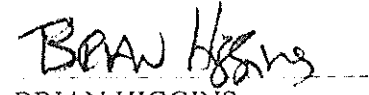
As you may know, Governor Cuomo is in the process of implementing recommendations from his Medicaid Redesign Team (MRT). These reforms are expected to generate \$17.1 billion in federal Medicaid savings over the next five years. New York State's amendment request seeks to reinvest \$10 billion of the \$17.1 billion in savings to transform the state's health system. In doing so, the State would modernize and strengthen its health care delivery system to ensure quality care for the most vulnerable while simultaneously containing costs. As the economy recovers, this reinvestment is critical to sustaining structural, technological and organizational improvements in New York's health care system.

Approval of this waiver amendment would ensure that New York State's Medicaid system receives the critical support necessary to achieve better health outcomes while bending the cost curve. Governor Cuomo's request for the Medicaid 1115 waiver amendment represents an opportunity for the federal government to establish a cost effective model for the rest of the country. We urge you to approve this request.

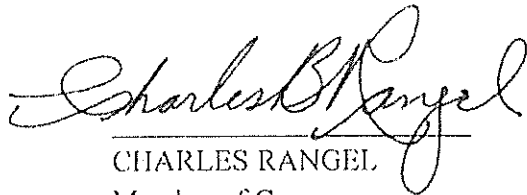
Sincerely,



PETER T. KING
Member of Congress



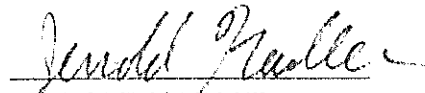
BRIAN HIGGINS
Member of Congress



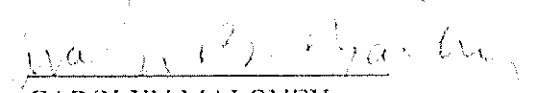
CHARLES RANGEL
Member of Congress



PAUL TONKO
Member of Congress



JERROLD NADLER
Member of Congress



CAROLYN MALONEY
Member of Congress



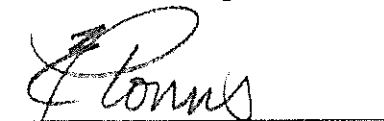
BILL OWENS
Member of Congress



STEVE ISRAEL
Member of Congress



GARY ACKERMAN
Member of Congress



ED TOWNS
Member of Congress



LOUISE SLAUGHTER
Member of Congress



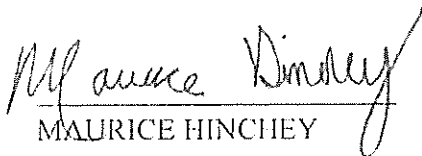
YVETTE CLARKE
Member of Congress



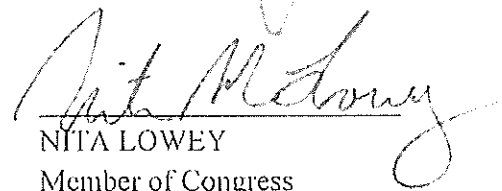
KATHLEEN HOCHUL
Member of Congress



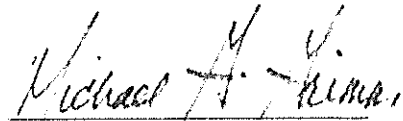
TIMOTHY BISHOP
Member of Congress



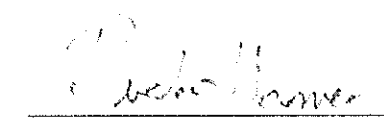
MAURICE HINCHEY
Member of Congress



NITA LOWEY
Member of Congress



MICHAEL GRIMM
Member of Congress



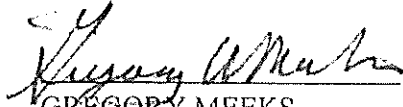
RICHARD HANNA
Member of Congress



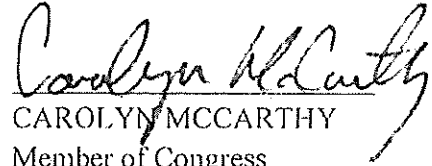
JOSE SERRANO
Member of Congress



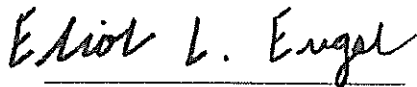
CHRIS GIBSON
Member of Congress



GREGORY MEEKS
Member of Congress



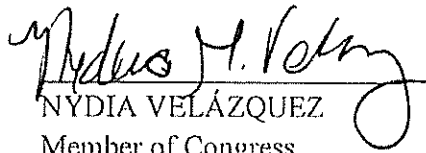
CAROLYN MCCARTHY
Member of Congress



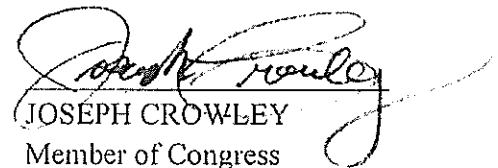
ELIOT ENGEL
Member of Congress



NAN HAYWORTH
Member of Congress



NYDIA VELÁZQUEZ
Member of Congress



JOSEPH CROWLEY
Member of Congress

Cc:

Jacob Lew, White House Chief of Staff

Nancy-Ann DeParle, White House Deputy Chief of Staff

Jeanne Lambrew, Deputy Assistant to the President for Health

David Agnew, White House Director of Intergovernmental Affairs

Jeffrey Zients, Acting Director Office of Management & Budget

Rima Cohen, Counselor to the Secretary of Health and Human Services

Marilyn Tavenner, Acting Administrator for the Centers for Medicare & Medicaid Services

Cindy Mann, Deputy Administrator for the Centers for Medicare & Medicaid Services

Paul Dioguardi, Director of External Affairs for Health and Human Services



NEW YORK STATE ASSEMBLY

822 LEGISLATIVE OFFICE BUILDING, ALBANY, NY 12248

TEL: 518-455-4941 FAX: 518-455-5939

250 BROADWAY, RM. 2232, NEW YORK, NY 10007

TEL: 212-312-1492 FAX: 212-312-1494

E-MAIL: GOTTFRR@ASSEMBLY.STATE.NY.US

COMMITTEES:

RULES

HEALTH

HIGHER EDUCATION

MAJORITY STEERING

CHAIR

MANHATTAN DELEGATION

RICHARD N. GOTTFRIED
75TH ASSEMBLY DISTRICT

CHAIR
COMMITTEE ON HEALTH

August 10, 2012

Andrew Cuomo, Governor
Executive Chamber
State Capitol
Albany, NY 12224

Dear Andrew:

Congratulations on the Medicaid waiver application submitted on Monday; it is an extraordinary piece of work. You and all New Yorkers should be proud of your Administration's health team.

In developing the waiver application, the Administration did a great job of reaching out for input, including from advocates for Medicaid consumers. That's a big change from how the major waivers in the late 1990s and early 2000s were handled. The waiver's focus on promoting primary care and care coordination is the right prescription for reforming our health care system. Your health team clearly is determined to reform the health care system for Medicaid consumers and to use that effort to help reform health care for all of us.

When the waiver application was published on Monday, I was in Chicago for the National Conference of State Legislatures annual meeting where I was speaking on a panel the next day about New York's Medicaid redesign effort. So I stayed up late Monday night reading the application. I told the audience that I strongly recommend going to the Medicaid Redesign Team website and reading the MRT final report and the waiver document. Both are excellent and highly informative. Government reports are often filled with fluff or uncommunicative material, but both of these documents are really solid. I'm impressed.

As you know, at times I had been critical of some steps in the MRT process. However, I told the audience in Chicago that the bottom line is that it was quite well done and produced an amazing amount of good and important work.

Best regards.

Very truly yours,

Richard N. Gottfried

cc: James Introne
Nirav Shah, MD
Jason Helgeson



New York State Department of Labor
Andrew M. Cuomo, *Governor*
Peter M. Rivera, *Commissioner*

August 27, 2012

Ms. Cynthia Mann
Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Dear Ms. Mann:

The New York State Department of Labor (Department) would like to express its support for New York State's (State) request for a Medicaid Waiver under Section 1115 of the Social Security Act. This will allow the State to invest up to \$10 billion in savings generated by State Medicaid Redesign Team (MRT) reforms to implement an action plan to transform the State's healthcare system. Approval of the waiver request will not only facilitate expansion of vital healthcare services for the State's currently uninsured, but it will promote new healthcare models, support the State's healthcare infrastructure, provide innovative public health services and support needed workforce development training for the State's growing healthcare sector.

Healthcare sector jobs have been designated as priority employment opportunities in each of our ten diverse regions throughout the State. Healthcare sector jobs comprise over 12% of all employment in the State. The Department projects that between 2008 and 2018, home health jobs will increase by over 48,000. Registered Nurse positions will increase by more than 21,000 and jobs for aides, orderlies and attendants will increase by nearly 14,000. During the recent recession, and despite employment losses in other sectors, healthcare jobs in the State increased by more than 17,000 (2008-2009).

These facts illustrate the dramatic impact that healthcare workforce development training has on the State's economy. As we prepare to provide healthcare to an additional one million State residents, under the auspices of the Affordable Care Act, this workforce training becomes more important than ever.

The State is well positioned to lead the nation in Medicaid reform and implementation of the Affordable Care Act. Approval of the State's request for a Medicaid Waiver under Section 1115 of the Social Security Act will help to make this vision a reality.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter M. Rivera".

Peter M. Rivera

OFFICE FOR THE AGING

7660 State Street
Lowville, NY 13367
Phone: 315-376-5313
Fax: 315-376-5105
Email: www.lewiscountynv.org/ofa



PRIORITIES COUNCIL

5274 Outer Stowe Street, PO Box 193
Lowville, NY 13367
Phone: 315-376-5400
Fax: 315-376-6189



August 23, 2012

Jason A. Helgerson
Medicaid Director
Office of Health Insurance Programs
NYS Department of Health
Corning Tower OCP-Room 1211
Empire State Plaza
Albany, NY 12237

Dear Mr. Helgerson,

The Lewis County Priorities Council / Long Term Care Council and the Lewis County Office for the Aging are writing to express our support of New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012. As stated in the waiver materials, the state proposes to use the waiver amendment to reinvest in the state's health care system, pave the way for implementation of national health care reform and continue to make New York a national health care reform model.

We support the overall framework, and would like to provide comments on specific elements, in particular, the waiver's inclusion of funding to "Expand New York Connects – Improving Satisfaction." In addition, we will provide our thoughts on care transitions and health homes.

Lewis County OFA annually serves nearly 2,424 older New Yorkers age 60 and over. The county also serves persons of all ages with disabilities; and family caregivers. Our agency makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care.

Lewis County is home to 5,550 residents over the age of 60. These residents represent 20.5% of our county's population of 27,087 people. The oldest population groups continue to increase at incredible rates. Between 2000 and 2010, residents over the age of 75 increased by 20.3% while those over 85 increased by 22.8%. These populations are most likely to have multiple and chronic health conditions that require a variety of services to remain safe and independent in their homes and communities. In 2011, 44% of all clients served by Lewis County Office for the Aging were 75 years or older.

Expand New York Connects – Improving Satisfaction

As New York State continues Medicaid redesign, there will be many implications for individuals who are currently served by or will soon enter the long term care system. As a result of pending changes, these populations will need individualized assistance to navigate the new choices and to access both private and publicly funded services so they get the right care, in the right setting, for the right price. We concur with the statement in the waiver amendment, “New York is going to need “boots on the ground” across the state to help facilitate these significant changes.” NY Connects and the Area Agencies on Aging (AAAs) are well positioned to serve this in this capacity, with a track record of providing person-centered, individualized care, through NY Connects and other programs like the Expanded In-home Services for the Elderly Program (EISEP) and Community Services for the Elderly (CSE) that divert people from Medicaid by providing home & community based services. In addition, an enhanced NY Connects will provide a key element identified in the waiver, “the use of a front end will enhance the state’s ability to access satisfaction data directly from consumers, a much needed component of the long term care delivery system.”

Expanding and enhancing NY Connects will require resources and we support the additional funding in the waiver, in the amount of \$10 million for year one, and \$18.4 million for each of the following four years. We anticipate that these funds will be in addition to the NY Connects funding currently provided in the New York State Budget. We also support the funding allocation, proposed to be based on the population of aged and disabled individuals, although we strongly recommend that a “minimum base allocation” be established as a baseline to ensure that programs in counties with smaller populations have sufficient funding to meet the criteria of a fully functional ADRC.

We support in its entirety the NY Connects waiver language set forth on page 67 of the New York State MRT Waiver Amendment, and provide additional information and comments as follows.

New York is a national leader in its development and implementation of the ADRC model. Since 2006, NY Connects has been providing Information and Assistance on long term care services and supports, as well as direct linkages to home and community based services programs for persons of all ages with disabilities and caregivers. If the waiver is approved, the additional funding for NY Connects would enhance its capacity to assist with Medicaid cost-avoidance by:

- Assisting more individuals of all ages and those with disabilities by providing objective information and options counseling (by telephone, in-person or in the home) on the array of services that meet their needs at the right time, in the right setting for the right cost, thus maximizing the private pay resources of these individuals.
- Establishing seamless systems connections for the consumer.
- Expanding the numbers of individuals it can serve, especially in light of the dramatic increases in the age 60+ population projected over the next twenty years.
- Delaying spend-down to Medicaid and reducing the number of new Medicaid applicants.
- Increasing awareness of NY Connects as a resource for discharge planners and health professionals to maximize community resources.

- Strengthening support services for caregivers (who provide 80% of the long term care), which is imperative because the economic value of informal caregivers is estimated at \$25 billion annually in New York State (2008 AARP report, Houser & Gibson).
- Enhancing the Health Insurance Information Counseling Assistance Program (HIICAP) to ensure that Medicare beneficiaries receive objective information and counseling on all insurance options and receive information about Medicare preventive benefits, screenings and annual wellness visits in addition to assisting individuals in applying for the Medicare Savings and Low Income Subsidy programs.
- Reducing the frequency and use of high cost Medicaid benefits by current beneficiaries by enabling access to lower cost support services that can meet beneficiaries' needs.
- Further developing the infrastructure to manage chronic conditions, such as the evidence-based Chronic Disease Self-Management Program (CDSMP), which lowers health care costs for individuals who have participated in the program.

NY Connects is the only ADRC in the nation to require a local Long Term Care Council made up of providers, individuals receiving services and their caregivers, and a wide array of agencies that work together to problem solve. In New York, there are over 1,600 stakeholders serving on the Councils at the local level. In Lewis County, approximately 20 stakeholders serve on the Priorities Council / Long Term Care Council.

In Lewis County the Priorities Council / LTCC has the stakeholders addressing the increasing need of long term care services in the home, such as personal care and housekeeping. They are working together to maintain a strong collaboration for provision of and expansion of services.

Our Priorities Council / Long Term Care Council recently reviewed a Community Health Assessment conducted on Lewis County residents. From this assessment, the Priorities Council / LTCC has ranked the results based on greatest need and are beginning to address issues to improve health, service delivery, and to create greater access to integrated systems of care for the residents of Lewis County.

New York has built upon NY Connects/ADRC by seizing opportunities offered by the Affordable Care Act to strengthen partnerships and coordinate a robust set of services for Medicaid cost-avoidance. Through federal competitive grants, New York has been able to develop and/or implement options counseling, MIPPA/ADRC, Nursing Home Modernization & Diversion/Community Living Program, Veterans Directed, CDSMP, and Care Transitions, all in an effort to reduce and delay spend-down to Medicaid and nursing home placement. These grant funds were provided by CMS and the Administration on Aging, now known as the Administration for Community Living. While the grants were instrumental in establishing innovative approaches, they funded demonstration programs in limited geographic areas for a specific period of time. The additional waiver funding for NY Connects will enable these innovative approaches to be utilized throughout the state.

Another important result of providing waiver resources is that it will allow for the expansion of NY Connects to all counties and the City of New York. The waiver resources would also further develop and enhance NY Connects programs to include the core components of a fully functional ADRC. The core components include information and assistance, screening, benefits counseling, application assistance, counseling on Managed Long Term Care Plans, care transitions, evidence based programs, follow up and tracking, and through a no wrong door approach, a seamless system to assist individuals with application completion and submission. NY Connects programs will also have the capacity to conduct all of the functions above in the individual's home or community, as needed. Fully functional NY Connects programs would also include:

- Person centered care plans
- Infrastructure support such as staff
- Expanding outreach and education
- Expanding HIICAP
- Strengthening and expanding access to certified Options Counselors
- Implementing evidence-based initiatives such as CDSMP and Matter of Balance
- Offering services to targeted populations similar to those served under the Community Living Program and Veterans Directed Program for individuals at imminent risk of Medicaid spend down and nursing home placement
- Expanding/enhancing care transitions
- Enhancing caregiver support services

The evolution of NY Connects, along with the above-mentioned grants, provide the evidence that waiver funds should be used to enhance NY Connects in order to bend the cost curve of Medicaid by preventing Medicaid spend down whenever possible, and for those on Medicaid, reducing the frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

Health Homes

“In New York, Health Homes are envisioned as a permanent part of the state's considerable efforts to coordinate care for high need and high cost populations, consistent with the MRT's “care management for all” objective.” (p 28, NYS MRT Waiver Amendment)

Area Agencies on Aging (AAAs) have provided care coordination for older adults for over thirty years. The addition of NY Connects in 2006 has expanded the role of AAAs to include providing information on long term services and supports for individuals of *all ages*. This positions AAAs to serve in several capacities, such as serving as the primary contractor for care coordination services for the Health Homes that have been or soon will be approved in all areas of the state.

The Lewis County Priorities Council / Long Term Care Council and the Lewis County Office for the Aging support the goals and purposes of Health Homes. We additionally support the involvement of our agency and other AAAs throughout the state to provide information and/or serve as a contractor of services to the Health Homes.

In June of this year, the Lewis County Priorities Council / LTCC hosted a presentation on Medicaid Health Homes to hear how the Health Home care management service model is being implemented, improve stakeholder knowledge and better prepare the council for future service delivery shifts.

Care Transitions

Area Agencies on Aging and NY Connects programs are also involved in initiatives that span both community-based and medical model settings. Section 3026 of the Affordable Care Act established a Community-Based Care Transitions Program to reduce hospital readmissions and provided competitive grants to consortiums of community-based service providers working in collaboration with hospitals. In New York, the Tompkins County Office for the Aging received a care transitions grant from CMS, as did a group of AAAs that serve as local community based organizations under the umbrella application of the P2 Collaborative of Western NY. Lifespan, an aging services provider located in Monroe County, also received a care transitions grant award. In addition, a similar effort was launched a few years ago by NYSOFA when it partnered with the AAA and NY Connects programs in Albany and Tompkins counties to establish a Consumer Support Navigator program to work directly with hospital personnel and follow-up with the consumer at the time of discharge. These are further examples of the ability of AAAs to partner with a wide variety of organizations, including the medical community, to achieve cost savings and better outcomes.

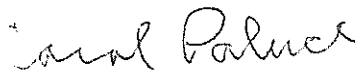
Closing Statement

In conclusion, we appreciate the opportunity to voice our support of New York State's MRT Waiver Amendment, specifically with relation to NY Connects, as well as other initiatives such as Health Homes and Care Transitions. We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system.

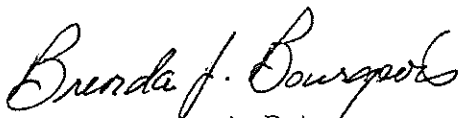
Sincerely,



Stacy Alvord, M.S.W.
Commissioner
Lewis County Department of Social Services
Co-Chair, Lewis County Priorities Council



Carol Paluck, R.N., B.S.N.
Director
Lewis County Public Health
Co-Chair, Lewis County Priorities Council



Brenda J. Bourgeois, B.A.
Director
Lewis County Office for the Aging



Leah Schneider, B.S.
NY Connects: Choices for Long Term Care
Long Term Care Coordinator
Lewis County Office for the Aging

MARCUS J. MOLINARO
COUNTY EXECUTIVE



MARY KAYE DOLAN
ACTING COMMISSIONER

COUNTY OF DUTCHESS

DEPARTMENT OF SERVICES FOR AGING, VETERANS AND YOUTH
DIVISION OF AGING SERVICES

August 24, 2012

Jason Helgerson, Medicaid Director
New York State Department of Health
Albany NY 12237

Dear Mr. Helgerson,

The Dutchess County Division of Aging Services and Dutchess NY would like to express our support of New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012. As stated in the waiver materials, the state proposes to use the waiver amendment to reinvest in the state's health care system, pave the way for implementation of national health care reform and continue to make New York a national health care reform model.

The Dutchess County Division of Aging Services and Dutchess NY Connects annually serve nearly 13,000 New Yorkers age 60 and over; persons of all ages with disabilities and long term care needs; and family caregivers. Our agency makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care.

We urge that funding be designated for an enhanced NY Connects that will provide a key element identified in the waiver, "the use of a front end will enhance the state's ability to access satisfaction data directly from consumers, a much needed component of the long term care delivery system."

Expanding and enhancing NY Connects will require resources and we support the additional funding in the waiver, in the amount of \$10 million for year one, and \$18.4 million for each of the following four years. We anticipate that these funds will be in addition to the NY Connects funding currently provided in the New York State Budget. We support in its entirety the NY Connects waiver language set forth on page 67 of the New York State MRT Waiver Amendment.

New York is a national leader in its development and implementation of the ADRC model. Since 2006, NY Connects has been providing information and assistance on long term care services and supports, as well as direct linkages to home and community based services programs for persons of all ages with disabilities and caregivers. If the waiver is approved, the additional funding for NY Connects would enhance its capacity to assist with Medicaid cost-avoidance while at the same time improving the service delivery model, a benefit to both consumers and taxpayers.

In conclusion, we appreciate the opportunity to voice our support of New York State's MRT Waiver Amendment, specifically with relation to NY Connects, as well as other initiatives such as Health Homes and Care Transitions. We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system.

Sincerely,


Mary Kaye Dolan

27 High Street, Poughkeepsie, New York 12601 • (845) 486-2555
Aging Fax (845) 486-2571 • NY Connects Fax (845) 486-2599
www.dutchessny.gov

Franklin County Office for the Aging
Franklin County NY Connects/Long Term Care Council

355 West Main Street

Malone NY 12953

518-481-1660 fax: 518-481-1635

bpreve@co.franklin.ny.us

Dear Mr. Helgerson,

The Franklin County Long Term Care Council and the Franklin County Office for the Aging are writing to express our support of New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012. As stated in the waiver materials, the state proposes to use the waiver amendment to reinvest in the state's health care system, pave the way for implementation of national health care reform and continue to make New York a national health care reform model.

We support the overall framework, and would like to provide comments on specific elements, in particular, the waiver's inclusion of funding to "Expand New York Connects – Improving Satisfaction." In addition, we will provide our thoughts on care transitions and health homes.

The Franklin County Office for the Aging annually serves nearly 3,850 older New Yorkers age 60 and over; persons of all ages with disabilities; and family caregivers. Our agency makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care.

Expand New York Connects – Improving Satisfaction

As New York State continues Medicaid redesign, there will be many implications for individuals who are currently served by or will soon enter the long term care system. As a result of pending changes, these populations will need individualized assistance to navigate the new choices and to access both private and publicly funded services so they get the right care, in the right setting, for the right price. We concur with the statement in the waiver amendment, "New York is going to need "boots on the ground" across the state to help facilitate these significant changes." NY Connects and the Area Agencies on Aging (AAAs) are well positioned to serve this in this capacity, with a track record of providing person-centered, individualized care, through NY Connects and other programs like the Expanded In-home Services for the Elderly Program (EISEP) and Community Services for the Elderly (CSE) that divert people from Medicaid by providing home & community based services. In addition, an enhanced NY Connects will provide a key element identified in the waiver, "the use of a front end will enhance the state's ability to access satisfaction data directly from consumers, a much needed component of the long term care delivery system."

Expanding and enhancing NY Connects will require resources and we support the additional funding in the waiver, in the amount of \$10 million for year one, and \$18.4 million for each of the following four years. We anticipate that these funds will be in addition to the NY Connects funding currently provided in the New York State Budget. We also support the funding allocation, proposed to be based

on the population of aged and disabled individuals, although we strongly recommend that a "minimum base allocation" be established as a baseline to ensure that programs in counties with smaller populations have sufficient funding to meet the criteria of a fully functional ADRC.

We support in its entirety the NY Connects waiver language set forth on page 67 of the New York State MRT Waiver Amendment, and provide additional information and comments as follows.

New York is a national leader in its development and implementation of the ADRC model. Since 2006, NY Connects has been providing Information and Assistance on long term care services and supports, as well as direct linkages to home and community based services programs for persons of all ages with disabilities and caregivers. If the waiver is approved, the additional funding for NY Connects would enhance its capacity to assist with Medicaid cost-avoidance by:

- Assisting more individuals of all ages and those with disabilities by providing objective information and options counseling (by telephone, in-person or in the home) on the array of services that meet their needs at the right time, in the right setting for the right cost, thus maximizing the private pay resources of these individuals.
- Establishing seamless systems connections for the consumer.
- Expanding the numbers of individuals it can serve, especially in light of the dramatic increases in the age 60+ population projected over the next twenty years.
- Delaying spend-down to Medicaid and reducing the number of new Medicaid applicants.
- Increasing awareness of NY Connects as a resource for discharge planners and health professionals to maximize community resources.
- Strengthening support services for caregivers (who provide 80% of the long term care), which is imperative because the economic value of informal caregivers is estimated at \$25 billion annually in New York State (2008 AARP report, Houser & Gibson).
- Enhancing the Health Insurance Information Counseling Assistance Program (HIICAP) to ensure that Medicare beneficiaries receive objective information and counseling on all insurance options and receive information about Medicare preventive benefits, screenings and annual wellness visits in addition to assisting individuals in applying for the Medicare Savings and Low Income Subsidy programs.
- Reducing the frequency and use of high cost Medicaid benefits by current beneficiaries by enabling access to lower cost support services that can meet beneficiaries' needs.
- Further developing the infrastructure to manage chronic conditions, such as the evidence-based Chronic Disease Self-Management Program (CDSMP), which lowers health care costs for individuals who have participated in the program.

NY Connects is the only ADRC in the nation to require a local Long Term Care Council made up of providers, individuals receiving services and their caregivers, and a wide array of agencies that work together to problem solve. In New York, there are over 1,600 stakeholders serving on the Councils at the local level. The Franklin County Long Term Care Council is comprised of over 40 area professionals and caregivers that are extremely active in vocalizing issues and gaps in services. The Long Term Care Council meets quarterly to discuss new regulations and programs and acts as a forum for community members to collaborate. In Franklin County the Long Term Care Council has identified and continues to work on numerous issues regarding rural aging in place.

New York has built upon NY Connects/ADRC by seizing opportunities offered by the Affordable Care Act to strengthen partnerships and coordinate a robust set of services for Medicaid cost-avoidance. Through federal competitive grants, New York has been able to develop and/or implement options counseling, MIPPA/ADRC, Nursing Home Modernization & Diversion/Community Living Program, Veterans Directed, CDSMP, and Care Transitions, all in an effort to reduce and delay spend-down to Medicaid and nursing home placement. These grant funds were provided by CMS and the Administration on Aging, now known as the Administration for Community Living. While the grants were instrumental in establishing innovative approaches, they funded demonstration programs in limited geographic areas for a specific period of time. The additional waiver funding for NY Connects will enable these innovative approaches to be utilized throughout the state.

Another important result of providing waiver resources is that it will allow for the expansion of NY Connects to all counties and the City of New York. The waiver resources would also further develop and enhance NY Connects programs to include the core components of a fully functional ADRC. The core components include information and assistance, screening, benefits counseling, application assistance, counseling on Managed Long Term Care Plans, care transitions, evidence based programs, follow up and tracking, and through a no wrong door approach, a seamless system to assist individuals with application completion and submission. NY Connects programs will also have the capacity to conduct all of the functions above in the individual's home or community, as needed. Fully functional NY Connects programs would also include:

- Person centered care plans
- Infrastructure support such as staff
- Expanding outreach and education
- Expanding HIICAP
- Strengthening and expanding access to certified Options Counselors
- Implementing evidence-based initiatives such as CDSMP and Matter of Balance
- Offering services to targeted populations similar to those served under the Community Living Program and Veterans Directed Program for individuals at imminent risk of Medicaid spend down and nursing home placement
- Expanding/enhancing care transitions
- Enhancing caregiver support services

The evolution of NY Connects, along with the above-mentioned grants, provide the evidence that waiver funds should be used to enhance NY Connects in order to bend the cost curve of Medicaid by preventing Medicaid spend down whenever possible, and for those on Medicaid, reducing the frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

Health Homes

"In New York, Health Homes are envisioned as a permanent part of the state's considerable efforts to coordinate care for high need and high cost populations, consistent with the MRT's "care management for all" objective." (p 28, NYS MRT Waiver Amendment)

Area Agencies on Aging (AAAs) have provided care coordination for older adults for over thirty years. The addition of NY Connects in 2006 has expanded the role of AAAs to include providing information on long term services and supports for individuals of *all ages*. This positions AAAs to serve in several capacities, such as serving as the primary contractor for care coordination services for the Health Homes that have been or soon will be approved in all areas of the state.

The Franklin County Office for the Aging Long Term Care Council and the Franklin County Office for the Aging support the goals and purposes of Health Homes. We additionally support the involvement of our agency and other AAAs throughout the state to provide information and/or serve as a contractor of services to the Health Homes.

Franklin County NY Connects is actively involved within the county with the initiative for medical and Health Home models and is currently meeting with their case managers on a monthly basis to continue to act as the single point of entry for services for the clients that are served.

Care Transitions

Area Agencies on Aging and NY Connects programs are also involved in initiatives that span both community-based and medical model settings. Section 3026 of the Affordable Care Act established a Community-Based Care Transitions Program to reduce hospital readmissions and provided competitive grants to consortiums of community-based service providers working in collaboration with hospitals. In New York, the Tompkins County Office for the Aging received a care transitions grant from CMS, as did a group of AAAs that serve as local community based organizations under the umbrella application of the P2 Collaborative of Western NY. Lifespan, an aging services provider located in Monroe County, also received a care transitions grant award. In addition, a similar effort was launched a few years ago by NYSOFA when it partnered with the AAA and NY Connects programs in Albany and Tompkins counties to establish a Consumer Support Navigator program to work directly with hospital personnel and follow-up with the consumer at the time of discharge. These are further examples of the ability of AAAs to partner with a wide variety of organizations, including the medical community, to achieve cost savings and better outcomes.

Franklin County NY Connects is very involved with the Care Transitions Initiative. Currently the staff at NY Connects is working in conjunction with hospitals in our county to begin and strengthen the program. Additionally, NY Connects acts as the referral source for service needs identified by Care Transitions staff.

Closing Statement

In conclusion, we appreciate the opportunity to voice our support of New York State's MRT Waiver Amendment, specifically with relation to NY Connects, as well as other initiatives such as Health Homes and Care Transitions. We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system.

Sincerely,

Rebecca Preve

Director

Franklin County NY Connects

355 West Main Street

Malone NY 12953

Susan Wilson Scott

Director

Franklin County Office for the Aging

355 West Main Street

Malone NY 12953

Chemung County Department of Aging and Long Time Care
Chemung County New York Connects Long Term Care Council
425 Pennsylvania Ave., P.O. Box 588, Elmira, NY 14902-0588
ofa@co.chemung.ny.us

8/24/12

Dear Mr. Helgerson,

The Chemung County Long Term Care Council and the Chemung County Department of Aging and Long Term Care (CCDALTC) are writing to express our support of New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012. As stated in the waiver materials, the state proposes to use the waiver amendment to reinvest in the state's health care system, pave the way for implementation of national health care reform and continue to make New York a national health care reform model.

Chemung County has been a pioneer in single point of entry, one stop shopping long term care consolidation. Twenty years ago we consolidated the long term care functions of the local Office for the Aging and the LDSS under the direction of the Office for the Aging. The combination was named C.A.R.E., later when New York Connects developed we changed the name to Chemung County New York Connects and expanded our services.

We support the overall framework, and would like to provide comments on specific elements, in particular, the waiver's inclusion of funding to "Expand New York Connects – Improving Satisfaction." In addition, we will provide our thoughts on care transitions and health homes.

The CCDALTC/NY Connects annually services over 7,000 older New Yorkers age 60 and over: persons of all ages with disabilities; and family caregivers. Our agency makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care.

According to the 2010 Census, there are 19,339 residents over the age of 60 in Chemung County. They represent 22% of our county's population of 88,830. The oldest population groups continue to increase at incredible rates. Residents over the age of 75 (7,102), comprise 8% of our total population and 37% of our 60 plus population. Those 85 and older (2,240) represent 3% of the total population, 12% of the 60 plus and 32% of our 75 plus population. These populations are most likely to have multiple and chronic health conditions that require a variety of services to remain safe and independent in their homes and communities.

As New York State continues Medicaid redesign, there will be many implications for individuals who are currently served by or will soon enter the long term care system. As a result of pending changes, these populations will need individualized assistance to navigate the new choices and to access both private and publicly funded services so they get the right care, in the right setting, for the right price. We concur with the statement in the waiver amendment, "New York is going to need "boots on the ground" across the state to help facilitate these significant changes." NY Connects and the Area Agencies on Aging (AAAs) are well positioned to serve this in this capacity, with a track record of providing person-centered, individualized care, through NY Connects and other programs like the Expanded In-home Services for the Elderly Program (EISEP) and Community Services for the Elderly (CSE) that divert people from Medicaid by providing home & community based services. In addition, an enhanced NY Connects will provide a key element identified in the

waiver, "the use of a front end will enhance the state's ability to access satisfaction data directly from consumers, a much needed component of the long term care delivery system."

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NY Connects is the only ADRC in the nation to require a local Long Term Care Council made up of providers, individuals receiving services and their caregivers, and a wide array of agencies that work together to problem solve. In New York, there are over 1,600 stakeholders serving on the Councils at the local level.

The Chemung County LTC Council has been assessing needs, most recently we had Tina Hager, the Transportation Mobility Manager speak to us about coordinated regional services for elderly, frail and disabled citizens. We also had Traci Allen from ElderChoice and MLTC subcommittee member update the LTC Council about MRT initiatives. As the single point of entry for our local long term care services, it is imperative for our NY Connects staff to be well trained and informed through each phase of the various MRT initiatives as they occur in order to help people navigate their new realities.

New York has built upon NY Connects/ADRC by seizing opportunities offered by the Affordable Care Act to strengthen partnerships and coordinate a robust set of services for Medicaid cost-avoidance. Through federal competitive grants, New York has been able to develop and/or implement options counseling, MIPPA/ADRC, Nursing Home Modernization Diversion/Community Living Program, Veterans Directed, CDSMP and Care Transitions, all in an effort to reduce and delay spend-down to Medicaid and nursing home placement. These grant funds were provided by CMS and the Administration of Aging, now known as the Administration for Community Living. While the grants were instrumental in establishing innovative approaches, they funded demonstration programs in limited geographic areas for a specific period of time. The additional waiver funding for NY Connects will enable these innovative approaches to be utilized throughout the state.

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The evolution of NY Connects, along with the above-mentioned grants, provide the evidence that waiver funds should be used to enhance NY Connects in order to bend the cost curve of Medicaid by preventing Medicaid spend down whenever possible, and for those on Medicaid, reducing the frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

"In New York, Health Homes are envisioned as a permanent part of the state's considerable efforts to coordinate care for high cost populations, consistent with the MRT's "care management for all" objective." (p 28 NYS MRT Waiver Amendment)

Area Agencies on Aging (AAAs) have provided care coordination for older adults for over thirty years. The addition of NY Connects in 2006 has expanded the role of AAAs to include providing information on long term services and supports for individuals of all ages. This positions AAAs to serve in several capacities, such as serving as the primary contractor for care coordination services to the Health Homes that have been or soon will be approved in all areas of the state.

The Chemung County Long Term Care Council and the CCDALTC support the goals and purposes of Health Homes. We additionally support the involvement of our agency and other AAAs throughout the state to provide information and/or serve as a contractor of services to the Health Homes.

The Chemung County Health Home application has been approved. We are actively working in a private/public partnership to implement the important Health Home. In this arrangement, the CCDALTC will act as the lead care coordination agency.

Area Agencies on Aging and NY Connects programs are also involved in initiatives that span both community-based and medical model settings. Section 3026 of the Affordable Care Act established a Community-Based Care Transitions Program to reduce hospital readmissions and provided competitive grants to consortiums of community-based service providers working in collaboration with hospitals. In New York, the Tompkins County Office for the Aging received a care transitions grant from CMS, as did a group of AAAs that serve as local community based organizations under the umbrella application of the P2 Collaborative of Western NY. Lifespan, an aging services provider located in Monroe County, also received a care transitions grant award. In addition, a similar effort was launched a few years ago by NYSOFA when it partnered with the consumer at the time of discharge. These are further examples of the ability of AAAs to partner with a wide variety of organizations, including the medical community, to achieve cost savings and better outcomes.

In conclusion, we appreciate the opportunity to voice our support of New York State's MRT Waiver Amendment, specifically with relation to NY Connects, as well as other initiatives such as Health Homes and Care Transitions. We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system.

Sincerely,

Sam David, Director of Chemung County Department of Aging and Long Term Care/New York Connects

Wyoming County Office for the Aging



Assistance. Advocacy. Answers on Aging.

8 Perry Avenue
Warsaw, New York 14569
Phone: 585-786-8833
Fax: 585-786-8832

Email: officeaging@wyomingco.net
Website: <http://wyomingco.net>

Andrea Aldinger
Director
Angela Proper
Deputy Director

August 17, 2012

Wyoming County Office for the Aging
Wyoming County Long Term Care Council
8 Perry Ave
Warsaw, NY 14569

Dear Mr. Helgerson,

The Wyoming County Long Term Care Council and the Wyoming County Office for the Aging are writing to express our support of New York's request for an amendment to Section 115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012. As stated in the waiver materials, the state proposes to use the waiver amendment to reinvest in the state's health care system, pave the way for implementation of national health care reform and continue to make New York a national health care reform model.

We support the overall framework, and would like to provide comments on specific elements, in particular, the waiver's inclusion of funding to "Expand New York Connects – Improving Satisfaction." In addition, we will provide our thoughts on care transitions and health homes.

The Wyoming County Office for the Aging annually serves well over 3,000 older New Yorkers age 60 and over; persons of all ages with disabilities; and family caregivers. Our agency makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care.

Wyoming County is home to 8100 residents over the age of 60. These residents represent 19% of our county's population of almost 42,000 people. The oldest population groups continue to increase at incredible rates. Between 2000 and 2010, residents over the age of 60 increased by 18% while those over 85 increased by 9%. These populations are most likely to have multiple and chronic health conditions that require a variety of services to remain safe and independent in their homes and communities. In 2011 the average age of an OFA client in Wyoming County was 82.

Expand New York Connects – Improving Satisfaction

As New York State continues Medicaid redesign, there will be many implications for individuals who are currently served by or will soon enter the long term care system. As a result of pending changes, these populations will need individualized assistance to navigate the new choices and to access both private and publicly funded services so they get the right care, in the right setting, for the right price. We concur with the statement in the waiver amendment, "New York is going to need "boots on the ground" across the state to help facilitate these significant changes." NY Connects and the Area Agencies on Aging (AAAs) are well positioned to serve this in this capacity, with a track record of providing person-centered, individualized care, through NY Connects and other programs like the Expanded In-home Services for the Elderly Program (EISEP) and Community Services for the Elderly (CSE) that divert people from Medicaid by providing home & community based services. In addition, an enhanced NY Connects will provide a key element identified in the waiver, "the use of a front end will enhance the state's ability to access satisfaction data directly from consumers, a much needed component of the long term care delivery system."

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NY Connects is the only ADRC in the nation to require a local Long Term Care Council made up of providers, individuals receiving services and their caregivers, and a wide array of agencies that work together to problem solve. In New York, there are over 1,600 stakeholders serving on the Councils at the local level. In Wyoming County the LTCC has led in assessing the needs of the County's frail and at risk and identified gaps in the local LTC delivery system.

Our Long Term Care Council recently commissioned a study resulting in a report we will utilize to improve service delivery and create greater access to integrated systems of care for the residents of Wyoming County.

New York has built upon NY Connects/ADRC by seizing opportunities offered by the Affordable Care Act to strengthen partnerships and coordinate a robust set of services for Medicaid cost-avoidance. Through federal competitive grants, New York has been able to develop and/or implement options counseling, MIPPA/ADRC, Nursing Home Modernization & Diversion/Community Living Program, Veterans Directed, CDSMP, and Care Transitions, all in an effort to reduce and delay spend-down to Medicaid and nursing home placement. These grant funds were provided by CMS and the Administration on Aging, now known as the Administration for Community Living. While the grants were instrumental in establishing innovative approaches, they funded demonstration programs in limited geographic areas for a specific period of time. The additional waiver funding for NY Connects will enable these innovative approaches to be utilized throughout the state.

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Health Homes

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AAAs throughout the state to provide information and/or serve as a contractor of services to the Health Homes.

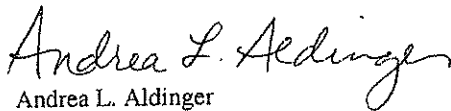
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The Wyoming County Office for the Aging partnered with the Wyoming County Community Hospital and the Wyoming County Health Department to provide a Care Transition Program to all medicare fee for service clients admitted to the hospital. This program will help patients follow their care plan so as to reduce the need for readmission. We see this program growing to include other health insurance companies and look forward to the cost savings this program will produce.

In conclusion, we appreciate the opportunity to voice our support of New York State's MRT Waiver Amendment, specifically with relation to NY Connects, as well as other initiatives such as Health Homes and Care Transitions. We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system.

Sincerely,



Andrea L. Aldinger
Director



THE MEADOWS OFFICE COMPLEX – SUITE 5 140 CO HWY 33W, COOPERSTOWN, NEW YORK 13326

OFFICE FOR THE AGING

PHONE: (607) 547-4232

FAX: (607) 547-6492

Jason Helgerson, Medicaid Director
New York State Department of Health
Albany NY 12237

Dear Mr Helgerson.

Otsego County Office for the Aging and NY Connects of Otsego County support New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012. The goal of reinvestment in the state's health care system will pave the way for implementation of national health care reform and continue to make New York a national health care reform model.

Of particular import to us is the inclusion of funding to "Expand New York Connects – Improving Satisfaction" as well as care transitions and health homes. Otsego County has had a long term care coordinating unit since the mid-eighties. We have many examples of how the provision of non-biased information and assistance has assisted individuals to remain in the community at less cost to the individual and the system.

These services are combined with the case management of Medicaid home care programs and have been paid for through Medicaid administration. With the inception of NY Connects we have been able to add coordination, data collection, determining high levels of consumer satisfaction and reporting. As the state takes over Medicaid Administration, the funding will disappear as well as the assistance unless new sources of funding are available that adequately provide for needed staffing and related costs. Allocating funds according to population makes sense, but smaller programs will need a minimum base to adequately cover costs.

Through NY Connects we have continued to build on relationships in the provider and consumer community. Members of our Long Term care Council find it to be a valuable means to address gaps and issues facing member organizations. Through the council, we have developed a listing of respite services and are working with home care programs to assure that respite paperwork is kept up to date incase an emergency need arises. Through discussions of the council, local hospitals have been working with the local Department of Social Services to institute a Memorandum of Understanding when working with Protective Services for Adults clients.

NY Connects' designation as New York's Aging and Disability Resource Center (ADRC) has been important to Otsego County. As such we have been able to participate in the Community Living Program bringing additional dollars and consumer direction to Aging Services. It has also allowed us to enter into an agreement with the Veterans Administration for the VD-HCBS - an important resource for controlling costs.

Another important result of providing waiver resources is that it will allow for the expansion of NY Connects to all counties and the City of New York. The waiver resources

would also further develop and enhance NY Connects programs to include the core components of a fully functional ADRC. The core components include information and assistance, screening, benefits counseling, application assistance, counseling on Managed Long Term Care Plans, care transitions, evidence based programs, follow up and tracking, and through a no wrong door approach, a seamless system to assist individuals with application completion and submission. NY Connects programs will also have the capacity to conduct all of the functions above in the individual's home or community, as needed. Fully functional NY Connects programs would also include:

- Person centered care plans
- Infrastructure support such as staff
- Expanding outreach and education
- Expanding HHCAP
- Strengthening and expanding access to certified Options Counselors
- Implementing evidence-based initiatives such as CDSMP and Matter of Balance
- Offering services to targeted populations similar to those served under the Community Living Program and Veterans Directed Program for individuals at imminent risk of Medicaid spend down and nursing home placement
- Expanding/enhancing care transitions
- Enhancing caregiver support services

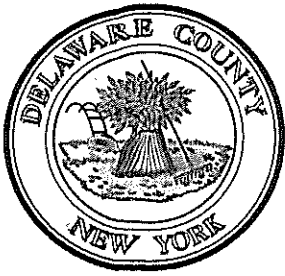
The evolution of NY Connects, along with the above-mentioned grants, provide the evidence that waiver funds should be used to enhance NY Connects in order to bend the cost curve of Medicaid by preventing Medicaid spend down whenever possible, and for those on Medicaid, reducing the frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

Area Agencies on Aging and New York Connects programs can also be a resource to Health Homes and Care Transition initiatives. AAAs have much experience in care coordination and follow up with consumers. Several AAAs have instituted care transition models with an eye towards replication across the network. Waiver resources to support this would be key to instituting new programs.

We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system. Thank you for the opportunity to offer support for this application.

Sincerely,

Frances A. Wright, Director
wrightf@otsegocounty.com



DELAWARE COUNTY OFFICE FOR THE AGING



6 Court Street, Delhi, New York 13753

Wayne Shepard
Director

Phone: 607-746-6333
Fax: 607-746-6227

E-MAIL: ofa@co.delaware.ny.us
WebSite: www.co.delaware.ny.us/departments/ofa/ofa.htm

August 24, 2012

Delaware County Office for the Aging
6 Court Street
Delhi, NY 13753
(607)746-63333
wayne.shepard@co.delaware.ny.us

Dear Mr. Helgerson,

The Delaware County Long Term Care Council and the Delaware County Office for the Aging are writing to express our support of New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012. As stated in the waiver materials, the state proposes to use the waiver amendment to reinvest in the state's health care system, pave the way for implementation of national health care reform and continue to make New York a national health care reform model.

We support the overall framework, and would like to provide comments on specific elements, in particular, the waiver's inclusion of funding to "Expand New York Connects – Improving Satisfaction." In addition, we will provide our thoughts on care transitions and health homes.

The Delaware County annually serves nearly 4,000 older New Yorkers age 60 and over; persons of all ages with disabilities; and family caregivers. Our agency makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care.

Delaware County is home to 12,947 residents over the age of 60. These residents represent 27% of our county's population of almost 48,000 people. Between 2001 and 2010 resident over the age of 85 has increased by close to 10%. This population is most likely to have multiple and chronic health conditions that require a variety of services to remain safe and independent in their homes and communities.

Expand New York Connects – Improving Satisfaction

As New York State continues Medicaid redesign, there will be many implications for individuals who are currently served by or will soon enter the long term care system. As a result of pending changes, these populations will need individualized assistance to navigate the new choices and to access both private and publicly funded services so they get the right care, in the right setting, for the right price. We concur with the statement in the waiver amendment, "New York is going to need "boots on the ground" across the state to help facilitate these significant changes." NY Connects and the Area Agencies on Aging (AAAs) are well positioned to serve this in this capacity, with a track record of providing person-centered, individualized care, through NY Connects and other programs like the Expanded In-home Services for the Elderly Program (EISEP) and Community Services for the Elderly (CSE) that divert people from Medicaid by providing home & community based services. In addition, an enhanced NY Connects will provide a key element identified in the waiver, "the use of a front end will enhance the state's ability to access satisfaction data directly from consumers, a much needed component of the long term care delivery system."

Expanding and enhancing NY Connects will require resources and we support the additional funding in the waiver, in the amount of \$10 million for year one, and \$18.4 million for each of the following four years. We anticipate that these funds will be in addition to the NY Connects funding currently provided in the New York State Budget. We also support the funding allocation, proposed to be based on the population of aged and disabled individuals, although we strongly recommend that a "minimum base allocation" be established as a baseline to ensure that programs in counties with smaller populations have sufficient funding to meet the criteria of a fully functional ADRC.

We support in its entirety the NY Connects waiver language set forth on page 67 of the New York State MRT Waiver Amendment, and provide additional information and comments as follows.

New York is a national leader in its development and implementation of the ADRC model. Since 2006, NY Connects has been providing Information and Assistance on long term care services and supports, as well as direct linkages to home and community based services programs for persons of all ages with disabilities and caregivers. If the waiver is approved, the additional funding for NY Connects would enhance its capacity to assist with Medicaid cost-avoidance by:

- Assisting more individuals of all ages and those with disabilities by providing objective information and options counseling (by telephone, in-person or in the home) on the array of services that meet their needs at the right time, in the right setting for the right cost, thus maximizing the private pay resources of these individuals.
- Establishing seamless systems connections for the consumer.
- Expanding the numbers of individuals it can serve, especially in light of the dramatic increases in the age 60+ population projected over the next twenty years.
- Delaying spend-down to Medicaid and reducing the number of new Medicaid applicants.
- Increasing awareness of NY Connects as a resource for discharge planners and health professionals to maximize community resources.

- Strengthening support services for caregivers (who provide 80% of the long term care), which is imperative because the economic value of informal caregivers is estimated at \$25 billion annually in New York State (2008 AARP report, Houser & Gibson).
- Enhancing the Health Insurance Information Counseling Assistance Program (HIICAP) to ensure that Medicare beneficiaries receive objective information and counseling on all insurance options and receive information about Medicare preventive benefits, screenings and annual wellness visits in addition to assisting individuals in applying for the Medicare Savings and Low Income Subsidy programs.
- Reducing the frequency and use of high cost Medicaid benefits by current beneficiaries by enabling access to lower cost support services that can meet beneficiaries' needs.
- Further developing the infrastructure to manage chronic conditions, such as the evidence-based Chronic Disease Self-Management Program (CDSMP), which lowers health care costs for individuals who have participated in the program.

NY Connects is the only ADRC in the nation to require a local Long Term Care Council made up of providers, individuals receiving services and their caregivers, and a wide array of agencies that work together to problem solve. In New York, there are over 1,600 stakeholders serving on the Councils at the local level. In Delaware County the LTCC has led in assessing the needs of the County's frail and at risk and identified gaps in the local LTC delivery system.

New York has built upon NY Connects/ADRC by seizing opportunities offered by the Affordable Care Act to strengthen partnerships and coordinate a robust set of services for Medicaid cost-avoidance. Through federal competitive grants, New York has been able to develop and/or implement options counseling, MIPPA/ADRC, Nursing Home Modernization & Diversion/Community Living Program, Veterans Directed, CDSMP, and Care Transitions, all in an effort to reduce and delay spend-down to Medicaid and nursing home placement. These grant funds were provided by CMS and the Administration on Aging, now known as the Administration for Community Living. While the grants were instrumental in establishing innovative approaches, they funded demonstration programs in limited geographic areas for a specific period of time. The additional waiver funding for NY Connects will enable these innovative approaches to be utilized throughout the state.

Another important result of providing waiver resources is that it will allow for the expansion of NY Connects to all counties and the City of New York. The waiver resources would also further develop and enhance NY Connects programs to include the core components of a fully functional ADRC. The core components include information and assistance, screening, benefits counseling, application assistance, counseling on Managed Long Term Care Plans, care transitions, evidence based programs, follow up and tracking, and through a no wrong door approach, a seamless system to assist individuals with application completion and submission. NY Connects programs will also have the capacity to conduct all of the functions above in the individual's home or community, as needed. Fully functional NY Connects programs would also include:

- Person centered care plans
- Infrastructure support such as staff
- Expanding outreach and education
- Expanding HIICAP
- Strengthening and expanding access to certified Options Counselors
- Implementing evidence-based initiatives such as CDSMP and Matter of Balance

- Offering services to targeted populations similar to those served under the Community Living Program and Veterans Directed Program for individuals at imminent risk of Medicaid spend down and nursing home placement
- Expanding/enhancing care transitions
- Enhancing caregiver support services

The evolution of NY Connects, along with the above-mentioned grants, provide the evidence that waiver funds should be used to enhance NY Connects in order to bend the cost curve of Medicaid by preventing Medicaid spend down whenever possible, and for those on Medicaid, reducing the frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

Health Homes

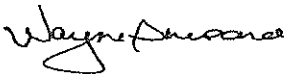
“In New York, Health Homes are envisioned as a permanent part of the state’s considerable efforts to coordinate care for high need and high cost populations, consistent with the MRT’s “care management for all” objective.” (p 28, NYS MRT Waiver Amendment)

Area Agencies on Aging (AAAs) have provided care coordination for older adults for over thirty years. The addition of NY Connects in 2006 has expanded the role of AAAs to include providing information on long term services and supports for individuals of *all ages*. This positions AAAs to serve in several capacities, such as serving as the primary contractor for care coordination services for the Health Homes that have been or soon will be approved in all areas of the state.

The Delaware County Long Term Care Council and the Delaware County Office for the Aging support the goals and purposes of Health Homes. We additionally support the involvement of our agency and other AAAs throughout the state to provide information and/or serve as a contractor of services to the Health Homes.

In conclusion, we appreciate the opportunity to voice our support of New York State’s MRT Waiver Amendment, specifically with relation to NY Connects, as well as other initiatives such as Health Homes and Care Transitions. We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system.

Sincerely,



Wayne Shepard,
Director Office for the Aging
Delaware County



Broome County Office for Aging

Debra A. Preston, County Executive . Kathleen Bunnell, Director

August 24, 2012

Jason Helgerson
Medicaid Director
New York State Department of Health
Albany NY 12237

Dear Mr. Helgerson,

I am writing to express support of New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012. As stated in the waiver materials, the state proposes to use the waiver amendment to reinvest in the state's health care system, pave the way for implementation of national health care reform and continue to make New York a national health care reform model.

I support the overall framework, and would like to provide comments on specific elements, in particular, the waiver's inclusion of funding to "Expand New York Connects – Improving Satisfaction." In addition, I have some comments on care transitions and health homes and our role in Broome County.

The Broome County Office for Aging annually serves nearly 12,000 older New Yorkers age 60 and over and family caregivers. We work side by side with Broome County CASA to assure persons of all ages are able to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care. We are very proud of our work and the well coordinated system we have in place in Broome County.

According to the 2010 Census, there are 44,485 Broome County residents over the age of 60. These residents represent 22% of our county's population of 200,600 people. The oldest population groups continue to increase at incredible rates. These age cohort is most likely to have multiple and chronic health conditions that require a variety of services to remain safe and independent in their homes and communities. In 2011, the Office for the Aging served 35% of the age 75 and over population and 44% of those who are age 85 and over.

Expand New York Connects – Improving Satisfaction

As New York State continues Medicaid redesign, there will be many implications for individuals who are currently served by or will soon enter the long term care system. As a result of pending changes, these populations will need individualized assistance to navigate the new choices and to access both private and publicly funded services so they get the right care, in the right setting, for the right price. I concur with the statement in the waiver amendment, "New York is going to need "boots on the ground" across the state to help facilitate these significant changes." NY Connects, CASAs and the Area Agencies on Aging (AAAs) are well positioned to serve in this capacity, with a track record of providing person-centered, individualized care, through NY Connects and other programs like the Expanded In-home Services for the Elderly Program

Broome County Office Building . 60 Hawley Street . P.O. Box 1766 . Binghamton, New York 13902
Phone: (607) 778-2411 . Fax: (607) 778-2316 . www.gobroomecounty.com

(EISEP) and Community Services for the Elderly (CSE) that divert people from Medicaid by providing home & community based services. In addition, an enhanced NY Connects will provide a key element identified in the waiver, "the use of a front end will enhance the state's ability to access satisfaction data directly from consumers, a much needed component of the long term care delivery system."

Expanding and enhancing NY Connects will require resources and we support the additional funding in the waiver, in the amount of \$10 million for year one, and \$18.4 million for each of the following four years. I assume that these funds will be in addition to the NY Connects funding currently provided in the New York State Budget. I also support the funding allocation, proposed to be based on the population of aged and disabled individuals, although I strongly recommend that a "minimum base allocation" be established as a baseline to ensure that programs in counties with smaller populations have sufficient funding to meet the criteria of a fully functional ADRC.

I support in its entirety the NY Connects waiver language set forth on page 67 of the New York State MRT Waiver Amendment, and provide additional information and comments as follows.

New York is a national leader in its development and implementation of the ADRC model. Since 2006, NY Connects has been providing Information and Assistance on long term care services and supports, as well as direct linkages to home and community based services programs for persons of all ages with disabilities and caregivers. If the waiver is approved, the additional funding for NY Connects would enhance its capacity to assist with Medicaid cost-avoidance by:

- Assisting more individuals of all ages and those with disabilities by providing objective information and options counseling (by telephone, in-person or in the home) on the array of services that meet their needs at the right time, in the right setting for the right cost, thus maximizing the private pay resources of these individuals.
- Establishing seamless systems connections for the consumer.
- Expanding the numbers of individuals it can serve, especially in light of the dramatic increases in the age 60+ population projected over the next twenty years.
- Delaying spend-down to Medicaid and reducing the number of new Medicaid applicants.
- Increasing awareness of NY Connects as a resource for discharge planners and health professionals to maximize community resources.
- Strengthening support services for caregivers (who provide 80% of the long term care), which is imperative because the economic value of informal caregivers is estimated at \$25 billion annually in New York State (2008 AARP report, Houser & Gibson).
- Enhancing the Health Insurance Information Counseling Assistance Program (HIICAP) to ensure that Medicare beneficiaries receive objective information and counseling on all insurance options and receive information about Medicare preventive benefits, screenings

and annual wellness visits in addition to assisting individuals in applying for the Medicare Savings and Low Income Subsidy programs.

- Reducing the frequency and use of high cost Medicaid benefits by current beneficiaries by enabling access to lower cost support services that can meet beneficiaries' needs.
- Further developing the infrastructure to manage chronic conditions, such as the evidence-based Chronic Disease Self-Management Program (CDSMP), which lowers health care costs for individuals who have participated in the program.

Fortunately, in Broome County we have some of these principles in place through our CASA and its strong community partnerships. For more than 25 years, CASA has been seeing people in need of long term care of all ages in various settings, they have managed care plans in a cost effective manner and have worked with the Office for Aging to affect spend down, increased usage of HIICAP, supported caregivers, and expanded participation in evidence based chronic disease self management programs. CASA has had a strong working relationship with our medical providers that has resulted in improved care coordination. However, our capacity is limited and this waiver will allow us to improve on that.

New York has built upon NY Connects/ADRC by seizing opportunities offered by the Affordable Care Act to strengthen partnerships and coordinate a robust set of services for Medicaid cost-avoidance. Through federal competitive grants, New York has been able to develop and/or implement options counseling, MIPPA/ADRC, Nursing Home Modernization & Diversion/Community Living Program, Veterans Directed, CDSMP, and Care Transitions, all in an effort to reduce and delay spend-down to Medicaid and nursing home placement. These grant funds were provided by CMS and the Administration on Aging, now known as the Administration for Community Living. While the grants were instrumental in establishing innovative approaches, they funded demonstration programs in limited geographic areas for a specific period of time. The additional waiver funding for NY Connects will enable these innovative approaches to be utilized throughout the state. Broome County has again been the fortunate recipient of some of these special funds and has seen the difference such innovation can make in a disabled individual's life.

Another important result of providing waiver resources is that it will allow for the expansion of NY Connects to all counties and the City of New York. The waiver resources would also further develop and enhance NY Connects programs to include the core components of a fully functional ADRC. The core components include information and assistance, screening, benefits counseling, application assistance, counseling on Managed Long Term Care Plans, care transitions, evidence based programs, follow up and tracking, and through a no wrong door approach, a seamless system to assist individuals with application completion and submission. NY Connects programs will also have the capacity to conduct all of the functions above in the individual's home or community, as needed. Fully functional NY Connects programs would also include:

- Person centered care plans
- Infrastructure support such as staff

- Expanding outreach and education
- Expanding HIICAP
- Strengthening and expanding access to certified Options Counselors
- Implementing evidence-based initiatives such as CDSMP and Matter of Balance
- Offering services to targeted populations similar to those served under the Community Living Program and Veterans Directed Program for individuals at imminent risk of Medicaid spend down and nursing home placement
- Expanding/enhancing care transitions
- Enhancing caregiver support services

The evolution of NY Connects, along with the above-mentioned grants, provide the evidence that waiver funds should be used to enhance NY Connects in order to bend the cost curve of Medicaid by preventing Medicaid spend down whenever possible, and for those on Medicaid, reducing the frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

Health Homes

“In New York, Health Homes are envisioned as a permanent part of the state’s considerable efforts to coordinate care for high need and high cost populations, consistent with the MRT’s “care management for all” objective.” (p 28, NYS MRT Waiver Amendment)

In Broome County, CASA serves in a care coordination role and is a well respected partner in our long term care system and is expected to continue in that role as a local health home is established.

Care Transitions

Area Agencies on Aging and NY Connects programs are also involved in initiatives that span both community-based and medical model settings. Section 3026 of the Affordable Care Act established a Community-Based Care Transitions Program to reduce hospital readmissions and provided competitive grants to consortiums of community-based service providers working in collaboration with hospitals. In New York, the Tompkins County Office for the Aging received a care transitions grant from CMS, as did a group of AAAs that serve as local community based organizations under the umbrella application of the P2 Collaborative of Western NY. Lifespan, an aging services provider located in Monroe County, also received a care transitions grant award. In addition, a similar effort was launched a few years ago by NYSOFA when it partnered with the AAA and NY Connects programs in Albany and Tompkins counties to establish a Consumer Support Navigator program to work directly with hospital personnel and follow-up with the consumer at the time of discharge. These are further examples of the ability of AAAs to partner with a wide variety of organizations, including the medical community, to achieve cost savings and better outcomes.

In Broome County, CASA has been a leader in care transitions for years. CASA staff is located in all area hospitals and nursing homes in order to work closely with and in a timely manner as

patients and residents need to transfer across levels of care. The Nursing Home to Community Program has helped hundreds of people over the years to transition back to their community home. Our experience will be most helpful in providing assistance to other New York communities.

Closing Statement

In conclusion, I appreciate the opportunity to voice our support of New York State's MRT Waiver Amendment, specifically with relation to NY Connects, as well as other initiatives such as Health Homes and Care Transitions. I encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system.

Sincerely,

A handwritten signature in cursive script that reads "Kathleen Bunnell".

Kathleen Bunnell

KBunnell@co.broome.ny.us



Gina Cantanucci-Mitchell
Executive Director

Washington County CARES Office for Aging and Disabilities Resources

383 Broadway
Fort Edward, New York 12839-2650

TELEPHONE: (518) 746-2420
FAX: (518) 746-2418 or 746-2571

August 22, 2012

Dear Mr. Helgerson,

The Washington County Office for the Aging is writing to express our support of New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012. As stated in the waiver materials, the state proposes to use the waiver amendment to reinvest in the state's health care system, pave the way for implementation of national health care reform and continue to make New York a national health care reform model.

We support the overall framework, and would like to provide comments on specific elements, in particular, the waiver's inclusion of funding to "Expand New York Connects – Improving Satisfaction." In addition, we will provide our thoughts on care transitions and health homes.

Washington County Office for the Aging annually serves nearly 2100 older New Yorkers age 60 and over; persons of all ages with disabilities; and family caregivers. Our agency makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care.

Washington County is a rural county with a total population of 62,000 persons, of which residents over 60 accounts for approximately 18% of the total population as of 2008 adjusted census estimates. The AAA currently serves approximately 2100 seniors a year, of which 367 are low income, and 572 are frail and disabled. The primary economic driver for the county is agriculture and government employment, with the major employers being, the state corrections department, the county government and individual school districts. It is anticipated that the Senior Population will grow to almost 25% of the total population in the next ten years significantly impacting the capacity of publically funded services to meet the growing needs. The Office for the Aging operates as an Aging and Disabilities Resource Center, in partnership with the Local Department of Social Services as part of the NY Connects program. Federal Older American's Act and State funded Aging Services are provided in coordination with Medicaid funded home and community based services and adult protective services. Operating as the designated Area Agency on Aging under the name Washington County CARES, the AAA is the single point of entry for home and community based services in Washington County. The Office for the Aging Director oversees all of the services of the ADRC and has been in place for ten years. The Director is appointed by, and serves at the pleasure of, the Board of Supervisors, the legislative body of the county.

Expand New York Connects – Improving Satisfaction

As New York State continues Medicaid redesign, there will be many implications for individuals who are currently served by or will soon enter the long term care system. As a result of pending changes, these populations will need individualized assistance to navigate the new choices and to access both private and publicly funded services so they get the right care, in the right setting, for the right price. We concur with the statement in the waiver amendment, “New York is going to need “boots on the ground” across the state to help facilitate these significant changes.” NY Connects and the Area Agencies on Aging (AAAs) are well positioned to serve this in this capacity, with a track record of providing person-centered, individualized care, through NY Connects and other programs like the Expanded In-home Services for the Elderly Program (EISEP) and Community Services for the Elderly (CSE) that divert people from Medicaid by providing home & community based services. In addition, an enhanced NY Connects will provide a key element identified in the waiver, “the use of a front end will enhance the state’s ability to access satisfaction data directly from consumers, a much needed component of the long term care delivery system.”

Expanding and enhancing NY Connects will require resources and we support the additional funding in the waiver, in the amount of \$10 million for year one, and \$18.4 million for each of the following four years. We anticipate that these funds will be in addition to the NY Connects funding currently provided in the New York State Budget. We also support the funding allocation, proposed to be based on the population of aged and disabled individuals, although we strongly recommend that a “minimum base allocation” be established as a baseline to ensure that programs in counties with smaller populations have sufficient funding to meet the criteria of a fully functional ADRC.

We support in its entirety the NY Connects waiver language set forth on page 67 of the New York State MRT Waiver Amendment, and provide additional information and comments as follows.

New York is a national leader in its development and implementation of the ADRC model. Since 2006, NY Connects has been providing Information and Assistance on long term care services and supports, as well as direct linkages to home and community based services programs for persons of all ages with disabilities and caregivers. If the waiver is approved, the additional funding for NY Connects would enhance its capacity to assist with Medicaid cost-avoidance by:

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- Delaying spend-down to Medicaid and reducing the number of new Medicaid applicants.
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- Strengthening support services for caregivers (who provide 80% of the long term care), which is imperative because the economic value of informal caregivers is estimated at \$25 billion annually in New York State (2008 AARP report, Houser & Gibson).
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NY Connects is the only ADRC in the nation to require a local Long Term Care Council made up of providers, individuals receiving services and their caregivers, and a wide array of agencies that work together to problem solve. In New York, there are over 1,600 stakeholders serving on the Councils at the local level.

Washington, Warren, and Hamilton Counties compose our areas Long Term Care Council. The purpose of our Council is to advise Washington County CARES, Aging and Disabilities Resource Center, the Warren-Hamilton Counties NY Connects Office, and public on matters relating to long term care services and issues with the goal of enhancing coordination and access to long term care system in Washington County, Warren, and Hamilton Counties. The Council also functions as an inter-agency planning and advisory group that fosters collaboration among its members

New York has built upon NY Connects/ADRC by seizing opportunities offered by the Affordable Care Act to strengthen partnerships and coordinate a robust set of services for Medicaid cost-avoidance. Through federal competitive grants, New York has been able to develop and/or implement options counseling, MIPPA/ADRC, Nursing Home Modernization & Diversion/Community Living Program, Veterans Directed, CDSMP, and Care Transitions, all in an effort to reduce and delay spend-down to Medicaid and nursing home placement. These grant funds were provided by CMS and the Administration on Aging, now known as the Administration for Community Living. While the grants were instrumental in establishing innovative approaches, they funded demonstration programs in limited geographic areas for a specific period of time. The additional waiver funding for NY Connects will enable these innovative approaches to be utilized throughout the state.

Another important result of providing waiver resources is that it will allow for the expansion of NY Connects to all counties and the City of New York. The waiver resources would also further develop and enhance NY Connects programs to include the core components of a fully functional ADRC. The core components include information and assistance, screening, benefits counseling, application assistance, counseling on Managed Long Term Care Plans, care transitions, evidence based programs, follow up and tracking, and through a no wrong door approach, a seamless system to assist individuals with application completion and submission. NY Connects programs will also have the capacity to conduct all of the functions above in the individual's home or community, as needed. Fully functional NY Connects programs would also include:

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The evolution of NY Connects, along with the above-mentioned grants, provide the evidence that waiver funds should be used to enhance NY Connects in order to bend the cost curve of Medicaid by preventing Medicaid spend down whenever possible, and for those on Medicaid, reducing the frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

Health Homes

“In New York, Health Homes are envisioned as a permanent part of the state’s considerable efforts to coordinate care for high need and high cost populations, consistent with the MRT’s “care management for all” objective.” (p 28, NYS MRT Waiver Amendment)

Area Agencies on Aging (AAAs) have provided care coordination for older adults for over thirty years. The addition of NY Connects in 2006 has expanded the role of AAAs to include providing information on long term services and supports for individuals of *all ages*. This positions AAAs to serve in several capacities, such as serving as the primary contractor for care coordination services for the Health Homes that have been or soon will be approved in all areas of the state.

Washington County Office for the Aging supports the goals and purposes of Health Homes. We additionally support the involvement of other AAAs throughout the state to provide information and/or serve as a contractor of services to the Health Homes.

Care Transitions

Area Agencies on Aging and NY Connects programs are also involved in initiatives that span both community-based and medical model settings. Section 3026 of the Affordable Care Act established a Community-Based Care Transitions Program to reduce hospital readmissions and provided competitive grants to consortiums of community-based service providers working in collaboration with hospitals. In New York, the Tompkins County Office for the Aging received a care transitions grant from CMS, as did a group of AAAs that serve as local community based organizations under the umbrella application of the P2 Collaborative of Western NY. Lifespan, an aging services provider located in Monroe County, also received a care transitions grant award. In addition, a similar effort was launched a few years ago by NYSOFA when it partnered with the AAA and NY Connects programs in Albany and Tompkins counties to establish a Consumer Support Navigator program to work directly with hospital personnel and follow-up with the consumer at the time of discharge. These are further examples of the ability of AAAs to partner with a wide variety of organizations, including the medical community, to achieve cost savings and better outcomes.

Washington County is currently involved with Northeastern New York Care Transitions Program. We are working collaboratively with Glens Falls Hospital, Hudson Headwaters, CHHA's, home care agencies and other home and community based service agencies like Washington County OFA/CARES/ADRC to do a Center for Medicare Services program. The purpose of the program is to reduce hospital readmissions.

Closing Statement

In conclusion, we appreciate the opportunity to voice our support of New York State's MRT Waiver Amendment, specifically with relation to NY Connects, as well as other initiatives such as Health Homes and Care Transitions. We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system.

Sincerely,

Gina Cantanucci-Mitchell

Director

Washington County Office for the Aging/CARES/Aging and Disabilities Resource Center

ALLEGANY COUNTY OFFICE FOR THE AGING

6085 STATE ROUTE 19 NORTH • BELMONT, NY 14813
TELEPHONE 585-268-9390 • TOLL FREE 866-268-9390
FAX 585-268-9657

KIMBERLEY TOOT
Director

MADELEINE GASDIK
Coordinator of Services
CHERYL CZWORKA
Nutrition Services Coordinator

August 17, 2012

Mr. Jason Helgerson, Medicaid Director
New York State Department of Health
Via email - mrtwaiver@health.state.ny.us

Dear Mr. Helgerson,

The Allegany County Community Partnership on Aging (our Long Term Care Council) and the Allegany County Office for the Aging are writing to express our support of New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012. As stated in the waiver materials, the state proposes to use the waiver amendment to reinvest in the state's health care system, pave the way for implementation of national health care reform and continue to make New York a national health care reform model.

We support the overall framework, and would like to provide comments on specific elements, in particular, the waiver's inclusion of funding to "Expand New York Connects – Improving Satisfaction." In addition, we will provide our thoughts on care transitions and health homes.

The Allegany County Office for the Aging annually serves over 3,000 older New Yorkers age 60 and over; persons of all ages with disabilities; and family caregivers. Our agency makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care.

Allegany County is home to 10,277 residents over the age of 60. These residents represent 21% of our county's population of 49,140 people. The oldest population groups continue to increase at incredible rates. While the general population of Allegany County has decreased 2% between 2000 and 2010, residents over the age of 75 increased by 45% while those over 85 increased by 4%. These populations are most likely to have multiple and chronic health conditions that require a variety of services to remain safe and independent in their homes and communities.

Expand New York Connects – Improving Satisfaction As New York State continues Medicaid redesign, there will be many implications for individuals who are currently served by or will soon enter the long term care system. As a result of pending changes, these populations will need individualized assistance to navigate the new choices and to access both private and publicly funded services so they

get the right care, in the right setting, for the right price. We concur with the statement in the waiver amendment, "New York is going to need "boots on the ground" across the state to help facilitate these significant changes." NY Connects and the Area Agencies on Aging (AAAs) are well positioned to serve this in this capacity, with a track record of providing person-centered, individualized care, through NY Connects and other programs like the Expanded In-home Services for the Elderly Program (EISEP) and Community Services for the Elderly (CSE) that divert people from Medicaid by providing home & community based services. In addition, an enhanced NY Connects will provide a key element identified in the waiver, "the use of a front end will enhance the state's ability to access satisfaction data directly from consumers, a much needed component of the long term care delivery system."

Expanding and enhancing NY Connects will require resources and we support the additional funding in the waiver, in the amount of \$10 million for year one, and \$18.4 million for each of the following four years. We anticipate that these funds will be in addition to the NY Connects funding currently provided in the New York State Budget. We also support the funding allocation, proposed to be based on the population of aged and disabled individuals, although we strongly recommend that a "minimum base allocation" be established as a baseline to ensure that programs in counties with smaller populations have sufficient funding to meet the criteria of a fully functional ADRC.

We support in its entirety the NY Connects waiver language set forth on page 67 of the New York State MRT Waiver Amendment, and provide additional information and comments as follows.

New York is a national leader in its development and implementation of the ADRC model. Since 2006, NY Connects has been providing Information and Assistance on long term care services and supports, as well as direct linkages to home and community based services programs for persons of all ages with disabilities and caregivers. If the waiver is approved, the additional funding for NY Connects would enhance its capacity to assist with Medicaid cost-avoidance by:

- Assisting more individuals of all ages and those with disabilities by providing objective information and options counseling (by telephone, in-person or in the home) on the array of services that meet their needs at the right time, in the right setting for the right cost, thus maximizing the private pay resources of these individuals.
- Establishing seamless systems connections for the consumer.
- Expanding the numbers of individuals it can serve, especially in light of the dramatic increases in the age 60+ population projected over the next twenty years.
- Delaying spend-down to Medicaid and reducing the number of new Medicaid applicants.
- Increasing awareness of NY Connects as a resource for discharge planners and health professionals to maximize community resources.
- Strengthening support services for caregivers (who provide 80% of the long term care), which is imperative because the economic value of informal caregivers is estimated at \$25 billion annually in New York State (2008 AARP report, Houser & Gibson).
- Enhancing the Health Insurance Information Counseling Assistance Program (HIICAP) to ensure that Medicare beneficiaries receive objective information and counseling on all

insurance options and receive information about Medicare preventive benefits, screenings and annual wellness visits in addition to assisting individuals in applying for the Medicare Savings and Low Income Subsidy programs.

- Reducing the frequency and use of high cost Medicaid benefits by current beneficiaries by enabling access to lower cost support services that can meet beneficiaries' needs.
- Further developing the infrastructure to manage chronic conditions, such as the evidence-based Chronic Disease Self-Management Program (CDSMP), which lowers health care costs for individuals who have participated in the program.

NY Connects is the only ADRC in the nation to require a local Long Term Care Council made up of providers, individuals receiving services and their caregivers, and a wide array of agencies that work together to problem solve. In New York, there are over 1,600 stakeholders serving on the Councils at the local level. Allegany County's Community Partnership on Aging (Long Term Care Council) consists of hospitals, nursing homes, home care agencies, independent living providers, our rural health network, the PACE program, hospice, the Department of Social Services, the Department of Health, consumers, and the Office for the Aging.

New York has built upon NY Connects/ADRC by seizing opportunities offered by the Affordable Care Act to strengthen partnerships and coordinate a robust set of services for Medicaid cost-avoidance. Through federal competitive grants, New York has been able to develop and/or implement options counseling, MIPPA/ADRC, Nursing Home Modernization & Diversion/Community Living Program, Veterans Directed, CDSMP, and Care Transitions, all in an effort to reduce and delay spend-down to Medicaid and nursing home placement. These grant funds were provided by CMS and the Administration on Aging, now known as the Administration for Community Living. While the grants were instrumental in establishing innovative approaches, they funded demonstration programs in limited geographic areas for a specific period of time. The additional waiver funding for NY Connects will enable these innovative approaches to be utilized throughout the state.

Another important result of providing waiver resources is that it will allow for the expansion of NY Connects to all counties and the City of New York. The waiver resources would also further develop and enhance NY Connects programs to include the core components of a fully functional ADRC. The core components include information and assistance, screening, benefits counseling, application assistance, counseling on Managed Long Term Care Plans, care transitions, evidence based programs, follow up and tracking, and through a no wrong door approach, a seamless system to assist individuals with application completion and submission. NY Connects programs will also have the capacity to conduct all of the functions above in the individual's home or community, as needed. Fully functional NY Connects programs would also include:

- Person centered care plans
- Infrastructure support such as staff
- Expanding outreach and education
- Expanding HIICAP
- Strengthening and expanding access to certified Options Counselors
- Implementing evidence-based initiatives such as CDSMP and Matter of Balance

- Offering services to targeted populations similar to those served under the Community Living Program and Veterans Directed Program for individuals at imminent risk of Medicaid spend down and nursing home placement
- Expanding/enhancing care transitions
- Enhancing caregiver support services

The evolution of NY Connects, along with the above-mentioned grants, provide the evidence that waiver funds should be used to enhance NY Connects in order to bend the cost curve of Medicaid by preventing Medicaid spend down whenever possible, and for those on Medicaid, reducing the frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

Health Homes

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Area Agencies on Aging (AAAs) have provided care coordination for older adults for over thirty years. The addition of NY Connects in 2006 has expanded the role of AAAs to include providing information on long term services and supports for individuals of *all ages*. This positions AAAs to serve in several capacities, such as serving as the primary contractor for care coordination services for the Health Homes that have been or soon will be approved in all areas of the state.

The Allegany County Long Term Care Council and the Allegany County Office for the Aging support the goals and purposes of Health Homes. We additionally support the involvement of our agency and other AAAs throughout the state to provide information and/or serve as a contractor of services to the Health Homes.

Care Transitions

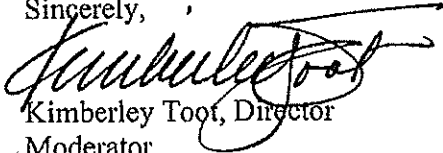
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Jones Memorial Hospital, the Allegany County Office for the Aging, NY Connects, and WillCare Home Health agency have partnered to provide care transitions coaching for Allegany County residents through the program led by the P2 Collaborative of Western New York. NY Connects serves as the administrative point through which coaches are assigned.

Closing Statement

In conclusion, we appreciate the opportunity to voice our support of New York State's MRT Waiver Amendment, specifically with relation to NY Connects, as well as other initiatives such as Health Homes and Care Transitions. We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system.

Sincerely,



Kimberley Toot, Director

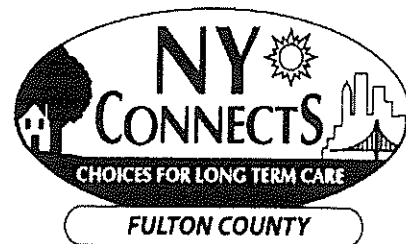
Moderator

Allegany County Community Partnership on Aging (LTCC)

The
Fulton
County **OFFICE**
FOR AGING

*Vital information
for vital generations.*

19 N. William St., Johnstown, NY 12095 • Andrea Fettinger, Director



MEMORANDUM

TO: Jason Helgerson
New York State Medicaid Director

FROM: Andrea Fettinger, BA, Med, Director
Fulton Co. Office for Aging

DATE: August 22, 2012

RE: **1115 Partnership Plan Waiver**

I am writing to express Fulton Co. Office for Aging/NYConnects support of New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012. As stated in the waiver materials, the state proposes to use the waiver amendment to reinvest in the state's health care system, pave the way for implementation of national health care reform and continue to make New York a national health care reform model.

We support the overall framework, and would like to provide comments on specific elements, in particular, the waiver's inclusion of funding to "Expand New York Connects – Improving Satisfaction." In addition, we will provide our thoughts on care transitions and health homes.

Fulton Co. Office for Aging annually serves nearly 7,000 older New Yorkers age 60 and over; persons of all ages with disabilities; and family caregivers. Our agency makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care. Fulton County is home to approximately 11,000 residents over the age of 60. These residents represent 20% of our county's population of almost 55,000 people. We are a rural county situated in the foothills of the Adirondack Mountains, where service delivery takes place in the majority of the small cities, towns, villages and hamlets that make up this beautiful region.

In Fulton County, the NYConnects umbrella of services is situated and coordinated via the Office for Aging utilizing a no wrong door philosophy whereby member agencies of the Long Term Care Council, including the LDSS, attempt and are mostly successful at seamlessly referring for services across the continuum of care.

Expand New York Connects – Improving Satisfaction

As New York State continues Medicaid redesign, there will be many implications for individuals who are currently served by or will soon enter the long term care system. As a result of pending changes, these populations will need individualized assistance to navigate the new choices and to access both private and publicly funded services so they get the right care, in the right setting, for the right price. We concur with the

statement in the waiver amendment, "New York is going to need "boots on the ground" across the state to help facilitate these significant changes." NY Connects and the Area Agencies on Aging (AAAs) are well positioned to serve this in this capacity, with a track record of providing person-centered, individualized care, through NY Connects and other programs like the Expanded In-home Services for the Elderly Program (EISEP) and Community Services for the Elderly (CSE) that divert people from Medicaid by providing home & community based services. In addition, an enhanced NY Connects will provide a key element identified in the waiver, "the use of a front end will enhance the state's ability to access satisfaction data directly from consumers, a much needed component of the long term care delivery system."

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- Reducing the frequency and use of high cost Medicaid benefits by current beneficiaries by enabling access to lower cost support services that can meet beneficiaries' needs.
- Further developing the infrastructure to manage chronic conditions, such as the evidence-based Chronic Disease Self-Management Program (CDSMP), this lowers health care costs for individuals who have participated in the program.

NY Connects is the only ADRC in the nation to require a local Long Term Care Council made up of providers, individuals receiving services and their caregivers, and a wide array of agencies that work together to problem solve. In New York, there are over 1,600 stakeholders serving on the Councils at the local level.

In Fulton County the LTCC members assist in assessing the needs of the County's frail and at risk and identify gaps in the local LTC delivery system. Our Long Term Care Council membership works together to create the most seamless transitions to care across the continuum.

New York has built upon NY Connects/ADRC by seizing opportunities offered by the Affordable Care Act to strengthen partnerships and coordinate a robust set of services for Medicaid cost-avoidance. Through federal competitive grants, New York has been able to develop and/or implement options counseling, MIPPA/ADRC, Nursing Home Modernization & Diversion/Community Living Program, Veterans Directed, CDSMP, and Care Transitions, all in an effort to reduce and delay spend-down to Medicaid and nursing home placement. These grant funds were provided by CMS and the Administration on Aging, now known as the Administration for Community Living. While the grants were instrumental in establishing innovative approaches, they funded demonstration programs in limited geographic areas for a specific period of time. The additional waiver funding for NY Connects will enable these innovative approaches to be utilized throughout the state.

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- Offering services to targeted populations similar to those served under the Community Living Program and Veterans Directed Program for individuals at imminent risk of Medicaid spend down and nursing home placement
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The evolution of NY Connects, along with the above-mentioned grants, provide the evidence that waiver funds should be used to enhance NY Connects in order to bend the cost curve of Medicaid by preventing Medicaid spend down whenever possible, and for those on Medicaid, reducing the frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

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Area Agencies on Aging (AAAs) have provided care coordination for older adults for over thirty years. The addition of NY Connects in 2006 has expanded the role of AAAs to include providing information on long term services and supports for individuals of *all ages*. This positions AAAs to serve in several capacities, such as serving as the primary contractor for care coordination services for the Health Homes that have been or soon will be approved in all areas of the state.

The Fulton Co. Office for Aging supports the goals and purposes of Health Homes. We additionally support the involvement of our agency and other AAAs throughout the state to provide information and/or serve as a contractor of services to the Health Homes. The Fulton Co. Office for Aging works closely with the Mental Hygiene/Community Services department to provide information, assistance and often screening of those who need service. While the County no longer hosts the Mental Health or Addictions Clinics, the array of services still exists in the County and we all work together to meet many needs.

Care Transitions

Area Agencies on Aging and NY Connects programs are also involved in initiatives that span both community-based and medical model settings. Section 3026 of the Affordable Care Act established a Community-Based Care Transitions Program to reduce hospital readmissions and provided competitive grants to consortiums of community-based service providers working in collaboration with hospitals. In New York, the Tompkins County Office for the Aging received a care transitions grant from CMS, as did a group of AAAs that serve as local community based organizations under the umbrella application of the P2 Collaborative of Western NY. Lifespan, an aging services provider located in Monroe County, also received a care transitions grant award. In addition, a similar effort was launched a few years ago by NYSOFA when it partnered with the AAA and NY Connects programs in Albany and Tompkins counties to establish a Consumer Support Navigator program to work directly with hospital personnel and follow-up with the consumer at the time of discharge. These are further examples of the ability of AAAs to partner with a wide variety of organizations, including the medical community, to achieve cost savings and better outcomes.

Closing Statement

In conclusion, I truly appreciate the opportunity to voice my support of New York State’s MRT Waiver Amendment, specifically with relation to NY Connects, as well as other initiatives such as Health Homes and Care Transitions. We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system.

AF/

Tompkins County Office for the Aging

320 N. Tioga Street
Ithaca, NY 14850
607-274-5482
www.tompkins-co.org/cofa

Jason A. Helgerson
Medicaid Director
Office of Health Insurance Programs
NYS Department of Health
Corning Tower OCP-Room 1211
Empire State Plaza
Albany, NY 12237

August 23, 2012

Dear Mr. Helgerson:

The Tompkins County Office for the Aging and the Long Term Care Committee of the Health Planning Council of Tompkins County are writing to express our strong support of New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012. We support the overall framework of the waiver, and would like to provide comments on the waiver's inclusion of funding to expand New York Connects. In addition, we will provide our thoughts on health homes.

The Tompkins County Office for the Aging and our New York Connects program annually serves nearly 6,000 older New Yorkers age 60 and over, persons of all ages with disabilities, and family caregivers. Our agency makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care.

In Tompkins County, the Long Term Care Committee of the Health Planning Council has been active locally for over 40 years, and serves as our NYConnects Long Term Care Council. The Long Term Care Committee works to improve consumer access to the long term care system, to identify and analyze emerging community needs in the long term care system, to enhance coordination among existing agencies and to encourage the development of programs to meet identified gaps. In 2009, the Long Term Care Committee completed an extensive Long Term Care Needs Assessment, describing who needs long term care, how services are provided, where there are gaps in service, related issues, promising trends, and who pays for services. The report also makes recommendations about changes needed for improvement. Members of the Long Term

Care Committee, including the Tompkins County Office for the Aging work with many others to support implementation of the recommendations. We encourage community agencies, current and potential providers of services, legislators, and foundations to use these recommendations to help make informed funding and development decisions.

Expand New York Connects – Improving Satisfaction

As New York State continues Medicaid redesign, there will be many implications for individuals who are currently served by or will soon enter the long term care system. As a result of pending changes, these populations will need individualized assistance to navigate the new choices and to access both private and publicly funded services so they get the right care, in the right setting, for the right price.

Expanding and enhancing NY Connects will require resources and we support the additional funding in the waiver, in the amount of \$10 million for year one, and \$18.4 million for each of the following four years. We anticipate that these funds will be in addition to the NY Connects funding currently provided in the New York State Budget. We also support the funding allocation, proposed to be based on the population of aged and disabled individuals, although we strongly recommend that a “minimum base allocation” be established as a baseline to ensure that programs in counties with smaller populations have sufficient funding to meet the criteria of a fully functional ADRC.

We support in its entirety the NY Connects waiver language set forth on page 67 of the New York State MRT Waiver Amendment, and provide additional information and comments as follows:

New York is a national leader in its development and implementation of the Aging and Disability Resource Center (ADRC) model. Since 2006, NY Connects has been providing Information and Assistance on long term care services and supports, as well as direct linkages to home and community based services programs for persons of all ages with disabilities and caregivers. If the waiver is approved, the additional funding for NY Connects would enhance its capacity to assist with Medicaid cost-avoidance by:

- Assisting more individuals of all ages and those with disabilities by providing objective information and options counseling (by telephone, in-person or in the home) on the array of services that meet their needs at the right time, in the right setting for the right cost, thus maximizing the private pay resources of these individuals.
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- Delaying spend-down to Medicaid and reducing the number of new Medicaid applicants.
- Increasing awareness of NY Connects as a resource for discharge planners and health professionals to maximize community resources.
- Strengthening support services for caregivers (who provide 80% of the long term care), which is imperative because the economic value of informal caregivers is

estimated at \$25 billion annually in New York State (2008 AARP report, Houser & Gibson).

- Enhancing the Health Insurance Information Counseling Assistance Program (HIICAP) to ensure that Medicare beneficiaries receive objective information and counseling on all insurance options and receive information about Medicare preventive benefits, screenings and annual wellness visits in addition to assisting individuals in applying for the Medicare Savings and Low Income Subsidy programs.
- Reducing the frequency and use of high cost Medicaid benefits by current beneficiaries by enabling access to lower cost support services that can meet beneficiaries' needs.
- Further developing the infrastructure to manage chronic conditions, such as the evidence-based Chronic Disease Self-Management Program (CDSMP), which lowers health care costs for individuals who have participated in the program.

New York has built upon NY Connects/ADRC by seizing opportunities offered by the Affordable Care Act to strengthen partnerships and coordinate a robust set of services for Medicaid cost-avoidance. This has led to strong initiatives on the local level. The Tompkins County Office for the Aging and NY Connects are actively involved in innovative care transitions programs which span both community-based and medical model settings. The Tompkins County Office for the Aging is the lead agency on a CMS funded Community Based Care Transitions Program under the Affordable Care Act's Partnership for Patients. Through this initiative, we are working with our local hospital, skilled nursing facilities, home care agencies and hospice to provide evidence-based care transitions coaching to high-risk Medicare beneficiaries with the goal of reducing 30 day hospital readmissions by 20%. In addition, the Tompkins County Office for the Aging and NY Connects partners with NYSOFA on a volunteer-based Community Supports Navigator program, utilizing trained volunteers to follow-up with the consumer for up to 90 days following hospital discharge. These are further examples of our efforts to partner with a wide variety of organizations, including medical providers, to achieve cost savings and better outcomes for older adults in our community.

Another important result of providing waiver resources is that it will allow for the expansion of NY Connects to all counties and the City of New York. The waiver resources would also further develop and enhance NY Connects programs to include the core components of a fully functional ADRC. The core components include information and assistance, screening, benefits counseling, application assistance, counseling on Managed Long Term Care Plans, care transitions, evidence based programs, follow up and tracking, and through a no wrong door approach, a seamless system to assist individuals with application completion and submission. NY Connects programs will also have the capacity to conduct all of the functions above in the individual's home or community, as needed. Fully functional NY Connects programs would also include:

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Area Agencies on Aging (AAAs) have provided care coordination for older adults for over thirty years. The addition of NY Connects in 2006 has expanded the role of AAAs to include providing information on long term services and supports for individuals of *all ages*. This positions AAAs to serve in several capacities, such as serving as the primary contractor for care coordination services for the Health Homes that have been or soon will be approved in all areas of the state.

The Tompkins County Office for the Aging and the Long Term Care Committee of the Health Planning Council support the goals and purposes of Health Homes. We additionally support the involvement of our agency and other AAAs throughout the state to partner with the Health Homes in an effort to provide more seamless, person-centered care.

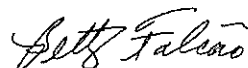
Closing Statement

In conclusion, we appreciate the opportunity to voice our support of New York State's MRT Waiver Amendment, specifically with relation to NY Connects, as well as other initiatives such as Health Homes. We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system.

Sincerely,


Lisa Holmes

Director
Tompkins County Office for the Aging



Betty Falcao
Director
Health Planning Council of
Tompkins County



JEFFERSON COUNTY OFFICE FOR THE AGING

175 ARSENAL STREET
WATERTOWN, NEW YORK 13601-2528
(315)785-3191
Fax (315)785-5095

PETER J. FAZIO
Director

LOUISE J. HARACZKA
Deputy Director

August 23, 2012

Jason A. Helgerson
Medicaid Director
Office of Health Insurance Programs
NYS Department of Health
Corning Tower OCP-Room 1211
Empire State Plaza
Albany, NY 12237

Dear Mr. Helgerson,

The Jefferson County Long Term Care Council and the Jefferson County Office for the Aging are writing to express our support of New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012. As stated in the waiver materials, the State proposes to use the waiver amendment to reinvest in the State's health care system, pave the way for implementation of national health care reform and continue to make New York a national health care reform model.

We support the overall framework, and would like to provide comments on specific elements, in particular, the waiver's inclusion of funding to "Expand New York Connects—Improving Satisfaction." In addition, we will provide our thoughts on Care Transitions and Health Homes.

The Jefferson County Office for the Aging annually serves nearly 5,000 older New Yorkers age 60 and over; persons of all ages with disabilities; and family caregivers. Our agency makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care.

Jefferson County is home to 18,364 residents over the age of 60. These residents represent almost 16% of our county's population of 116,229 people. The oldest population groups continue to increase at incredible rates, and that trend is expected to continue. These populations are most likely to have multiple and chronic health conditions that require a variety of services to remain safe and independent in their homes and communities. The county 60 and over population increased 12% since 2000.

Expand New York Connects—Improving Satisfaction

We concur with the statement in the waiver amendment, "New York is going to need "boots on the ground" across the state to help facilitate these significant changes." NY Connects and the Area Agencies on Aging (AAAs) are well positioned to serve in this capacity, with a track record of providing person-centered, individualized care, through NY Connects and other programs like the Expanded In-home Services for the Elderly Program (EISEP) and Community Services for the Elderly (CSE) that divert people from Medicaid by providing home and community based services. Expanding and enhancing NY Connects will require resources and we support the additional funding in the waiver, in the amount of \$10 million for year one, and \$18.4 million for each of the following four years. We anticipate that these funds will be in addition to the NY Connects funding currently provided in the New York State Budget. We also support the funding allocation, proposed to be based on the population of aged and disabled individuals, although we strongly recommend that a "minimum based allocation" be established as a baseline to ensure that programs in counties with smaller populations have sufficient funding to meet the criteria of a fully functional ADRC.

We support in its entirety the NY Connects waiver language set forth on page 67 of the New York State MRT Waiver Amendment.

New York is a national leader in its development and implementation of the ADRC model. Since 2006, NY Connects has been providing Information and Assistance on long term care services and supports, as well as direct linkages to home and community based services programs for persons of all ages with disabilities and caregivers. If the waiver is approved, the additional funding for NY Connects would enhance its capacity to assist with Medicaid cost-avoidance. The following are just a few examples:

- Assisting more individuals of all ages and those with disabilities by providing objective information and options counseling (by telephone, in-person or in the home) on the array of services that meet their needs at the right time, in the right setting for the right cost, thus maximizing the private pay resources of these individuals.
- Establishing seamless system connections for the consumer.
- Expanding the numbers of individuals it can serve, especially in light of the dramatic increases in the age 60+ population projected over the next twenty years.
- Delaying spend-down to Medicaid and reducing the number of new Medicaid applicants.

NY Connects is the only ADRC in the nation to require a Local Long Term Care Council made up of providers, individuals receiving services and their caregivers, and a wide array of agencies that work together to problem solve. In New York, there are over 1,600 stakeholders serving on the Councils at the local level.

Another important result of providing waiver resources is that it will allow for the expansion of NY Connects to all counties and the City of New York. The waiver resources would also further develop and enhance NY Connects programs to include the core components of a fully functional ADRC. The core components include information and assistance, screening, benefits counseling, application assistance, counseling on Managed Long Term Care Plans, care transitions, evidence based programs, follow up and tracking, and through a no wrong door approach, a seamless system to assist individuals with application completion and submission. NY Connects programs will also have the capacity to conduct all of the functions above in the individual's home or community, as needed. Fully functional NY Connects programs would also include:

- Infrastructure support such as staff
- Expanding outreach, education and HHCAP services
- Strengthening and expanding access to certified Options Counselors
- Implementing evidence-based initiatives such as CDSMP and Matter of Balance
- Offering services to targeted populations similar to those served under the Community Living Program and Veterans Directed Program for individuals at imminent risk of Medicaid spend down and nursing home placement.
- Expanding/enhancing care transitions and caregiver support services

The evolution of NY Connects, along with the above-mentioned grants, provide the evidence that waiver funds should be used to enhance NY Connects in order to bend the cost curve of Medicaid by preventing Medicaid spend down whenever possible, and for those on Medicaid, reducing the frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

Health Homes

"In New York, Health Homes are envisioned as a permanent part of the state's considerable efforts to coordinate care for high need and high cost populations, consistent with the MRT's "care management for all" objective." (p 28, NYS MRT Waiver Amendment)

Area Agencies on Aging (AAAs) have provided care coordination for older adults for over thirty years. The addition of NY Connects in 2006 has expanded the role of AAAs to include providing information on long term services and supports for individuals of *all ages*. This positions AAAs to serve in several capacities, such as serving as the primary contractor for care coordination services for the Health Homes that have been or soon will be approved in all areas of the state.

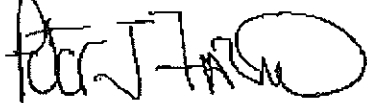
The Jefferson County Long Term Care Council and the Jefferson County Office for the Aging support the goals and purposes of Health Homes. We additionally support the involvement of our agency and other AAAs throughout the state to provide information and/or serve as a contractor of services to the Health Homes.

Care Transitions

Area Agencies on Aging and NY Connects programs are also involved in initiatives that span both community-based and medical model settings. Section 3026 of the Affordable Care Act established a Community-Based Care Transitions Program to reduce hospital readmissions and provided competitive grants to consortiums of community-based service providers working in collaboration with hospitals. In addition, a few years ago, NYSOFA partnered with the AAA and NY Connects programs in Albany and Tompkins counties to establish a Consumer Support Navigator program to work directly with hospital personnel and follow-up with the consumer at the time of discharge. These are further examples of the ability of AAAs to partner with a wide variety of organizations, including the medical community, to achieve cost savings and better outcomes.

In conclusion, we appreciate the opportunity to voice our support of New York State's MRT Waiver Amendment, specifically with relation to NY Connects, as well as other initiatives such as Health Homes and Care Transitions. We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter J. Fazio". The signature is stylized and somewhat cursive, with a large loop at the end.

Peter J. Fazio
Director

PJF/bhr

EDWARD P. MANGANO
COUNTY EXECUTIVE

LISA A. MURPHY
COMMISSIONER
DEPARTMENT OF HUMAN SERVICES



VICTORIA MEYERHOEFER
DIRECTOR
OFFICE FOR THE AGING

August 2012

COUNTY OF NASSAU
DEPARTMENT OF HUMAN SERVICES
Office for the Aging
60 Charles Lindbergh Boulevard, Suite #260
Uniondale, New York 11553-3691
516-227-8900/FAX 516-227-8972
seniors@hhsnassaucountyny.us

Jason A. Helgerson, Medicaid Director
Office of Health Insurance Programs
NYS Department of Health
Corning Tower OCP-Room 1211
Empire State Plaza
Albany, NY 12237

Dear Mr. Helgerson:

The Nassau County Department of Human Services, Office for the Aging (NCOFA) and the Nassau County Long Term Care Council wish to express our support of New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012. As stated in the waiver materials, the state proposes to use the waiver amendment to reinvest in the state's health care system, pave the way for implementation of national health care reform and continue to make New York a national health care reform model.

We support the overall framework, in particular, the waiver's inclusion of funding to "Expand New York Connects – Improving Satisfaction."

The NCOFA, one of 59 Area Agencies on Aging (AAA) in New York State, annually serves nearly 16,695 older New Yorkers age 60 and over. In 2011, 66% of all clients served by the NCOFA were 75 years or older. Specific OFA programs also serve persons of all ages with disabilities and family caregivers. The Office's Nassau*NYConnects Help-Line provides individualized information and assistance to more than 9,300 callers annually. Our agency makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care.

Nassau County is home to 285,000 residents over the age of 60. These residents represent nearly 21% of the county's population of 1.357 million people. Nearly 38% of its older citizens are 75+ and 11.5% are 85+. Between the years 2000 to 2015, Nassau County anticipates an increase of 18.8% in its 60 + population and a dramatic 51% increase in its 85+ population. The high numbers of 75 + and 85+ residents, who are the ones most likely to have multiple and chronic health conditions, will require a variety of services to remain safe and independent in their homes and communities.

Expand New York Connects – Improving Satisfaction

As New York State continues Medicaid redesign, there will be many implications for individuals who are currently served by or will soon enter the long term care system. As a result of pending changes, these populations will need individualized assistance to navigate the new choices and to access both private and publicly funded services so they get the right care, in the right setting, for the right price. We concur with

the statement in the waiver amendment, "New York is going to need "boots on the ground" across the state to help facilitate these significant changes." The NCOFA and its Nassau County*NY Connects program are well positioned to serve this in this capacity, with a track record of providing person-centered, individualized care, through a centralized Help-Line and other programs like the Expanded In-Home Services for the Elderly Program (EISEP) and Community Services for the Elderly (CSE) that divert people from Medicaid by providing home & community-based services. We believe that an enhanced NY Connects will provide a key element identified in the waiver, "the use of a front end will enhance the state's ability to access satisfaction data directly from consumers, a much needed component of the long term care delivery system."

Expanding and enhancing NY Connects will require resources, and we support the additional funding in the waiver, in the amount of \$10 million for year one, and \$18.4 million for each of the following four years. We anticipate that these funds will be in addition to the NY Connects funding currently provided in the New York State Budget. We also support the funding allocation, proposed to be based on the population of aged and disabled individuals, although we strongly recommend that a "minimum base allocation" be established as a baseline to ensure that programs in counties with smaller populations have sufficient funding to meet the criteria of a fully functional ADRC.

We support in its entirety the NY Connects waiver language set forth on page 67 of the New York State MRT Waiver Amendment, and provide additional information and comments as follows.

New York is a national leader in its development and implementation of the ADRC model. Since 2006, NY Connects has been providing information about, and assistance in accessing, long term care services and supports, as well as direct linkages to home and community-based services programs for persons of all ages with disabilities and their caregivers. If the waiver is approved, the additional funding for NY Connects would enhance its capacity to assist with Medicaid cost-avoidance by:

- Assisting more individuals of all ages and those with disabilities by providing objective information and options counseling (by telephone, in-person or in the home) on the array of services that meet their needs at the right time, in the right setting for the right cost, thus maximizing the private pay resources of these individuals.
- Establishing seamless systems connections for the consumer.
- Expanding the numbers of individuals it can serve, especially in light of the dramatic increases in the age 60+ population projected over the next twenty years.
- Delaying spend-down to Medicaid and reducing the number of new Medicaid applicants.
- Increasing awareness of NY Connects as a resource for discharge planners and health professionals to maximize community resources.
- Strengthening support services for caregivers (who provide 80% of the long term care), which is imperative because the economic value of informal caregivers is estimated at \$25 billion annually in New York State (2008 AARP report, Houser & Gibson).
- Enhancing the Health Insurance Information Counseling Assistance Program (HIICAP) to ensure that Medicare beneficiaries receive objective information and counseling on all insurance options and receive information about Medicare preventive benefits, screenings and annual wellness visits in addition to assisting individuals in applying for the Medicare Savings and Low Income Subsidy programs.
- Reducing the frequency and use of high cost Medicaid benefits by current beneficiaries by enabling access to lower cost support services that can meet beneficiaries' needs.

- Further developing the infrastructure to manage chronic conditions, such as the evidence-based Chronic Disease Self-Management Program (CDSMP), which lowers health care costs for individuals who have participated in the program.

NY Connects is the only ADRC in the nation to require a local Long Term Care Council made up of providers, individuals receiving services and their caregivers, and a wide array of agencies that work together to problem solve. Nassau County's Long Term Care Council provides a valuable forum for information sharing, cross training and case conferencing. Members are committed to working cooperatively and coordinating their efforts to meet the needs of all county residents requiring long term care services.

New York has built upon NY Connects/ADRC by seizing opportunities offered by the Affordable Care Act to strengthen partnerships and coordinate a robust set of services for Medicaid cost-avoidance. Through federal competitive grants, New York has been able to develop and/or implement options counseling, MIPPA/ADRC, Nursing Home Modernization & Diversion/Community Living Program, Veterans Directed, CDSMP, and Care Transitions, all in an effort to reduce and delay spend-down to Medicaid and nursing home placement. These grant funds were provided by CMS and the Administration on Aging, now known as the Administration for Community Living. While the grants were instrumental in establishing innovative approaches, they funded demonstration programs in limited geographic areas for a specific period of time. The additional waiver funding for NY Connects will enable these innovative approaches to be utilized in Nassau County and in other areas throughout the state.

Another important result of providing waiver resources is that it will allow for the expansion of NY Connects to all counties and the City of New York. The waiver resources would also further develop and enhance NY Connects programs to include the core components of a fully functional ADRC. The core components include information and assistance, screening, benefits counseling, application assistance, counseling on Managed Long Term Care Plans, care transitions, evidence based programs, follow up and tracking, and through a no wrong door approach, a seamless system to assist individuals with application completion and submission. NY Connects programs will also have the capacity to conduct all of the functions above in the individual's home or community, as needed. Fully functional NY Connects programs would also include:

- Person centered care plans
- Infrastructure support such as staff
- Expanding outreach and education
- Expanding HIICAP
- Strengthening and expanding access to certified Options Counselors
- Implementing evidence-based initiatives such as CDSMP and Matter of Balance
- Offering services to targeted populations similar to those served under the Community Living Program and Veterans Directed Program for individuals at imminent risk of Medicaid spend down and nursing home placement
- Expanding/enhancing care transitions
- Enhancing caregiver support services

The evolution of NY Connects, along with the above-mentioned grants, provide the evidence that waiver funds should be used to enhance NY Connects in order to bend the cost curve of Medicaid by preventing

Medicaid spend down whenever possible, and for those on Medicaid, reducing the frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

Health Homes

“In New York, Health Homes are envisioned as a permanent part of the state’s considerable efforts to coordinate care for high need and high cost populations, consistent with the MRT’s “care management for all” objective.” (p 28, NYS MRT Waiver Amendment). The NCOFA has provided care coordination for older adults for over forty years. The addition of NY Connects funding in 2006 has enabled this agency to expand its role to include providing information on long term services and supports for individuals of *all ages*. This positions NCOFA and other AAAs throughout New York State to serve in several capacities, such as serving as the primary contractor for care coordination services for the Health Homes that have been or soon will be approved in all areas of the state.

The Nassau County Long Term Care Council and the NCOFA support the goals and purposes of Health Homes. We additionally support the involvement of our agency and other AAAs throughout the state to provide information and/or serve as a contractor of services to the Health Homes.

Care Transitions

As a fully functioning Area Agency on Aging and NYConnects Program, the NCOFA has the resources, experience, expertise, connections and commitment to mobilize community agencies, maximize and coordinate service delivery, and continue to provide excellent client-centered assistance. Nassau County’s leadership supports the no wrong door approach that enhances the NCOFA’s ability to network and problem solve with its sister agencies. NCOFA has also facilitated and provided ongoing training to hospital discharge planners to ensure more appropriate referrals for community-based care. It is in a unique position to partner with hospital personnel in efforts that will improve care transitions from hospital to home, coordinate community-based services, prevent or delay readmissions, and achieve better outcomes and cost savings.

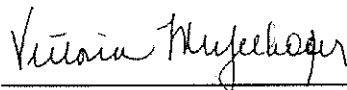
Closing Statement

In conclusion, we appreciate the opportunity to voice our support of New York State’s MRT Waiver Amendment, specifically with relation to NY Connects. In addition, we support other initiatives such as Health Homes and Care Transitions. We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system.

Sincerely,



Lisa A. Murphy, Commissioner
Department of Human Services



Victoria Meyerhoefer, Director
Office for the Aging



Eric Kalt, Chairperson,
NC Long Term Care Council &
Administrator, Town House Ctr.
for Rehabilitation and Nursing



Services for Long Term Care

Ontario County Office for the Aging
3010 County Complex Dr.
Canandaigua, NY 14424

Office: (585) 396-4040 or
(315) 781-1321

Fax: (585) 396-7490

E-Mail: onofa@co.ontario.ny.us

Website: <http://www.co.ontario.ny.us/Aging/>



Working towards a society
for all ages

August 22, 2012

Mr. Jason A. Helgerson
Medicaid Director
Office of Health Insurance Programs
New York State Department of Health
Morning Tower OCP-Room 1211
Empire State Plaza
Albany, New York 12237

Dear Mr. Helgerson,

The Ontario County Office for the Aging, speaking on behalf of the Ontario County Long Term Care Council, is writing to express our support of New York State's request for an amendment to Section 1115 Partnership Plan Waiver 1-W-00114/2, which was submitted to CMS on August 6, 2012. As stated in the waiver materials, the state purposes to use the waiver amendment to reinvest in the state's health care system, pave the way for implementation of national health care reform and continue to make New York a national health care reform model.

We support the overall framework and would like to provide comments on specific elements, in particular, the waiver's inclusion of funding to "Expand New York Connects" – Improving Satisfaction for all the senior citizens and caregivers we serve and will continue to serve in Ontario County.

New York Connects is an integral component of the long term care system, what it is now and what it has the potential of becoming. The vision for Ontario County is to have a New York Connects Single point of Entry for Long Term care information, referral, assistance and options counseling available under one roof. Professionals from both the Office for the Aging and the Department of Social Services Medicaid unit working together to enhance services to those people seeking assistance. This model would prove to be cost effective, efficient and satisfactory to those using services.

During the period from July 1, 2011 through June 30, 2012, Ontario County Office for the Aging served 6,413 clients with an average response time of less than 8 hours. The Office for the Aging main switchboard fielded 13,961 calls. Case Managers assisted 704 clients to apply for benefits/entitlements or to enroll in long term care services. Application assistance resulted in client savings of approximately \$1,374,820. Ontario County received a significant increase in funding for the Expanded in Home Services for the Elderly Program (EISEP) mainly due to the large increase in the older population in this county. Ontario County is # 3 in the state for the highest increase in the numbers of people over the age of 60.

The agency makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible delaying or avoiding higher cost levels of care. Options counseling, offered through the New York Connects Single Point of Entry Unit, is the innovative method of making sure that this indeed does happen.

ask you to strongly consider any avenues that will expand and strengthen New York Connects in New York State.

Thank you.

Deleen P. Sherman, Director
Ontario County Office for the Aging

[Faint, illegible text, likely bleed-through from the reverse side of the page]

Genesee County Office for the Aging

2 Bank Street
Batavia, NY 14020
(585) 343-1611
Fax (585) 344-8559

E-Mail: ofa@co.genesee.ny.us
Website: www.co.genesee.ny.us



PAMELA WHITMORE
Director

August 24, 2012

Jason A. Helgerson, Medicaid Director
Office of Health Insurance Programs
NYS Department of Health
Corning Tower OCP-Room 1211
Empire State Plaza
Albany, NY 12237

Dear Mr. Helgerson,

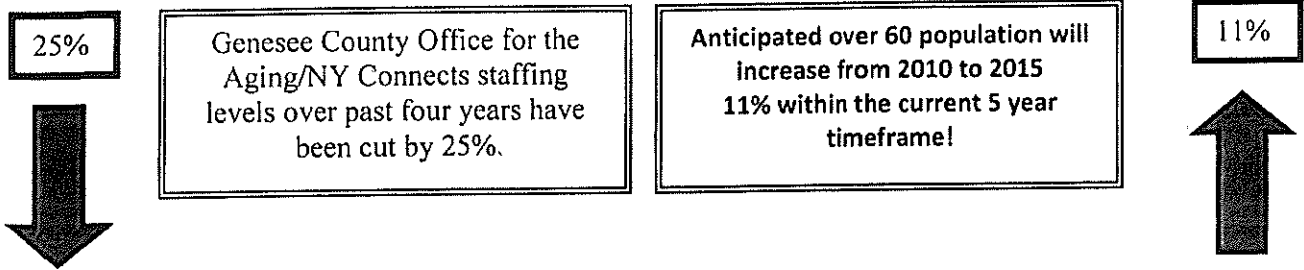
The Genesee County Office for the Aging supports New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012. As stated in the waiver materials, the state proposes to use the waiver amendment to reinvest in the state's health care system, pave the way for implementation of national health care reform and continue to make New York a national health care reform model.

We strongly support the overall framework and particularly support the waiver's inclusion of funding to "Expand New York Connects – Improving Satisfaction."

NY Connects provides unbiased information, screening, assistance, referral, and long term care options counseling, helping individuals understand what long term care is and the types of services and supports that are available in New York State.
ADDITIONAL FUNDING FOR NY CONNECTS WOULD ENHANCE ITS CAPACITY TO ASSIST WITH MEDICAID COST-AVOIDANCE.

The Genesee County Office for the Aging serves older New Yorkers age 60 and over; persons of all ages with disabilities; and family caregivers. Our agency makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care.

Over the past several years, Genesee County Office for the Aging resources have decreased and our expenses have increased, forcing us to decrease our staffing levels by nearly 25%. That being said, the population we serve and the mandated reporting requirements are continually rising to unsustainable levels.



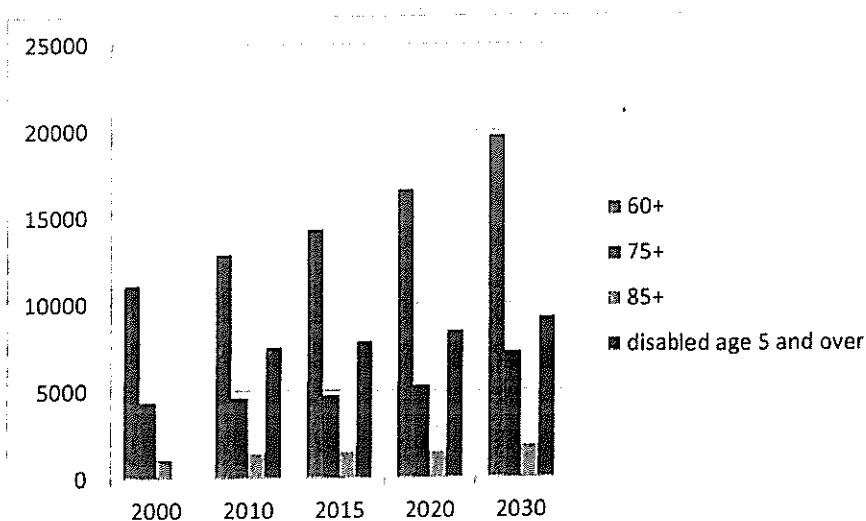
Genesee County residents over the age of 60 are projected to increase:

- Currently, between 2010 and 2015 by 15%
- Currently, between 2010 and 2020 by 29%
- Long-term, between 2000 and 2020 by 50%
- Long-term, between 2000 and 2030 by 77%

This population is the most likely to have multiple and chronic health conditions that require a variety of services to remain safe and independent in their homes and communities. The need for NY Connects services is rising substantially.

GENESEE COUNTY POPULATION 2000 TO 2030

Data Source: New York State Office for the Aging AAARIN Website



Expand New York Connects – Improving Satisfaction

As New York State continues Medicaid redesign, there will be many implications for individuals who are currently served by or will soon enter the long term care system. As a result of pending changes, these populations will need individualized assistance to navigate the new choices and to access both private and publicly funded services so they get the right care, in the right setting, for the right price. We concur with the statement in the waiver amendment, “New York is going to need “boots on the ground” across the state to help facilitate these significant changes.” NY Connects and the Area Agencies on Aging (AAAs) are well positioned to serve this in this capacity, with a track record of providing person-centered, individualized care, through NY Connects and other programs like the Expanded In-home Services for the Elderly Program (EISEP) and Community Services for the Elderly (CSE) that divert people from Medicaid by providing home & community based services. In addition, an enhanced NY Connects will provide a key element identified in the waiver, “the use of a front end will enhance the state’s ability to access satisfaction data directly from consumers, a much needed component of the long term care delivery system.”

Expanding and enhancing NY Connects will require resources and we support the additional funding in the waiver, in the amount of \$10 million for year one, and \$18.4 million for each of the following four years. We anticipate that these funds will be in addition to the NY Connects funding currently provided in the New York State Budget. We also support the funding allocation, proposed to be based on the population of aged and disabled individuals, although we strongly recommend that a “minimum base allocation” be established as a baseline to ensure that programs in counties with smaller populations have sufficient funding to meet the criteria of a fully functional ADRC.

New York is a national leader in its development and implementation of the ADRC model. Since 2006, NY Connects has been providing Information and Assistance on long term care services and supports, as well as direct linkages to home and community based services programs for persons of all ages with disabilities and caregivers. If the waiver is approved, the additional funding for NY Connects would enhance its capacity to assist with Medicaid cost-avoidance by:

- Assisting more individuals of all ages and those with disabilities by providing objective information and options counseling (by telephone, in-person or in the home) on the array of services that meet their needs at the right time, in the right setting for the right cost, thus maximizing the private pay resources of these individuals.
- Establishing seamless systems connections for the consumer.
- Expanding the numbers of individuals it can serve, especially in light of the dramatic increases in the age 60+ population projected over the next twenty years.
- Delaying spend-down to Medicaid and reducing the number of new Medicaid applicants.
- Increasing awareness of NY Connects as a resource for discharge planners and health professionals to maximize community resources.
- Strengthening support services for caregivers (who provide 80% of the long term care), which is imperative because the economic value of informal caregivers is estimated at \$25 billion annually in New York State (2008 AARP report, Houser & Gibson).

- Enhancing the Health Insurance Information Counseling Assistance Program (HIICAP) to ensure that Medicare beneficiaries receive objective information and counseling on all insurance options and receive information about Medicare preventive benefits, screenings and annual wellness visits in addition to assisting individuals in applying for the Medicare Savings and Low Income Subsidy programs.
- Reducing the frequency and use of high cost Medicaid benefits by current beneficiaries by enabling access to lower cost support services that can meet beneficiaries' needs.
- Further developing the infrastructure to manage chronic conditions, such as the evidence-based Chronic Disease Self-Management Program (CDSMP), which lowers health care costs for individuals who have participated in the program.

NY Connects is the only ADRC in the nation to require a local Long Term Care Council made up of providers, individuals receiving services and their caregivers, and a wide array of agencies that work together to problem solve. In New York, there are over 1,600 stakeholders serving on the Councils at the local level.

Genesee County Long Term Care Task Force Agencies

Alzheimer's Association – WNY Chapter, Batavia Nursing Home, Catholic Charities, Center for Disability Rights, Companion Care of Rochester, Crossroads House, Genesee/Orleans Council on Alcoholism and Substance Abuse, Genesee County Chapter NYSARC Inc., Genesee County Department of Social Services, Genesee County Health Department, Genesee County Mental Health Services, Genesee County Nursing Home, Genesee County Office for the Aging, Genesee County Veterans Service Agency, Genesee County Youth Bureau, HomeCare & Hospice, HCR Home Care of Rochester, Independent Living of Genesee Region, Lake Plains Community Care Network, LeRoy Christian Community Project, LeRoy Village Green, Lifespan of Greater Rochester, Mental Health Association in Genesee County, Sibley Nursing, The Greens of LeRoy, Tender Loving Family Care, United Memorial Medical Center, VA WNY Healthcare Systems, Visiting Nursing Association of WNY, Inc. Whitmore Family Type Home for Adults

Genesee County's Long Term Care Task Force works doggedly with local agencies and leaders to make Genesee County a Livable Community, offering efficient, effective, and evidence based aging in place programs and living opportunities.

New York has built upon NY Connects/ADRC by seizing opportunities offered by the Affordable Care Act to strengthen partnerships and coordinate a robust set of services for Medicaid cost-avoidance. Through federal competitive grants, New York has been able to develop and/or implement options counseling, MIPPA/ADRC, Nursing Home Modernization & Diversion/Community Living Program, Veterans Directed, CDSMP, and Care Transitions, all in an effort to reduce and delay spend-down to Medicaid and nursing home placement. These grant funds were provided by CMS and the Administration on Aging, now known as the Administration for Community Living. While the grants were instrumental in establishing innovative approaches, they funded demonstration programs in limited geographic areas for a specific period of time. The additional waiver funding for NY Connects will enable these innovative approaches to be utilized throughout the state.

Another important result of providing waiver resources is that it will allow for the expansion of NY Connects to all counties and the City of New York. The waiver resources would also further develop and enhance NY Connects programs to include the core components of a fully functional ADRC. The core components include information and assistance, screening, benefits counseling, application assistance, counseling on Managed Long Term Care Plans, care transitions, evidence based programs, follow up and tracking, and through a no wrong door approach, a seamless system to assist individuals with application completion and submission. NY Connects programs will also have the capacity to conduct all of the functions above in the individual's home or community, as needed. Fully functional NY Connects programs would also include:

- Person centered care plans
- Infrastructure support such as staff
- Expanding outreach and education
- Expanding HIICAP
- Strengthening and expanding access to certified Options Counselors
- Implementing evidence-based initiatives such as CDSMP and Matter of Balance
- Offering services to targeted populations similar to those served under the Community Living Program and Veterans Directed Program for individuals at imminent risk of Medicaid spend down and nursing home placement
- Expanding/enhancing care transitions
- Enhancing caregiver support services

The evolution of NY Connects, along with the above-mentioned grants, provide the evidence that waiver funds should be used to enhance NY Connects in order to bend the cost curve of Medicaid by preventing Medicaid spend down whenever possible, and for those on Medicaid, reducing the frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

Care Transitions

Area Agencies on Aging and NY Connects programs are also involved in initiatives that span both community-based and medical model settings. Section 3026 of the Affordable Care Act established a Community-Based Care Transitions Program to reduce hospital readmissions and provided competitive grants to consortiums of community-based service providers working in collaboration with hospitals. In New York, the Tompkins County Office for the Aging received a care transitions grant from CMS, as did a group of AAAs that serve as local community based organizations under the umbrella application of the P2 Collaborative of Western NY. Lifespan, an aging services provider located in Monroe County, also received a care transitions grant award. In addition, a similar effort was launched a few years ago by NYSOFA when it partnered with the AAA and NY Connects programs in Albany and Tompkins counties to establish a Consumer Support Navigator program to work directly with hospital personnel and follow-up with the consumer at the time of discharge. These are further examples of the ability of AAAs to partner with a wide variety of organizations, including the medical community, to achieve cost savings and better outcomes.

Genesee County is part of the WNY Regional Care Transitions Intervention initiative in collaboration with P2 Collaborative of Western NY, providing this evidence-based service to persons with chronic health conditions.

Health Homes

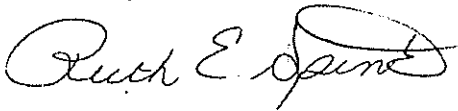
“In New York, Health Homes are envisioned as a permanent part of the state’s considerable efforts to coordinate care for high need and high cost populations, consistent with the MRT’s “care management for all” objective.” (p 28, NYS MRT Waiver Amendment)

Area Agencies on Aging (AAAs) have provided care coordination for older adults for over thirty years. The addition of NY Connects in 2006 has expanded the role of AAAs to include providing information on long term services and supports for individuals of *all ages*. This positions AAAs to serve in several capacities, such as serving as the primary contractor for care coordination services for the Health Homes that have been or soon will be approved in all areas of the state.

Closing Statement

In conclusion, we appreciate the opportunity to voice our support of New York State’s MRT Waiver Amendment, specifically with relation to NY Connects, as well as other initiatives such as Health Homes and Care Transitions. We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system.

Sincerely,

A handwritten signature in black ink, appearing to read "Ruth E. Spink". The signature is fluid and cursive, with a large loop at the end.

Ruth E. Spink, Services Administrator



DANIEL P. MCCOY
COUNTY EXECUTIVE

COUNTY OF ALBANY
DEPARTMENT FOR AGING
162 WASHINGTON AVENUE
ALBANY, NEW YORK 12210
ADMINISTRATION: (518) 447-7198
GENERAL INFORMATION: (518) 447-7177
FAX: (518) 447-7722

JUDY L. COYNE, RN
COMMISSIONER

August 2012

Dear Mr. Helgerson,

Albany County and the Albany County Department for Aging are writing to express support of New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012.

We support the overall framework, and would like to provide comments on specific elements, in particular, the waiver's inclusion of funding to "Expand New York Connects – Improving Satisfaction."

The Albany County Department for Aging annually serves nearly 7,000 New Yorkers age 60 and over; persons of all ages with disabilities and family caregivers. Our agency makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care.

Albany County is home to 60,195 residents over the age of 60. These residents represent 19% of our county's population of almost 304,032 people. The oldest population groups continue to increase. Albany County residents over the age of 75 comprise 7.2% of the population and are most likely to have multiple and chronic health conditions that require a variety of services to remain at home.

As New York State continues Medicaid redesign, there will be many implications for individuals who are currently served by or will soon enter the long term care system. As a result of pending changes, these populations will need individualized assistance to navigate the new choices and to access both private and publicly funded services so they get the right care, in the right setting, for the right price. We concur with the statement in the waiver amendment, "New York is going to need "boots on the ground" across the state to help facilitate these significant changes." NY Connects and the Area Agencies on Aging (AAAs) are well positioned to serve this in this capacity, with a track record of providing person-centered, individualized care, through NY Connects and other programs like the Expanded In-home Services for the Elderly Program (EISEP) and Community Services for the Elderly (CSE) that divert people from Medicaid by providing home & community based services. Expanding and enhancing NY Connects will require resources and we support the additional funding in the

waiver, in the amount of \$10 million for year one, and \$18.4 million for each of the following four years. We anticipate that these funds will be in addition to the NY Connects funding currently provided in the New York State Budget. We also support the funding allocation, proposed to be based on the population of aged and disabled individuals, although we strongly recommend that a "minimum base allocation" be established as a baseline to ensure that programs in counties with smaller populations have sufficient funding to meet the criteria of a fully functional ADRC.

We support in its entirety the NY Connects waiver language set forth on page 67 of the New York State MRT Waiver Amendment, and provide additional information and comments as follows.

New York is a national leader in its development and implementation of the ADRC model. Since 2006, NY Connects has been providing Information and Assistance on long term care services and supports, as well as direct linkages to home and community based services programs for persons of all ages with disabilities and caregivers. If the waiver is approved, the additional funding for NY Connects would enhance its capacity to assist with Medicaid cost-avoidance by:

- Assisting more individuals of all ages and those with disabilities by providing objective information and options.
- Establishing seamless systems connections for the consumer.
- Expanding the numbers of individuals it can serve, especially in light of the dramatic increases in the age 60+ population projected over the next twenty years.
- Delaying spend-down to Medicaid and reducing the number of new Medicaid applicants.
- Increasing awareness of NY Connects as a resource for discharge planners and health professionals to maximize community resources.
- Strengthening support services for caregivers (who provide 80% of the long term care).
- Enhancing the Health Insurance Information Counseling Assistance Program (HIICAP) to ensure that Medicare beneficiaries receive objective information and counseling on all insurance options.
- Reducing the frequency and use of high cost Medicaid benefits by current beneficiaries by enabling access to lower cost support services that can meet beneficiaries' needs.

New York has built upon NY Connects/ADRC by seizing opportunities offered by the Affordable Care Act to strengthen partnerships and coordinate a robust set of services for Medicaid cost-avoidance. Through federal competitive grants, New York has been able to develop and/or implement options counseling, MIPPA/ADRC, Nursing Home Modernization & Diversion/Community Living Program, Veterans Directed, CDSMP, and Care Transitions, all in an effort to reduce and delay spend-

down to Medicaid and nursing home placement. The additional waiver funding for NY Connects will enable these innovative approaches to be utilized throughout the state.

Another important result of providing waiver resources is that it will allow for the expansion of NY Connects to all counties and the City of New York. The waiver resources would also further develop and enhance NY Connects programs to include the core components of a fully functional ADRC. The core components include information and assistance, screening, benefits counseling, application assistance, counseling on Managed Long Term Care Plans, care transitions, evidence based programs, follow up and tracking, and through a no wrong door approach, a seamless system to assist individuals with application completion and submission. NY Connects programs will also have the capacity to conduct all of the functions above in the individual's home or community, as needed. Fully functional NY Connects programs would also include:

- Person centered care plans
- Infrastructure support such as staff
- Expanding outreach and education
- Expanding HIICAP
- Strengthening and expanding access to certified Options Counselors
- Implementing evidence-based initiatives
- Offering services to targeted populations similar to those served under the Community Living Program and Veterans Directed Program for individuals at imminent risk of Medicaid spend down and nursing home placement
- Expanding/enhancing care transitions
- Enhancing caregiver support services

The evolution of NY Connects, along with the above-mentioned grants, provide the evidence that waiver funds should be used to enhance NY Connects in order to bend the cost curve of Medicaid by preventing Medicaid spend down whenever possible, and for those on Medicaid, reducing their frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

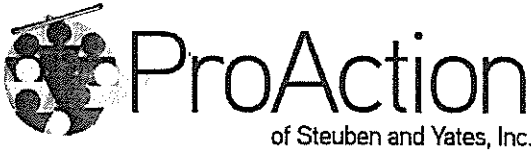
In conclusion, we appreciate the opportunity to voice our support of New York State's MRT Waiver Amendment, specifically with relation to NY Connects, as well as other initiatives such as Health Homes and Care Transitions. We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system.

Sincerely,



Commissioner

Albany County Department for Aging



www.proactioninc.org

Our mission is to promote the creation of quality family life, self-sufficiency, and the ability to thrive for all people in our community.

August 24, 2012

Jason A. Helgerson, Medicaid Director
Office of Health Insurance Programs
NYS Department of Health
Corning Tower OCP-Room 1211
Empire State Plaza
Albany, NY 12237

Re: ProAction Yates County Office for the Aging Letter of Support for the New York State Department of Health 1115 Waiver Application (MRT Waiver)

Dear Mr. Helgerson,

I am writing to express my support of New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2). I support the overall waiver, including the expansion of New York Connects as well as the creation of an Ombudsperson Program and Regional Health Planning.

The Yates County Office for the Aging annually serves more than 2,000 older New Yorkers age 60 and over; persons of all ages with disabilities; and family caregivers. Our agency helps individuals to live in their homes and our community for as long as possible. Yates County Office for the Aging provides the local NY Connects program and convenes a Long Term Care Council to work on local long term care service challenges. In addition, I serve on the Finger Lakes Health Systems Agency's Sage Commission which has developed a regional model to rebalance the long term care system.

Expand New York Connects: There will be many implications for individuals who are currently served by or will soon enter the long term care system. These populations need individualized assistance to navigate and access private and publicly funded services so they get the right care, in the right setting, for the right price. Area Agencies on Aging are well positioned to serve this in this capacity, with a record of providing person-centered, individualized care that divert people from Medicaid by providing home & community based services. I support the NY Connects language on page 67 of the New York State MRT Waiver Amendment.

Ombudsperson Program: I applaud the inclusion of an Ombudsperson Program funded by the Waiver. The move to managed long term care requires recognition and planning for consumer needs. A community based Ombudsperson program allows for consumer advocacy and input throughout the continuum of care. An Ombudsperson program provides an independent advocate to represent consumers that are most vulnerable and in need of comprehensive services.

Regional Health Planning: I support the Waiver Application's proposed Regional Health Planning. The Finger Lakes Health Systems Agency model of regional health planning should be replicated.

Thank you for the opportunity to express my support New York State's MRT Waiver Amendment.

Sincerely,

Kathryn Smeenk
Director,
Pro Action Yates Aging and Youth Services

Bath
117 E. Steuben St. ♥ Bath, NY 14810
T: (607) 776-2125 or 800-553-2033

Penn Yan
417 Liberty St., Suite 1116 ♥ Penn Yan, NY 14527
T (OFA): 315-536-5515 ♥ T (Youth): 315-536-5516



United Way
of the Southern Tier



LIVINGSTON COUNTY
OFFICE FOR THE AGING

8 Murray Hill Drive
Mt. Morris, New York 14510

(585) 243-7520
FAX (585) 243-7516
ofta@co.livingston.ny.us

Kaaren R. Smith
Director

Jason Helgeson, Medicaid Director
New York State Department of Health
Albany NY 12237

August 24, 2012

Dear Mr Helgeson.

Livingston County Office for the Aging and NY Connects Livingston County strongly supports New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012. The goal of reinvestment in the state's health care system will pave the way for implementation of national health care reform and continue to make New York a national health and long term care reform model. Of particular import to our network is the inclusion of funding to "Expand New York Connects – Improving Satisfaction" as well as care transitions and health homes.

Livingston County has a proven history in long term care reform. One very successful example, our Livingston Help for Seniors Program was chosen by the Administration on Aging as a program Champion in 2008. This a unique EMS based program that has assisted seniors and their families in accessing appropriate community based services upon discharge by screening older adults during emergency responses. Referrals by the EMT's are made to an options counselor that offers a home visit opportunity to connect the resident to community based services and provides case management services for these at – risk patients. The goal is to prevent premature placement in a nursing home and avoid a quick return to the hospital.

As a network, we have many examples of how the provision of non-biased information and the system. These services are combined with the case management of Medicaid home care programs and have been paid for through Medicaid administration. With the inception of NY Connects we have been able to add coordination, data collection, determining high levels of consumer satisfaction and reporting. As the state takes over Medicaid Administration, the funding will disappear as well as the assistance unless new sources of funding are available that adequately provide for needed staffing and related costs. Allocating funds according to population makes sense, but smaller programs will need a minimum base to adequately cover costs.

Through NY Connects we have continued to build on relationships in the provider and consumer community. Members of our Long Term care Council find it to be a valuable means to address gaps and issues facing member organizations. Through the council, we have developed a listing of respite services and are working with home care programs to assure that respite paperwork is kept up to date incase an emergency need arises. Through discussions of the council, local hospitals have been working with the local Department of Social Services to institute a Memorandum of Understanding when working with Protective Services for Adults clients.

NY Connects' designation as New York's Aging and Disability Resource Center (ADRC) has been important to Otsego County. As such we have been able to participate in the Community Living Program bringing additional dollars and consumer direction to Aging

ces. It has also allowed us to enter into an agreement with the Veterans Administration for the VD-HCBS - an important resource for controlling costs. Another important result of providing waiver resources is that it will allow for the expansion of NY Connects to all counties and the City of New York. The waiver resources would also further develop and enhance NY Connects programs to include the core components of a fully functional ADRC. The core components include information and assistance, screening, benefits counseling, application assistance, counseling on Managed Long Term Care Plans, care transitions, evidence based programs, follow up and tracking, and through a no wrong door approach, a seamless system to assist individuals with application completion and submission. NY Connects programs will also have the capacity to conduct all of the functions above in the individual's home or community, as needed. Fully functional NY Connects programs would also include:

- Person centered care plans
- Infrastructure support such as staff
- Expanding outreach and education
- Expanding HHCAP
- Strengthening and expanding access to certified Options Counselors
- Implementing evidence-based initiatives such as CDSMP and Matter of Balance
- Offering services to targeted populations similar to those served under the Community Living Program and Veterans Directed Program for individuals at imminent risk of Medicaid spend down and nursing home placement
- Expanding/enhancing care transitions
- Enhancing caregiver support services

The evolution of NY Connects, along with the above-mentioned grants, provide the evidence that waiver funds should be used to enhance NY Connects in order to bend the cost curve of Medicaid by preventing Medicaid spend down whenever possible, and for those on Medicaid, reducing the frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

Area Agencies on Aging and New York Connects programs can also be a resource to Health Homes and Care Transition initiatives. AAAs have much experience in care coordination and follow up with consumers. Several AAAs have instituted care transition models with an eye towards replication across the network. Waiver resources to support this would be key to instituting new programs.

The NYS Aging Service network encourages CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system. Thank you for the opportunity to offer support for this application.

Sincerely,

Kaaren Smith , Director
Nyconnectslivingstoncounty.org



**SCHENECTADY COUNTY
DEPARTMENT OF
SENIOR AND LONG TERM CARE SERVICES**



107 Nott Terrace, Suite # 202 Schaffer Heights
Manager
12308-3170
Tel. (518) 382 – 8481, Ext 1236
Fax: (518) 382-0194

Laurie J. Bacheldor,
Schenectady, NY

August 27, 2012

Mr. Jason Helderson
Medicaid Director
Department of Health
Email to: mrtwaiver@health.state.ny.us

Ref.: MRT Waiver Amendment - Request for Letters of Support

Dear Mr. Helgerson:

Schenectady County Department of Senior and Long Term Care Services supports New York State's request for an amendment to Section 1115 Partnership Plan Waiver(11-W-00114/2), which was submitted to CMS on August 6, 2012. As stated in the waiver materials, the state proposes to use the waiver amendments to reinvest in NYS's health care system, pave the way for implementation of national health care reform and continue to make New York a national health care reform model. We support the overall framework, and would like to provide comments on the waiver's inclusion of funding to "Expand New York Connects – Improving Satisfaction".

Schenectady County 's Department of Senior & Long Term Care Services, is a unique entity established to coordinate and enhance services traditionally provided by the Office for Aging, Office for Long Term Care, and Protective Services for Adults. The Department of Senior & Long Term Care Services primarily serves adults 60 years of age or older, children and adults who are disabled, adults in need of protection, caregivers, students, professionals, and other interested persons. It is a point of access for information and referral through New York Connects for community-based services.

Schenectady County has a population of 154,727 of which 31,564 or 21% are aged 60+. Our Department of Senior and Long Term Care Services makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care. In 2011, the department served 22,000 unduplicated individuals with the multiple services offered as well as important information and referrals to services.

Expand New York Connects – Improving Satisfaction Section of Amendment

As New York State continues Medicaid redesign, there will be many implications for individuals who are currently served by or will soon be served by the long term care system. As a result of pending changes, these populations will need individualized assistance to navigate the new choices and to access both private and publicly funded services so they get the right care, in the right setting, at the right time, for the right price. We concur with the statement in the waiver amendment, "New York is going to need "boots on the ground" across the state to help facilitate these significant changes." Area Agencies on Aging like Schenectady County Department of Senior & Long Term Care Services are well positioned to serve in this capacity, with a track

d of providing person-centered, individualized care, through NY Connects and other programs like the Expanded In-home Services for the Elderly Program (EISEP) and Community Services for the Elderly (CSE), Home Delivered Meals, case management, counseling and caregiver support services that divert people from Medicaid by providing home and community based services. In addition, an enhanced NY Connects will provide a key element identified in the waiver, "the use of a front end will enhance the state's ability to access satisfaction data directly from consumers, a much needed component of the long term care delivery system."

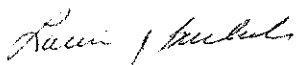
Expanding and enhancing the under-funded NY Connects will require resources and we support the additional funding in the waiver, in the amount of \$10 million for year one, and \$18.4 million for each of the following four years. We anticipate that these funds will be in addition to the NY Connects funding currently provided in the New York State Budget.

In Schenectady County the NY Connects service is supported by staff from all service areas in the Department who have been cross trained so they can refer people to the correct and available services. Statistics are kept on the requests and needs of people using the NY Connects services to help with planning and identifying needs and gaps in services. The additional funding for NY Connects will help our staff serve more people with information and referral services. In addition, we can increase the awareness of the NY Connects as a resource for discharge planners and health care professionals to maximize the use of community based services so that people in the county receive services that meet their needs at the right time, in the right setting for the right cost. It will also allow us to reach out to caregivers so that they know that the NY Connects system is there to help them find the support they need.

The waiver resources would also further develop the NY Connects system to include all the core components of information and assistance, screening, benefits counseling, application assistance, counseling on Managed Long Term Care Plans, care transitions, evidence based programs, follow up and tracking, and through a no wrong door approach, a seamless system to assist individuals with application completion and submission. NY Connects programs will also have the capacity to conduct all of the functions above in the individual's home or community, as needed. The enhanced support of NY Connects with waiver funds in the ways mentioned above should allow us to help individuals and caregivers to prevent Medicaid spend down whenever possible and for those on Medicaid, reducing the frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

In conclusion, we appreciate the opportunity to voice our support of New York State's MRT Waiver Amendment, specifically with relation to NY Connects. We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health and community care systems.

Sincerely,



Laurie J. Bacheldor
Manager



Oneida County

Office for the Aging & Continuing Care

Anthony J. Picente, Jr.
County Executive

Michael J. Romano
Director

120 Airline Street-Suite 201 Oriskany, NY 13424

Phone 315-798-5456

Fax 315-768-3658

E-mail: ofa@ocgov.net

August 24, 2012

Jason A. Helgerson
Medicaid Director
Office of Health Insurance Programs
NYS Department of Health
Corning Tower OCP-Room 1211
Empire State Plaza
Albany, NY 12237

RE: Letter of Support Partner/ Plan Waiver Application

Dear Mr. Helgerson:

As the Director of Oneida County Office for the Aging/Continuing Care I enthusiastically support New York State's request submitted to CMS on August 6, 2012 for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2). The goal of reinvestment in the state's health care system will pave the way for implementation of national health care reform and continue to make New York a national health care reform model.

Of particular importance is the inclusion of funding to "Expand New York Connects – Improving Satisfaction" as well as Care Transitions and Health Homes. Oneida County has had a long term care single point of entry since 1998 and has provided non-biased information and assistance with the goal of assisting persons to remain in the community at a fraction of the cost of institutional placement.

The services provided by Oneida County Office for the Aging/Continuing Care are combined with the case management of aging network non-medical as well as Medicaid home care programs and supported through Medicaid Administration. With the inception of NY Connects we have been able to add coordination, data collection, and determining high levels of consumer satisfaction and reporting. As the state takes over Medicaid Administration, the funding will disappear as well as the assistance unless new sources of funding are available that adequately provide for needed staffing and related costs.

Allocating funds according to population makes sense, but smaller programs will need minimum base to adequately cover costs. Through NY Connects we have continued to build on relationships in the provider and consumer community. NY Connects' designation as New York's Aging and Disability Resource Center (ADRC) has been important to Oneida County. Through NY Connects (ADRC) we have been able to participate in the Community Living Program bringing additional dollars and consumer direction to aging services. It has also allowed us to enter into an agreement with the Veterans Administration for the VD-HCBS - an important resource for controlling costs.

Another important result of providing waiver resources is that it will allow for the expansion NY Connects to all counties and the City of New York. The waiver resources would also further develop and

enhance NY Connects programs to include the core components of a fully functional ADRC. The core components include information and assistance, screening, benefits counseling, application assistance, counseling on Managed Long Term Care Plans, care transitions, evidence based programs, follow up and tracking, and through a no wrong door approach, a seamless system to assist individuals with application completion and submission. NY Connects programs will also have the capacity to conduct all of the functions above in the individual's home or community, as needed. Fully functional NY Connects programs would also include:

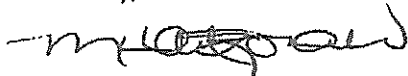
- Person centered care plans;
- Infrastructure support/staffing;
- Outreach and education expansion;
- HIICAP improvement and expansion;
- Strengthening and expanding access to certified Options Counselors;
- Implementing evidence-based initiatives such as CDSMP and Matter of Balance;
- Offering services to targeted populations similar to those served under the Community Living Program and Veterans' Directed Program for individuals at imminent risk of Medicaid spend down and nursing home placement;
- Expanding/enhancing care transitions;
- Enhancing caregiver support services.

The evolution of NY Connects, along with the above-mentioned grants, provide the evidence that waiver funds should be used to enhance AAA-ADRC Services in order to bend the cost curve of Medicaid by preventing Medicaid spend down whenever possible, and for those on Medicaid, reducing the frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

Area Agencies on Aging and NY Connects (ADRC) programs can also be a resource to Health Homes and Care Transition initiatives. AAAs have extensive expertise in care coordination and follow up with consumers. Several AAAs have instituted care transition models with an eye towards replication across the network. Waiver resources to support this would be the key to instituting new programs.

Oneida County Office for the Aging/Continuing Care strongly encourages CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system.

Sincerely,



Michael J. Romano,
Director

Clinton County Office for the Aging
Long Term Care Partnership
135 Margaret Street, Suite 105
Plattsburgh, NY 12901
518-565-4620 voice
518-565-4812 fax
carterc@co.clinton.ny.us

Dear Mr. Helgerson,

The Clinton County Long Term Care Partnership and the Clinton County Office for the Aging are writing to express our support of New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012. As stated in the waiver materials, the state proposes to use the waiver amendment to reinvest in the state's health care system, pave the way for implementation of national health care reform and continue to make New York a national health care reform model.

We support the overall framework, and would like to provide comments on specific elements; in particular, the waiver's inclusion of funding to "Expand New York Connects – Improving Satisfaction." In addition, we will provide our thoughts on care transitions and health homes.

The Clinton County Office for the Aging annually serves more than 4,000 older New Yorkers age 60 and over; persons of all ages with disabilities; and family caregivers. Our agency makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care.

Clinton County is home to 15,552 residents over the age of 60. These residents represent 18% of our county's population of almost 82,128 people. The oldest population groups continue to increase at incredible rates. Between 2000 and 2010, Clinton County residents over the age of 75 increased by 18% while those over 85 increased by 30%. These populations are most likely to have multiple and chronic health conditions that require a variety of services to remain safe and independent in their homes and communities. In 2011, 50% of all clients served by the Office for the Aging were 75 years or older.

Expand New York Connects – Improving Satisfaction

As New York State continues Medicaid redesign, there will be many implications for individuals who are currently served by or will soon enter the long term care system. As a result of pending changes, these populations will need individualized assistance to navigate the new choices and to access both private and publicly funded services so they get the right care, in the right setting, for the right price. We concur with the statement in the waiver amendment, "New York is going to need "boots on the ground" across the state to help facilitate these significant changes." NY Connects and the Area Agencies on Aging (AAAs) are well positioned to serve this in this capacity, with a track record of providing person-centered, individualized care, through NY Connects and other programs like the Expanded In-home Services for the Elderly Program (EISEP) and Community Services for the Elderly (CSE) that divert people from Medicaid by providing home & community based services. In addition, an enhanced NY Connects will provide a key element identified in the waiver, "the use of a front end

will enhance the state's ability to access satisfaction data directly from consumers, a much needed component of the long term care delivery system.”

Expanding and enhancing NY Connects will require resources and we support the additional funding in the waiver, in the amount of \$10 million for year one, and \$18.4 million for each of the following four years. We anticipate that these funds will be in addition to the NY Connects funding currently provided in the New York State Budget. We also support the funding allocation, proposed to be based on the population of aged and disabled individuals, although we strongly recommend that a “minimum base allocation” be established as a baseline to ensure that programs in counties with smaller populations have sufficient funding to meet the criteria of a fully functional ADRC.

We support in its entirety the NY Connects waiver language set forth on page 67 of the New York State MRT Waiver Amendment, and provide additional information and comments as follows.

New York is a national leader in its development and implementation of the ADRC model. Since 2006, NY Connects has been providing Information and Assistance on long term care services and supports, as well as direct linkages to home and community based services programs for persons of all ages with disabilities and caregivers. If the waiver is approved, the additional funding for NY Connects would enhance its capacity to assist with Medicaid cost-avoidance by:

- Assisting more individuals of all ages and those with disabilities by providing objective information and options counseling (by telephone, in-person or in the home) on the array of services that meet their needs at the right time, in the right setting for the right cost, thus maximizing the private pay resources of these individuals.
- Establishing seamless systems connections for the consumer.
- Expanding the numbers of individuals it can serve, especially in light of the dramatic increases in the age 60+ population projected over the next twenty years.
- Delaying spend-down to Medicaid and reducing the number of new Medicaid applicants.
- Increasing awareness of NY Connects as a resource for discharge planners and health professionals to maximize community resources.
- Strengthening support services for caregivers (who provide 80% of the long term care), which is imperative because the economic value of informal caregivers is estimated at \$25 billion annually in New York State (2008 AARP report, Houser & Gibson).
- Enhancing the Health Insurance Information Counseling Assistance Program (HIICAP) to ensure that Medicare beneficiaries receive objective information and counseling on all insurance options and receive information about Medicare preventive benefits, screenings and annual wellness visits in addition to assisting individuals in applying for the Medicare Savings and Low Income Subsidy programs.

- Reducing the frequency and use of high cost Medicaid benefits by current beneficiaries by enabling access to lower cost support services that can meet beneficiaries' needs.
- Further developing the infrastructure to manage chronic conditions, such as the evidence-based Chronic Disease Self-Management Program (CDSMP), which lowers health care costs for individuals who have participated in the program.

NY Connects is the only ADRC in the nation to require a local Long Term Care Council made up of providers, individuals receiving services and their caregivers, and a wide array of agencies that work together to problem solve. In New York, there are over 1,600 stakeholders serving on the Councils at the local level. In Clinton County the LTCP has led in assessing the needs of the County's frail and at risk and identified gaps in the local LTC delivery system. One of the gaps in service is finding the correct resource for each individual.

New York has built upon NY Connects/ADRC by seizing opportunities offered by the Affordable Care Act to strengthen partnerships and coordinate a robust set of services for Medicaid cost-avoidance. Through federal competitive grants, New York has been able to develop and/or implement options counseling, MIPPA/ADRC, Nursing Home Modernization & Diversion/Community Living Program, Veterans Directed, CDSMP, and Care Transitions, all in an effort to reduce and delay spend-down to Medicaid and nursing home placement. These grant funds were provided by CMS and the Administration on Aging, now known as the Administration for Community Living. While the grants were instrumental in establishing innovative approaches, they funded demonstration programs in limited geographic areas for a specific period of time. The additional waiver funding for NY Connects will enable these innovative approaches to be utilized throughout the state.

Another important result of providing waiver resources is that it will allow for the expansion of NY Connects to all counties and the City of New York. The waiver resources would also further develop and enhance NY Connects programs to include the core components of a fully functional ADRC. The core components include information and assistance, screening, benefits counseling, application assistance, counseling on Managed Long Term Care Plans, care transitions, evidence based programs, follow up and tracking, and through a no wrong door approach, a seamless system to assist individuals with application completion and submission. NY Connects programs will also have the capacity to conduct all of the functions above in the individual's home or community, as needed. Fully functional NY Connects programs would also include:

- Person centered care plans
- Infrastructure support such as staff
- Expanding outreach and education
- Expanding HIICAP
- Strengthening and expanding access to certified Options Counselors.
- Implementing evidence-based initiatives such as CDSMP and Matter of Balance
- Offering services to targeted populations similar to those served under the Community Living Program and Veterans Directed Program for individuals at imminent risk of Medicaid spend down and nursing home placement
- Expanding/enhancing care transitions
- Enhancing caregiver support services

The evolution of NY Connects, along with the above-mentioned grants, provide the evidence that waiver funds should be used to enhance NY Connects in order to bend the cost curve of Medicaid by preventing Medicaid spend down whenever possible, and for those on Medicaid, reducing the frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

Health Homes

“In New York, Health Homes are envisioned as a permanent part of the state’s considerable efforts to coordinate care for high need and high cost populations, consistent with the MRT’s “care management for all” objective.” (p 28, NYS MRT Waiver Amendment)

Area Agencies on Aging (AAAs) have provided care coordination for older adults for over thirty years. The addition of NY Connects in 2006 has expanded the role of AAAs to include providing information on long term services and supports for individuals of *all ages*. This positions AAAs to serve in several capacities, such as serving as the primary contractor for care coordination services for the Health Homes that have been or soon will be approved in all areas of the state.

The Clinton County Long Term Care Partnership and the Clinton County Office for the Aging support the goals and purposes of Health Homes. We additionally support the involvement of our agency and other AAAs throughout the state to provide information and/or serve as a contractor of services to the Health Homes.

Care Transitions

Area Agencies on Aging and NY Connects programs are also involved in initiatives that span both community-based and medical model settings. Section 3026 of the Affordable Care Act established a Community-Based Care Transitions Program to reduce hospital readmissions and provided competitive grants to consortiums of community-based service providers working in collaboration with hospitals. In New York, the Tompkins County Office for the Aging received a care transitions grant from CMS, as did a group of AAAs that serve as local community based organizations under the umbrella application of the P2 Collaborative of Western NY. Lifespan, an aging services provider located in Monroe County, also received a care transitions grant award. In addition, a similar effort was launched a few years ago by NYSOFA when it partnered with the AAA and NY Connects programs in Albany and Tompkins counties to establish a Consumer Support Navigator program to work directly with hospital personnel and follow-up with the consumer at the time of discharge. These are further examples of the ability of AAAs to partner with a wide variety of organizations, including the medical community, to achieve cost savings and better outcomes.

Closing Statement

In conclusion, we appreciate the opportunity to voice our support of New York State’s MRT Waiver Amendment, specifically with relation to NY Connects, as well as other initiatives such as Health Homes and Care Transitions. We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system.

Sincerely,

Deborah E. Allen,
Director
Martha Scoppa,
Point of Entry
Coordinator



Jane Bozan,
Nutrition Coordinator
Caryn Mathews
Retired Senior Volunteer
Program

Office for the Aging
SULLIVAN COUNTY GOVERNMENT CENTER
100 North Street
P O Box 5012
Monticello, New York 12701
Tel: 845-807-0241
Fax: 845-807-0260

Mr. Jason Helgerson
Medicaid Director
Office of Health Insurance Programs
NYs Department of Health
Corning Tower OCP Room 1211
Empire State Plaza
Albany, NY 12237

Dear Mr. Helgerson:

The Sullivan County Long Term Care Council and the Sullivan County Office For the Aging express our support of New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-0014/2), which was submitted to CMS on August 6, 2012. As stated in the waiver materials, the state proposes to use the waiver amendment to reinvest in the state's healthcare system, pave the way for implementation of national healthcare reform, and continue to make New York a national healthcare reform model.

We support the overall framework, and would like to provide comments on specific elements, in particular, the waiver's inclusion of funding to "Expand New York CONNECTS-Improving Satisfaction." In addition, we will provide our thoughts on care transitions and health homes.

The Sullivan County Office For the Aging annually serves nearly 7,500 older New Yorkers age 60 and over, persons of all ages with disabilities, and family caregivers. Our agency makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care.

Sullivan County is home to over 16,000 residents over the age of 60. These residents represent 15.1% of our county's population of almost 77,000 people. Between 2000 and 2010, 4,767 residents over the age of 75 increased 2.6% and those over 85 increased by 3.6%. These populations are most likely to have multiple and chronic health conditions that require a variety of services to remain safe and independent in their homes and communities.

As New York State continues Medicaid redesign, there will be many implications for individuals who are currently served by or will soon enter the long term care system. As a result of pending changes, these populations will need individualized assistance to navigate the new choices and to access both private and publicly so they get the right care, in the right setting, for the right price. We concur with the statement in the waiver amendment, "New York is going to need "boots on the ground" across the state to help facilitate these significant changes." NY CONNECTS and the Area Agencies on Aging (AAAs) are well

positioned to serve in this capacity, with a track record of providing person-centered, individualized care, through NY CONNECTS and other programs like the Expanded In-Home Services for the Elderly Program (EISEP) and Community Services for the Elderly (CSE) that divert people from Medicaid by providing home and community based services. In addition, an enhanced NY CONNECTS will provide a key element identified in the waiver, "the use of a front end will enhance the state's ability to access satisfaction data directly from consumers, a much needed component of the long term care delivery system.

Expanding and enhancing NY CONNECTS will require resources and we support the additional funding in the waiver, in the amount of \$10 million for year one, and \$18.4 million for each of the following four years. We anticipate that these funds will be in addition to the NY CONNECTS funding currently provided in the New York State Budget. We also support the funding allocation proposed to be based on the population of aged and disabled individuals, although we strongly recommend that a "minimum base allocation" be established as a baseline to ensure that programs in counties with smaller populations have sufficient funding to meet the criteria of a fully functional ADRC. We support in its entirety the NY CONNECTS waiver language set forth on page 67 of the New York State MRT Waiver Amendment, and provide additional information and comments as follows:

New York is a national leader in its development and implementation of the ADRC model. Since 2006, NY CONNECTS has been providing Information and Assistance on long term care services and supports, as well as direct linkage to home and community based services programs for persons of all ages with disabilities and caregivers. If the waiver is approved, the additional funding for NY CONNECTS would enhance its capacity to assist with Medicaid cost-avoidance by:

Assisting more individuals of all ages and those with disabilities by providing objective information and options counseling (by telephone, in-person or in the home) on the array of services that meet their needs at the right time, in the right setting for the right cost, thus maximizing the private pay resources of these individuals.

Establishing seamless systems connections for the consumer.

Expanding the numbers of individuals it can serve, especially in light of the dramatic increases in the age 60+ population projected over the next twenty years.

Delaying spend-down to Medicaid and reducing the number of new Medicaid applicants.

Increasing awareness of NY CONNECTS as a resource for discharge planners and health professionals to maximize community resources.

Strengthening support services for caregivers (who provide 80% of the long term care), which is imperative because the economic value of informal caregivers is estimated at \$25 billion annually in New York State (2008 AARP report, Houser & Gibson).

Enhancing the Health Insurance Information Counseling Assistance Program (HIICAP) To ensure that Medicare beneficiaries receive objective information and counseling on all insurance options and receive information about Medicare preventive benefits, screenings and annual wellness visits in addition to assisting individuals in applying for the Medicare Savings and Low Income Subsidy programs.

Reducing the frequency and use of high cost Medicaid benefits by current beneficiaries by enabling access to lower cost support services that can meet beneficiaries' needs.

Further developing the infrastructure to manage chronic conditions, such as the

- **evidence-based Chronic Disease Self-Management Program (CDSMP) which lowers health care costs for individuals who have participated in the program.**

NY Connects is the only ADRC in the nation to require a local Long Term Care Council made up of providers, individuals receiving services and their caregivers, and a wide array of agencies that work together to problem solve. In New York, there are over 1,600 stakeholders serving on the Councils at the local level. In Sullivan County the LTCC completed a gap analysis that identified gaps in the local LTC delivery system. Since we are a rural county, the LTCC has identified transportation as a major gap in services for the elderly and disabled and is working to determine how this service can be provided to all.

New York has built upon NY CONNECTS/ADRC by seizing opportunities offered by the Affordable Care Act to strengthen partnerships and coordinate a robust set of services for Medicaid cost-avoidance. Through federal competitive grants, New York has been able to develop and/or implement options counseling, MIPPA/ADRC, Nursing Home Modernization & Diversion/Community Living Program, Veterans Directed, CDSMP, and Care Transitions, all in an effort to reduce and delay spend-down to Medicaid and nursing home placement. These grant funds were provided by CMS and the Administration on Aging, now known as the Administration for Community Living. While the grants were instrumental in establishing innovative approaches, they funded demonstration programs in limited geographic areas for a specific period of time. The additional waiver funding for NY CONNECTS will enable these innovative approaches to be utilized throughout the state.

Another important result of providing waiver resources is that it will allow for the expansion of NY CONNECTS to all counties and the city of New York. The waiver resources would also further develop and enhance NY CONNECTS programs to include core components of a fully functional ADRC. The core components include information and assistance, screening, benefits counseling, application assistance, counseling on Managed Long Term Care Plans, care transitions, evidence based programs, follow up and tracking, and through a no wrong door approach, a seamless system to assist individuals with application completion and submission. NY CONNECTS programs will also have the capacity to conduct all of the functions above in the individual's home or community, as needed. Fully functional NY CONNECTS programs would also include:

- Person centered care plans**
- Infrastructure support such as staff**
- Expanding outreach and education**
- Expanding HIICAP**
- Strengthening and expanding access to certified Option Counselors**
- Implementing evidence-based initiatives such as CDSMP and Matter of Balance**
- Offering services to targeted populations similar to those served under the Community Living Program and Veterans directed Program for individuals at imminent risk of Medicaid spend-down and nursing home placement.**
- Expanding /enhancing care transitions**
- Enhancing caregiver support services**

The evolution of NY CONNECTS, along with the above mentioned grants, provide the evidence that waiver funds should be used to enhance NY CONNECTS in order to bend the cost curve of Medicaid by preventing Medicaid spend-down whenever possible, and for those on Medicaid, reducing the frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

In New York, Health Homes are envisioned as a permanent part of the state's considerable efforts to coordinate care for high need and high cost populations, consistent with the MRT's "care management for all" objective." (pg. 28 NYS MRT Waiver Amendment).

Area Agencies on Aging (AAAs) have provided care coordination for older adults for over

thirty years. The addition of NY CONNECTS in 2006 has expanded the role of AAAs to include providing information on long term services and supports for individuals of all ages. This positions AAAs to serve in several capacities, such as serving as the primary contractor of services to the Health Homes.

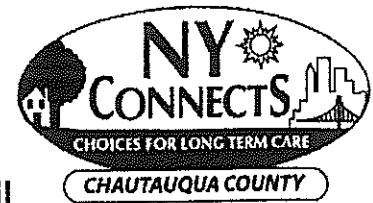
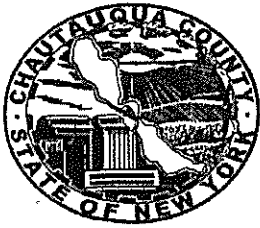
Area Agencies on Aging and NY CONNECTS programs are also involved in initiatives that span both community-based and medical model settings. Section 3026 of the Affordable Care Act established a Community-Based Care Transitions Program to reduce hospital readmissions and provided competitive grants to consortiums of community-based service providers working in collaboration with hospitals. In New York, the Tompkins County Office For the Aging received a care transition grant from CMS, as did a group of AAAs that serve as local community based organizations under the umbrella application of the P2 Collaborative of Western NY. LifeSpan, an aging service provider located in Monroe County, also received a care transitions grant award. In addition, a similar effort was launched a few years ago by NYSOFA when it partnered with the AAA and NY CONNECTS programs in Albany and Tompkins counties to establish a Consumer Support Navigator Program to work directly with hospital personnel and follow-up with the consumer at the time of discharge. These are further examples of the ability of AAAs to partner with a wide variety of organizations, including the medical community, to achieve cost savings and better outcomes.

In conclusion, we appreciate the opportunity to voice our support of New York State's MRT Waiver Amendment, specifically with relation to NY CONNECTS, as well as other initiatives such as Health Homes and Care Transitions. We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the healthcare system.

Sincerely,

Deborah E. Allen, Director
Sullivan County Office For the Aging

Martha Scoppa, NY CONNECTS Coordinator
Sullivan County Office For the Aging



Chautauqua County Long Term Care Council

August 17, 2012

Letter of Support for 1115 Partnership Plan from:
Chautauqua County Office for Aging
Chautauqua County Long Term Care Council
7 North Erie Street
Mayville, NY 14757

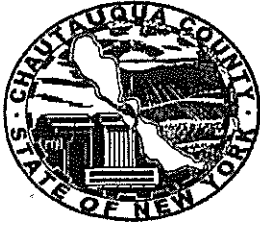
Dear Mr. Helgerson,

The Chautauqua County Long Term Care Council and the Chautauqua County Office for the Aging (OFA) are writing to express our support of New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012. As stated in the waiver materials, the state proposes to use the waiver amendment to reinvest in the state's health care system, pave the way for implementation of national health care reform and continue to make New York a national health care reform model. We support the overall framework, and would like to provide comments on specific elements, in particular, the waiver's inclusion of funding to "Expand New York Connects – Improving Satisfaction." In addition, we will provide our thoughts on care transitions and health homes.

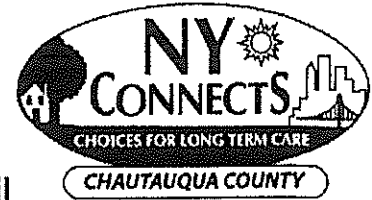
The Chautauqua County OFA & NY Connects Program annually serves close to 7,000 older New Yorkers age 60 and over; persons of all ages with disabilities; and family caregivers. Our agency makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care. Chautauqua County is home to 30,500 residents over the age of 60. These residents represent 22% of our county's population of almost 135,000 people. The oldest population groups continue to increase at incredible rates. These populations are most likely to have multiple and chronic health conditions that require a variety of services to remain safe and independent in their homes and communities.

Expand New York Connects – Improving Satisfaction

As New York State continues Medicaid redesign, there will be many implications for individuals who are currently served by or will soon enter the long term care system. As a result of pending changes, these populations will need individualized assistance to navigate the new choices and to access both private and publicly funded services so they get the right care, in the right setting, for the right price. We concur with the statement in the waiver amendment, "New York is going to need "boots on the ground" across the state to help facilitate these significant changes." NY Connects and the Area Agencies on Aging (AAAs, in New York called OFA) are well positioned to serve this in this capacity, with a track record of providing person-centered, individualized care, through NY Connects and other programs like the Expanded In-home Services for the Elderly Program (EISEP) and Community Services for the Elderly (CSE) that divert people from Medicaid by providing home & community based services. In addition, an enhanced NY Connects will provide a key



Chautauqua County Long Term Care Council

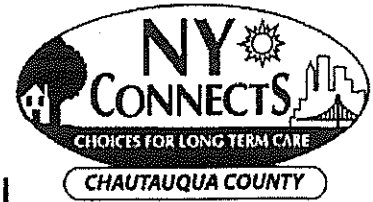
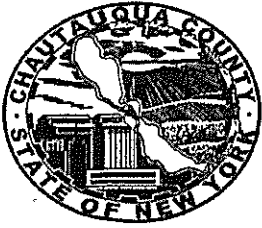


element identified in the waiver, “the use of a front end will enhance the state’s ability to access satisfaction data directly from consumers, a much needed component of the long term care delivery system.”

Expanding and enhancing NY Connects will require resources and we support the additional funding in the waiver, in the amount of \$10 million for year one, and \$18.4 million for each of the following four years. We anticipate that these funds will be in addition to the NY Connects funding currently provided in the New York State Budget. We also support the funding allocation, proposed to be based on the population of aged and disabled individuals, although we strongly recommend that a “minimum base allocation” be established as a baseline to ensure that programs in counties with smaller populations have sufficient funding to meet the criteria of a fully functional ADRC.

We support in its entirety the NY Connects waiver language set forth on page 67 of the New York State MRT Waiver Amendment, and provide additional information and comments as follows: New York is a national leader in its development and implementation of the ADRC model. Since 2006, NY Connects has been providing Information and Assistance on long term care services and supports, as well as direct linkages to home and community based services programs for persons of all ages with disabilities and caregivers. If the waiver is approved, the additional funding for NY Connects would enhance its capacity to assist with Medicaid cost-avoidance by:

- **Assisting more individuals** of all ages(including disabled) by providing objective information and options counseling (by telephone, in-person or in the home) on the array of services that meet their needs at the right time, in the right setting for the right cost, thus maximizing the private pay resources.
- **Establishing seamless systems connections** for the consumer.
- **Expanding the numbers of individuals it can serve**, in light of expanding senior population.
- **Delaying spend-down to Medicaid** and reducing the number of new Medicaid applicants.
- **Increasing awareness of NY Connects** for health professionals to maximize community resources.
- **Strengthening support services for caregivers** (who provide 80% of the long term care), which is imperative because the economic value of informal caregivers is estimated at \$25 billion annually in New York State (2008 AARP report, Houser & Gibson).
- **Enhancing the Health Insurance Information Counseling Assistance Program (HIICAP)** to ensure that Medicare beneficiaries receive objective information and counseling on all insurance options and receive information about Medicare preventive benefits in addition to assisting individuals in applying for the Medicare Savings and Low Income Subsidy programs.



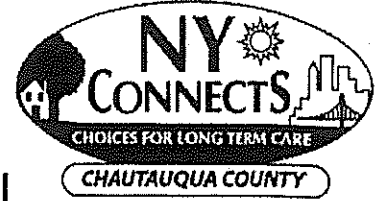
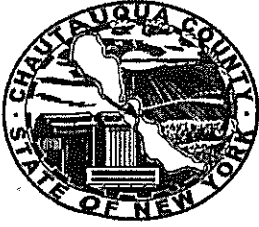
Chautauqua County Long Term Care Council

- **Reducing the frequency and use of high cost Medicaid benefits** by current beneficiaries by enabling access to lower cost support services that can meet beneficiaries' needs.
- **Further developing the infrastructure to manage chronic conditions**, such as the evidence-based Chronic Disease Self-Management Program (CDSMP) which lowers health care costs for individuals who have participated in the program.

NY Connects is the only ADRC in the nation to require a local Long Term Care Council made up of providers, individuals receiving services and their caregivers, and a wide array of agencies that work together to problem solve. In New York, there are over 1,600 stakeholders serving on the Councils at the local level. Chautauqua County LTC (see attached membership list) has been the recipient of two Office of Rural Health Policy/ HRSA grants to improve the long term care system. The first grant in 2008 provided funding for a comprehensive gap analysis of our county, strategic planning, and the development of a new model of long term care delivery. The second grant awarded in May 2012 will allow the implementation of parts of that plan to improve case management and referral utilizing known best practices. A local health information exchange system, "Chautauqua Connects" is being developed in conjunction with the Regional Health Information Organization to enable secure electronic messaging and referral among NY Connects/AAA (ARDC), hospitals, physicians, skilled nursing, hospice and home health agencies. At the heart of the project will be certified Guided Care Nurses embedded in several NCQA certified Patient Centered Medical Homes to provide care management and referral support to complex ill patients. In this plan, NY Connects will serve as the much needed bridge between clinical and community support services. We hope that the Chautauqua Model of Care will provide a template for other rural communities around the country.

New York has built upon NY Connects/ADRC by seizing opportunities offered by the Affordable Care Act to strengthen partnerships and coordinate a robust set of services for Medicaid cost-avoidance. Through federal competitive grants, New York has been able to develop and/or implement options counseling, MIPPA/ADRC, Nursing Home Modernization & Diversion/Community Living Program, Veterans Directed, CDSMP, and Care Transitions, all in an effort to reduce and delay spend-down to Medicaid and nursing home placement. These grant funds were provided by CMS and the Administration on Aging, now known as the Administration for Community Living. While the grants were instrumental in establishing innovative approaches, they funded demonstration programs in limited geographic areas for a specific period of time. The additional waiver funding for NY Connects will enable these innovative approaches to be utilized throughout the state.

Another important result of providing waiver resources is that it will allow for the expansion of NY Connects to all counties and the City of New York. The waiver resources would also further develop and enhance NY Connects programs to include the core components of a fully functional ADRC. The core components include information and assistance, screening, benefits counseling, application assistance, counseling on Managed Long Term Care Plans, care transitions, evidence based programs, follow up and tracking, and through a no wrong door approach, a seamless system to assist individuals with application completion and submission. NY Connects programs will also have the capacity to conduct all of the functions above in the individual's home or community, as needed. Fully functional NY Connects programs would also include:



Chautauqua County Long Term Care Council

- Person centered care plans
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The evolution of NY Connects, along with the above-mentioned grants, provide the evidence that waiver funds should be used to enhance NY Connects in order to bend the cost curve of Medicaid by preventing Medicaid spend down whenever possible, and for those on Medicaid, reducing the frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

Health Homes

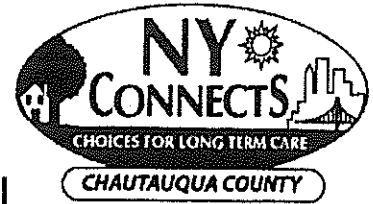
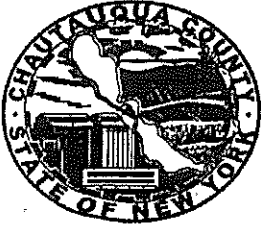
“In New York, Health Homes are envisioned as a permanent part of the state’s considerable efforts to coordinate care for high need and high cost populations, consistent with the MRT’s “care management for all” objective.” (p 28, NYS MRT Waiver Amendment)

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The Chautauqua County Long Term Care Council and the Chautauqua County Office for the Aging support the goals and purposes of Health Homes. We additionally support the involvement of our agency and other AAAs throughout the state to provide information and/or serve as a contractor of services to the Health Homes.

Care Transitions

Area Agencies on Aging and NY Connects programs are also involved in initiatives that span both community-based and medical model settings. Section 3026 of the Affordable Care Act established a Community-Based Care Transitions Program to reduce hospital readmissions and provided competitive grants to consortiums of community-based service providers working in collaboration with hospitals. Chautauqua County OFA along with six other AAAs serve as local the community based organizations under the umbrella application of the P2



Chautauqua County Long Term Care Council

Collaborative of Western NY. Other AAAs involved in Care Transition in New York include Tompkins County Office for the Aging and Lifespan (an aging services provider located in Monroe County). These are further examples of the ability of AAAs to partner with a wide variety of organizations, including the medical community, to achieve cost savings and better outcomes.

Closing Statement

In conclusion, we appreciate the opportunity to voice our support of New York State's MRT Waiver Amendment, specifically with relation to NY Connects, as well as other initiatives such as Health Homes and Care Transitions. We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system.

Sincerely,

Dr. Mary Ann Spanos
Director
Chautauqua County Office for Aging

Marie Carrubba, Esq.
President
Chautauqua County Long Term Care Council

**WAYNE COUNTY
DEPARTMENT OF AGING & YOUTH**

1519 Nye Road, Suite 300, Lyons, NY 14489
(315) 946-5624 Fax (315) 946-5649

Penny Shockley, Director
PShockley@co.wayne.ny.us

Martin Williams, Deputy Aging Director
MWilliams@co.wayne.ny.us

Kathy McGonigal, Deputy Youth Director
KMcGonigal@co.wayne.ny.us

August, 22, 2012

Jason Helgerson
Medical Director
Office of Health Insurance Programs
NY State Department of Health
Corning Tower OCP-Room 1211
Empire State Plaza
Albany, NY 12237

Dear Mr. Helgerson,

The Wayne County Department of Aging and Youth is writing to express our support of New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012. As stated in the waiver materials, the state proposes to use the waiver amendment to reinvest in the state's health care system, pave the way for implementation of national health care reform and continue to make New York a national health care reform model.

We support the overall framework, and would like to provide comments on specific elements, in particular, the waiver's inclusion of funding to "Expand New York Connects – Improving Satisfaction." In addition, we will provide our thoughts on care transitions and health homes.

The Wayne County annually serves nearly 3,000 older New Yorkers age 60 and over; persons of all ages with disabilities; and family caregivers. Our agency makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care.

Wayne County is home to 19,328 residents over the age of 60. These residents represent 21% of our county's population of almost 93,463 people. This population group continues to increase at incredible rates and is most likely to have multiple and chronic health conditions that require a variety of services to remain safe and independent in their homes and communities. In 2011, 55% of all clients served by the Office for the Aging were 75 years or older.

Expand New York Connects – Improving Satisfaction

As New York State continues Medicaid redesign, there will be many implications for individuals who are currently served by or will soon enter the long term care system. As a result of pending changes, these populations will need individualized assistance to navigate the new choices and to access both private and publicly funded services so they get the right care, in the right setting, for the right price. We concur with the statement in the waiver amendment, "New York is going to need "boots on the ground" across the state to help facilitate these significant changes." NY Connects and the Area Agencies on Aging (AAAs) are well positioned to serve this in this capacity, with a track record of providing person-centered, individualized care, through NY Connects and other programs like the Expanded In-home Services for the Elderly Program (EISEP) and Community Services for the Elderly (CSE) that divert people from Medicaid by providing home & community based services. In addition, an enhanced NY Connects will provide a key element identified in the waiver, "the use of a front end will enhance the state's ability to access satisfaction data directly from consumers, a much needed component of the long term care delivery system."

Expanding and enhancing NY Connects will require resources and we support the additional funding in the waiver, in the amount of \$10 million for year one, and \$18.4 million for each of the following four years. We anticipate that these funds will be in addition to the NY Connects funding currently provided in the New York State Budget. We also support the funding allocation, proposed to be based on the population of aged and disabled individuals, although we strongly recommend that a "minimum base allocation" be established as a baseline to ensure that programs in counties with smaller populations have sufficient funding to meet the criteria of a fully functional ADRC.

We support in its entirety the NY Connects waiver language set forth on page 67 of the New York State MRT Waiver Amendment, and provide additional information and comments as follows.

New York is a national leader in its development and implementation of the ADRC model. Since 2006, NY Connects has been providing Information and Assistance on long term care services and supports, as well as direct linkages to home and community based services programs for persons of all ages with disabilities and caregivers. If the waiver is approved, the additional funding for NY Connects would enhance its capacity to assist with Medicaid cost-avoidance by:

- Assisting more individuals of all ages and those with disabilities by providing objective information and options counseling (by telephone, in-person or in the home) on the array of services that meet their needs at the right time, in the right setting for the right cost, thus maximizing the private pay resources of these individuals.
- Establishing seamless systems connections for the consumer.
- Expanding the numbers of individuals it can serve, especially in light of the dramatic increases in the age 60+ population projected over the next twenty years.
- Delaying spend-down to Medicaid and reducing the number of new Medicaid applicants.
- Increasing awareness of NY Connects as a resource for discharge planners and health professionals to maximize community resources.
- Strengthening support services for caregivers (who provide 80% of the long term care), which is imperative because the economic value of informal caregivers is estimated at \$25 billion annually in New York State (2008 AARP report, Houser & Gibson).
- Enhancing the Health Insurance Information Counseling Assistance Program (HIICAP) to ensure that Medicare beneficiaries receive objective information and counseling on all insurance options and receive information about Medicare preventive benefits, screenings and annual wellness visits in addition to assisting individuals in applying for the Medicare Savings and Low Income Subsidy programs.
- Reducing the frequency and use of high cost Medicaid benefits by current beneficiaries by enabling access to lower cost support services that can meet beneficiaries' needs.
- Further developing the infrastructure to manage chronic conditions, such as the evidence-based Chronic Disease Self-Management Program (CDSMP). This lowers health care costs for individuals who have participated in the program.

NY Connects is the only ADRC in the nation to require a local Long Term Care Council made up of providers, individuals receiving services and their caregivers, and a wide array of agencies that work together to problem solve. In New York, there are over 1,600 stakeholders serving on the Councils at the local level.

The Wayne County LTCC has 20 members from a wide array of LTC disciplines including consumers. Wayne County NY Connects Program in conjunction with the LTCC input has just completed a Gap Analysis surveying

LTC consumers and providers to assess the LTC needs of the County's frail and at risk and identified gaps in the local LTC delivery system. Primary concerns identified were financing LTC services and to have adequate Personal Care Aides services available to remain safely in the home and to prevent placement in Skilled Nursing Homes.

New York has built upon NY Connects/ADRC by seizing opportunities offered by the Affordable Care Act to strengthen partnerships and coordinate a robust set of services for Medicaid cost-avoidance. Through federal competitive grants, New York has been able to develop and/or implement options counseling, MIPPA/ADRC, Nursing Home Modernization & Diversion/Community Living Program, Veterans Directed, CDSMP, and Care Transitions, all in an effort to reduce and delay spend-down to Medicaid and nursing home placement. These grant funds were provided by CMS and the Administration on Aging, now known as the Administration for Community Living. While the grants were instrumental in establishing innovative approaches, they funded demonstration programs in limited geographic areas for a specific period of time. The additional waiver funding for NY Connects will enable these innovative approaches to be utilized throughout the state.

Another important result of providing waiver resources is that it will allow for the expansion of NY Connects to all counties and the City of New York. The waiver resources would also further develop and enhance NY Connects programs to include the core components of a fully functional ADRC. The core components include information and assistance, screening, benefits counseling, application assistance, counseling on Managed Long Term Care Plans, care transitions, evidence based programs, follow up and tracking, and through a no wrong door approach, a seamless system to assist individuals with application completion and submission. NY Connects programs will also have the capacity to conduct all of the functions above in the individual's home or community, as needed. Fully functional NY Connects programs would also include:

- Person centered care plans
- Infrastructure support such as staff
- Expanding outreach and education
- Expanding HIICAP
- Strengthening and expanding access to certified Options Counselors
- Implementing evidence-based initiatives such as CDSMP and Matter of Balance
- Offering services to targeted populations similar to those served under the Community Living Program and Veterans Directed Program for individuals at imminent risk of Medicaid spend down and nursing home placement
- Expanding/enhancing care transitions
- Enhancing caregiver support services

The evolution of NY Connects, along with the above-mentioned grants, provide the evidence that waiver funds should be used to enhance NY Connects in order to bend the cost curve of Medicaid by preventing Medicaid spend down whenever possible, and for those on Medicaid, reducing the frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

Health Homes

"In New York, Health Homes are envisioned as a permanent part of the state's considerable efforts to coordinate care for high need and high cost populations, consistent with the MRT's "care management for all" objective." (p 28, NYS MRT Waiver Amendment)

Area Agencies on Aging (AAAs) have provided care coordination for older adults for over thirty years. The addition of NY Connects in 2006 has expanded the role of AAAs to include providing information on long term services and supports for individuals of *all ages*. This positions AAAs to serve in several capacities, such as serving as the primary contractor for care coordination services for the Health Homes that have been or soon will be approved in all areas of the state.

Wayne County Department of Aging and Youth support the goals and purposes of Health Homes. We additionally support the involvement of our agency and other AAAs throughout the state to provide information and/or serve as a contractor of services to the Health Homes.

Care Transitions

Area Agencies on Aging and NY Connects programs are also involved in initiatives that span both community-based and medical model settings. Section 3026 of the Affordable Care Act established a Community-Based Care Transitions Program to reduce hospital readmissions and provided competitive grants to consortiums of community-based service providers working in collaboration with hospitals. In New York, the Tompkins County Office for the Aging received a care transitions grant from CMS, as did a group of AAAs that serve as local community based organizations under the umbrella application of the P2 Collaborative of Western NY. Lifespan, an aging services provider located in Monroe County, also received a care transitions grant award. In addition, a similar effort was launched a few years ago by NYSOFA when it partnered with the AAA and NY Connects programs in Albany and Tompkins counties to establish a Consumer Support Navigator program to work directly with hospital personnel and follow-up with the consumer at the time of discharge. These are further examples of the ability of AAAs to partner with a wide variety of organizations, including the medical community, to achieve cost savings and better outcomes.

I am extremely happy to report that Wayne County is included in the catchment area of the Finger Lakes Health Systems Agency CMMI recent grant award that will provide a Care Transition model in local PCP offices.

Closing Statement

In conclusion, we appreciate the opportunity to voice our support of New York State's MRT Waiver Amendment, specifically with relation to NY Connects, as well as other initiatives such as Health Homes and Care Transitions. We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system.

Sincerely,



Penny Shockley

Director

Wayne County Department of Aging and Youth

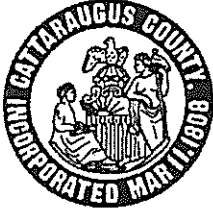


SUPPORT OF MEDICAID WAIVER
Joyce Gioia to: mrtwaiver

08/24/2012 12:49 PM

OUR NAMI BROOME COUNTY IS IN SUPPORT OF THE MEDICAID WAIVER PROGRAM.

JOYCE GIOIA, PRESIDENT



Department of Community Services

Dawn M. Miller, LMSW
Director

August 27, 2012

Re: New York's MRT 1115 Waiver Amendment!

To Whom It May Concern:

The 1115 Waiver Amendment includes a plan to reinvest anticipated Medicaid savings into a number of key priorities, including:

- \$750 million for supported housing and related services
- Millions for peer run service pilots, training and evaluation
- \$525 million to shore up health homes infrastructure, some of which may be used to plan to incorporate peer and rehabilitative services more fully into health home designs
- \$550 million for workforce retraining, including training that promotes recovery and cultural competence
- 23 million for an extensive ombuds program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries

Cattaraugus County Department of Community Services supports the waiver proposal's capacity to promote recovery, wellness and a life in the community, to advance peer support, rehabilitation and cultural competence, and to protect the rights of beneficiaries.

Sincerely,

Dawn M. Miller, LMSW
Director

DMM/bjd

Vision: Promote a higher quality of life for those we serve through effective treatment and prevention, nurturing cooperative relationships, and continued development of programs and services.

Olean Counseling Center
Adult & Children's Services
Children's Case Management
1 Leo Moss Drive
Olean, NY 14760
(716) 373-8040

Salamanca Counseling Center
Adult & Children's Services
97 Main Street
Salamanca, NY 14779
(716) 945-5211

North County Counseling Center
Adult & Children's Services
9824 Route 16
Machias, NY 14101
(716) 353-8241

Foundations for Change
Personalized Recovery Oriented Services
Adult Case Management
203 Laurens Street
Olean, NY 14760
(716) 373-8080

August 27, 2012

Dear CMS,

I am writing to express my support and the support of the Wyoming County Mental Health Department for the recommendations of the Medicaid Redesign Team recommendations regarding New York State 1115 Waiver Amendment application.

As a county mental health department, we are pledged to the removal of barriers and the promotion of independence. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote independence and community integration. While New York still needs to do more as it relates to Olmstead implementation, the recommendations of the MRT if enacted will speed this process. In particular the following are important steps to refocus the service delivery system to better serve consumers as follows:

- \$750 million for supported housing and related services
- Millions for peer run service pilots, training and evaluation
- \$525 million to shore up health homes infrastructure, some of which may be used to plan to incorporate peer and rehabilitative services more fully into health home designs
- \$550 million for workforce retraining, including training that promotes recovery and cultural competence
- \$23 million for an extensive ombuds program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries

Any of the aforementioned are areas that are in dire need of new funding. Moreover, we believe that these goals are not only noble but will, if enacted, enable a rebalancing of the system not only in a cost effective manner but in a way that will truly promote independence and fuller inclusion for persons with disabilities.

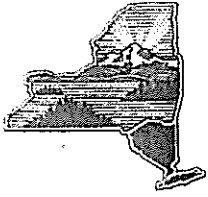
As a consumer driven and peer run agency we applaud the commitment to further funding for peer, vocational and recovery services that are demonstrated to be more effective than other models. Governor Cuomo and

The MRT have put the goal of reinvestment from the proposed savings back into the system as a way to rebalance and shape services.

We believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York and ask for approval.

Sincerely,

Elizabeth A. Hodgdon, RN
Acting Director of Community Services
Wyoming County Mental Health Department
460 N. Main St.
Warsaw, NY 14569



IROQUOIS
Healthcare Alliance

August 20, 2012

Commissioner Nirav Shah, M.D., M.P.H.
New York State Department of Health
Corning Tower, 14th Floor
Albany, NY 12237

Gary J. Fitzgerald
President

Dear Dr. Shah:

On behalf of the Iroquois Healthcare Alliance (IHA) representing fifty-three (53) hospitals and health systems in Upstate New York, I write today in support of New York's request to CMS to amend the existing Partnership Plan waiver under Section 1115(b) of the Social Security Act.

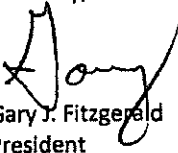
The IHA membership has supported the activities of the Medicaid Redesign Team (MRT) that have eliminated unnecessary spending within the Medicaid Program through fiscal discipline and a focus on care management. The state's action in Medicaid reform over the last two years, in addition to financially stabilizing our state and flattening the growth curve of overall Medicaid expenditures, has prepared our state to implement the federal Affordable Care Act and achieve the triple aim.

To effectively implement the multi-year strategy of the MRT and the ACA will require the investment of resources that simply do not currently exist within the provider community. The state's waiver amendment application requests a reinvestment of \$10 billion of the \$17.1 billion in expected savings and is crucial to our collective success.

IHA's membership, which includes public and not for profit facilities that range from rural critical access hospitals to urban academic medical centers, will require funding in particular to redesign and update their capital plants, to recruit and train the health care workforce of the future, to integrate and transition to new care delivery and reimbursement models, and to acquire and effectuate health information technology systems.

IHA appreciates the Department's consideration of our input during the preparation of the waiver application and looks forward to working with the Department to address the challenges that our members' communities face in achieving the triple aim. I commend and appreciate the exemplary work the Department of Health has done under your leadership in implementing the MRT action plan and preparing New York's 1115 Partnership Plan amendment.

Sincerely,


Gary J. Fitzgerald
President

cc: Jason A. Helgerson
mrtwaiver@health.state.ny.us

*Representing
healthcare
providers in
Upstate
New York*

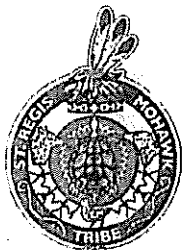
*17 Executive Park Drive
Clifton Park,
New York 12065*

*telephone
(518) 383-5060
facsimile
(518) 383-2616*

*5740
Commons Park
East Syracuse,
New York 13057*

*telephone
(315) 445-1851
facsimile
(315) 445-2293*

www.iroquois.org



St. Regis Mohawk Tribe

Office for the Aging

SRMT Long Term Care Council
loralee.lafrance@srmt-nsn.gov
August 22, 2012

Dear Mr. Helgeson,

The Saint Regis Mohawk Tribe Long Term Care Council and the Saint Regis Mohawk Tribe Office for the Aging are writing to express our support of New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012. As stated in the waiver materials, the state proposes to use the waiver amendment to reinvest in the state's health care system, pave the way for implementation of national health care reform and continue to make New York a national health care reform model.

We support the overall framework, and would like to provide comments on specific elements, in particular, the waiver's inclusion of funding to "Expand New York Connects – Improving Satisfaction." In addition, we will provide our thoughts on care transitions and health homes.

The SRMT Office for the Aging annually serves nearly 900 older New Yorkers age 60 and over; persons of all ages with disabilities; and family caregivers. Our agency makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care.

Expand New York Connects – Improving Satisfaction

As New York State continues Medicaid redesign, there will be many implications for individuals who are currently served by or will soon enter the long term care system. As a result of pending changes, these populations will need individualized assistance to navigate the new choices and to access both private and publicly funded services so they get the right care, in the right setting, for the right price. We concur with the statement in the waiver amendment, "New York is going to need "boots on the ground" across the state to help facilitate these significant changes." NY Connects and the Area Agencies on Aging (AAAs) are well positioned to serve this in this capacity, with a track record of providing person-centered, individualized care, through NY Connects and other programs like the Expanded In-home Services for the Elderly Program (EISEP) and Community Services for the Elderly (CSE) that divert people from Medicaid by providing home & community based services. In addition, an enhanced NY Connects will provide a key element identified in the waiver, "the use of a front end will enhance the state's ability to access satisfaction data directly from consumers, a much needed component of the long term care delivery system."

Expanding and enhancing NY Connects will require resources and we support the additional funding in the waiver, in the amount of \$10 million for year one, and \$18.4 million for each of the following four years. We anticipate that these funds will be in addition to the NY Connects funding currently provided in the New York State Budget. We also support the funding allocation, proposed to be based on the population of aged and disabled individuals, although we strongly recommend that a "minimum base allocation" be established as a baseline to ensure that programs in counties with smaller populations have sufficient funding to meet the criteria of a fully functional ADRC.

Helping Build A Better Tomorrow

29 Business Park Road
Akwesasne, New York 13655
Phone: 518-358-2963

We support in its entirety the NY Connects waiver language set forth on page 67 of the New York State MRT Waiver Amendment, and provide additional information and comments as follows.

New York is a national leader in its development and implementation of the ADRC model. Since 2006, NY Connects has been providing Information and Assistance on long term care services and supports, as well as direct linkages to home and community based services programs for persons of all ages with disabilities and caregivers. If the waiver is approved, the additional funding for NY Connects would enhance its capacity to assist with Medicaid cost-avoidance by:

- Assisting more individuals of all ages and those with disabilities by providing objective information and options counseling (by telephone, in-person or in the home) on the array of services that meet their needs at the right time, in the right setting for the right cost, thus maximizing the private pay resources of these individuals.
- Establishing seamless systems connections for the consumer.
- Expanding the numbers of individuals it can serve, especially in light of the dramatic increases in the age 60+ population projected over the next twenty years.
- Delaying spend-down to Medicaid and reducing the number of new Medicaid applicants.
- Increasing awareness of NY Connects as a resource for discharge planners and health professionals to maximize community resources.
- Strengthening support services for caregivers (who provide 80% of the long term care), which is imperative because the economic value of informal caregivers is estimated at \$25 billion annually in New York State (2008 AARP report, Houser & Gibson).
- Enhancing the Health Insurance Information Counseling Assistance Program (HIICAP) to ensure that Medicare beneficiaries receive objective information and counseling on all insurance options and receive information about Medicare preventive benefits, screenings and annual wellness visits in addition to assisting individuals in applying for the Medicare Savings and Low Income Subsidy programs.
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NY Connects is the only ADRC in the nation to require a local Long Term Care Council made up of providers, individuals receiving services and their caregivers, and a wide array of agencies that work together to problem solve. In New York, there are over 1,600 stakeholders serving on the Councils at

the local level. Our Long Term Care Council has formed partnerships with several community programs that increased access to services and helps clients access services quicker.

New York has built upon NY Connects/ADRC by seizing opportunities offered by the Affordable Care Act to strengthen partnerships and coordinate a robust set of services for Medicaid cost-avoidance. Through federal competitive grants, New York has been able to develop and/or implement options counseling, MIPPA/ADRC, Nursing Home Modernization & Diversion/Community Living Program, Veterans Directed, CDSMP, and Care Transitions, all in an effort to reduce and delay spend-down to Medicaid and nursing home placement. These grant funds were provided by CMS and the Administration on Aging, now known as the Administration for Community Living. While the grants were instrumental in establishing innovative approaches, they funded demonstration programs in limited geographic areas for a specific period of time. The additional waiver funding for NY Connects will enable these innovative approaches to be utilized throughout the state.

Another important result of providing waiver resources is that it will allow for the expansion of NY Connects to all counties and the City of New York. The waiver resources would also further develop and enhance NY Connects programs to include the core components of a fully functional ADRC. The core components include information and assistance, screening, benefits counseling, application assistance, counseling on Managed Long Term Care Plans, care transitions, evidence based programs, follow up and tracking, and through a no wrong door approach, a seamless system to assist individuals with application completion and submission. NY Connects programs will also have the capacity to conduct all of the functions above in the individual's home or community, as needed. Fully functional NY Connects programs would also include:

- Person centered care plans
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- Strengthening and expanding access to certified Options Counselors
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- Offering services to targeted populations similar to those served under the Community Living Program and Veterans Directed Program for individuals at imminent risk of Medicaid spend down and nursing home placement
- Expanding/enhancing care transitions
- Enhancing caregiver support services

The evolution of NY Connects, along with the above-mentioned grants, provide the evidence that waiver funds should be used to enhance NY Connects in order to bend the cost curve of Medicaid by preventing Medicaid spend down whenever possible, and for those on Medicaid, reducing the frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

Health Homes

"In New York, Health Homes are envisioned as a permanent part of the state's considerable efforts to coordinate care for high need and high cost populations, consistent with the MRT's "care management for all" objective." (p 28. NYS MRT Waiver Amendment)

Area Agencies on Aging (AAAs) have provided care coordination for older adults for over thirty years. The addition of NY Connects in 2006 has expanded the role of AAAs to include providing information on long term services and supports for individuals of *all ages*. This positions AAAs to serve in several capacities, such as serving as the primary contractor for care coordination services for the Health Homes that have been or soon will be approved in all areas of the state.

The Saint Regis Tribe Long Term Care Council and the Saint Regis Tribe Office for the Aging support the goals and purposes of Health Homes. We additionally support the involvement of our agency and other AAAs throughout the state to provide information and/or serve as a contractor of services to the Health Homes.

Care Transitions

Area Agencies on Aging and NY Connects programs are also involved in initiatives that span both community-based and medical model settings. Section 3026 of the Affordable Care Act established a Community-Based Care Transitions Program to reduce hospital readmissions and provided competitive grants to consortiums of community-based service providers working in collaboration with hospitals. In New York, the Tompkins County Office for the Aging received a care transitions grant from CMS, as did a group of AAAs that serve as local community based organizations under the umbrella application of the P2 Collaborative of Western NY. Lifespan, an aging services provider located in Monroe County, also received a care transitions grant award. In addition, a similar effort was launched a few years ago by NYSOFA when it partnered with the AAA and NY Connects programs in Albany and Tompkins counties to establish a Consumer Support Navigator program to work directly with hospital personnel and follow-up with the consumer at the time of discharge. These are further examples of the ability of AAAs to partner with a wide variety of organizations, including the medical community, to achieve cost savings and better outcomes.

Closing Statement

In conclusion, we appreciate the opportunity to voice our support of New York State's MRT Waiver Amendment, specifically with relation to NY Connects, as well as other initiatives such as Health Homes and Care Transitions. We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system.

Sincerely,



Lora Lee La France

HIICAP/NYConnects

SRMT OFA



www.pcdc.org

August 23, 2012

Mr. Jason Helgerson
New York State Medicaid Director
Office of Health Insurance Programs
New York State Department of Health
Corning Tower
Albany, NY 12224

Dear Mr. Helgerson:

We are writing to offer our full support for the Medicaid Redesign Team Waiver (MRT Waiver) that is being submitted by the Department of Health to the Center for Medicare and Medicaid Services.

The Primary Care Development Corporation (PCDC; www.pcdc.org) is a nonprofit organization dedicated to transforming and expanding primary care in underserved communities to improve health outcomes, reduce healthcare costs and disparities. Our programs enhance access to primary care by offering flexible financing to build and modernize facilities, providing coaching and training to strengthen care delivery, and leading policy initiatives. Since 1993, PCDC has partnered with nearly 900 primary care organizations throughout the U.S. to adopt a patient-centered model of care that maximizes patient access, meaningful use of health IT, care coordination and patient experience, and emergency planning. Certified as a Community Development Financial Institution (CDFI) by the U.S. Treasury, PCDC has financed 98 primary care projects valued at \$400 million, creating primary care access for more than 825,000 patients. This investment has improved 785,000 square feet of space and created or preserved more than 4,200 jobs in low-income communities.

As we know, New York is burdened by one of the most "top-heavy" health systems in the country, where too much of our Medicaid and other health care spending is used for high-cost specialty, inpatient and nursing home care, and not enough is spent on primary and preventive care. The MRT Waiver provides a comprehensive roadmap and the necessary resources to help New York develop a more sustainable, accountable and patient-centered health care system over the next five years. The MRT Waiver fully leverages the vision and the substance of the Affordable Care Act, and will result in lower costs (for Medicaid, Medicare and other payers as well), better health outcomes and healthier communities.

This is a well-balanced, comprehensive and thorough waiver application. It contains the resources and policy framework to:

- Significantly expand and improve primary care, behavioral health and other areas that must see substantial investment if we are to make sustainable changes in the health care system;
- Integrate disparate parts of our health care system to improve efficiency, reduce waste and create a better patient experience;
- Test and develop new ways of paying for and organizing health care, including health homes and accountable care organizations;
- Ensure sufficient technical assistance to assist providers with the necessary reforms in the healthcare system;
- Build more supportive housing, which we know is a leading determinant of health for many of the most vulnerable in society;
- Continue the investment in health information technology, and in particular, health information exchange, which is essential to a more efficient healthcare system;

- Help hospitals and nursing reconfigure and transform to prepare for a new system that will be less reliant on services delivered in institutional settings.

The process of developing the MRT waiver was refreshingly open and inclusive. Governor Andrew Cuomo, NYS Health Commissioner Nirav Shah, MD, New York Medicaid Director Jason Helgeson and a talented and dedicated Health Department team deserve enormous credit for engaging in a thoughtful and open process that developed this waiver. By bringing in stakeholders, holding open meetings, inviting comments and ideas, New York has developed an inclusive and workable Medicaid waiver application. This is not just important to the application itself. It sets the stage for what could be a new era of collaboration and public-private partnership. Since a key goal of the waiver is to develop a more integrated and accountable health care system, stakeholder engagement, open process, and accountability will be essential to successful implementation.

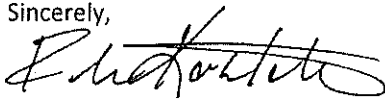
There is substantial investment in primary care. With 2.3 million New York State residents lacking access to primary care, We are very pleased that the waiver application contains more than \$2 billion in primary care investment, including:

- \$1.25 billion for primary care capital investment, including community health centers and other community-based providers, as well as technical, operational and health information technology assistance
- \$200 million for expansion of high quality primary for uninsured patients, primarily through public hospitals
- \$225 million to develop new care models, including integration of services across provider settings
- \$250 million for workforce training, including workforce development for patient centered medical homes, health homes, and culturally competent care.
- \$250 million to recruit and retain primary care and other health care providers in communities with provider shortages (including doctors, nurse practitioners, nurses, physician assistants, midwives, social workers, and mental health professionals).

Leveraging waiver funding to expand primary care. It is estimated that New York's primary care sector will require at least \$1 billion in capital investment. We are very encouraged that the MRT Waiver includes a revolving fund for primary care capital investment. This is an excellent way to ensure a permanent source of low cost capital for primary care development. While we will at a later date have a number of recommendations for implementation of the primary care capital section of the waiver, there are two important vehicles for leveraging public sector resources that we hope the waiver will allow. **Community Development Financial Institutions (CDFIs)** play an important role in primary care development. With a base of public funds, CDFIs can leverage multiples of private sector capital, greatly expanding the availability of capital while lowering financing costs for providers. Additionally, CDFIs can provide an added layer of accountability through the underwriting and borrower monitoring processes. Likewise, **New Markets Tax Credits** provide tax credit incentives to investors for equity investments in certified organizations (like CDFIs), which then invest in low-income communities. Several primary care capital projects in New York have involved NMTCs. CDFIs and NMTCs are playing an increasingly important role in primary care investment in New York and across the country, particularly for community health centers. We believe the waiver should ensure that CDFIs, NMTCs and other innovative approaches to leverage private sector investment should be included and encouraged in the final waiver document.

We urge swift approval of the MRT waiver, and look forward to assisting in its implementation.

Sincerely,



Ronda Kotelchuck
Chief Executive Officer



Telesca Center for Justice
One West Main Street, Suite 200 ♦ Rochester, NY 14614
Phone 585.454.4060 ♦ Fax 585.454.2518
www.empirejustice.org

August 27, 2012

Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, MD 21244

Via Electronic and Postal Mail

Dear Ms. Mann,

I am writing on behalf of Empire Justice Center, a statewide non profit law firm focused on improving the law for all New Yorkers through systems change advocacy as well as individual representation, to voice our particular support for a component of New York State's 1115 Waiver application.

As a legal services provider and Steering Committee member of Medicaid Matters NY, we are very pleased to support New York State's recent request for an amendment to the New York Partnership Plan which includes a new program that would provide independent, individual and systemic advocacy on behalf of people with disabilities and chronic illnesses that are newly enrolled in Medicaid Managed Care and other new models of care management. Referred to in the waiver amendment application as "Ombudsperson Program – Supporting Choice," on page 68 in the section titled "Long Term Transformation and Integration to Managed Care," this new initiative addresses the need for an advocacy program specializing in consumer education, community training, and advocacy services tailored to meet the unique needs of these populations.

This program is designed to expand and target advocacy services to reach a group of people numbering as many as 1.5 million who will be entering managed care for the first time in the next few years. It is intended to drive resources to the various groups in local communities that serve the newly mandated populations in order to strengthen their capacities and competencies and target help for this new wave of people as they enter and adjust to various managed care programs. In addition to strengthening local capacity, the emphasis is on improving disability literacy and accommodations in managed care settings, while recognizing the complexity of the work involved in serving those with multiple and profound needs.

Recipients would benefit from: learning how to access services in a managed care environment; help in securing a change in or restoration of benefits, services, or supports; advocacy to obtain accommodations for their disabilities; and the fruits of systemic advocacy addressing patterns such as improper notices, inadequate networks or accommodations, or unlawful care management practices. Further, recipients in managed care generally would benefit from the ability to access an enhanced information and referral system with automated guidance by telephone as well as general advice and referrals from well trained advocates situated in their own communities.

There are various programs and services currently provided to the target population that offer similar components contemplated by the program design. There is not, however, sufficient capacity within the current disability and legal services networks to provide the proposed level of service without a significant increase in resources.

This proposal seeks to replicate a similar program in Wisconsin that has a proven record of successfully providing assistance and advocacy to people with disabilities in Medicaid Managed Care.

On behalf of the interests of the Medicaid beneficiaries we represent, we strongly urge full support of this proposal.

Sincerely,

A handwritten signature in cursive script that reads "Trilby de Jung".

Trilby de Jung
Senior Health Law Attorney

Cerebral Palsy Associations of New York State



Chairman
Jack M. Weinstein, Esq.

August 27, 2012

President & CEO
Susan Constantino

Executive Vice Presidents
Ms. Cynthia Mann
Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

General Counsel
J. David Seay, Esq.

Dear Ms. Mann:

Medical Director
Raoji Patel, MD (*Acting*)

On behalf of Cerebral Palsy Associations of New York State (CP of NYS) and its 24 Affiliates, I am writing in support of the New York State Medicaid Redesign Team's (MRT's) 1115 Waiver Amendment application.

Affiliates

WESTERN REGION

- Able2
- Aspire of WNY
- CP of Rochester
- E. John Gavras Center
- Franziska Racker Centers
- HCA of Southern NY
- Happiness House
- Niagara CP

CP of NYS was founded in 1946 by parents of children with cerebral palsy seeking community services. Today it is a broad-based, multi-service organization with 24 Affiliates across the state and 18,000 employees providing programs and supports for over 100,000 individuals with developmental disabilities and their families. CP of NYS and its Affiliates have a long history of providing quality health services to people with disabilities as well as other Medicaid patients. Over the past twenty years, CP Affiliate Article 28 clinics have become primary providers of critical health services for their communities' Medicaid recipients.

CENTRAL REGION

- Center for Disability Services
- CP of the North Country
- Enable
- Prospect Child & Family Center
- Upstate Cerebral Palsy

As community Medicaid providers, CP of NYS appreciates that the MRT 1115 Waiver Amendment application includes significant investment in workforce training, Health Information Technology and health home infrastructure as well as an ombudsperson program. All of these components are critical in building and strengthening capacity and competency for providers as they move into a managed care environment. It also targets assistance for recipients to ensure access, efficiency and quality health care.

HUDSON VALLEY REGION

- Cerebral Palsy of Ulster County
- CP of Westchester
- Hudson Valley CP Association
- Inspire of Orange County
- Jawonio
- The Center for Discovery

The emphasis of the program is to strengthen local capacity and improve disability literacy and accommodations in managed care settings, and it recognizes the complexity of the work involved in serving those with multiple needs, particularly those with behavioral health issues.

We believe that the proposed 1115 waiver is a significant step in rebalancing the Medicaid system not only in a cost effective manner but in a way that should better serve individuals with disabilities. Therefore, CP of NYS strongly supports the New York State Medicaid Redesign Team's 1115 Waiver Amendment application and requests CMS approval.

DOWNSTATE REGION

- Queens Centers for Progress
- UCPA of Nassau County
- UCP/NYC
- United Cerebral Palsy of Suffolk
- Metro Services

Sincerely,

Susan Constantino
President & CEO
Cerebral Palsy Associations of New York State

August 22, 2012

Jason Helgeson
New York State Medicaid Director

Dear Mr. Helgeson:

We represent the nonprofit organization Primary Care Progress (PCP), whose mission is to engage local communities to promote primary care, inspire innovation in care delivery and develop the next generation of primary care leaders. Primary care doctors are the key to improving value-based care: By focusing on preventive services, care coordination, and disease management, they can reduce unnecessary health care costs. Yet sadly, from 2000 to 2005, the percentage of US medical school graduates who chose to enter primary care dropped from 14 percent to 8 percent, creating a projected shortfall of up to 150,000 primary care physicians by 2025. This national trend is felt in New York, where 1 in 5 New Yorkers reside in federally designated primary care shortage areas.

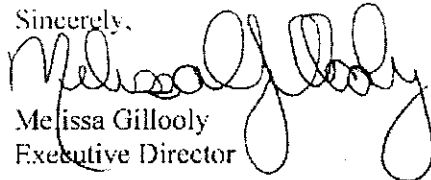
PCP was formed to address the crisis resulting from this growing shortage of primary care providers. The shortage of providers and antiquated primary care training models are root causes in the failure of America's healthcare system to meet its users' basic needs. To reverse this damning trend we have to further invest in primary care.

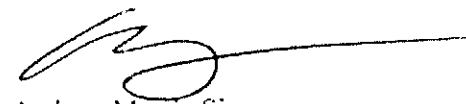
This is why we are so delighted to see New York taking a lead role in pioneering primary care transformation efforts that can be expanded across the state and the nation. The MRT Waiver invests substantially in primary care, which will be critical to providing high quality primary care to 2.3 million New York State residents who now lack access to primary care. The waiver will provide the funding required to recruit, train and support the primary care workforce New York needs to thrive as national health care reform is implemented. The Health Workforce Retraining Initiative (HWRI) will focus on interdisciplinary and team-based education to better prepare workers for the transformation to patient-centered medical homes (PCMH).

The highly coordinated, enhanced access, team-based care provided in the PCMH is showing exciting results: higher quality of care, decreased emergency department visits and hospitalizations, happier patients, and lower overall spending. PCP has also found that exposure to this new model of care is one of the best ways to help trainees see a future for themselves in primary care. We are very encouraged that the MRT waiver includes initiatives to expand primary care, health homes, and the medical home model.

We fully support the MRT Waiver and hope the Center for Medicare and Medicaid Services will provide the necessary investment to support ongoing primary care innovation in New York.

Sincerely,


Melissa Gillooly
Executive Director


Andrew Morris-Singer
President/Co-Founder

The Children's Agenda



Effecting Change. Affecting Children.

August 23, 2012

Cynthia Mann, Director
Center for Medicaid, CHIP and Survey & Certification
Centers for Medicare and Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

Dear Ms. Mann,

I am writing to strongly urge you to support New York State's recent request to amend its Section 1115 Partnership Plan Medicaid Demonstration Waiver.

In particular, I support the inclusion of the Nurse-Family Partnership (NFP) program, which has been called the "most effective program for vulnerable children and families ever created" by the Washington State Institute for Public Policy.

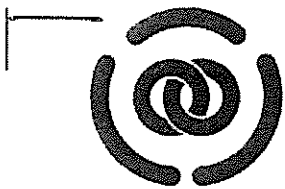
As you know, NFP is an evidence-based nurse home visiting program in which registered nurses provide preventive home visits to low-income pregnant women during their first pregnancy up until their child reaches age two with the goals of improving prenatal health and pregnancy outcomes, child health and development, and a family's economic self-sufficiency. It currently operates in New York City and Monroe and Onondaga counties.

The Children's Agenda is a non-profit advocacy organization focused on what's needed most and works best for children. We are long-time supporters of NFP and were instrumental in bringing it to Monroe County because program results show significant improvements in the health, well-being, and self-sufficiency of low-income, first-time parents and their children as well as an impressive financial return. The waiver amendment will allow New York State to bring the three existing NFP sites to capacity and to invest in the development of six new programs in other high-risk areas of the State. The State's investment in NFP through the waiver will demonstrate that when brought to scale in high-risk communities and closely integrated with the healthcare system, NFP will be effective in improving health care outcomes and reducing Medicaid costs for New York's most vulnerable young families.

We greatly appreciate that Governor Cuomo, Health Commissioner Shah and State Medicaid Director Helgeson recognize the value that evidence-based nurse home visiting services will add to New York's Medicaid program in terms of better health outcomes and cost savings.

Sincerely,

Jeff Kaczorowski, M.D.
Executive Director



CIDNY

841 Broadway #301
New York, NY 10003

212/674-2300 Tel
212/674-5619 TTY

212/254-5953 Fax
www.CIDNY.org

CIDNY—Queens
137-02A Northern Blvd.
Flushing, NY 11354

646/442-1520 Tel
718/886-0427 TTY

718/886-0428 Fax
www.CIDNY.org

Center for Independence of the Disabled, NY

August 22, 2012

VIA E-MAIL: mrtwaiver@health.state.ny.us

Jason A. Helgerson
Medicaid Director
Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health

Dear Mr. Helgerson:

We appreciate this opportunity to comment on the Medicaid Redesign Team Waiver Amendment and support the goals of improving the experience of care for patients, improving the health of populations, and reducing per capita costs of health care.

The Center for Independence of the Disabled, NY (CIDNY) is a leading advocate for New Yorkers with disabilities. For the past thirty years, we have helped to break down social, physical and perceptual barriers that can prevent people with disabilities from participating fully in mainstream life. We serve and represent people with chronic illnesses and disabilities for whom access to affordable, accessible comprehensive health coverage is essential to maintaining their well being. We help consumers understand, enroll in and navigate private and public health coverage alternatives. We advocate informally; file and represent consumers in grievance processes, appeals, and fair hearings; and advocate for optimal coverage.

As a population that experiences health disparities in the current health system we strongly support investments to test new care models that will create the right incentives to coordinate care, improve quality and outcomes, reduce disparities and contain costs. We appreciate the inclusion of environmental modifications and assistive technology and patient navigation and transition assistance as ideas that could be funded.

We support reinvestment of Medicaid savings to increase housing options for people with disabilities and seniors. Housing should be affordable, accessible, and should ensure full community integration and independence.

We understand the need to train additional providers to prepare for increased demand for a workforce that can address increasing long term care, care coordination, and primary care needs and appreciate the inclusion of training the health workforce in culturally-competent patient centered care. This should include training in how to treat people with disabilities in culturally sensitive matter. Our surveys have identified numerous instances of mistreatment by providers that could deter individuals with disabilities from continuing in care. We have provided disability competency training to a variety of service providers.

Finally, while there is research that supports many of these initiatives, Medicaid Redesign is transitioning a large number of Medicaid beneficiaries in a short time period

Page 2/
Re:

into models of care that have not been tested at this scale. We support strong oversight, monitoring and evaluation systems that will measure not just "medical model" outcomes but also quality of life and patient satisfaction.

We look forward to helping build and sustain patient-centered, community-based primary, preventive, behavioral health and long term care and support services capable of managing and coordinating care in communities of need with these waiver programs if this waiver amendment is approved.

If you have questions about these comments, please contact Heidi Siegfried at hsiegfried@cidny.org or 646.442.4147. Thank you for your consideration.

Sincerely,

Heidi Siegfried
Health Policy Director



Albany Medical College
Albert Einstein
College of Medicine of
Yeshiva University
Columbia University
College of Physicians and
Surgeons
Hofstra North Shore-LIJ
School of Medicine
At Hofstra University
Mount Sinai
School of Medicine
New York College of
Osteopathic Medicine
New York Medical College
New York University
School of Medicine
Sophie Davis School of
Biomedical Education
At CCNY
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Osteopathic Medicine
University at Buffalo
SUNY School of Medicine
and Biomedical Sciences
University of Rochester
School of Medicine
And Dentistry
Weill Cornell
Medical College

August 21, 2012

Nirav Shah, MD
Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, NY 12237-0053

Dear Dr. Shah:

I would like to add my voice to those supporting New York State's application for an HHS Waiver from the US Department of Health and Human Services. The New York State Department of Health (SDDH) has been in the forefront of planning and implementing innovative programs and policies. This Waiver will allow the State to continue to do so.

The Associated Medical Schools of New York (AMSNY) is proud to be a partner of SDDH as it moves forward with tackling issues related to the physician shortage and the need for educating a diverse physician workforce. Specifically we worked with DOH in the development of the *Doctors Across New York* (DANY) program; a program that provides up to \$150,000 for the reduction of student loans to physicians who agree to work in underserved areas. Whereas many States have since developed similar programs, NY was among the first to provide adequate reimbursement for this commitment. Additionally it provides up to \$100,000 to help physicians set up practices in underserved areas. There are few, if any, similar programs throughout the country.

Since 2000 the SDDH has supported AMSNY's Diversity in Medicine Program. In 2008 SDDH pushed us to be innovative. In return for ensuring the Program was part of the State's Executive Budget, SDDH asked us support new initiatives. It was then that

AMSNY's Diversity in Medicine's Post Baccalaureate Program expanded from 1 site to 4; the 3 new sites offer students masters degrees, while continuing to ensure the students would have a guaranteed slot in the following year's entering class at one of NY's participating medical schools. These dollars also support MCAT prep programs and stipends for students who work in NIH funded laboratories.

I am sure that the HHS Waiver will provide many opportunities for the SDDH to continue to push its grantees towards new and innovative programs that will meet the State's needs, as outlined in the State Medicaid Redesign Team's final report. We look forward to working with you in the future.



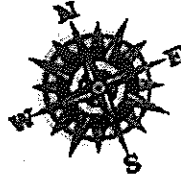
Sincerely,

Jo Wiederhorn

Jo Wiederhorn
President and CEO

North Country Behavioral Healthcare Network

PO Box 891
Saranac Lake NY 12983
www.behaviorhealthnet.org



(518) 891-9460 Phone
(518) 891-9461 Fax
info@behaviorhealthnet.org

1997 ♦ Celebrating Our 15th Year ♦ 2012

8/7/12

Mr. Jason Helgerson
Medicaid Director,
New York State

Dear Mr. Helgerson:

North Country Behavioral Healthcare Network (NCBHN) is comprised of nineteen nonprofit member agencies providing mental health (MH) and substance use disorder (SUD) services in New York's seven northernmost counties comprising the largest and most rural area of the state. NCBHN enthusiastically supports the "triple aim" plan laid out for New York's 1115 waiver amendment, and offers the following comments and recommendations, which we believe enhance the opportunity to work effectively toward the successful implementation of a new and visionary healthcare system for New York. NCBHN is impressed with the progress to date in NYS healthcare reform, and with the bold thinking responsible for that progress. Our comments are based on the multi-year Plan to Transform the Empire State's Medicaid Program (The Plan) and the three associated webinars presented by the Department of Health.

NYS is correct, we believe, in focusing on the integration of behavioral healthcare with primary healthcare as a major initiative, and in further focusing on the coordination of the behavioral healthcare payment and delivery systems. The costs associated with untreated and poorly treated addiction disorders and serious mental illness (SMI) are enormous. On June 26th of this year, the National Center on Addiction and Substance Abuse at Columbia University (CASA Columbia) released a 586-page report titled "Addiction: Closing the Gap Between Science and Practice." In it, the authors provide important information about how chronic disease management techniques used widely throughout medicine today need to be applied to addiction, which they cite as "the largest preventable public health problem and leading cause of preventable death in the U.S." They go on to say that, of nearly 2.5 million deaths in the nation in 2009, an estimated 578,819 were attributable to tobacco, alcohol or other drugs," and estimate the costs of addiction and risky substance use behaviors to the federal and state governments to exceed \$468B annually.

The Plan cites the significantly reduced life expectancy for the seriously mentally ill, and costs comparable for those cited for addiction, above, can be anticipated. To date, primary care has not been an effective referral source to behavioral healthcare services (the CASA report noted above states that less than six percent of all referrals to addiction treatment come from healthcare professionals), and that can only change through true integration as outlined in The Plan. Importantly, that integration cannot be driven solely by the primary care system, as highlighted by the following quote from the CASA study:

"Inadequate training in risky use and addiction means that many physicians do not recognize these conditions in their patients, do not believe that substance-related interventions are effective, are unaware of what to do with a patient who screens positive

for risky use or addiction or are uninformed about effective resources to which they could refer patients in need of more in-depth assessment or of specialty treatment.”

NCBHN proposes that successful integration depends upon the following tenets: that NYS’s behavioral healthcare leaders need to be full partners at the planning table for all phases of integration, and should provide guidance to the primary care community with regard to all aspects of behavioral healthcare that need to be considered in implementing effective integration. Primary healthcare requires not only education, but a shift in thinking.

Specific elements of integration outlined in the Plan and the webinars cannot be successful without the equal-partner inclusion of behavioral healthcare in planning and implementation including, but not limited to, the following:

- “Care management for all” – OMH targeted case managers and OASAS MATS counselors are currently being retrained to provide care management, and their work will be crucial in appropriate referral and follow up to health home and patient-centered medical home members in need of behavioral health services.

The new system, in whatever form it emerges, will have to be able to adapt to changes in need based upon unintended consequences. For example, one of the success stories on the behavioral health side of health care has been targeted case management. With the low caseloads, care managers are able to provide the intensity of services the individual needs to remain stable in the community. Reduced ER visits and inpatient hospitalizations have been the known outcomes of these models of care management. Under the health home model, the intensity of these services will be reduced dramatically with the tripling and quadrupling of the case loads. An unintended consequence could be the increase of ER visits and inpatient hospitalizations of the population with serious behavioral health issues. If that outcome becomes a reality under the new care management model, how can we prepare for the system to be able to respond? Will the flexibility exist to adjust case load sizes to meet the acuity of need, without financially penalizing the providers? Providers need to have some leeway to inspire creative solutions, especially in rural areas where the continuum of care is not as rich as it is in urban and suburban areas. Programs that provide wrap-around funding not limited to a categorical service (*e.g.* food, clothing, shelter, medical) need to be part of our healthcare system. These flexible funds have proven, in the case management model, to allow for greater innovation in support of the client’s integration and engagement in their community that goes beyond their basic survival expenses.

- “Healthcare workforce training” – must extend to the behavioral health workforce.
- “Focus on preventing illness and disease as well as helping those with chronic conditions” – is extremely relevant to addressing SMI and SUDs. OASAS has a good

deal of experience and expertise in the area of prevention, and much to contribute to this discussion.

- “Take a more community-based approach to healthcare and health status and address the very basics of the social determinants of health – including socioeconomic status, education, food and shelter.” – this simply cannot be accomplished without addressing any primary SMI and/or SUD conditions that are often the underlying and direct causes of poverty, lack of education, poor nutrition and lack of stable quality housing. A healthcare system must be developed wherein these behavioral health conditions are treated in the most effective manner possible with full integration with the primary care system that will be treating the resulting medical conditions, and with the care managers who will be providing the referrals to and connectivity with all of the required adjunct services. In a large portion of such cases, behavioral health is at the core of the solution.

Treatment plans in the OASAS treatment system currently include all areas of life impacted by the disease including family, educational, vocational, financial, legal and so on. While the system is far from achieving perfection, it is a methodology that can be built upon for the treatment of patients with chronic diseases across the spectrum.

- “Need to incentivize additional workers to work in underserved areas” – again, the workforce issues cut across all disciplines including behavioral healthcare. The lack of qualified behavioral healthcare professionals has, for some time, been an ongoing issue for the North Country, an underserved and highly rural area. During the webinars, there was a focus on bringing more physicians to underserved areas, and we at NCBHN applaud that exciting initiative. A successful new model of comprehensive, integrated healthcare will require incentivizing healthcare professionals in all disciplines and specialties to support the physicians that are recruited to those underserved areas.
- “Focus is on demand for and supply of healthcare linked to quality and outcomes.” - Elements to overall success that are listed include: “promoting patient engagement, coordinating care, appropriate healthcare utilization and healthy communities.” – behavioral healthcare is crucial to every one of these elements, and is often the only potentially successful avenue to the engagement of patients with SMI and SUDs.
- “Reduce disparities and avert preventable events and hospitalizations while reducing cost” – It has been widely acknowledged that untreated behavioral health conditions contribute significantly to preventable hospitalizations for resulting physical conditions. High quality, fully integrated behavioral health services are crucial to success in this area.

-
- “Ensure children with behavioral health needs get the services they need” - The complex of services needed by children requires additional collaboration and includes schools (NYS Department of Education), the Department of Social Services (DSS) and, specifically, the Office of Children and Family Services (OCFS). Further, parents of children in need are often in need themselves of parenting education, behavioral health services and life-skills training. All of these important providers will need to be engaged in the planning process.

 - “Regional Planning” – NCBHN has been and remains an advocate and active participant in regional planning efforts. We have come to understand that there is a need to recognize the North Country as a discrete and uniquely rural area with its own unique challenges requiring a specifically applicable regional plan that includes all aspects of behavioral healthcare. In the past, behavioral healthcare has not always been welcomed at that table, but the planning effort needs to be open and available to all stakeholders if it is to successfully support the triple aim of New York’s healthcare reform.

 - “Expand access to supportive housing for high-cost Medicaid users” – in many cases, these are the behavioral healthcare patients, and we fully support seeking additional funding through the waiver amendment. NCBHN has a proven track record of developing and providing supportive housing, and would be a positive addition to a team charged with developing a more comprehensive and integrated system of cost-saving, affordable supportive housing.

 - “Health Home Development” – New York State has proven itself to be a national leader in the development of health homes to coordinate the care for the State’s most vulnerable, challenging and highest-cost patients. NCBHN members are currently participating in developing (Phase I and Phase III) health homes in the North Country. The potential for additional funding to support this effort creates a bright outlook as health homes move through the more costly development phase toward a sustainable operational phase. The development of health homes entails a complex of elements that all need to be addressed on their own and in conjunction with one another. Some examples include:
 - o “Health Information Technology (HIT) Infrastructure” - As has been acknowledged, “behavioral and community-based providers have not been well resourced to implement EHR and connectivity with regional and State-wide electronic networks.” Their exclusion from the Meaningful Use incentive program means that, to fully participate in health homes, incentive

funding will need to be made available quickly, as these providers “play catch up” in order to communicate with other health home providers.

- “Create shared learning and connections across the silos of behavioral, physical/social and community care delivery systems” – This opportunity must be taken full advantage of, which means that learning takes place in all directions. The value of what behavioral healthcare has to offer cannot be overstated, and that communication/learning opportunity for the broader medical community will need to be maximized for truly effective integration to occur. Cross-disciplinary training toward this paradigm shift will require that mental health, substance use disorder and medical professionals participate in integrated training sessions where all hear the same principles and concepts with an opportunity for interactive discussion.

- Already addressed in the broader context, but essential in the health home discussion, are: care management, supportive housing and workforce training/retraining. As previously discussed, the behavioral healthcare field can be a major contributor to the success of health homes if it is included as a full partner in all of these discussions.

That New York State has already created very significant savings in healthcare costs at a national level such that \$10B could potentially be reinvested in the State’s efforts is an exciting proposition. It is essential that, if that money is forthcoming, it is reinvested to further enhance and to stabilize a State healthcare system that fully achieves the triple aim of improving the quality of care, improving the health of the community and reducing per capita costs. The full and equal-partner inclusion of behavioral healthcare in healthcare systems integration is absolutely essential to achieving these goals, and must be done thoughtfully, taking full advantage of all that the behavioral healthcare system has to offer toward improved service and outcomes as well as potentially extraordinary cost savings. North Country Behavioral Healthcare Network applauds the efforts and initial successes of New York State and the Medicaid Redesign Team, and stands ready to participate in furthering those efforts in every appropriate way. We look forward to a continuing journey toward successful healthcare system transformation in New York State.

Bud Ziolkowski, CASAC
Sr. Project Specialist
North Country Behavioral Healthcare Network



Healthcare Association
of New York State

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and Continuing Care Providers

Daniel Sisto, President

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August 13, 2012

Nirav Shah, M.D., M.P.H.
Commissioner of Health
New York State Department of Health
Empire State Plaza, Corning Tower, 14th Floor
Albany, New York 12237

Re: Medicaid 1115 Waiver Amendment

Nirav
Dear Dr. Shah:

The Healthcare Association of New York State (HANYS) strongly supports New York State securing a Medicaid waiver amendment to provide the resources needed to implement health care reform. Hospitals and health systems statewide are committed to increasing access to care, improving quality, and reducing costs. An up-front commitment is essential both for our state and the provider community to accelerate and intensify our efforts to build a redesigned, patient centered health system. This Medicaid waiver amendment can provide those resources.

The transformation of the health care system is at a critical juncture. New York State and health care providers are changing how care is delivered to improve quality, access, and efficiency. The New York State Medicaid Redesign Team (MRT) recommendations, the Affordable Care Act (ACA), and private sector health reform efforts are rapidly reorganizing care delivery into new models such as health homes, accountable care organizations, patient-centered medical homes, and other population management and coordinated care models.

HANYS appreciates the state's efforts to engage stakeholders during the MRT process and during the formation of this waiver proposal. It will be our pleasure to continue working with the Department of Health throughout the waiver approval process. We encourage the state to continue processes for stakeholder input as the waiver process moves forward and the state discusses "terms and conditions" with the Centers for Medicare and Medicaid Services.

Thank you again for your leadership of the MRT process and in developing this waiver proposal. HANYS looks forward to working with you on ACA and MRT reform implementation and throughout the Medicaid 1115 waiver amendment process.

Sincerely,

Daniel Sisto
President

DS:sk

RECEIVED

AUG 14 2012

NYS DEPARTMENT OF HEALTH
DIVISION OF EXTERNAL AFFAIRS



Marc N. Gourevitch, MD, MPH
Professor and Chair, Department of Population Health, and
Professor of Medicine and Psychiatry

550 First Avenue
VZ30, 6th Floor, Office 607
New York, NY 10016
(212) 263-8553 / marc.gourevitch@nyumc.org

August 27, 2012

Jason Helgerson
New York State Medicaid Director
New York State Department of Health
Albany, NY 12237

Dear Mr. Helgerson,

I am writing to convey my strong support for New York State's MRT waiver application.

We are at a crossroads in efforts to optimize the health of the population while conserving limited resources and bending the cost curve back towards sustainable growth. The waiver application you have submitted is a landmark effort in the quest to meet this tremendous challenge, with the potential to offer models urgently needed not only in New York State but in locales across the country as well.

I chair the recently-launched Department of Population Health at NYU Langone Medical Center. Our mission is to advance the health of populations, as leaders in the discovery and translation of new knowledge into policy and practice. Our Department was initiated in large measure to contribute new models of health promotion, disease prevention and chronic disease management that hasten the triple aim of better care, better health and lower costs. Unfortunately, while many agree on the outlines of this challenge, few are actively seeking far-reaching, scalable solutions. NY State's Medicaid waiver application proposes to do just that. Several of its key investments are particularly worthy of note.

- *Primary care* is essential for 2.3 million NYS residents who now lack access to primary care.
- *Hospital transition* is critical in speeding the transition to effective "outcome based" integrated delivery systems while encouraging economies of scale and fully integrated provider networks.
- *Supportive housing* is vital in addressing a root cause of high utilization of costly acute care.
- *New care models* are needed to harness health IT and self-management to optimize outcomes.
- *Waiver evaluation* offers the prospect of developing rigorous data on which of these forward-thinking models do in fact meaningfully advance the triple aim.

In short, it is vital that NY State be given the opportunity to advance population health as outlined in its waiver application.

Sincerely,

A handwritten signature in black ink, appearing to read "Marc Gourevitch".

Marc N. Gourevitch, MD, MPH



August 27, 2012

The Honorable Andrew M. Cuomo
Governor of New York State
NYS Capitol Building
Albany, NY 12224

Dear Governor Cuomo:

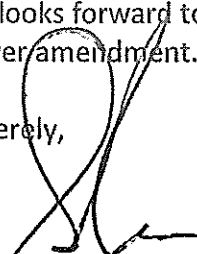
I am writing to express our support of New York State's recent request for an amendment to its Section 1115 Partnership Plan Waiver (11-W-00114/2) to allow the State to reinvest federal savings resulting from the Medicaid Redesign Team (MRT) initiatives. As the healthcare ministry of the Archdiocese of New York, ArchCare is one of the largest Catholic continuing care systems and has a strong history of providing holistic care for frail elders and other vulnerable individuals unable to fully care for themselves.

Through the work of the MRT in collaboration with the provider and consumer communities, the State has embarked on a broad transformation of the Medicaid program to achieve the Triple Aim of better health, better care, and lower costs. The results of these sweeping changes not only benefit New Yorkers and the State, but also yield savings to the federal government and we support the State's request that a portion of the savings be reinvested in the healthcare sector, particularly long term care. We strongly endorse the investment of funding in the following areas

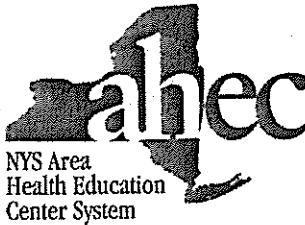
- Nursing homes to transition to managed care
- Assisted living programs
- Vital access and safety net providers
- Housing for low-income frail elders
- Workforce training and development

ArchCare will continue to partner with the State to achieve the long term transformational goals and looks forward to working with the Department of Health to develop and implement the 1115 waiver amendment.

Sincerely,


Scott LaRue
President and CEO

cc: James Introne, Jason A. Helgerson



August 27, 2012

Nirav R. Shah, MD, MPH
Commissioner, New York State Department of Health
Corning Tower, Empire State Plaza, Room 1408
Albany, NY 12237

Dear Dr. Shah:

On behalf of the New York State Area Health Education Center (AHEC) System, I am pleased to support the New York State Department of Health's Medicaid Waiver Amendment which focuses on health workforce issues and improving access to quality care. The New York State AHEC System is a dedicated partner in the Department's efforts to improve health workforce diversity and the distribution of primary care providers.

Since our creation in 1998, the New York State AHEC System's nine centers, three regional offices and Statewide Office have focused on strategies "to enhance access to quality health care and improve health care outcomes by addressing the health workforce needs of medically disadvantaged communities and populations through partnerships between institutions that train health professionals and communities that need them most."

The New York State AHEC System participated in Governor Cuomo's Medicaid Redesign Team process on several levels. The Medical Director of the New York Metropolitan AHEC Regional Office was a member of the Health Disparities Work Group. New York State AHEC System Statewide Office staff attended meetings of, and submitted policy suggestions to the Workforce Flexibility & Change of Scope of Practice Work Group. The Brooklyn-Queens-Long Island AHEC transmitted comments to the MRT Health Systems Redesign: Brooklyn Work Group.

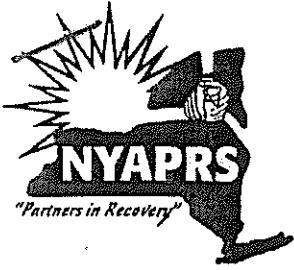
Included in the waiver document's "MRT Reinvestment Program Ensuring the Health Workforce Meets the Needs in the New Era of Health Care Reform," there is a special focus on the availability of primary care services. As you are aware, more than 4.4 million New York State residents reside in primary care Health Professional Shortage Areas, a figure that exceeds the HPSA populations of 48 other states.

We are pleased that the New York State AHEC System was designated in the waiver amendment as a partner in the recruitment, training, retention and retraining of workers into positions that can support care infrastructures related to Patient Centered Medical Homes and Health Homes. Our impressive partnerships between the health workforce supply side (secondary and post-secondary schools) and demand side (health care employers and communities) are an asset to the Department as it continues to transform the health care system and improve the quality of health care available to all New Yorkers.

Sincerely,

Mary J. Sienkiewicz, MBA
Director

Leadership for the New York State AHEC System is provided by community-based centers, the Statewide Office at the University at Buffalo and regional offices at Upstate Medical University, Albany Medical College and The Institute for Family Health.



New York Association of Psychiatric Rehabilitation Services

1 Columbia Place • Albany, NY 12207 • Phone: (518) 436-0008 • Fax: (518) 436-0044
www.nyaprs.org

Harvey Rosenthal
Executive Director
harveyr@nyaprs.org

August 27, 2012

Dear Sir or Madam:

As co-chairs of NYAPRS Cultural Competence Committee, we are writing to you today in support of New York's MRT 1115 Waiver Amendment.

We want to emphasize our great appreciation and support for New York's highlighting of cultural competence as a priority area within the \$550 million workforce re-training initiative, including the following excerpts:

"Workforce waiver funds will support the development and rapid roll-out of care management staff training and retraining programs. These programs will leverage curricula that are already under development and will be aimed specifically at... enhancing cultural competence." We are delighted that "several of the initiatives specifically address expanding diversity and enhancing cultural competence of the workforce."

These initiatives are critical to ensuring that New York's Medicaid Redesign adequately addresses the needs of large numbers of currently under-engaged and underserved beneficiaries, including those from communities of color and LGBT individuals. Ultimately, successfully meeting the needs of these beneficiaries will help to decrease costly health care disparities.

Accordingly, we strongly support New York's waiver proposal and urge CMS to approve it.

Thank you,

Theresa Hall and Luis Lopez,
Co-chairs, NYAPRS Cultural Competence Committee



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August 27, 2012

Jason A. Helgeson
Medicaid Director
Department of Health
Corning Tower, Empire State Plaza
Albany, NY 12237

Dear Mr. Helgeson:

I am pleased to write to you to convey our organization's unqualified support for New York State's Medicaid Redesign Team (MRT) Waiver Amendment proposal. We at IPRO believe the MRT has already achieved substantial enhancements in patient outcomes and cost containment. The proposed waiver amendment will sustain and build upon those enhancements over the next five years. I note that New York's proposal is budget-neutral, insofar as it would invest up to \$10 billion of the \$17.1 billion in federal savings already achieved by MRT.

New York's approach embraces our nation's "Triple Aim" of improving public health, improving patient care and reducing costs. A cornerstone of New York's proposal is reinvestment in primary care. I am pleased to note that IPRO has played an important role in support of primary care enhancement in our state, via our work in supporting implementation of electronic health records in physician practices and in helping practices achieve Patient Centered Medical Home recognition. We also support New York in a number of other ways, including medical record review, technical assistance and quality improvement oversight of Medicaid managed care providers.

New York has a bold and innovative approach to integrating community-based public health prevention programs into Medicaid. Among these innovations are nurse home visits for first-time mothers, home based self-management to improve asthma control, home visits to promote lead poisoning prevention, pre-diabetes screening and interventions, water fluoridation and quality improvement aimed at preventing infections and sepsis.

Finally, I note that New York's waiver development process has demonstrated an unusually strong commitment to transparency: the lengthy stakeholder engagement process included public hearings held across the entire state, webinars, use of online survey tools and posting of all relevant documents on a waiver website.

These are just a few of the reasons why our organization is so strongly supportive of New York's proposal.

Please let me know if there is additional information I can provide.

Sincerely,

Theodore O. Will, FACHE
Chief Executive Officer

Cc: Donald A. Winikoff, MD
President



August 27, 2012

Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Dear Ms. Mann,

New York StateWide Senior Action Council supports the proposal for an Ombudsperson Program in New York State's "super waiver" application for Medicaid reform. The state is proposing to fundamentally change the state's Medicaid program which will greatly impact millions of disabled and older New Yorkers who rely on it. This type of transformation will cause adjustments and difficulties for many persons who will need to have access to an independent ombudsperson program which can provide both information and referral services as well as counseling and advocacy to make sure that beneficiaries can access the benefits they are eligible for.

The ombudsperson proposal from the New York State Health Department is based on a successful model in Wisconsin and has the support of many consumer advocacy organizations in the state. Many like StateWide Senior Action Council are members of Medicaid Matters of New York, the coalition which represents Medicaid consumers. We believe that the ombudsperson program is an important safeguard which will provide the kind of personal counseling needed to educate beneficiaries about the changes in the program and the new options and choices. From our experience, we know that many times, these calls require more than just a short referral and need a more extensive, problem solving approach with a counselor serving as an advocate and liaison to make sure that benefits are accessed for those eligible.

New York StateWide Senior Action Council has a forty year history of advocating for older New Yorkers. For over twenty-five years, we have operated a Patients Rights' Helpline for hospital patients. In more recent years, we have been contracted by the state to provide counseling

and assistance for Medicare beneficiaries in the state. We know from the experience of the new Part D drug program how important an ombudsperson program is to help many beneficiaries unaccustomed to having to make choices regarding health care plans and coverage. We have assisted many individuals to gain coverage and benefits that were vital to their health.

We urge you to approve the ombudsperson program with the waiver proposal from New York State.

Sincerely,
Maria Alvarez,
Executive Director

August 27, 2012

Dear Center for Medicaid Services:



737 Madison Avenue
Albany, NY 12208

518.432.0333

888.326.8644

518.434.6478 fax

info@ftnys.org

www.ftnys.org

I am writing to express my support and the support of Families Together in New York State for the recommendations of the Medicaid Redesign Team (MRT) regarding New York State's 1115 Waiver Amendment application.

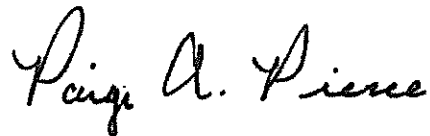
Families Together is committed to the removal of barriers and the promotion of full independence for children and youth with social, emotional and behavioral challenges. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will encourage recovery and community integration. In particular, the following are important considerations to adequately serve children and their families:

- \$750 million for supported housing and related services
- Millions for peer run service pilots, training and evaluation
- \$525 million to shore up health homes infrastructure, some of which may be used to plan to incorporate peer and rehabilitative services more fully into health home designs
- \$550 million for workforce retraining, including training that promotes recovery and cultural competence
- \$23 million for an extensive ombudsman program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries

The goals above are in desperate need of new funding. Additionally, these goals will move New York toward a cost effective system that truly promotes recovery for children and youth with disabilities. Families Together applauds the commitment to further funding for peer, vocational and recovery services that are demonstrated to be more effective than other models.

Families Together believes that the proposed 1115 waiver is a significant step toward addressing the complex needs of children and families in our state. Acceptance of the amendment will ensure the availability of community-based programs that are individualized, least restrictive and family and youth centered. We urge your approval.

Sincerely,



Paige Pierce
Executive Director
Families Together in New York State



**GOD'S LOVE
WE DELIVER®**

Karen Pearl
President & CEO

Jason Helgerson
Medicaid Director
Office of Health Insurance Programs
New York State Department of Health
Empire State Plaza, Corning Tower, 14th floor
Albany, NY 12224

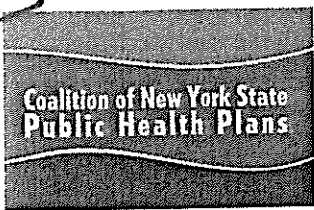
August 27, 2012

Dear Director Helgerson:

God's Love We Deliver is a non-sectarian, 501(c)(3) non-profit. We are the only food and nutrition services agency that provides individually tailored, life-sustaining meals and medical nutrition therapy to individuals living with life-threatening illnesses throughout the five boroughs of New York City. In 1985, God's Love began as a response to the AIDS pandemic. Ten years ago, we expanded our mission to serve people living with cancer, Alzheimer's disease, Parkinson's disease, renal failure, severe diabetes, heart disease and over 200 other unique diagnoses. In FY11, we passed a major milestone of cooking and home delivering over 1 million meals in a single year. Because illness affects the entire family, we also serve the children and senior caregivers of our clients. Though we serve every demographic, 90% of our clients live at or below the poverty level. In 26 years of service, we have never maintained a waiting list and we have never charged for our meals.

According to the NYSDOH, the goals of the Waiver reinvestment strategy are to improve health outcomes, reduce preventable hospitalizations and fund effective management of chronic and pre-chronic conditions. Most importantly, NYSDOH has stated that they hope to do this by breaking down silos in care that have existed in the past and opening doors to new models of care that may not currently be embraced by the Medicaid system. We believe that this innovative approach to healthcare redesign is deeply needed in our state; therefore, we support New York State's application for an 1115 Waiver extension to implement creative advances designed to improve health outcomes and cut costs.

Sincerely,



7 TIMES SQUARE
23RD FLOOR
NEW YORK, NEW YORK
10036

Affinity Health Plan

Amida Care

Fidelis Care New York

Healthfirst

Hudson Health Plan

MetroPlus Health Plan

The Monroe Plan for
Medical Care

Neighborhood Health
Providers

Total Care

VNSNY CHOICE

August 27, 2012

Jason Helgerson
Medicaid Director
NYS Department of Health
Corning Tower
Empire State Plaza
Albany, NY 12237

Re: Proposed amendment to the State's existing Medicaid 1115 Waiver

Dear Mr. Helgerson:

I am writing on behalf of the Coalition of New York State Public Health Plans ("the Coalition") in support of the Department of Health's request to amend the State's Medicaid 1115 waiver, allowing New York State to reinvest up to \$10 billion in savings generated by the Medicaid Redesign Team's (MRT) various reforms.

Since the inception of Medicaid managed care in 1985, the health plans in the Coalition have been the State's partners in Medicaid enrollment, retention, cost containment and quality improvement. The State's goal of "care management for all" reflects our strong partnership, mutual goals, and recognition of the positive impact of managed care on the Medicaid program. The changes resulting from the MRT directly leverage Medicaid managed care's proven infrastructure for reducing immediate and long-term Medicaid costs while upholding and building on exceptional standards of care for low-income individuals and families.

We are committed to working with the State to transform its Medicaid delivery system and to implement and maintain other MRT-approved and Affordable Care Act-required reforms. We believe the 1115 Waiver amendment can help provide the strength, support, and sustainability to accomplish these aims effectively.

The Coalition health plans support New York's 1115 Waiver amendment, and look forward to working with you on implementation of the MRT action plan.

Sincerely,

Maura Bluestone
Chair



NYSAC

NEW YORK STATE
ASSOCIATION OF COUNTIES

540 Broadway, 5th Floor, Albany, New York 12207 | Phone: (518) 465-1473 | Fax: (518) 465-0506 | www.nysac.org

President: Hon. Mary Pat Hancock, Genesee County | Executive Director: Stephen J. Acquario, Esq.

August 27, 2012

Dear Dr. Nirav R. Shah, Commissioner NYS Department of Health

The New York State Association of Counties supports New York's 1115 Medicaid Redesign Team (MRT) Waiver Amendment submission. The reforms enacted into New York State Law are based on recommendations from Governor Cuomo's Medicaid Redesign Team and will fundamentally alter the delivery of Medicaid services to recipients, improve the quality of care and slow the growth in costs in New York's largest-in-the-nation Medicaid program.

These reform recommendations were developed by a broad base of Medicaid stakeholders, including representatives of the State's counties (includes New York City). Counties are more than just stakeholders in this reform process, as Medicaid is a federal and state designed program administered by counties as a state-supervised, locally administered health care program for eligible recipients. Counties are also required under state law to finance a large portion of Medicaid program costs and for the foreseeable future this \$7.5 billion local match will equal about one-third of the non-federal share.

The MRT waiver application will gradually move the delivery of Medicaid services in New York to a more patient centered coordinated care solution, while recognizing the need to continue to support and stabilize critical safety net health care providers, including county health care facilities, so the system overall can efficiently transition to the new health care delivery model envisioned under the 1115 waiver.

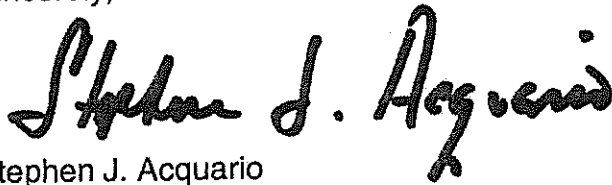
A critical emphasis of the waiver is the expansion of medical home delivery models, incentivizing quality care payment methodologies and the expansion of primary care in underserved rural and urban settings. Improved access to primary care, along with the other health care delivery reforms under this waiver amendment, will become even more important as New York prepares for the implementation of the Affordable Care Act.

Counties look forward to continuing our partnership with the State in ensuring scarce Medicaid dollars are spent wisely, while improving the quality of services provided to eligible recipients. The proposed waiver will generate significant savings that can be

reinvested in the system to ensure New York's Medicaid program is fiscally sustainable for future generations, while helping to improve federal, state and county finances.

A soundly reformed, and fiscally stable, Medicaid program will provide New York a commanding platform from which to implement the Affordable Care Act. The federal health care investments envisioned under this waiver, in conjunction with recently enacted state reforms and the commitment of Medicaid stakeholders across New York to preserve the fiscal sustainability of this program for future generations will be a down payment for expanding federal savings and better quality health outcomes over the coming decades.

Sincerely,



Stephen J. Acquario

cc: Jason A. Helgerson, Deputy Commissioner, New York State Medicaid Director



Letter of Support

Arthur Webb

to:

mrtwaiver@health.state.ny.us

09/01/2012 04:39 PM

Hide Details

From: Arthur Webb <Arthur@arthurwebbgroup.com>

To: "mrtwaiver@health.state.ny.us" <mrtwaiver@health.state.ny.us>,

Letter In Support:

Dear Mr. Helgeson:

I support the amendment to the Section 1115 Partnership Plan Waiver (11-W-00114/2) to allow the state to reinvest federal savings generated through the success of the Medicaid Redesign Team. This waiver is consistent with the Centers for Medicare and Medicaid Services (CMS) Triple Aim: better health, better care, and lower costs.

Having had responsibility for Medicaid as the former Commissioner of Social Services and effectively using Medicaid as the former Commissioner of the Office of Persons with Developmental Disabilities, the value of the comprehensive reforms requested in the amended 1115 Waiver will advance the agenda to balance the need to be more efficient, improve access while achieving quality care. For Medicaid populations with multiple and complex needs, the opportunity to achieve integrated solutions is long overdue.

The availability of federal funds will accelerate the MRT reforms and the long overdue reforms that New York's Medicaid program needs.

Arthur Webb

ArthurWebbGroup



capital for healthy
families & communities

August 22, 2012

Jason Helgeson
New York State Medicaid Director
Office of Health Insurance Programs
NYS Department of Health
Corning Tower, 14th Floor
Empire State Plaza
Albany, NY 12237

On behalf of the Low Income Investment Fund ("LIIF"), I would like offer our organization's support of the recently announced "MRT Waiver" application made by the State of New York to the Centers for Medicare & Medicaid Services ("CMS"). LIIF and another leading community development organization are spearheading a \$25 million pilot program to finance healthcare facilities in selected states, with a primary focus of our efforts on New York. We are delighted that the MRT waiver invests substantially in primary care, and estimate the investment will be critical to providing high quality primary care to millions of New York State residents who now lack access to primary care.

A community-based health care infrastructure with sufficient primary care at its center is critical to building and sustaining the high-performing, integrated systems of care that will achieve the CMS Triple Aim of better health, better care, and lower costs. True integration will challenge the "silos" that have traditionally defined New York's health care environment, and create more meaningful collaborations among payers, providers and patients.

The MRT Waiver embraces the Triple Aim. Investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers. If approved, it will help build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need.

We fully support the MRT Waiver and look forward to speedy approval by the CMS.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kimberly Latimer-Nelligan', written in a cursive style.

Kimberly Latimer-Nelligan
Chief Operating Officer & EVP, Community Investments & Programs
Acting Chief Executive Officer
Low Income Investment Fund

Samaritan Village, Inc.

138-02 Queens Blvd., Briarwood, New York 11435-2647
TEL: 718-206-2000 FAX: 718-206-4055

August 17, 2012

Tino Hernandez
PRESIDENT
Chief Executive Officer

Douglas Apple
EXECUTIVE VICE PRESIDENT
Chief Operating Officer

John Iammatteo
VICE PRESIDENT
Chief Financial Officer

Ronald L. Savarese, Ph.D.
CHAIRPERSON

Nelly Alia-Klein, Ph.D.
VICE CHAIRPERSON

Wallace Leinhardt, Esq.
SECRETARY

Richard Pruss
PRESIDENT EMERITUS

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Neil Hernandez
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Jesse Lance
Marc Lion, C.P.A., C.F.P.
Rogelio Thomas, M.D.

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

On behalf of Samaritan Village, one of New York State's premier social services providers, I would like express our support for your Medicaid 1115 waiver amendment application, which includes a Medicaid Supportive Housing Expansion Program for high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is a proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people who Samaritan Village houses and serves – individuals with mental illness, substance use disorders and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Placement into supportive housing reduces use of these services, which saves taxpayer money, especially during these tough economic times.

Investing in supportive housing with centrally located health services helps improve the health and quality of life for some of the most vulnerable individuals. Supportive housing also saves money by preventing and shortening hospitalizations, reduces costs for inpatient hospital care and emergency services, and decreases the overall costs of long term care services.

We believe the waiver amendment's focus including investing in high quality primary care, expanding Health Homes, protecting safety net providers, and transitioning to managed care will generate significant, long-term Medicaid savings, all of which are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

We are grateful for your leadership on this critical issue and again, we support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,


Tino Hernandez



www.samaritanvillage.org



The State University
of New York

RECEIVED

AUG 21 2012

Nancy L. Zimpher
Chancellor

State University Plaza
Albany, New York 12246

www.suny.edu

NYS DEPARTMENT OF HEALTH
DIVISION OF EXTERNAL AFFAIRS

August 17, 2012

Nirav R. Shah, M.D., M.P.H.
Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

Dear Commissioner Shah,

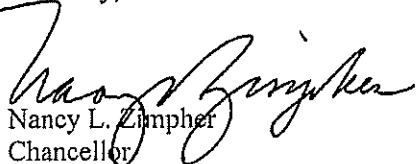
The State University of New York supports New York's application for an 1115 waiver amendment from the federal government to invest savings from Medicaid Redesign to transform the health care delivery system in the state to be more patient-centered and primary care focused. The waiver action plan will facilitate implementation of federal health reform and improve population health by promoting better quality and safety in health care and ensuring affordable health care coverage.

The waiver action plan includes multifaceted strategies to achieve these goals, including an expansion of primary care infrastructure as well as the development of an adequately sized and well trained health workforce equipped to deliver needed services to New Yorkers. The waiver proposal also includes support for the ongoing collection, analysis, and dissemination of data on health workforce supply and distribution. At a time when health care systems, and especially Medicaid, are undergoing dramatic change, data and information on the health workforce can inform the development of evidence-based health workforce programs and policies.

SUNY is committed to assuring a healthy New York through its efforts to develop a diverse and educated health workforce, particularly in primary care. Access to high quality health care is, in part, based on having the right health care professionals in the right places. Because of its size, breadth of program offerings, and capacity for collaboration, SUNY is uniquely positioned to educate and train the state's health workforce, align educational offerings with regional needs in the health care delivery system, and address issues of health care disparities. SUNY looks forward to working with the New York State Department of Health to support health workforce development.

SUNY is pleased to support and assist New York's efforts to transform health care delivery with the goals of increasing access, quality, and cost-effectiveness in order to improve the health of the state's population.

Sincerely,


Nancy L. Zimpher
Chancellor

cc: Jason Helgerson
Karen Westervelt

To Learn
To Search
To Serve

the Power of SUNY



UNIVERSITY AT ALBANY
STATE UNIVERSITY OF NEW YORK

August 7, 2012

Commissioner Nirav Shah, MD, MPH
New York State Department of Health
Corning Tower, Empire State Plaza
Albany, New York 12237

Dear Dr. Shah:

The Center for Health Workforce Studies supports New York's application for an 1115 waiver amendment from the federal government to invest savings from Medicaid Redesign to reshape the health care delivery system in the state to be more patient-centered and primary care focused. Implementation of the waiver action plan will facilitate the implementation of federal health reform and achieve the Triple Aim of improved population health, better quality and safety in health care, and affordable health care coverage.

The waiver proposal presents multifaceted strategies to achieve these goals, including an expansion of primary care infrastructure as well as the development of an adequately sized and well trained health workforce equipped to deliver needed services to New Yorkers. The waiver proposal includes support for the ongoing collection, analysis, and dissemination of data on health workforce supply and distribution. Such information is critical to the identification and designation of federally designated primary care shortage areas. At a time when health care systems, and especially Medicaid, are undergoing dramatic change, data and information on the health workforce can contribute greatly to informed decision-making.

The Center for Health Workforce Studies, based at the School of Public Health, State University of New York at Albany, conducts data-driven research designed to address key policy questions related to the health workforce. One aim of the Center is to inform health workforce planning and policymaking at the local, state, and national levels. The Center looks forward to working with the New York State Department of Health to support the development of evidence-based health workforce programs and policies.

We are pleased to support and assist New York's efforts to transform health care delivery with the goals of increasing access, quality, and cost-effectiveness to improve the health of the state's population.

Sincerely,

Jean Moore
Director, Center for Health Workforce Studies



THE SOPHIE DAVIS
SCHOOL OF BIOMEDICAL
EDUCATION

August 13, 2012

Mr. Jason Helgerson
New York State Medicaid Director and Deputy Commissioner
New York State Department of Health
Albany, New York

Dear Mr. Helgerson:

My colleagues and I at the Sophie Davis School of Biomedical Education at City College are pleased to hear of the important action that New York State, under the leadership of Governor Cuomo and Commissioner Shah, has taken in applying for a waiver that will permit savings to the federal government to be redeployed to support the substantial reforms that are necessary to provide high quality and affordable care to individuals who are covered under the Medicaid program.

This institution's longstanding mission is to create a pipeline of primary care clinicians who are committed to service in low income and underserved communities. We very much value the leadership New York State has shown in moving investment in primary care to the forefront of strategies for improving health outcomes and bending the cost curve of the medical care system. Investments in health system redesign will benefit all New Yorkers. Speaking personally from my experience as a family practitioner who worked for many years in rural and urban underserved communities of this state, I am deeply heartened to see the emphasis that the NYSDH is placing on primary care.

We will continue in our efforts at the Sophie Davis School of Biomedical Education to develop the pipeline of clinicians who will deliver high quality care to New Yorkers in this changing environment.

Sincerely,

A handwritten signature in cursive script that reads "Marthe R. Gold".

Marthe R. Gold, MD, MPH
Professor and Chair
Department of Community Health and Social Medicine

ADMINISTRATIVE OFFICE
60 Madison Avenue, 5th Floor
New York, NY 10010
Tel (212) 545-2400
Fax (212) 463-8411
www.chnyc.org

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999 Blake Ave., Brooklyn, NY 11208
Tel (718) 277-8303 • Fax (718) 277-4795

MANHATTAN
Helen B. Atkinson Health Center
81 West 115th St., New York, NY 10026
Tel (212) 426-0088 • Fax (212) 426-8367

Community League Health Center
1996 Amsterdam Ave., New York, NY 10032
Tel (212) 781-7979 • Fax (212) 781-7963

Downtown Health Center
150 Essex Street, New York, NY 10002
Tel (212) 477-1120 • Fax (212) 477-8957

QUEENS
Long Island City Health Center
36-11 21st St., Long Island City, NY 11106
Tel (718) 482-7772 • Fax (718) 482-9648

Queens Health Center
97-04 Sutphin Blvd., Jamaica, NY 11435
Tel (718) 657-7088 • Fax (718) 657-7092

Family Health Center
90-04 161st St., Jamaica, NY 11432
Tel (718) 523-2123 • Fax (718) 523-5833

Mobile Clinics
Tel (212) 545-2495

Other Office Locations:

345 East 102nd St., 4th Fl., NY, NY 10029
Tel (212) 360-8080 • Fax (212) 828-2325

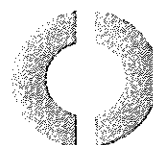
170 Broadway Brooklyn, NY 11211
Tel (718) 302-8130 • Fax (718) 384-0149

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Accredited by The Joint Commission



**Community
Healthcare
Network**

August 14, 2012

Jason Helgeson
Deputy Commissioner
Office of Health Insurance Program
Corning Tower, OCP Room 1211
Albany, NY 12237

Dear Mr. Helgeson,

On behalf of Community Healthcare Network, I would like to express our wholehearted support of the MRT waiver. Community Healthcare Network (CHN) is a system of 12 federally qualified health centers. Our mission is to provide primary care, mental health and social services to diverse populations in underserved communities of New York City. CHN reaches over 75,000 individuals on an annual basis of which 40% are uninsured and 50% receive Medicaid.

We are delighted that the MRT waiver invests substantially in primary care. This investment will be critical to providing high quality primary care to 2.3 million New York State residents who now lack access to primary care.

A community-based health care infrastructure with sufficient primary care at its center is critical to building and sustaining the high-performing, integrated systems of care that will achieve the CMS Triple Aim of better health, better care, and lower costs. True integration will challenge the "silos" that have traditionally defined New York's health care environment, and create more meaningful collaborations among payers, providers and patients.

The MRT Waiver embraces the Triple Aim. Investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers. If approved, it will help build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,

Catherine M. Abate
President and CEO



130 East 59th Street
New York, NY 10022
Tel: 1.212.980.1000
Fax: 1.212.888.7538
www.ujafedny.org

August 20, 2012

Jason Helgerson
New York Medicaid Director
Medicaid Redesign Team Executive Director
New York State Department of Health, Corning Tower ESP, 14th FL
Albany, NY 12237

RE: Support of NYS' Medicaid 1115 Re-investment Waiver

Dear Mr. Helgerson:

UJA-Federation of NY has reviewed the State's request for CMS approval of an important amendment to the Section 1115 Partnership Plan, Waiver (11-W-00114/2) to allow the state to reinvest federal savings generated through the efforts of the State's Medicaid Redesign Team. We are in strong support of this waiver application.

UJA-Federation of NY is a Jewish philanthropy which supports a network of more than 100 non-profit agencies in NYC, Westchester and Long Island. These non-sectarian health and human service providers range in size from small organizations to large institutions. We support this waiver amendment on behalf of our network agencies based on our involvement in the State's efforts to redesign the health care system.

As you know, we provided comments on the draft proposal for this waiver application. We are very pleased to see that the final amendment request contains many of the important elements that we (and others) cited, including essential support for HIT development for the crucial community-based providers of behavioral health and long term care services and the provisions for technical support by NYS DOH and other experts for linking community-based providers with the many complex managed care transitions and options.

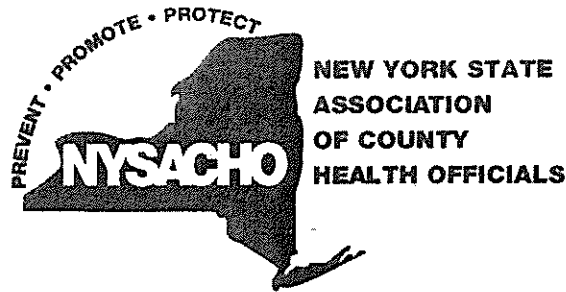
The savings that will come through the redesign of the system is dependent upon strengthening the community-based system. Actions and funding contained in this waiver request are essential to the success of the State and the Federal Government in bending the health care cost curve. We urge CMS to approve this application.

Sincerely,

Ronald Soloway, Managing Director of Government
and External Relations

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August 20, 2012

Jason Helgeson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Corning Tower
Albany, NY 12224

Dear Mr. Helgeson:

The New York State Association of County Health Officials (NYSACHO) strongly supports and applauds the public health innovations included in New York State's proposed 1115 waiver as part of the Medicaid Redesign implementation. These innovations include Medicaid billing for:

- Environmental assessments for asthma and lead poisoning
- Expanded options for diabetes management
- Expansion of the Nurse-Family Partnership home visiting model statewide
- Supportive housing.

NYSACHO believes that these proposals will provide greater access to these evidence-based preventive services and improve health outcomes, while also resulting in long-term savings.

Sincerely,

Linda M. Wagner, MPA
Executive Director

CC: Nirav Shah, MD, MPH, Commissioner, NYSDOH
Mark Kissinger, Deputy Commissioner, Office of Long Term Care, NYSDOH
James Introne, Deputy Secretary for Health and the Director of Healthcare Redesign
Guthrie Birkhead, MD, MPH, Deputy Commissioner, Office of Public Health, NYSDOH

NYSACHO supports and empowers local health departments in their work to promote health and well-being, to prevent disease, disability and injury throughout New York State. NYSACHO is the central hub point in state connecting the 58 local health departments within our state's public health system.

CASES

CENTER FOR ALTERNATIVE SENTENCING AND EMPLOYMENT SERVICES

August 16, 2012

Jason A. Helgerson
Medicaid Director
New York State Department of Health
Corning Tower, ESP 14th Floor
Albany, NY 12237

Dear Mr. Helgerson,


On behalf of the Center for Alternative Sentencing and Employment Services (CASES), I would like to offer our support for the New York State Medicaid Redesign Team (MRT) Waiver Amendment. We are especially pleased with the 1115 waiver amendment's recognition of the crucial role of behavioral health services in improving health outcomes and containing healthcare costs.

Overall, the waiver would make available \$10 billion in federal Medicaid savings to be reinvested in the state's health and behavioral healthcare system over a period of five years. We are pleased that the waiver amendment includes:

- \$525 million in Health Homes Development Funding to augment providers coordination of high need and high cost populations.
- \$750 million in Medicaid Supportive Housing Expansion for people coping with chronic illness or disability and behavioral health challenges. Having stable housing in place often results in avoidable health care utilization and medical expenses.
- \$375 million to fund New Care Models, which could include peer services, intensive residential services for substance use disorders and medical respite care for chronically homeless individuals.
- \$1 billion to sustain Vital Access/Safety Net providers. This will help financially challenged providers to stably transition to the new health and behavioral healthcare systems.

We at CASES look forward to the opportunity to continue to work with the state as the Medicaid Redesign Team and Affordable Care Act (ACA) initiatives are fully implemented.

Sincerely,

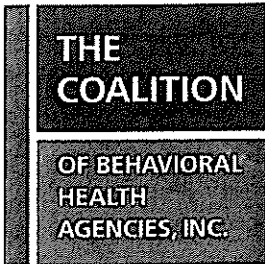

Joel Copperman

YOUTH Court Employment Project | Choices | Queen Justice Corps | Civic Justice Corps | Justice Scholars

ADULT BEHAVIORAL HEALTH Nathaniel ACT Team | Nathaniel Supported Housing | Nathaniel Supported Employment | Transitional Case Management Program

Day Custody Program | Parole Restoration Project | Treatment Readiness Program

STATEN ISLAND COMMUNITY SERVICE PROJECT



90 Broad Street
New York, NY 10004
Phone 212.742.1600
Fax 212.742.2080
mailbox@coalitionny.org
www.coalitionny.org

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A non-profit tax-exempt
organization representing
New York City's community-
based behavioral health sector

August 15, 2012

Jason A. Helgerson
Medicaid Director
New York State Department of Health
Corning Tower, ESP 14th Floor
Albany, NY 12237

Dear Mr. Helgerson:

On behalf of The Coalition of Behavioral Health Agencies, I am writing to offer our unequivocal support for the New York State Medicaid Redesign Team (MRT) Waiver Amendment. We are particularly pleased that the 1115 waiver amendment recognizes the critical role of behavioral health services in improving health outcomes and containing healthcare costs.

Overall, the waiver would make available \$10 billion in federal Medicaid savings to be reinvested in the state's health and behavioral healthcare system over a period of 5 years. We are delighted that the waiver amendment includes:

- \$525 million in Health Homes Development Funding to augment Health Home providers in coordinating care for high need and high cost populations.
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- \$375 million to fund New Care Models, which could include peer services, intensive residential services for substance use disorders and medical respite care for chronically homeless individuals.
- \$1 billion to sustain Vital Access/Safety Net providers. This will help financially challenged providers to stably transition to the new health and behavioral healthcare systems.

The Coalition is excited to continue our partnership with the state as the Medicaid Redesign Team and Affordable Care Act (ACA) initiatives are fully implemented.

Sincerely,

Phillip A. Saperia
Chief Executive Office

Cc: Nirav R. Shah, M.D., M.P.H., Commissioner

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership
Plan Waiver (11-W-00114/2)

Dear Ms. Mann:

My name is Oscar Fukilman, M.D. and I am a Board Member and Officer of Balance Medical IPA. Balance Medical IPA is a messenger model Independent Physician Association with more than one hundred and seventy five (175) internists as member providers and I am writing on mine and my member providers behalf requesting approval of New York State's request for an amendment to New York's Section 1115 Partnership Plan Waiver (11-W-00114/2).

Mr. Helgerson, Medical Director, Deputy Commissioner of the New York State Office of Health Insurance Programs submitted a document outlining the reinvestment strategies which would be funded through the federal savings generated by what he said was the Medicaid Redesign Team (MRT) of New York. Recent passage of the Patient Protection and Affordable Care Act (PPACA) was only the starting point for reforming the health care system in the United States. As guidelines and regulations are developed many health policy experts agree that the law will not work without placing a greater emphasis on prevention and primary care, these two components are essential to the ultimate success of health care reform. The MRT Action Plan contains a number of measures designed to boost both prevention and primary care services.

The reinvestment funds requested by New York State are essential to its reform strategy of increasing patient access to primary care services which include preventive care. With the expected surge of newly insured individuals resulting from PPACA, the funds requested will allow New York to aid primary care providers like myself with the technical and capacity building support that will be needed to meet the goal of increased access to primary care.

New York has already invested heavily upon improving primary care. Although the improvements made are noteworthy, more needs to be done. The reinvestment money sought will allow New York State to focus on a particular subset of primary care providers, the small practice provider who renders service to the immigrant and lower socio-economic communities. Many of these practices do not necessarily have the infrastructure to support seeking expansion, technological upgrades or NCQA recognition or the others that have met initial NCQA recognition but lack the funding needed to achieve higher levels of NCQA recognition.

The reinvestment funds, if utilized as indicated within the MRT's Action Plan, will help tremendously in allowing for the necessary growth and access to preventive and primary care medicine that will help accommodate the expected surge of individuals who will become insured in the near future. I, as a primary care provider, along with the IPA I represent have helped New York and the Federal Government realize the achieved shared savings New York is asking for; as such, my voice, the voice of my fellow community based primary care providers and our IPA must be heard in determining how the shared savings should best be utilized. My IPA and my member providers are committed in ensuring the delivery of professional medical care and treatment to the communities we serve and that is why I strongly urge you to grant New York's MRT Waiver request.

For further information please contact any of the individuals below.



Oscar Fukilman, M.D.
Board Member and Treasurer
Balance Medical IPA

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership
Plan Waiver (11-W-00114/2)

Dear Ms. Mann:

My name is Ramon Tallaj, M.D. and I am President and Chairman of the Corinthian Medical IPA, Inc., a New York Independent Physician Association which has more than six hundred and twenty (620) primary care provider members. New York State's request for an amendment to New York's Section 1115 Partnership Plan Waiver (11-W-00114/2) must be approved if health care reform is to succeed.

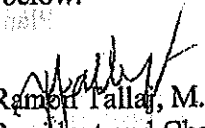
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The reinvestment funds, if utilized as indicated within the MRT's Action Plan, will help tremendously in allowing for the necessary growth and access to preventive and primary care medicine that will help accommodate the expected surge of individuals who will become insured in the near future. I, as a primary care provider, along with the IPA I represent have helped New York and the Federal Government realize the achieved shared savings New York is asking for; as such, my voice, the voice of my fellow community based primary care providers and our IPA must be heard in determining how the shared savings should best be utilized. My IPA and my member providers are committed in ensuring the delivery of professional medical care and treatment to the communities we serve and that is why I strongly urge you to grant New York's MRT Waiver request.

For further information please contact any of the individuals below.


Ramon Tallaf, M.D.
President and Chairman
Corinthian Medical IPA

**The Actors Fund,
for everyone
in entertainment.**

August 16, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent The Actors' Fund of America.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

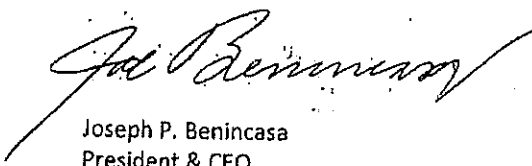
Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficult finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

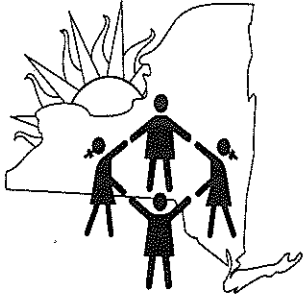
We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,



Joseph P. Benincasa
President & CEO



New York State Coalition for Children's Mental Health Services

Serving New York's Children and Youth, Families and Communities

Ms. Cynthia Mann
Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Dear Ms. Mann:

The New York State Coalition for Children's Mental Health Services is a statewide advocacy organization representing non-profit providers of behavioral health services and the youth and families we serve. We write in strong support of the amendment request submitted to you for review by the New York State Department of Health.

The request to amend the existing Section 1115 Partnership Plan and allow the state to reinvest a portion of the federal savings saved through Medicaid redesign reinforces a long history of reinvestment in New York State, especially in the behavioral health field. In the past, and under this request, community behavioral health expansion and accessibility have benefited from reinvestment.

The Coalition specifically supports reinvestments into Supportive Housing for young adults leaving child and adolescent residential care, the integration of health and behavioral health services, development of evaluation measures that will provide feedback on adequacy of services, and resources for the modernization of health information technology in the behavioral health field. The children's behavioral health service sector believes the proposed amendments strike a balance between investments into community based and acute levels of care. In fact, our involvement in the stakeholder processes recommended such a balance and we strongly believe the final submission achieved parity of foci – community behavioral health/primary care and acute/long term care.

Therefore, we express support for New York's Section 1115 Partnership Plan amendments and urge your careful consideration of the reinvestment strategies provided to you by the State of New York that will implement redesign and health care reform practices.

Sincerely,

A handwritten signature in cursive script that reads "Andrea Smyth". The signature is written in black ink and is positioned above the typed name.

Andrea Smyth
Executive Director

August 23, 2012

Main Office:
247 West 37th Street,
18th Floor
New York, NY 10018
PH 646.619.9640
FX 646.237.8505

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

Upstate Office:
146 Washington Avenue
Albany, NY 12210
PH 518.465.3233
FX 518.465.4446

On behalf of the Supportive Housing Network of New York (the Network), a statewide nonprofit membership organization that represents over 200 nonprofit providers and developers who operate over 45,000 units of supportive housing across the state, I am writing in support of New York State's Medicaid 1115 waiver amendment application.

www.shnny.org

We believe the waiver amendment's strategies – investing in high quality primary care, expanding Health Homes, protecting safety net providers, facilitating a transition to managed care, and innovative public health strategies like the Medicaid Supportive Housing Expansion program – will generate substantial, long-term Medicaid savings, provide better care, and improve New Yorkers' health overall. If approved, the waiver amendment will fulfill the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

We are particularly pleased that New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program that will target supportive housing to high-cost, high-need Medicaid recipients. This initiative will build on proven, evidenced-based housing and service strategies that will improve medical and behavioral health outcomes for some of the most expensive, hardest-to-serve individuals in the Medicaid program.

Supportive housing – permanent, affordable housing linked to on-site services for formerly homeless and disabled individuals and families – is the cost-effective solution to homelessness and institutional care. The people the Network's members house and serve – people with mental illness, HIV/AIDS, substance abuse, physical disabilities, and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers, nursing homes and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing.

Although supportive housing was conceived as a response to homelessness and institutionalization, it has achieved its greatest savings in the area of healthcare. Few interventions have done more than supportive housing to reduce Medicaid and other healthcare costs, as well as spending on shelter, incarceration and institutionalization. This has been documented by over two dozen independent studies that have found consistent results despite differences in populations, geography and service models.

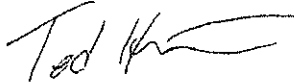
The Medicaid savings measured by the studies vary widely, depending on differences in state Medicaid program rules, types of populations and disabilities served, and intensity of targeting. Multiple national studies have found reductions in emergency department and inpatient costs averaging approximately 60%, with overall Medicaid savings ranging from \$1,130 to \$17,625 per person per year. The wide range of savings partly results because few supportive housing programs have made improving medical outcomes and reducing healthcare expenditures a primary focus. In instances where the supportive housing services have been developed for and targeted to populations with particularly high healthcare costs, the savings increase substantially.

Much of the research studied programs and providers in New York, where the supportive housing model was created more than 30 years ago. An in-depth review of the research specific to New York readily shows that investing in supportive housing for the high-cost Medicaid population will help improve their health and quality of life, and reduce healthcare spending for many extremely vulnerable New Yorkers. And with the new concentration on addressing the healthcare needs of homeless and inappropriately-housed populations, we expect to refine and develop new models that will be even more effective at improving care and reducing costs.

Equally important, we believe that New York's supportive housing community has the capacity at this time to implement this expansion quickly and successfully. New York's providers, and their government and private sector partners, together have the capacity to develop the housing units necessary to house this population in New York's high-cost housing market. This is critical, as vacancy rates for low-cost housing in New York City have recently sunk below 1%. For many years, supportive housing providers have built approximately 1,200 units and leased hundreds more for formerly homeless people each year. The increased investment the State is asking of CMS is within the capacity of the supportive housing community to accomplish, yet substantial enough to make a difference when focused on the high-cost Medicaid population.

On behalf of the Supportive Housing Network of New York and our 200 members, we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,



Ted Houghton
Executive Director



I support Primary Care in the MRT Waiver
Alejandro Martinez to: mrtwaiver@health.state.ny.us

08/20/2012 10:14 AM

Attn: Jason Helgerson, New York State Medicaid Director

Dear Mr. Helgerson:

The United Way of New York City is delighted that the MRT waiver invests substantially in primary care. This investment will be critical to providing high quality primary care to 2.3 million New York State residents who now lack access to primary care.

A community-based health care infrastructure with sufficient primary care at its center is critical to building and sustaining the high-performing, integrated systems of care that will achieve the CMS Triple Aim of better health, better care, and lower costs. True integration will challenge the “silos” that have traditionally defined New York’s health care environment, and create more meaningful collaborations among payers, providers and patients.

The MRT Waiver embraces the Triple Aim. Investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers. If approved, it will help build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,

Alejandro Martinez

Alejandro Martinez. | Chief of Staff
United Way of New York City | 2 Park Avenue, New York, NY 10016
O: 212.251.4115 | F: 212.696.1220 | amartinez@uwnyc.org
[facebook.com/unitedwaynyc](https://www.facebook.com/unitedwaynyc) | [@unitedwaynyc](https://www.instagram.com/unitedwaynyc) | [youtube.com/unitedwaynyc](https://www.youtube.com/unitedwaynyc)
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The New York
Academy of Medicine

At the heart of urban health since 1847

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New York, NY 10029
(212) 822 7300
www.nyam.org

July 26, 2012

Marilyn Tavenner
Acting Administrator and Chief Operating Officer
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Ms. Tavenner:

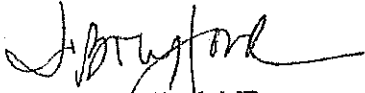
We enthusiastically support the New York State Department of Health's (NYS DOH) proposal to amend the Partnership Plan/Section 1115 Waiver. An independent organization since 1847, NYAM addresses the health challenges facing the world's urban populations through interdisciplinary approaches to policy leadership, innovative research, evaluation, education, and community engagement. Drawing on the expertise of diverse partners worldwide and more than 2,000 elected Fellows from across the professions, our current priorities are to create environments in cities that support healthy aging; to strengthen systems that prevent disease and promote the public's health; and to eliminate health disparities.

Disease prevention and eliminating health disparities are both priority policy areas for NYAM, and we have been pleased to work with the NYS DOH on significant statewide disease-prevention efforts. The waiver amendment proposal has the potential to both reshape the health care delivery system in New York State to meet the quality and cost reduction goals of the CMS Triple Aim, and with the right investments in public health and prevention, to contribute to the third component of the Triple Aim: improving the health of all New Yorkers. We are confident that the proposal aligns with CMS' integrated approach to state health systems reform.

With the next phase of implementation of the Affordable Care Act and the anticipated increase in the number of New Yorkers who will be eligible for Medicaid coverage, we believe it is urgent that New York's Medicaid program be effectively redesigned to promote population-level improvements and prevent the need for health system utilization whenever possible. The process of Medicaid Redesign and the current revision of the State Health Improvement Plan to develop and implement a statewide prevention agenda lay the groundwork for targeted re-investment of savings through the waiver that can truly transform the New York health care system into a pioneering model for the country.

This opportunity in a large and diverse state like New York with the leadership of the Governor , the Commissioner of Health and a wide array of stakeholders is truly unique and consistent with your vision for improving the health of all those living in the United States. We urge you to approve this proposal and look forward to working with NYS DOH and CMS on its implementation.

Sincerely,

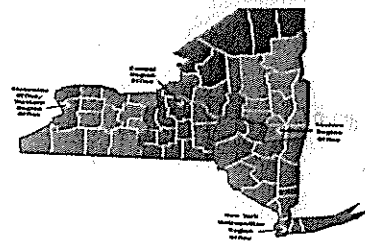


Jo Ivey Boufford, MD
President

cc: Nirav R. Shah
Jason Helgerson
James Introne
Gus Birkhead

Upstate AHEC Coalition

Northern/Central/Hudson-Mohawk Area Health
Education Centers • 105 Main Street • Canton •
NY 13617 • T: (315)379-7701 • F: (315)379-7707



August 13, 2012

Dr. Nirav Shah
NYS Health Commissioner
New York State Department of Health
One Commerce Plaza
Albany, NY 12210

Dear Dr. Shah:

The Upstate AHEC Coalition represents three Area Health Education Centers serving 29 counties throughout New York State, which are primarily medically underserved and designated as health professional shortage areas. The Coalition recently adopted a regional collaborative model that utilizes a social enterprise philosophy to implement *Pathways to Practice*, a three pronged approach to health care workforce recruitment, training and continuing education.

We strongly support Governor Cuomo's vision submitted in the 1115 Waiver that has a triple aim to achieve integrated and collaborative models of care in New York State. The administration should be applauded for its efforts in developing a plan that achieves better health outcomes and lower health care costs, while remaining budget-neutral with the federal government.

For over a decade AHECs have developed value-added partnerships with academic institutions, community based organizations, Department of Labor and the health care facilities that need an adequately trained workforce. AHEC works across all sectors building a pipeline to meet the health care needs in NYS. We are experienced in engaging and identifying students and job seekers from our communities, in coordinating clinical rotations for trainees and responding to continuing education needs of our incumbent health care providers/workers. The results of our work positively impacts social determinants of health, namely education and income level through career ladders. The Coalition looks forward to working with the administration to implement new initiatives and to leverage our existing programs and partnerships to achieve the triple aim.

The Waiver allows for a transformation of the state's health care system, improving health outcomes, containing costs, building and sustaining primary and preventive care, integrating services across provider settings, training and developing the workforce, and recruiting and retaining providers in shortage areas.

We fully support the MRT Waiver and look forward to approval by the Center for Medicare and Medicaid Services.

Sincerely,

Handwritten signature of Lottie M. Jameson in cursive.

Lottie Jameson
Executive Director, Hudson/Mohawk AHEC

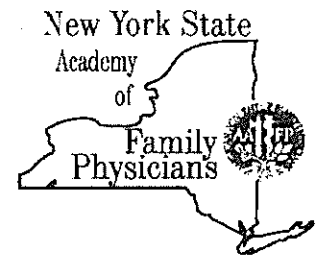
Handwritten signature of Richard Merchant in cursive.

Richard Merchant
CEO, Central and Northern AHEC's

New York State Academy of Family Physicians

260 Osborne Road • Albany, NY 12211 • 518.489.8945 • 800.822.0700 • Fax: 518.489.8961

E-mail: fp@nysafp.org • Home page: <http://www.nysafp.org>



August 14, 2012

Nirav Shah, MD, MPH
Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza,
Albany, NY 12237

Dear Dr. Shah:

The Academy strongly supports the concept of investing some of the savings projected from implementation of Medicaid reform plans in NYS to further improve care and expand access to coverage for Medicaid beneficiaries in NY. Toward this end, we support the State's waiver application to CMS.

We have previously corresponded with you regarding our suggestions for enhancing the efficiencies contemplated in the waiver request by implementing a series of administrative improvements in the Medicaid program to improve the effectiveness of physician care and reduce costs including:

1. Allow prescriptions for non-controlled substances to be written, called or faxed for the same number of refills as non-Medicaid prescriptions within NYS.
2. Authorization should be good for a year.
3. Where a prescription requires an authorization number, the physician should not be required to hand write these numbers. The pharmacist should be allowed to write them on the script.
4. Renewals for supplies such as diapers or tube feedings should be on an annual basis.
5. Eliminate the requirement to obtain service authorization prior to submitting bills. The bill should serve as the request for service authorization.
6. Service authorizations should be streamlined. The physician should not be responsible for verifying that the patient has a valid Medicaid card.
8. Medicaid policy should be consistent with private insurance plans, including:
 - a) Requiring that a cover prescription be mailed after calling in a prescription for a non-controlled medicine to a pharmacy is unnecessary.
 - b) Physicians with electronic medical records should be allowed to submit prescriptions to pharmacies electronically.
 - c) Diagnosis & procedure codes should be the same as for other insurance.

Dr. Shah - 2

- d) Use the same form as everyone else (HCFA 1500).
 - e) Pay timely.
 - f) Allow electronic billing using the same protocols as Medicare.
9. Utilization monitoring policies and procedures are onerous and time consuming, including physician approval of waivers when a patient has an unusual number of services, and prior authorization for brand name medications, enteral feeding and second-generation antihistamines.

Should the waiver request be approved, the Academy is certainly willing to support implementation of the initiatives contemplated in the waiver request in any way which the Department of Health and Governor may feel would be useful.

Sincerely,

Vito F. Grasso

Vito F. Grasso, MPA, CAE
Executive Vice President

iHealth

SHAREN I. DUKE
CO-CHAIR

STEVEN BUSSEY
CO-CHAIR

PAUL VITALE
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SECRETARY

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STEERING COMMITTEE

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MEMBERSHIP

AIDS Center of Queens
County (ACQC)

AIDS Service Center NYC
(ASCNYC)

Asian & Pacific Islander
Coalition on HIV/AIDS
(APICHA)

Argus Community, Inc.

Bailey House, Inc.

Bronx AIDS Services

Diaspora Community Services

Gay Men's Health Crisis
(GMHC)

Harlem United

HELP / PSI

Housing Works

Long Island Association for
AIDS Care (LIAAC)

Narco Freedom

Richmond Home Need
Services, Inc.

VillageCare

August 14, 2012

Centers for Medicaid and Medicare
c/o Jason Helgerson
NYS Medicaid Director
mrtwaiver@health.state.ny.us

To Whom It May Concern,

iHealth is an association of 15 community-based organizations, almost all of whom were HIV/AIDS Targeted Case Management Providers until the conversion to Health Homes. Our collective mission is to safeguard the interests of people living with HIV/AIDS and other chronic conditions and to preserve the community-based HIV/AIDS infrastructure so that it can successfully transition in keeping with New York State's goal of improving health outcomes for low income New Yorkers with a range of complicated chronic conditions.

iHealth has actively participated in the development of Health Homes in New York State. iHealth is currently participating in the governance of three Health Homes in New York City. In addition, iHealth has had significant input into the design of the state-wide system, meeting frequently with State officials to make suggestions on improving the model while successfully preserving the existing infrastructure.

We are writing to support the Medicaid reforms advanced through the New York State 1115 Waiver Amendment submitted to the Centers for Medicaid and Medicare (CMS). The Medicaid Redesign Team (MRT) in New York State was a state/community partnership where these reforms were developed over the course of the past year. The focus was on the "triple aim:" improving quality, improving health and reducing costs.

Members of iHealth have been active participants in the MRT process, submitting numerous proposals, and serving on various MRT Workgroups. In addition, we have offered formal testimony regarding the development of New York State's Waiver Amendment. We are gratified that much of our work is reflected therein. **iHealth fully supports this effort and urges CMS to approve the Waiver as expeditiously as possible.**

Below, we outline some of the most important elements of the Waiver Amendment particularly as they impact on the implementation of Health Homes as a model to improve health outcomes while reducing costs:

- **Marketing and Consumer Education**: Over the years, we have seen various initiatives that were aimed at controlling Medicaid costs and improving health outcomes for enrollees. These have included the roll-out of mandatory managed care for various populations and the more recent chronic illness demonstration project. In each case, the New York State Department of Health has invested significant resources in both public education efforts and more targeted consumer education. Yet, New York State is attempting to engage over 600,000 people in a voluntary care coordination program without resources, absent the Waiver Amendment, to engage in these activities relative to Health Homes.

iHealth strongly supports New York State's request to invest funds in the creation of posters, PSA's and other public awareness tools that can be used in neighborhoods and locations where there are likely to be high concentrations of Health Home eligible individuals. We also strongly support the request to invest funds to do direct marketing and consumer education about Health Homes to eligible populations.

- **Capitalization of Technology Infrastructure**: Health Home success is in large part dependent on the ability of everyone involved in an enrollee's care to share information in a timely and inexpensive manner. This requires that each Health Home develop robust technology that can interface with Regional Health Information exchange technology and to then make that technology available to members of that Health Home network at an affordable cost. There is no one best solution, but we believe that this technology needs to be able to facilitate at least three things on the part of care coordination entities: 1) real time access to all clinical records of enrollees; 2) the ability to electronically upload and submit all reportable information; and 3) the ability to track clinical and other outcome information on each enrollee.

iHealth strongly supports the State's proposal in the Waiver Amendment to assist Health Home networks in the development of standardized electronic systems that take advantage of New York's Regional Health Information infrastructure. We also unreservedly support the State's proposal to provide one-time funds that will allow smaller entities such as community-based care coordination programs that need to upgrade their technology in order to fully participate in Health Home/RHIO technology.

- **Initial Startup Costs of Health Home Networks**: The start-up infrastructure to support Health Home entities is significant due to the human resources required to manage the rosters, assignment of patients, quality management and finances, including the management of claims with reconciliation to the State, as well as to the subcontractors of the entity. These costs, together with costs associated with HIT and other operational expenses are resulting in a significant capital contribution from each partnering organization comprising the governance of the Health Home entity. Only by paying this "equity" contribution, do organizations like iHealth and its members have any voice in the governance and policy decisions of Health Homes. To date, iHealth has had to pledge over \$475,000, to be collected from its membership, just to participate in the governance of three Health Home networks.

iHealth greatly appreciates and supports the request by New York State for a one-time investment in the start-up infrastructure of the Health Home so as to alleviate the burden of the capital contribution from the network partners.

iHealth supports many other important aspects of the Waiver Amendment, including primary care expansion, new care models, and the proposed investment in supportive housing for homeless people with chronic conditions. Housing has been consistently identified as a cost saving intervention for people living with chronic illnesses, substance use and mental health issues and the homeless population. In fact, stable housing is highly correlated with reduced risk behavior, improved engagement in care, and increased adherence to medical regimens, resulting in significant savings in emergency room visits and hospital admissions.

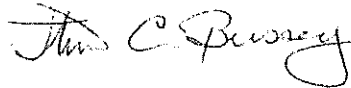
The above are just some key examples of the important elements that are included in the New York State Waiver Amendment. These reforms have the potential to transform the Medicaid system in New York State into a high quality healthcare program resulting in huge savings for taxpayers. These reforms are a result of State and community partnerships forged over the past year, giving the community a voice in reforming the Medicaid system so that it more effectively serves the neediest of New York residents.

iHealth urges the CMS to expeditiously approve the New York State 1115 Waiver Amendment.

Sincerely,



Sharen I. Duke
Co-chair, iHealth Steering Committee
212-645-0875, 303



Steven Bussey
Co-chair, iHealth Steering Committee
212-803-2863



NEW YORK ALLIANCE FOR CAREERS IN HEALTHCARE

August 22, 2012

Mr. Jason Helgerson
New York State Medicaid Director

Dear Mr. Helgerson:

The New York Alliance for Careers in Healthcare (NYACH) is a meta-partnership in New York City's healthcare sector that includes trade associations that represent employers in acute (Greater New York Hospital Association), long-term (Southern New York Association), and primary care (Community Health Care Association of New York State). The City University of New York and the 1199SEIU Training and Education Fund, which is part of 1199SEIU, a union that represents hundreds of thousands of healthcare workers in New York City, are also NYACH partners. Together, NYACH and its partners are engaging employers in a strategic analysis of short-, mid-, and long-term staffing needs, and collaborating with workforce providers to ensure that the employers' workforce needs are met.

NYACH was developed by the New York City Workforce Innovation Fund, a collaborative between the New York City Workforce Funders, the New York City Workforce Investment Board, and the New York City Department of Small Business Services. NYACH is a White House Social Innovation Fund grant recipient through the National Fund for Workforce Solutions and a co-leader of a New York State healthcare workforce development project for President Obama's Council on Jobs and Competitiveness.

We are incredibly pleased that the MRT waiver invests substantially in primary care. This investment will be critical to providing high quality primary care to 2.3 million New York State residents who now lack access to primary care.

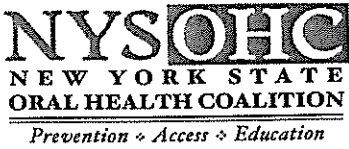
A community-based health care infrastructure with sufficient primary care at its center is critical to building and sustaining the high-performing, integrated systems of care that will achieve the CMS Triple Aim of better health, better care, and lower costs. True integration will challenge the "silos" that have traditionally defined New York's health care environment, and create more meaningful collaborations among payers, providers and patients.

The MRT Waiver embraces the Triple Aim Investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers. If approved, it will help build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need.

We support the MRT Waiver completely and look forward to an expeditious approval by the Center for Medicare and Medicaid Services.

Sincerely,

Jenny Tsang-Quinn, MD
Executive Director



August 8, 2012

Jason Helgerson
Medicaid Director
Deputy Commissioner, Office of Health Insurance Programs
NYS Department of Health
Corning Tower, Empire State Plaza
Albany, NY 12237

Dear Mr. Helgerson,

The New York State Oral Health Coalition, representing hundreds of individual and organizational oral health advocates, supports the state's proposed MRT 1115 Medicaid waiver amendment, which would result in significant and needed reinvestments in New York's health care system. As an example, the proposals could result in a saving in the dental Medicaid program of \$24/patient/year in fluoridated areas.

The Coalition appreciates that the proposed waiver engenders concern for the welfare of our most vulnerable citizens, even as it seeks to implement cost saving measures as well as evaluation systems to ensure that programs represent prudent use of taxpayers' dollars. In short, the waiver amendment represents an important example of how government and stakeholders can work together to achieve significant progress.

On behalf of our membership, thank you for the opportunity to provide comment on this issue. The New York State Oral Health Coalition welcomes the prospect of partnering with your department to improve the oral health of the public.

Sincerely,

Ms. Laura Leon
NYSOHC Chair



33 Elk Street, Suite 300
Albany, New York 12207-1010
Phone: 518-462-4800
Fax: 518-426-4051
E-mail: info@nyshfa.org
Website: www.nyshfa.org

August 24, 2012

Ms. Cynthia Mann
Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

RE: MRT Waiver Support Letter

Dear Ms. Mann:

I am writing on behalf of the New York State Health Facilities Association (NYSHFA) and the New York State Center for Assisted Living (NYSCAL) representing over 280 skilled nursing and assisted living providers in the state of New York.

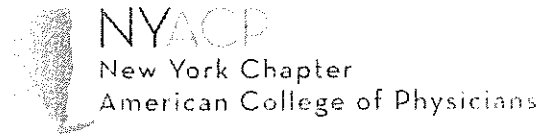
NYSHFA has attended many of the briefings and are well aware of the intent of the New York State MRT 1115 Medicaid Waiver Amendment which will reinvest some of the savings that will result from the health care reform programs which they envision over the next five years.

One of the roles of the New York State Health Facilities Association together with the New York State Center for Assisted Living is to provide support and direction to its members as they adapt to the many changes involved in health care reform. This will require investment and reinvestment in not only the physical facilities but also in technology and programs as we adapt to programs that will be more cost efficient. We, therefore, provide this letter of support for the MRT 1115 Medicaid Waiver Amendment and commit to working with the New York State Department of Health and other agencies as required so that when the Amendment is approved we will be in a position to participate in this major reinvestment program.

If we may be of assistance in any other way, please do not hesitate to contact me.

Sincerely,

Richard J. Herrick
President & CEO



744 Broadway
Albany, NY 12207
www.nyacp.org
518-427-0366
518-427-1901
toll free: 1-800-446-9746

August 20, 2012

Nirav Shah, MD, MPH, Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, NY 12237

Dear Doctor Shah:

On behalf of the 12,000 members of the New York Chapter of the American College of Physicians (NYACP), representing physicians specializing in general and subspecialty Internal Medicine, we offer our strong support for the New York State waiver application to CMS which seeks to achieve improved patient care experiences and improved population health while reducing costs.

We are specifically supportive of the application sections relating to: Primary Care Expansion, New Care Models, Vital Access and Safety Net Providers, Hospital Transitions, Workforce Capacity and Public Health Innovation.

There is much opportunity in reforming Medicaid in New York State, and we begin with the application's premise that historically New York has largely overinvested in expensive institutional care and underinvested in less costly primary and preventive care. We strongly endorse the intention of the State to reverse this trend, and to clearly support the basic need for additional physicians who choose primary care practice as a career choice. We are prepared to suggest ways to support those physician specialties willing to serve as the primary care coordinators, such as in diabetes or cardiac care, allowing them to participate as primary caregivers under the proposed models. We see much potential in this application to engage small and solo practices in very meaningful ways, thus utilizing the core of the healthcare system to enhance Medicaid care to beneficiaries. By utilizing funds in the proposal to train and retrain health care workers to support not only hospitals, FQHCs and home care agencies, but small and solo practices as well, we will provide Medicaid patients with options not previously available to them.


New opportunities to provide infrastructure, including physical and technological support, technical assistance in practice transformation, new capacity building strategies, and capital investment will be meaningful and measurable.

We share the vision of the New York State Department of Health in restructuring health care delivery to provide the highest quality of care to all of our patients. We look forward to utilizing our long history and credibility in providing excellent resources and education for physicians to improve access to care for Medicaid patients. Specifically, the NYACP seeks to work with the State through this waiver application to provide an environment for Medicaid patients to receive care in private practice settings that utilize team-based coordinated care models and engage patients throughout their lifetime in a personal relationship with a physician and an integrated care team. By engaging more physicians in Medicaid, we can reduce unnecessary hospital readmissions and improve transition from inpatient hospital care to nursing home or ambulatory care.


The NYACP is prepared to take the lead in new Interdisciplinary Education and Training initiatives by collaborating with all caregiver groups and developing core curriculum for all primary providers of care to achieve enhanced patient-centered outcomes.

We urge CMS to approve the New York State waiver application, and stand ready to work directly with the Department of Health in the further development, refinement and implementation of the proposals.

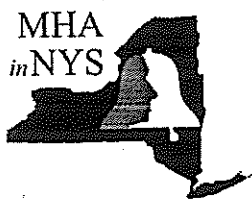
Very truly yours,



Terence M. Brady, MD, FACP
President



Linda A. Lambert, CAE
Executive Director



Mental Health Association in New York State, Inc.

Glenn Liebman, CEO

Susan A. Wheeler, Board Chair

The Mental Health Association in New York State (MHANYS) is comprised of 30 affiliates in 52 counties throughout New York State. Many of our members provide community based mental health services. Our members throughout the State are also involved in education, training, support and advocacy around issues that impact individuals with psychiatric disabilities.

MHANYS has been very involved in the MRT process and has provided many comments regarding managed care and behavioral health as well as highlighting significant issues around issues of special populations including Transitional Age Youth, Veterans with Psychiatric Disabilities and Parents with Psychiatric Disabilities. As a member of the Health Disparities MRT, our organization worked on issues related to medication access, reinvestment of community mental health services, employment, suicide prevention, housing and anti-discrimination efforts.

MHANYS is very supportive of the State's \$10 billion waiver application. We thank Governor Cuomo and the Department of Health for putting together a proposal that helps to address the needs of people with psychiatric disabilities.

The waiver recognizes the importance of the integration of primary care and mental health. People with psychiatric disabilities have life expectancies between fifteen to twenty five years less than the general population. In addition, fewer than half of adults and only one third of children with a diagnosed mental health treatment ever receive services.

Primary care is the sole form of health care for over one third of individuals with a mental health disorder. The reality is that many of these patients present with physical issues and not mental health issues. As a result the mental health disorders go unrecognized. Half of all individuals who complete suicide visited a primary care practitioner in the prior month. The great hope of the waiver is that there will be much stronger coordination between primary care and mental health.

Many of the aspects of the waiver can be utilized to enhance the integration between primary care and mental health. The proposed \$250 million for workforce training will be an integral part of that linkage. One of the reasons for the disparity between mental health and primary care is the scarcity of mental health professionals. Many of the professionals in mental health are underpaid and under resourced in comparison to other specialty areas. It will be incumbent to use a part of the workforce funding to bring in additional adult and

...working to ensure available and accessible mental health services to all New Yorkers

194 Washington Avenue, Suite 415, Albany, New York 12210-2314
Telephone: 518-434-0439 Fax: 518-427-8676 www.MHANYS.org

child psychiatrists, psychologists and social workers.

In addition, as we transition to health homes and resources will be utilized for greater care coordination; there will be a significant need to utilize peers who can use their lived experiences to help provide robust natural supports to individuals in health homes and in primary care to enhance their recovery. The workforce development piece can also serve a vital funding stream to develop parent and family advocates. They can play a role in working with the family to help develop the support and training skills necessary to help provide support and resources.

This funding can go hand in hand with the proposed funding to recruit and retain primary care and mental health professionals in communities where there are shortages. There are many inner cities as well as rural communities across New York in desperate need of mental health and primary care professionals.

The proposed \$525 million dollars for health homes in the waiver is an important addition for behavioral health. This funding can be utilized in many ways including enhanced funding for behavioral health providers who are often times the care management entity for the Health Home. This additional funding will also be necessary in the engagement process for those individuals who are hardest to reach that are on Medicaid. Many of these individuals are homeless or are transitioning out of the criminal justice system. The use of non-traditional engagement strategies through peers and family members should be utilized with this additional funding.

The health home funding can also be utilized for the necessary training for the workforce involved in health homes. Mental health literacy through programs like Mental Health First Aid, Trauma Informed Care and Suicide Prevention Trainings should also be part of this funding.

The waiver's proposed significant investment in technology is important in terms of impact to behavioral health. There have unfortunately been very limited funding streams available to enhance the development of Electronic Medical Records for individuals with psychiatric disabilities. One of the keys to the integration of primary and behavioral health care is a record that accurately reflects an individual's strength based treatment plan (which should include an Advanced Directive and a Wellness Recovery Action Plan). This technology funding should insure better individualized coordination of care and enhance discharge planning.

Funding for new care models is also an important part of the waiver for its impact to Behavioral Health. As New York transforms into an environment that focuses on health homes and managed care, we must have new models that reflect the tenants of recovery for

individuals in behavioral health. Recovery services include a strong role for peers, Wellness Recovery Action Plans (WRAP), appropriate medication access, trauma-informed care, employment and supported educational opportunities as well as housing.

In addition among the new care models, there should be a design that will provide the education, housing and employment needs of youth in transition with psychiatric disabilities between the ages of 16-24. Models should reflect their needs as young adults transitioning into the community.

In regard to housing, it is important that this proposal was included as part of the waiver process. While 3000 units of supportive housing are not enough, it is an important step in the need for housing in New York. There is a desperate need for more housing for people with psychiatric disabilities. We are strongly supportive of the proposed regulations to limit the number of individuals with psychiatric disabilities in adult homes with over eighty beds. This will mean that there will need to be an array of housing options available to those individuals leaving the larger adult homes.

In addition, there are individuals with psychiatric disabilities who are homeless that are in desperate need of housing as well as those being discharged from state psychiatric hospitals, public hospitals and those who are living with aging parents or relatives. The need is clear and we are strongly supportive of the proposed addition of more housing through the Waiver process.

We are also very supportive of the proposed addition of funding for an ombudsperson program to protect consumer rights in managed care plans. It is essential to target and expand advocacy services which will reach a group of up to 1.5 million New Yorkers who will be entering managed care for the first time. The complexities of managed care serve as a barrier to many individuals. This program will improve disability literacy, provide an important level of support and help individuals better navigate the system of care.

We strongly believe that federal support for the MRT waiver will help to enhance the lives of individuals with psychiatric disabilities through greater integration between behavioral health and primary care.

Sincerely,
Glenn Liebman
CEO
gliebman@mhans.org



CMS Waiver Letter of Support from CitiWide Harm Reduction
Robert Cordero to: mrtwaiver@health.state.ny.us

08/21/2012 11:54 AM

August 21, 2012

Centers for Medicaid and Medicare
c/o Jason Helgerson
NYS Medicaid Director
mrtwaiver@health.state.ny.us

To Whom It May Concern,

CitiWide Harm Reduction is an affiliate member of iHealth, an association of 15 community-based organizations, almost all of whom were HIV/AIDS Targeted Case Management Providers until the conversion to Health Homes. iHealth's collective mission is to safeguard the interests of people living with HIV/AIDS and other chronic conditions and to preserve the community-based HIV/AIDS infrastructure so that it can successfully transition in keeping with New York State's goal of improving health outcomes for low income New Yorkers with a range of complicated chronic conditions. iHealth has actively participated in the development of Health Homes in New York State. iHealth is currently participating in the governance of three Health Homes in New York City. In addition, iHealth has had significant input into the design of the state-wide system, meeting frequently with State officials to make suggestions on improving the model while successfully preserving the existing infrastructure.

CitiWide Harm reduction supports the Medicaid reforms advanced through the New York State 1115 Waiver Amendment submitted to the Centers for Medicaid and Medicare (CMS). The Medicaid Redesign Team (MRT) in New York State was a state/community partnership where these reforms were developed over the course of the past year. The focus was on the "triple aim:" improving quality, improving health and reducing costs. Members of iHealth have been active participants in the MRT process, submitting numerous proposals, and serving on various MRT Workgroups. In addition, iHealth has offered formal testimony regarding the development of New York State's Waiver Amendment. We are gratified that much of our work is reflected therein. **CitiWide Harm Reduction fully supports this effort and urges CMS to approve the Waiver as expeditiously as possible.**

Below, we outline some of the most important elements of the Waiver Amendment, particularly as they impact on the implementation of Health Homes as a model to improve health outcomes while reducing costs:

Marketing and Consumer Education: Over the years, we have seen various initiatives that were aimed at controlling Medicaid costs and improving health outcomes for enrollees. These have included the roll-out of mandatory managed care for various populations and the more recent chronic illness demonstration project. In each case, the New York State Department of Health has invested significant resources in both public education efforts and more targeted consumer education. Yet, New York State is attempting to engage over 600,000 people in a voluntary care coordination program without resources, absent the Waiver Amendment, to engage in these activities relative to Health Homes.

CitiWide Harm Reduction strongly supports New York State's request to invest funds in the creation of posters, PSA's and other public awareness tools that can be used in neighborhoods and locations where there are likely to be high concentrations of Health Home eligible individuals. We also strongly support the request to invest funds to do direct marketing and consumer education about Health Homes to eligible populations.

Capitalization of Technology Infrastructure: Health Home success is in large part dependent on the ability of everyone involved in an enrollee's care to share information in a timely and inexpensive manner. This requires that each Health Home develop robust technology that can interface with Regional Health Information exchange technology and to then make that technology available to members of that Health Home network at an affordable cost. There is no one best solution, but we believe that this technology needs to be able to facilitate at least three things on the part of care coordination entities: 1) real time access to all clinical records of enrollees; 2) the ability to electronically upload and submit all reportable information; and 3) the ability to track clinical and other outcome information on each enrollee.

CitiWide Harm Reduction strongly supports the State's proposal in the Waiver Amendment to assist Health Home networks in the development of standardized electronic systems that take advantage of New York's Regional Health Information infrastructure. We also unreservedly support the State's proposal to provide one-time funds that will allow smaller entities such as community-based care coordination programs that need to upgrade their technology in order to fully participate in Health Home/RHIO technology.

Initial Startup Costs of Health Home Networks: The start-up infrastructure to support Health Home entities is significant due to the human resources required to manage the rosters, assignment of patients, quality management and finances, including the management of claims with reconciliation to the State, as well as to the subcontractors of the entity. These costs, together with costs associated with HIT and other operational expenses are resulting in a significant capital contribution from each partnering organization comprising the governance of the Health Home entity. Only by paying this "equity" contribution, do organizations like iHealth and its members have any voice in the governance and policy decisions of Health Homes. To date, iHealth has had to pledge over \$475,000, to be collected from its membership, just to participate in the governance of three Health Home networks.

CitiWide Harm Reduction greatly appreciates and supports the request by New York State for a one-time investment in the start-up infrastructure of the Health Home so as to alleviate the burden of the capital contribution from the network partners.

CitiWide Harm Reduction supports many other important aspects of the Waiver Amendment, including primary care expansion, new care models, and the proposed investment in supportive housing for homeless people with chronic conditions. Housing has been consistently identified as a cost saving intervention for people living with chronic illnesses, substance use and mental health issues and the homeless population. In fact, stable housing is highly correlated with reduced risk behavior, improved engagement in care, and increased adherence to medical regimens, resulting in significant savings in emergency room visits and hospital admissions.

The above are just some key examples of the important elements that are included in the New York

State Waiver Amendment. These reforms have the potential to transform the Medicaid system in New York State into a high quality healthcare program resulting in huge savings for taxpayers. These reforms are a result of State and community partnerships forged over the past year, giving the community a voice in reforming the Medicaid system so that it more effectively serves the neediest of New York residents.

CitiWide Harm Reduction urges the CMS to expeditiously approve the New York State 1115 Waiver Amendment.

Best Regards,



Robert Cordero
Executive Director

Robert Cordero
Executive Director
CitiWide Harm Reduction
226 East 144th Street
Bronx, NY 10451
(718) 292-7718, ext. 226
www.CitiWideHR.org



CitiWideHR 1115 Waiver Support Letter 8-21-12.pdf



**New York State Council
for
Community Behavioral Healthcare**

Lauri Cole, LMSW, Executive Director

August 28, 2012

Cynthia Mann
Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, MD 21244

Dear Ms. Mann:

I write today on behalf of the New York State Council for Community Behavioral Healthcare ("The Council"). The Council is a statewide membership association representing the interests of 90 community-based mental health and substance use treatment agencies across New York. Our members include general hospitals, freestanding community agencies, and local governmental units that provide direct services to some of New York's most vulnerable citizens.

The Board of Directors and members of the NYS Council wish to convey our **strong** support for New York's request for an amendment to the New York Partnership Plan. The governor and his key staff provided for an inclusionary process to receive input from the field for the waiver proposal and as such, we feel satisfied that the proposal represents the interests of all system stakeholders including but not limited to behavioral health care recipients.

Strategies highlighted in the waiver amendment that will be of significant value for all New Yorkers include \$525 million over the next 5 years to allow Health Home leads and their network partners to continue making investments in technology and their important infrastructure purchases required to locate members identified as eligible for Health Home services and to enhance interoperability resulting in better care provided earlier in the disease process and at significantly lower cost.

The funding would support a Health Workforce Retraining Initiative, including \$500 million over five years to support training to assist case managers to become care coordinators. The NYS Council currently operates a project designed to train staff (case managers) to provide care coordination services to clients that may have no previous experience with the healthcare and/or behavioral healthcare systems at the point of initial engagement. These workers possess varying degrees of information and skills to engage and work effectively with clients challenged by several chronic conditions. As such, they require significant investments of time and training to deliver effective care coordination services that

we know will result in better decision-making and lower utilization of acute care services.

The state's waiver amendment is consistent with the triple aims of health care reform outcomes, improved service quality and lower costs. The NYS Council is committed to assisting the Cuomo Administration to continue the transformation already underway here in New York.

Thank you for your consideration in this matter.

Respectfully submitted,

Lauri Cole, Executive Director
New York State Council for Community Behavioral Healthcare
911 Central Avenue, #152
Albany, NY 12206-1350



Senior Branch, Inc.

THE LOCAL VOICE FOR THE ELDERLY AND DISABLED, SERVING ALL OF BROOKLYN

263 Classon Avenue #BC
Brooklyn, New York 11205

Phone: 585-204-6811

Fax: 718-398_2188

August 26, 2012

Cynthia Mann
Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, MD 21244

Dear Ms Mann,

As members of MMNY (Medicaid Matters New York) and on behalf of the interests of the elderly and disabled dual eligibles we represent, Senior Branch a local community based organization, supports the "Ombudsperson Program" in the Super Waiver application to CMS (New York's MRT 1115 Waiver Amendment). We thank the Department of Health for its steadfast commitment to this program, and support the emphasizing and strengthening of local capacity to improve disability literacy and accommodations in managed care settings.

This will benefit statewide advocacy assistance for the nearly 1.5 million people with disabilities and multiple chronic illnesses who will likely face challenges in the new world of managed care.

We look forward assisting clients as they remain confused by mailings received by LTMC, Medicaid Managed Care (brokers of Long Term Care) and other care service providers coupled with announcements and mailings by the government agency and remain unaware of the latest options of mandatory enrollment, due to their LEP status.

Senior Branch serves these disabled and elderly population, with enrollment, outreach and education, as well as one to one assistance with consumer directed services and as a liaison with Managed Care Brokers when necessary.

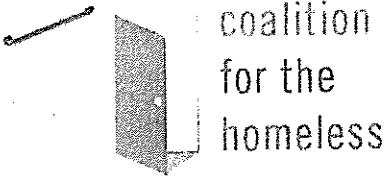
Sincerely,

Hindy Kohn
Executive Director, Senior Branch – Wmsbg, Bedford Stuyvesant

ASSISTANCE AND ADVOCACY FOR THE ELDERLY AND DISABLED IN BROOKLYN

mailing address

694 Myrtle Ave #199, Brooklyn, New York 11205



RE: NY Medicaid Waiver Amendment Application

Centers for Medicare and Medicaid Services
Provided electronically via mrtwaiver@health.state.ny.us

Dear Sir or Madam:

I write to express our strong support for two specific components of the NYS application to amend its Medicaid Managed Care waiver program.

First is the proposed reinvestment of \$750 million over 5 years to provide housing supports for high cost Medicaid recipients. As is now widely understood, housing instability is a leading cost driver for some of our most vulnerable Medicaid recipients, and housing supports have proven effective in stabilizing their lives and bringing down costs dramatically. Homeless New Yorkers and taxpayers alike stand to benefit from this wise investment in human potential and solutions that work.

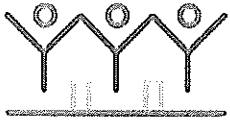
Second, we are very pleased to support the proposed \$23 million for a statewide ombudsman program. As one of the principal authors of a proposal advanced by Medicaid Matters New York recommending this investment, I am excited about the prospect of strengthening supports for disabled recipients as they transition into the managed care environment. We have had a series of truly fruitful discussions with the NYS Department of Health and our Medicaid Director Jason Helgerson, as we work together to design a program that will help everyone: consumers, providers, managed care organizations, taxpayers, and regulators.

Please give these proposals your most favorable review and support. And please feel free to contact me at any time to discuss them at 518-424-3073.

Most sincerely yours,

A handwritten signature in cursive script that reads "Shelly Nortz".

Shelly Nortz
Deputy Executive Director



CAZENOVIA RECOVERY SYSTEMS, INC.

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Administrative Office
& Housing Programs
2671 Main Street
Buffalo, NY 14214
(716) 852-4331
Fax: (716) 852-4533

Liberty Hall
Community Residence
P.O. Box 1500
222 Richmond Avenue
Batavia, NY 14021
(585) 343-3094
Fax: (585) 343-3785

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Community Residence
486 North Legion Drive
Buffalo, NY 14210
(716) 822-8932
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376 Dewitt Street
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Fax: (716) 884-3910

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1430 Main Street
Buffalo, NY 14209
(716) 894-7274
Fax: (716) 894-7275

Turning Point House
Intensive Residential
Rehabilitation
9136 Sandrock Road
Eden, NY 14057
(716) 992-4972
Fax: (716) 992-4791

Visions Place
Mental Health &
Substance Abuse
Residential Program
923 Sycamore Street
Buffalo, NY 14212
(716) 893-8598
Fax: (716) 332-9365

August 23, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

Cazenovia Recovery Systems, Inc., a Western New York not-for-profit offers residential chemical dependency and mental health services to individuals challenged by these diseases. Not only does Cazenovia Recovery Systems offer traditional individual and group therapies to our residents, we also offer a full continuum of residential services including permanent supportive housing. Fifty percent (50%) of our 230 beds are designated specifically for homeless individuals. Prior to becoming program participants, many of them were chronically homeless and frequent users of expensive public services. Of our remaining 115 beds, at least 75% of the residents are homeless. Although these programs are focused on providing homes for the homeless, a significant impact and it's greatest saving is in the area of healthcare. By targeting chronically homeless individuals who are frequent users of emergency rooms, hospitals and medical detoxification programs, supportive housing reduced inpatient Medicaid spending substantially.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce the use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by peer-reviewed academic studies that the public savings approached or exceeded the total costs of building, operating and providing services in the housing. Investing in supportive housing will help improve the health and quality of life for some of our most vulnerable individuals while reducing Medicaid spending.

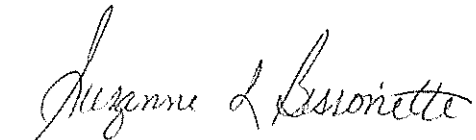
August 23, 2012
The Honorable Governor Andrew Cuomo
Page 2

Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne L. Bissonette".

Suzanne L. Bissonette
Executive Director

SLB/lmk



Mental Health PEER
Connection

3108 Main Street
Buffalo, NY 14214-1384
(716) 836-0822 (voice/TDD)

August 27, 2012

Dear Sir or Madam:

We are writing to you today in support of New York's MRT 1115 Waiver Amendment.

We understand that there is a plan to reinvest the anticipated Medicaid savings into a number of key priorities of interest to us and the people we serve that would include:

- \$750 million for supported housing and related services
 - There is a severe shortage of appropriate housing for people diagnosed with severe mental illness. Lack of access to affordable, accessible, integrated housing is the most significant barrier to people with disabilities who wish to transition from institutions or other segregated settings, who are at risk of institutionalization or who are homeless and would prefer to live independently in the community and are capable of doing so with support.
 - As of February 1, 2011, there were 24,617 families on the NYC Housing Authority's waiting list for Section 8 Housing, which has been closed since May 14, 2007.¹
 - New York City lost over 32,340 units of privately owned subsidized rental housing between 1990 and 2005.² There are currently approximately 171,500 subsidized housing units in New York City, many of which have subsidies that will expire unless action is taken to preserve them.³
- Millions for peer run service pilots, training and evaluation
 - There is significant evidence that peer run services greatly assist people with severe mental illness to integrate and maintain themselves in the community of their choice. While the main advantage of hiring a peer workforce is the lived experience that peers bring to the table, they need to be adequately trained to perform the various tasks that doing peer work entails. Funding for peer run service pilots would ensure that more people would have access to their valuable services. Funding for training and evaluation would ensure that staff achieves and maintains a level of competency.
- \$525 million to shore up health homes infrastructure, some of which may be used to plan to incorporate peer and rehabilitative services more fully into health home designs
 - The new health home initiative will coordinate people's care ensuring that both their physical health and mental health needs will be met. The addition of peers and rehabilitative services will serve to enhance the new service delivery.
- \$550 million for workforce retraining, including training that promotes recovery and cultural competence
 - As we shift to a recovery-oriented service delivery, staff will need to be re-trained so that they can offer services through this lens rather than the traditional model.

- \$23 million for an extensive ombudsman program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries
 - Creating an ombudsman program will allow informally conducted impartial fact-finding about complaints or concerns. This will help to ensure the agency is meeting its quality and timeliness standards, or as appropriate in certain individual cases, seek to bring about a mutually agreeable resolution.

Mental Health Peer Connection is a peer-run not-for-profit corporation dedicated to improving the quality of life for people living with mental illness. Located in Western New York, our recovery-oriented services help people with severe mental illness obtain jobs, housing, social supports, education, vocational training, entitlements, and other life-enhancing services.

Mental Health Peer Connection believes that individuals can and do recover from mental illness. We work to support recovery efforts and to decrease the stigma and alienation related to mental health diagnoses. We believe that all persons should be treated with respect and compassion, and we value the rights of all persons to transform their lives.

With our support, many of our customers are able to integrate into their chosen communities and establish and maintain productive and purposeful lives thereby saving the State millions of dollars. Passing this waiver will help us save the State even more money as adequate and efficient peer services, trained staff and appropriate, affordable housing become more available.

We strongly urge you to pass New York's MRT 1115 Waiver Amendment. Thank you for your consideration.

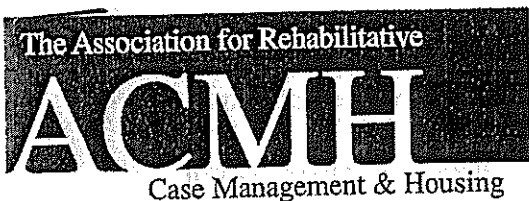
Sincerely,



Maura Kelley, CPRP
Mental Health Peer Connection
Director,
Co-Chair President Elect
New York Association of Psychiatric Rehabilitation

- 1 *About NYCHA: Fact Sheet*, <http://www.nyc.gov/html/nycha/html/about/factsheet.shtml>, Revised on March 18, 2011.
- 2 *Neighborworks America Study: Long-Term Affordable Housing Strategies in Hot Housing Markets*, Jesse Mintz Roth, 2008.
- 3 *The State of New York City's Subsidized Housing: 2011*, Furman Center for Real Estate and Urban Policy.

Mental Health PEER Connection is a member of the WNY Independent Living Project, Inc.'s family of agencies. The Mental Health PEER Connection is a peer-driven advocacy organization, dedicated to facilitating self-directed growth, wellness, and choice, through genuine peer mentoring.



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Daniel K. Johansson
Executive Vice President/CEO

August 24, 2012

Jason A. Helgerson
Medicaid Director
New York State Department of Health
Croning Tower, ESP 14th Floor
Albany, NY 12237

Dear Mr. Helgerson:

On behalf of the Association for Rehabilitative Case Management and Housing, Inc. (ACMH), I am writing to offer our strong support for the New York State Medicaid Redesign Team (MRT) Waiver amendment. We are particularly pleased that the 1115 waiver amendment recognizes the critical role of behavioral health services and how investing in behavioral health services will drive down overall health costs.

We are especially pleased to see that the Waiver would make available:

- \$525 million in Health Home Development Funding to augment Health Home providers in coordinating care for high need and high cost populations.
- \$750 million in Medicaid Supportive Housing Expansion for people coping with chronic illness or disability and behavioral health challenges.
- \$375 million to fund New Care Models, including respite care, crisis care and hospital diversion beds.
- \$1 billion to sustain Vital Access/Safety Net providers. This will help financially challenged providers to stably transition to the new health and behavioral healthcare systems.

ACMH as a leading provider of rehabilitation, care coordination and housing for persons with serious mental illness looks forward to continue to be a strong partner with the State in Medicaid Redesign.

Sincerely,

Daniel K. Johansson
Executive Vice President/CEO

August 24, 2012

Mr. Jason A. Helgerson
NYS Medicaid Director
Corning Tower
Empire State Plaza
Albany, N.Y. 12237

Dear Mr. Helgerson:

The New York Association of Alcoholism and Substance Abuse Providers, Inc. (ASAP) appreciates Governor Cuomo's inclusion of input from stakeholders in the development of the New York State Medicaid Redesign Team (MRT) Waiver Amendment: Achieving the Triple Aim. We are pleased to have had the opportunity to discuss our waiver recommendations with your staff and to see some of our recommendations included in your submission to CMS.

As the waiver proposal points out, much work remains to be done especially for New York State's most vulnerable patients, particularly in the area of preventable events including avoidable hospitalizations and readmission, with the majority of readmissions (59 percent) being for medical conditions for persons with underlying substance use or mental health disorders. To address this and other pressing issues, ASAP is pleased to see that the proposed Waiver Amendment includes:

- Training for eligibility workers and medical providers on substance use disorders and the integration of behavioral health into primary care
- Access to funding for substance use disorder services providers through the proposed Revolving Capital Fund
- Demonstration projects that facilitate integration of behavioral health with community health centers, outpatient clinics and nursing homes
- Funding for HIT/HIE infrastructure for substance use disorder services providers
- Integrated care management for high cost Medicaid enrollees affected by substance use disorders and other chronic diseases
- Enhanced intensive residential services for persons with substance use disorders
- Housing and services for chronically homeless adults who suffer from substance use and/or mental health disorders, young adults with a serious substance use and/or mental health disorders, and individuals with serious behavioral health or health conditions coming out of prison or jail
- Emphasis on the use of peers in important roles such as Addiction Recovery Coaches

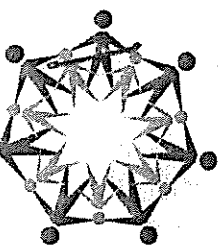
These services and others articulated in the Waiver Amendment will help New York State to achieve its triple aim, particularly with the meaningful inclusion of substance use disorder prevention, treatment, and recovery services providers.

ASAP urges CMS to approve New York State's Medicaid Redesign Team (MRT) Waiver Amendment: Achieving the Triple Aim and we commit ourselves to working with New York State agencies to ensure the successful implementation of proposed waiver services.

Sincerely yours,



John Coppola
Executive Director



NYASAP

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John J. Coppola

New York Association of
Alcoholism and Substance
Abuse Providers, Inc.

(P) 518 426-3122
(F) 518 426-1046

One Columbia Place
Suite 400
Albany, NY 12207
www.asapnys.org



40 Worth Street
5th Floor
New York, NY 10013-2988

voice: 646-619-6400
fax: 646-619-6777
www.healthsolutions.org

August 24, 2012

Jason Helgeson
Deputy Commissioner
New York State Department of Health
Corning Tower
Albany, NY 12224

Dear Deputy Commissioner Helgeson:

Public Health Solutions is proud to offer the New York State Department of Health our full support for the proposed 1115 Waiver which was recently submitted to the Centers for Medicare & Medicaid Services (CMS). It is our hope that CMS will approve this waiver, which will provide significant and much needed reinvestment funding to support the most critical services and infrastructure in New York State. We believe that investing in prevention and primary care, along with open access for reproductive health and support for the safety net, is the best way to achieve the three part aim of better population health, better health care, and reduced costs.

In particular, we are very interested in reinvesting state savings and leveraging federal financial participation through the 1115 Waiver to:

- establish and expand Nurse Family Partnership capacity in high perinatal risk areas of the state, and to provide Medicaid coverage of NFP as a preventive service;
- expand other evidence-based home visiting programs such as Healthy Families New York
- protect and expand family planning services as essential primary care services that are delivered both in primary care and reproductive health settings, including access to capital, infrastructure and health information technology funding

We look forward to working collaboratively with you and other providers and partners throughout New York State to engage in the planning and implementation activities required to implement such an exciting opportunity to reinvest in New York's health care system of the future.

Sincerely,

A handwritten signature in black ink, appearing to read 'Louise', with a long horizontal flourish extending to the right.

Louise Cohen, MPH
Vice President
Public Health Programs

Cc: Ellen Rautenberg, President and CEO, Public Health Solutions

Medicaid
Medicaid Matters New York
Matters

August 27, 2012

Cynthia Mann
Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, MD 21244

Submitted electronically via MRTwaiver@health.state.ny.us

Dear Ms. Mann:

Medicaid Matters New York (MMNY) is a consumer-oriented coalition that advocates on behalf of New York's Medicaid program and the people it serves. MMNY includes a diverse set of over 130 organizations united in their determination to ensure that the concerns and needs of Medicaid consumers are understood, included and met in any discussion on Medicaid. New York State's recent request for an amendment to the New York Partnership Plan includes a new program that would provide independent, individual and systemic advocacy on behalf of people with disabilities and chronic illnesses who are newly enrolled in Medicaid Managed Care and other new models of care management. Referred to in the waiver amendment application as "Ombudsperson Program – Supporting Choice," on page 68 in the section titled "Long Term Transformation and Integration to Managed Care," this new initiative addresses the need for an advocacy program specializing in consumer education, community training, and advocacy services tailored to meet the unique needs of these populations.

This program is designed to expand and target advocacy services to reach a group of people numbering as many as 1.5 million who will be entering managed care for the first time in the next few years. It is intended to drive resources to the various groups in local communities that serve the newly mandated populations in order to strengthen their capacities and competencies and target help for this new wave of people as they enter and adjust to various managed care programs. The emphasis of the program is to strengthen local capacity and improve disability literacy and accommodations in managed care settings, and it recognizes the complexity of the work involved in serving those with multiple and profound needs.

Recipients would benefit from: learning how to access services in a managed care environment; help in securing a change in or restoration of benefits, services, or supports; advocacy to obtain accommodations for their disabilities; and the fruits of systemic advocacy addressing patterns such as improper notices, inadequate networks or accommodations, or unlawful care management practices. Further, recipients in managed care generally would benefit from the ability to access an enhanced

information and referral system with automated guidance by telephone as well as general advice and referrals from well trained advocates situated in their own communities.

There are various programs and services currently provided to the target population that offer similar components contemplated by the program design. There is not, however, sufficient capacity within the current disability and legal services networks to provide the proposed level of service without a significant increase in resources.

This proposal seeks to replicate a similar program in Wisconsin that has a proven record of successfully providing assistance and advocacy to people with disabilities in Medicaid Managed Care.

On behalf of the interests of the Medicaid beneficiaries we represent, we strongly urge full support of this proposal.

Thank you for your time and consideration.

Sincerely,

Lara Kassel
Coordinator

On behalf of the Medicaid Matters NY Steering Committee:
Catherine Abate, Community Healthcare Network, New York City
Kate Breslin, Schuyler Center for Analysis and Advocacy, Albany
Trilby de Jung, Empire Justice Center, Rochester
Maria Dibble, Southern Tier Independence Center, Binghamton
Susan Dooha, Center for Independence of the Disabled in New York, New York City
Shena Elrington, New York Lawyers for the Public Interest, New York City
Judy Farrell, Visiting Nurse Service of New York, New York City
Chris Hilderbrant, Center for Disability Rights, Rochester
Gwen O'Shea, Health and Welfare Council of Long Island, Hempstead
Theo Oshiro, Make the Road New York, New York City
Harvey Rosenthal, New York Association of Psychiatric Rehabilitation Services, Albany
Judy Wessler, Commission on the Public's Health System, New York City

*Medicaid Matters New York
c/o Center for Disability Rights
99 Washington Avenue, Suite 806B
Albany, NY 12210*



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Director, Jenna Foundation
Daughter, Jenna was murdered in 1997

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Chair, Board of Directors,
DA's Association of NYS

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NYS District Attorneys Association
NYS Sheriffs' Association

STATE STAFF

MEREDITH WILEY
State Director

ARIELLE BERNSTEIN
Deputy Director

August 24, 2012

Mr. Jason Helgerson
Deputy Commissioner & Medicaid Director
New York State Department of Health
Office of Health Insurance Programs
Corning Tower
Empire State Plaza
Albany, NY 12237

Re: Support for the Nurse-Family Partnership in New York's 1115 Medicaid Waiver

Dear Mr. Helgerson:

On behalf of the over 300 members of FIGHT CRIME: INVEST IN KIDS NEW YORK— sheriffs, district attorneys, police chiefs and crime survivors – we are writing in support of the Nurse-Family Partnership in New York State's 1115 Medicaid amendment waiver. The Nurse-Family Partnership is a smart investment in public health but it is also a smart investment in public safety.

FIGHT CRIME: INVEST IN KIDS NEW YORK members are committed to taking dangerous criminals off the streets but also know that we cannot simply arrest our way out of the crime problem; we are part of a national organization with over 5,000 members nationwide. Our mission is to take a hard-nosed look at the research to find what works to prevent crime and violence. Nurse-Family Partnership is on the top of this list.

In 2010, there were over 77,000 confirmed cases of child abuse and neglect in New York State, enough to fill Madison Square Garden more than 3 times over. Sadly, we know that there is significant underreporting and that the actual numbers are much higher.

Child abuse and neglect is a significant driver of crime rates. Compared to youth from similar backgrounds and neighborhoods, being abused or neglected almost doubles the odds that a child will commit a crime by age 19. Based on the over 77,000 confirmed cases of abuse and neglect in just one year, over 3,000 violent criminals in New York will emerge as adults who would never have become violent criminals if not for the abuse or neglect they endured as kids.

In addition, children of abuse were more likely to be unemployed, more likely to attempt suicide, more likely to experience lifelong physical and mental health consequences and more likely to maltreat their own children. Child abuse and neglect also result in significant short-term costs to our health care system, such as the expenses associated with hospital emergency rooms visits.

While we know the impact of child abuse and neglect, we also know what can prevent it. Nurse-Family Partnership is a *proven* preventive public health program for low-income, first-time pregnant women and their children. The program reduces child abuse and neglect as well as achieves other significant

health outcomes, such as improved prenatal health and reductions in childhood injuries and children's mental health problems.ⁱ Moreover, it saves much more than it costs.


Over 30 years of randomized controlled trial research demonstrates that Nurse-Family Partnership program works. It has been proven to cut child abuse neglect by 48 percent and at age 15, children in the program were 59 percent less likely to be arrested. Mothers receiving services were 61 percent less likely to be arrested. These types of outcomes translate into big savings.

Once the child turns five years-old, the Nurse-Family Partnership is budget-neutral to Medicaid. Every dollar spent on the program yields up to a \$5.70 return on investment. In New York State, the Nurse-Family Partnership saves New York State and local governments an average of \$10,841 by the child's twelfth birthday. Offsets continue to accrue from reduced spending on Medicaid, TANF, food stamps and the costs associated with child abuse. An estimated \$1,308 in additional offsets per family later result because NFP continues to reduce youth offending and associated criminal justice costs through age 17.ⁱⁱ

In New York State, the Nurse-Family Partnership only serves about 2,100 families, a fraction of the actual need. The 1115 Medicaid waiver proposes that \$82 million over 5 years of the waiver package be allocated for NFP services, both building new agencies and expanding existing ones. This is an investment will allow New York to effectively scale up the Nurse-Family Partnership program.

As a law enforcement organization, we feel strongly that research and science should inform our decision-making. Nurse-Family Partnership is a proven program that improves outcomes for children and families. This translates into better outcomes for society – reducing child welfare needs, preventing crime and violence and saving money on later medical, social service and criminal justice costs. CMS approval of a Medicaid waiver that will financially support the growth of Nurse-Family Partnership will enable communities to expand access to home visiting services to those families who need them the most.

Sincerely,



Meredith Wiley
State Director

ⁱ Peer-reviewed journal articles and independent cost analyses can be provided upon request.

ⁱⁱ Miller, Ted. Cost Offsets of Nurse-Family Partnership in New York State. Pacific Institute for Research and Evaluation, February 2011.

FIGHT CRIME: INVEST IN KIDS NEW YORK Membership List August 2012

Full Name	Title
Karl G. Abrams	Sheriff, Hamilton County Sheriffs Office, NY
Jerry C Ainsworth	Chief, Philadelphia Village Police Department, NY
Louis Alagno	Chief of Police, Mount Pleasant Police Department, NY



Letter of Support

Carole Hayes-Collier

to:

mrtwaiver@health.state.ny.us

08/24/2012 04:08 PM

Hide Details

From: Carole Hayes-Collier <CHC@TLS-onondaga.org>

To: "mrtwaiver@health.state.ny.us" <mrtwaiver@health.state.ny.us>,

Dear DOH Representatives of Medicaid Redesign Team:

I am a person in recovery from a psychiatric diagnosis as well as an employee in an agency providing community residential and supportive as well as peer services to people with psychiatric diagnoses.

I am writing in support of New York State's Medicaid Redesign Team's Medicaid's 1115 Waiver Amendment.

This waiver is intended to provide \$750 million for supported housing and related community based services; million of dollars for peer run service pilots as well as training and evaluation and \$525 million to shore up health home infrastructure, some of which may be used to plan to incorporate peer and rehabilitative services more fully into health home designs. In addition there should be \$550 million for workforce retraining, including training that promotes recovery and cultural competence as well as \$23 million for an extensive Ombudsman program to help inform, protect rights and pursue complaints of Medicaid managed care beneficiaries.

I am fully in support of this initiative which carries the promise of the promotion of recovery, wellness and decent lives in the community as well as to advance peer support, rehabilitation and cultural competence and protecting the rights of beneficiaries.

Please share this support with all the relevant players in the decision making process on the 1115 Medicaid Waiver Amendment.

Thank you.

Carole Hayes Collier, MPA
Transitional Living Services of Onondaga County, Inc
Director, Community Based Peer Initiatives
Senior Manager, Unique Peerspectives Peer Support
420 East Genesee Street
Syracuse, NY 13202



August 24, 2012

Dear CMS,

I am writing to express my support for the recommendations of the Medicaid Redesign Team recommendations regarding New York State 1115 Waiver Amendment application.

A recently retired advocate for people with disabilities of all types and of all ages, I have been an active participant in working towards the removal of barriers and the promotion of independence. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote independence and community integration. While New York still needs to do more as it relates to Olmstead implementation, the recommendations of the MRT if enacted will speed this process. In particular the following are important steps to refocus the service delivery system to better serve consumers as follows:

- \$750 million for supported housing and related services
- Millions for peer run service pilots, training and evaluation
- \$525 million to shore up health homes infrastructure, some of which may be used to plan to incorporate peer and rehabilitative services more fully into health home designs
- \$550 million for workforce retraining, including training that promotes recovery and cultural competence
- \$23 million for an extensive ombuds program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries

All of these areas are in dire need of new funding. Moreover, I believe that these goals are not only noble but will, if enacted, enable a rebalancing of the system, not only in a cost effective manner but in a way that will truly promote independence and fuller inclusion for persons with disabilities.

I applaud the commitment to further funding for peer, vocational and recovery services that are demonstrated to be more effective than other models. Governor Cuomo and the MRT have put the goal of reinvestment from the proposed savings back into the system as a way to rebalance and shape services.

I believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York and ask for approval.

Sincerely,

Rina Riba, MSW
President
NAMI Delaware County



NEW YORK STATE CONFERENCE OF LOCAL MENTAL HYGIENE DIRECTORS, INC.

An Affiliate of the New York State Association of Counties

41 State St., Suite 505, Albany, NY 12207 (518) 462-9422 FAX (518) 465-2695 E-MAIL: clmhd@clmhd.org www.clmhd.org

August 24, 2012

Mr. Jason Helgerson
State Medicaid Director
Office of Health Insurance Programs
New York State Department of Health
Corning Tower
Albany, NY 12224

Re: MRT Waiver Proposal

Dear Mr. Helgerson:

The New York State Conference of Local Mental Hygiene Directors, Inc. is pleased to offer our support of the New York State Department of Health's submission of an 1115 waiver to CMS which would allow for the reinvestment of a portion of federal share savings resulting from many of the Medicaid Redesign Team (MRT)'s policy initiatives that are projected to save over \$17 billion in federal funds over a five year period.

The New York State Conference of Local Mental Hygiene Directors, Inc. is a statutorily incorporated organization (Art. 41 MHL) consisting of the Directors of Community Mental Hygiene Services for New York State's 57 counties and the Department of Mental Hygiene for the City of New York. Our members are responsible for the planning and oversight of community mental hygiene services (mental health, substance abuse, and developmental disabilities) for all people, regardless of payer or insurance status. There are several areas of the 1115 reinvestment waiver which would bear directly on the populations we serve, and will provide critical opportunities to methodically demonstrate new service arrangements and infrastructure designs that will pave the way for a more person-centered, fully integrated health and behavioral health system in New York State; some or many of which may serve as national models with the appropriate federal support.

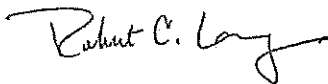
Out of the thirteen focus areas for the State's, the Conference would like to emphasize a few of particular importance, for which we have provided greater detail in our earlier comments to the Department:

- The proposed health home development fund will be critical in giving behavioral health providers in particular, a jump start in adopting interoperable electronic health records (EHRs), given that the current federal meaningful use incentives are far less available to behavioral health agencies and individual providers. In order for health homes providers to communicate with one another and exchange enrollee information pursuant to federal law establishing health homes, they will require substantial assistance in purchasing and adopting EHRs.

- Another critical waiver proposal would be the expansion of the vital access provider program. The Conference strongly recommends allowing behavioral health clinics to participate in the program, in addition to straight medical settings. In many areas of New York, the local mental health or substance abuse clinic may be the only provider willing to serve remote and underserved areas of the State. Many of these are county-operated clinics that rely on local tax subsidies to keep their doors open, and are facing ever tighter budgets as a result of other state and federal payment reforms.
- We see great promise in the regional health planning proposal, and once again urge these processes to be inclusive of local mental health authorities whose statutory responsibilities already include annual mental hygiene planning, and see significant value in collaborating regionally for a broader health planning agenda throughout the State.
- Lastly, we would like to highlight the importance of rigorous evaluation and implementation assistance for many of the ongoing Medicaid Redesign Team efforts, as well as future waiver programs proposed under the reinvestment proposal. As our earlier comments to the NYS Department of Health make clear, the evaluation of the broader implications of Medicaid reform in New York must not account solely for Medicaid savings and program impacts, but also evaluate the collateral effects on other non-Medicaid systems such as jails and prisons, homeless supports, state hospitals, and local crisis response teams. Above all our collective obligation should be on improving the lives of Medicaid beneficiaries themselves, and we must therefore look not only at Medicaid datasets and hospitalization metrics, but at entire experience of care (or lack thereof) for the beneficiaries of this waiver.

We thank you for your consideration of our comments, and we are pleased to support the Department's efforts in pursuing this waiver. Please feel free to contact us at with any questions.

Sincerely,



Robert C. Long, MPA
Chair, NYSCLMHD
Commissioner, Onondaga County Department of Mental Health



Kelly A. Hansen
Executive Director



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Every Child Deserves to Grow Up Hopeful

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Chief Executive Officer

Richard Altman

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Bridges to Health

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Early Childhood

Edenwald Center

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Mental Health and Preventive Services

Pleasantville Cottage School

Pleasantville Diagnostic Center

Two Together

Council of Family and
Child Caring Agencies

Council on Accreditation of Services
for Families and Children

Child Welfare League of America

August 24, 2012

Jason A. Helgerson
Medicaid Director
New York State Department of Health
Corning Tower, ESP 14th Floor
Albany, NY 12237

Dear Mr. Helgerson,

I am writing on behalf of the Jewish Child Care Association (JCCA) to express our support for the New York State Medicaid Redesign Team (MRT) Waiver Amendment. We believe that the changes effected by the 1115 waiver amendment will directly impact and improve health services for children while containing healthcare costs.

The waiver would make available \$10 billion in federal Medicaid savings over a five year period, which would be reinvested in the state's healthcare system. We are pleased that the waiver includes:

- \$1.25 billion in Primary Care Expansion to focus on improving access to Patient Center Medical Homes and expanding primary care capacity.
- \$525 million in Health Homes Development Funding to improve coordinated care for high need populations, including children with chronic illnesses.
- \$1 billion for Vital Access/Safety Net Providers. This will allow providers who are financially struggling to transition to new healthcare systems.
- \$395.3 million dedicated to Public Health Innovation, which will fund services that directly improve the lives of children, such as lead poisoning prevention, water fluoridation, and diabetes and asthma management programs.

JCCA is delighted to continue our partnership with the state of New York as the Medicaid Redesign Team and Affordable Care Act (ACA) initiatives are realized.

Sincerely,

Richard Altman
Chief Executive Officer

CC: Nirav Shah, M.D., M.P.H., Commissioner

UJA Federation
of New York

breakdown of communication between specialists and primary care providers. NCQA developed the specialty practice recognition program to encourage specialty providers to work to communicate and coordinate with primary care providers and to be visibly recognized for this important work. We would have different expectations for different specialties, depending on the need to coordinate care directly. We are working to develop a project around oncology; this specialty is one that has to do a lot of coordination for patients in active treatment. The program will align with Meaningful Use, including the final requirements for Stage 2. Specialists who meet the program's standards will be able to apply starting in early 2013.

The MRT Waiver embraces the Triple Aim. Investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers. If approved, it will help build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,

Sarah Thomas
Vice President, Public Policy and Communications
National Committee for Quality Assurance
1100 13th Street, NW, Suite 1000
Washington, DC 20005
202-955-1705 (phone)
202-955-3599 (fax)
thomas@ncqa.org
www.ncqa.org

Follow NCQA on [Twitter](#)



Support for waiver
Sarah Thomas to: mrtwaiver@health.state.ny.us

08/14/2012 03:08 PM

Follow Up:

Normal Priority.

I represent the National Committee for Quality Assurance, a national organization dedicated to improving health care quality and supporting the Patient-Centered Medical Home.

We are happy with the MRT investments in primary care, which will help provide high quality primary care to 2.3 million New Yorkers. NCQA strongly supports innovative approaches to delivery system reform that result in better value – aligning incentives to improve quality and reduce cost. We strongly support initiatives in particular directed at strengthening primary care and improving care coordination between primary and specialty care.

As you pursue the innovations proposed in the Medicaid Redesign Team (MRT) Waiver, we urge you to align New York Medicaid initiatives with initiatives sponsored by other payers and in other parts of the country to send consistent messages to providers and health plans about priority areas of focus. This will strengthen the “signal” to the system about what capabilities are needed, what issues to focus on and will reduce burden by using a single set of criteria. One practical way to accomplish this goal is to build from national evaluation programs like the Patient Centered Medical Home (for which you already have a strong foundation in New York) and national performance measures that hold up to the tests of being implementable and clearly understood. This approach also will simplify implementation as the state will not need to “invent the wheel” of what these types of standards and measures should be.

Several of NCQA’s programs may be particularly useful to you in implementing the provisions of the MRT Waiver:

- Patient Centered Medical Home (PCMH) 2011. This program “raises the bar” on standards in earlier versions of the program, aligns closely with requirements for Meaningful Use and contains more content for pediatrics and behavioral health. It also includes stronger elements for patient engagement, especially for practices that report using the CAHPS survey adapted especially for the PCMH program. We plan to use data that practices submit to develop a benchmarking database that will allow comparison across practices. Eventually, we hope to factor measures derived from this survey into scoring.
- Accountable Care Organization Accreditation. We developed and launched this program with input from a multi-stakeholder group that identified key factors for success – in governance and organizational capabilities, care coordination and quality improvement activities. We got a good deal of consumer input in development of the standards. Our program is more structured than what the Medicare program is requiring of organizations participating in its Shared Savings and Pioneer programs. We have a core measure set that is appropriate for broad use (not just for the elderly). The program builds very specifically from patient-centered medical homes and is an independent evaluation of organizations’ ability to coordinate the high-quality, efficient, patient-centered care expected of ACOs. It helps providers make the challenging-though much-needed-transition to ACOs. The program is in its launch phase, with six early adopters and others interested in applying.
- Specialty Practice Recognition. One of the barriers to effective care coordination is the



Greater New York Hospital Association

555 West 57th Street / New York, N.Y. 10019 / (212) 246-7100 / FAX (212) 262-6350
Kenneth E. Raske, President

August
Seven
2012

Nirav R. Shah, M.D., M.P.H.
Commissioner
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, NY 12237

Dear Commissioner Shah:

At a time when hospitals are constantly asked to do more with less, Governor Cuomo's Medicaid Redesign Team (MRT) waiver proposal is exactly what New York needs to improve patient care, transform how that care is delivered, and reduce costs.

The waiver will enable New York's hospitals to deliver quality health care more efficiently. It invests in primary care so New Yorkers can avoid unnecessary hospitalizations that drive up health care costs, and in the necessary infrastructure, including health information technology (HIT), for providers to work together to truly coordinate care and keep people healthy.

Equally important, the waiver will help financially struggling hospitals transition to a new, more patient-centered health care system. Urban communities like Brooklyn and rural communities throughout the State are in grave danger of losing their hospitals. That must not happen. The waiver is an essential, transformational lifeline that will allow these hospitals to remain financially viable and engage in the population health management that will deliver better, safer, less expensive care.

The Great Recession has forever changed our economy. Washington and Albany can no longer simply increase health care spending at will. Governments at every level are struggling with deficits. And New York, under the leadership of Governor Cuomo, has realized that raising taxes will make New York less competitive.

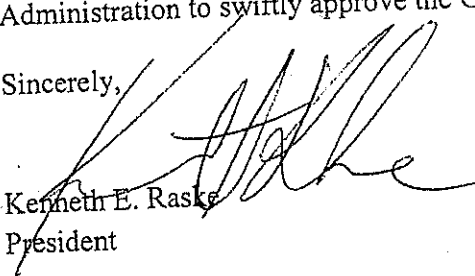
New York began its health care reform journey when Governor Cuomo took office through the MRT's groundbreaking reforms, including the Medicaid "global cap" and numerous initiatives to better coordinate the care of the Medicaid population. Now we need the partnership of the

Federal government, which has demonstrated its own commitment to health reform via the Affordable Care Act.

New York needs the MRT waiver.

GNYHA joins Governor Cuomo and New York's Congressional delegation in urging the Obama Administration to swiftly approve the Governor's waiver request.

Sincerely,



Kenneth E. Raske
President

CC: Mr. Helgerson
Mr. Introne



The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

On behalf of Citizens' Committee for Children of New York (CCC), I am writing to offer our support for New York's Medicaid Redesign 1115 Waiver amendment application. CCC is a 68-year-old independent, multi-issue child advocacy organization dedicated to ensuring every New York child is healthy, housed, educated and safe. We believe that the Medicaid 1115 Waiver will approval will help New York ensure every child has access to quality, timely health and mental health services.

CCC is supportive of New York's Triple Aim: improved quality, better health and reduced health care costs. Specifically, CCC supports the request that the federal government allow New York to reinvest over a 5-year period up to \$10 billion of the \$17.1 billion in federal savings generated by the Medicaid Redesign Team (MRT) savings. We believe that many of the strategies in the waiver amendment will both contain costs and improve the care for children and their families. Specifically CCC is grateful to see the following strategies for the funding over the next five years:

- \$1.25 billion over the next five years to expand access to high quality primary care.
- \$750 million for Medicaid Support Housing Expansion, which would expand access to supportive housing to high cost, high need Medicaid members who require supportive services to live independently. While many populations will benefit from supportive housing expansion, CCC is particularly pleased that the waiver amendment application includes young adults with a serious mental illness and/or substance abuse disorder as a target population.
- Investing \$395.3 million over the next five years to integrate evidence-based public health prevention programs into the Medicaid program, including Nurse-Family Partnership, Asthma home-based services, diabetes prevention and quality improvement, and lead paint poisoning prevention.
- \$375 million to fund New Care Models.
- \$500 million for workforce development.
- \$1 billion to sustain Vital Access/Safety Net Providers.

CCC looks forward to continuing to partner with the MRT to ensure that the implementation of the MRT initiatives and the Medicaid 1115 Waiver (when approved) translates into high quality health and mental health services for children.

Sincerely,

Jennifer March-Joly
Executive Director



Rosa M. Gil, DSW
President/CEO

August 16, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent Comunilife, Inc., founded in 1989. Comunilife is a health and human services agency providing mental health, social and rehabilitative services, and housing for persons living with HIV/AIDS and mental illness. Our mission is to improve the quality of life and create a healthier tomorrow for adolescents, adults, families and seniors living with mental illness and/or HIV/AIDS in New York City's underserved communities. Our goal is to help those we serve achieve self-sufficiency and independence while remaining in their communities. Comunilife annually serves some 2,500 New York City residents throughout the Bronx, Queens, Brooklyn and Manhattan. We operate with a \$30 million budget, funded by HUD, the NYS State Office of Mental Health, the NYC Department of Health and Mental Hygiene, the NYC Human Resources Administration, and the generous support of corporations, foundations and individuals. Our housing services span the continuum from transitional to permanent housing and include comprehensive care management, social services, substance abuse services and other rehabilitative services for persons living with mental illness and HIV/AIDS.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficult finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.



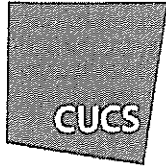
We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in black ink, appearing to read "Rosa M. Gill", is written over a faint, circular stamp or watermark.

Rosa M. Gill, DSW
President & CEO



center for urban
community services

Rebuilding lives together

August 23 , 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

The Center for Urban Community Services' (CUCS) mission is to end homelessness for as many people as possible and to provide opportunities for low-income individuals and families, particularly those with special needs. CUCS is pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

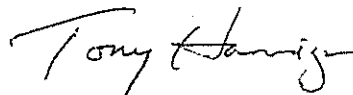
Supportive Housing – permanent, affordable housing coupled with supportive services – is a cost-effective way to achieve long-term housing stability for individuals and families who face complex challenges such as substance abuse, mental illness and HIV/AIDS. A growing body of research suggests that stabilizing individuals in supportive housing also reduces their use of expensive public services such as emergency rooms, psychiatric hospitals, jails, and substance use treatment programs. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing.

Investing in supportive housing will help the most vulnerable individuals live more stable, productive lives and reduce Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

CUCS fully supports the New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in black ink, appearing to read "Tony Hannigan". The signature is written in a cursive style with a large initial "T" and a long horizontal stroke at the end.

Tony Hannigan
Executive Director

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership
Plan Waiver (11-W-00114/2)

Dear Ms. Mann:

I am a member of the Board of the Queens Medical Society IPA, an organization of over five hundred (500) medical providers as members; we are writing to you to voice our consent of New York State's request for an amendment to New York's Section 1115 Partnership Plan Waiver (11-W-00114/2).

Mr. Helgeson, Medical Director, Deputy Commissioner of the New York State Office of Health Insurance Programs submitted a document outlining the reinvestment strategies which would be funded through the federal savings generated by what he said was the Medicaid Redesign Team (MRT) of New York. Recent passage of the Patient Protection and Affordable Care Act (PPACA) was only the starting point for reforming the health care system in the United States. As guidelines and regulations are developed many health policy experts agree that the law will not work without placing a greater emphasis on prevention and primary care, these two components are essential to the ultimate success of health care reform. The MRT Action Plan outlines thirteen (13) "programs" that would provide targeted funding opportunities for a variety of medical reform initiatives, many of the measure proposed are designed to boost both prevention and primary care services, core areas that are essential to medical reform and cost cutting strategies.


The reinvestment funds requested by New York State are essential to its reform strategy of increasing patient access to primary care services which include preventive care. With the expected surge of newly insured individuals resulting from PPACA, the funds requested will provide New York medical providers the capital funding that is needed to help modernize medical offices thereby expanding patient access to high quality primary care. Reinvestment monies will also be utilized to increase Medicaid payments for primary care physicians, resulting in the hopeful attraction of more medical providers to the field of primary care.

New York has already invested heavily upon improving primary care. Although the improvements made are noteworthy, more needs to be done. The reinvestment money sought will allow New York State to focus on a particular subset of primary care providers, the small practice provider who renders service to the immigrant and lower socio-economic communities. Many of these practices do not necessarily have the infrastructure to support seeking expansion, technological upgrades or NCQA recognition or the others that have met

initial NCQA recognition but lack the funding needed to achieve higher levels of NCQA recognition.

The reinvestment funds, if utilized as indicated within the MRT's Action Plan, will help tremendously in allowing for the necessary growth and access to preventive and primary care medicine that will help accommodate the expected surge of individuals who will become insured in the near future. I, as a physician, along with the IPA I represent have helped New York and the Federal Government realize the achieved shared savings New York is asking for; as such, my voice, the voice of my fellow community based primary care providers and our IPA must be heard in determining how the shared savings should best be utilized. My IPA and my member providers are committed in ensuring the delivery of professional medical care and treatment to the communities we serve and that is why I strongly urge you to grant New York's MRT Waiver request.

For further information please contact any of the individuals below.


Jay Tartell, M.D.
Board Member
Queens County IPA



www.careathand.com

Friday, August 10, 2012

Attn: Jason Helgerson, New York State Medicaid Director

I represent Care at Hand, a mobile care management platform that empowers underutilized home health aides to become high-touch, low-cost extenders of the health system. As a physician and co-founder of this organization I work with patients at Children's Hospital in Boston, as well as home health care agencies in Boston and New York.

We are delighted that the MRT waiver invests substantially in primary care. This investment will be critical to providing high quality primary care to 2.3 million New York State residents who now lack access to primary care.

A community-based health care infrastructure with sufficient primary care at its center is critical to building and sustaining the high-performing, integrated systems of care that will achieve the CMS Triple Aim of better health, better care, and lower costs. True integration will challenge the "silos" that have traditionally defined New York's health care environment, and create more meaningful collaborations among payers, providers and patients.

The MRT Waiver embraces the Triple Aim. Investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers. If approved, it will help build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in black ink, appearing to read "Andrey Ostrovsky". The signature is stylized and somewhat cursive.

Andrey Ostrovsky

Andrey Ostrovsky, MD
Co-Founder & Chief Medical Officer | Care At Hand, Inc
Pediatric Resident | Children's Hospital Boston | Boston Medical Center
Harvard Medical School | Boston University School of Medicine

August 22, 2012

CHAIR

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Scott D. Hayworth, MD

EXECUTIVE DIRECTOR

Donna M. Montalto, MPP

Jason Helgeson
New York State Medicaid Director
NYS Department of Health
Corning Tower
Albany, NY 12208

Re: Section 1115 Partnership Plan Waiver

Dear Mr. Helgeson:

As the foremost authority on women's health care, representing over 4,500 New York ob-gyns, the American Congress of Obstetricians and Gynecologists (ACOG District II) would like to thank you for your dedication to ensure that every woman receives affordable, high quality health care in New York State.

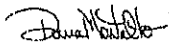
The success of Governor Andrew Cuomo's Medicaid Redesign Team (MRT) has not only resulted in into significant savings, but is also transforming our healthcare system, providing millions of women with healthcare they otherwise would not receive.

ACOG District II applauds your efforts to secure a MRT waiver – which would play a major role in delivering much needed primary care to women throughout New York State. For many women, an ob-gyn is their only primary care physician and regular visits offer excellent to provide preventive screenings, evaluations, and counseling for women throughout their lives.

Ensuring New York's health workforce meets the needs of this new era of health care reform is crucial for ob-gyns. Unfortunately, skyrocketing liability premiums and the fear of litigation have caused many ob-gyns to make dramatic changes to their practices, including dropping high-risk obstetrics, eliminating obstetrics altogether causing an increase of defensive medicine costs – (demonstrated, for example, by the rising Cesarean section rate). Without addressing these issues, access to obstetric and gynecologic care will continue to be a challenge for a growing number of women.

ACOG District II has reviewed the current status of the Medicaid system in light of the economic challenges facing the Medicaid Redesign Team. We would welcome the opportunity to work with you to address how the MRT waiver could further benefit women in New York State.

Sincerely,



Donna Montalto, MPP
Executive Director
ACOG District II



August 20, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent Volunteers of America Greater New York, Inc. Founded in New York City in 1896, Volunteers of America is one of the country's oldest and largest faith based human service organizations. Dedicated to restoring hope, dignity, and self-reliance to individuals and their families in crisis or distress, the organization provides help to those in need, while creating meaningful opportunities for individuals and corporations to serve others. Our award winning programs are designed to meet the material and spiritual needs of those we assist, and provide comprehensive and effective solutions that involve whole communities, including collaborations with other service providers, government agencies, churches, schools, corporations, and caring individuals. Guided by compassion and committed to action, Volunteers of America strives to build stronger communities by building stronger people – one life at a time.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/AIDS, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent in building operations and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

EXECUTIVE OFFICE

340 West 85th Street • New York, NY 10024 • Tel: 212.873.2600 • Fax: 212-769-2629

www.voa-gny.org

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,



Richard P. Motta
President and Chief Executive Officer

Andrew:

I am following the good job you are doing as governor. It is a long way away from those early days at HELP. Keep up the good work and good luck to all your family

Richard



August 14, 2012

The Honorable Andrew M. Cuomo
Governor of New York State
NYS Capitol Building
Albany, NY 12224

Dear Governor Cuomo:

I am writing on behalf of LeadingAge New York in support of the state's request for a new Medicaid Section 1115 waiver amendment to reinvest in its health care and housing infrastructure in ways that will promote innovation, ensure access to needed services and improve the care experience of patients and residents. LeadingAge NY represents nearly 500 not-for-profit and public providers of long term care (LTC) and senior services to an estimated 500,000 New Yorkers each year.

As documented in the waiver application, the federal government will derive substantial fiscal savings from the Medicaid redesign initiatives being implemented by New York State, both in the form of lower than expected Medicaid matching payments as well as Medicare savings expected to be achieved through reduced hospital use and greater coordination of care. Consistent with shared savings approaches being employed in a wide variety of health programs, we believe the federal government should share a portion of its Medicaid savings with New York to enable strategic investments in the state's health care, long term care and housing infrastructure to ensure access to needed services and supports and facilitate provider-level care management. A carefully developed reinvestment plan is likely to result in even greater savings to both the state and federal governments in out-years.

LeadingAge New York and its members participated extensively in the waiver stakeholder engagement process by offering public testimony, providing significant written feedback and engaging directly with Department of Health staff. We are pleased to see a number of our recommendations reflected in the waiver submission, but wish to underscore our input in selected areas:

1. **Nursing home capital.** We respectfully urge the federal government to either modify or waive the regulation at 42 CFR § 438.60, for the purpose of carving nursing home and adult day health care Medicaid capital reimbursement out of Medicaid managed care plan benefits and capitation payments, and allowing such amounts to continue being reimbursed directly to providers under the current Medicaid State Plan methodology. At issue is the concern that as Medicaid recipients are enrolled in Medicaid managed care plans, the capital cost reimbursement provided under fee-for-service Medicaid will gradually be replaced by negotiated rates between facilities and plans that may not cover these costs.

2. **Technology for LTC and senior services.** While past initiatives have supported technology deployment in primary and acute care, little investment has been made in technologies supporting aging services. Technology can enhance workforce efficiency and effectiveness by improving outcomes, addressing access issues, promoting independence, improving quality of life, and ultimately saving money. From electronic medical records, information exchange, medication dispensing, monitoring systems, telehealth, personal emergency response systems and video consultation, technologies can support the “triple aim” goals as well as the tenets of the U.S. Supreme Court’s *Olmstead* decision. Grants should be made available to LTC and senior services providers for technology deployment costs and related workforce training initiatives.
3. **Prioritize supportive senior housing.** Senior housing offers an ideal platform for efficiently and effectively delivering home care, other health services and social and environmental supports. However, a growing shortage of affordable senior housing and related supports is emerging due to capital financing issues and a lack of service coordination/case management. With a growing affordability gap and major federal funding cutbacks, the current unmet need for affordable senior housing is reaching crisis proportions. In addition, much of the current senior housing infrastructure is in need of extensive renovation. Increasing the production of modernized subsidized senior housing capacity must become a priority. The waiver proposal should be refined to include dedicated capital grants for a supportive senior housing program to fund building costs and initiate supportive services. Creative financing approaches such as social impact bonds that would leverage waiver investments should also be investigated for potential use.
4. **LTC workforce.** A highly skilled workforce will be needed to support increased demand for services, better coordination of services and less reliance on institutional settings. To ensure maximum effectiveness, however, the investments should also be targeted to the rapidly growing senior population. A wide range of organizations – including providers – should be eligible to provide workforce training under the waiver reinvestment initiative. Our previously submitted recommendations to the Department of Health incorporated a number of regulatory and policy modifications that would leverage current workforce capabilities and the potential effect of the reinvestment strategy on workforce capacity and capability.
5. **Investments in LTC facilities.** Grants should be made available through a competitive process using waiver funds for proposed projects incorporating one or more of the following elements: (a) innovative resident-centered programming in LTC facilities; (b) rightsizing nursing home capacity; (c) creating residential and community-based service alternatives; (d) updating of facilities; and (e) development of specialty/subacute services. Targeted investments in these areas will address capacity issues and improve the resident care experience.
6. **Primary care expansion in LTC settings.** The primary care expansion initiative offers a significant opportunity to not only support the development of care coordination models, but to enhance access to primary care for frail elderly Medicaid recipients and seniors who are at risk of needing expensive Medicaid funded services. Individuals living in nursing homes, adult care facilities, assisted living programs, affordable senior housing and community-based settings who might not otherwise be enrolled in health homes or patient centered medical homes would benefit from

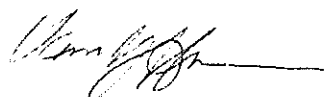
increased access to primary care services. We have provided the Department of Health with specific recommendations in this regard.

7. **Health homes.** Over one-fifth of the state's Medicaid recipients who are eligible under federal health home standards are receiving LTC services. However, the state has yet to propose a health home model focused on the chronically ill population needing 120+ days of LTC services. Many of these individuals will eventually be enrolled in managed long term care plans and potentially dual capitated arrangements. However, on an interim basis and even after enrollment in capitated arrangements, these LTC recipients may benefit from the broad-based care management features of health homes, particularly as they navigate across different service settings. The state should work with LTC providers and the federal government to assess the viability of LTC health homes, and make Medicaid waiver resources and other assistance available if the model is pursued.
8. **Public health innovation.** Strategic investments in non-medical services for the aging would have significant public health and fiscal benefits. Services traditionally provided through the NYS Office for the Aging should be expanded and supported through waiver-funded grants or other seed funding, as they have a significant impact on the health of Medicaid-eligible individuals and people at risk for becoming Medicaid-eligible. These services include, but are not limited to, the Naturally Occurring Retirement Community (NORC) and Neighborhood NORC programs, non-emergency transportation, home delivered meals, nutrition, caregiver support and aging issues education. Better coordination between health care and social services and an investment in the expanded delivery of social services would support the "triple aim" goals.

The 1115 waiver amendment represents a major opportunity to preserve the state's infrastructure of LTC and senior services; improve the transition to mandatory Medicaid managed care; and make strategic investments in affordable senior housing and technology to ensure that the goals of Medicaid redesign can be achieved.

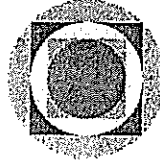
LeadingAge NY remains available to work with the Department of health and other stakeholders on development and implementation of the 1115 waiver amendment. Please do not hesitate to contact me at (518) 867-8383 or dheim@leadingageny.org for this purpose.

Sincerely,



Daniel J. Heim
Executive Vice President

cc: James Introne
Nirav Shah, M.D.
Jason Helgerson



BETANCES HEALTH CENTER

Attn: Jason Helgerson, New York State Medicaid Director

Dear Mr. Helgerson:

I am a Staff Member / Patient of **Betances Health Center**.

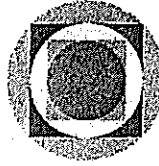
Betances has emerged as a leader in community based primary care, serving over **6,000 underserved patients each year**. Our pioneering strategy of integrated care, merging traditional Western medicine and specialty services with holistic treatments consonant with diverse health care beliefs and practices directly responds to a prevalence of serious health risks such as impaired childhood development, teen pregnancy, and chronic disease, that result from inner city poverty and insufficient access to primary care. **Betances is also one of the few local agencies to offer a sliding scale fee**. Our services include primary care, pediatric medicine, family medicine, internal medicine, family planning, senior care, HIV/AIDS care, testing, and counseling, cardiology, OB/GYN, Dental, prenatal care, podiatry. Last year, Betances had 33,000 patient visits, 63% reflecting individuals from areas designated as health crisis zones due to insufficient health access and high rates of HIV infection and substance abuse. In addition, 18% of our patients were uninsured or underinsured, a number that is increasing steadily. Our annual operating budget is now over \$7 million, we have a diverse, multilingual staff of 80.

We are delighted that the MRT waiver invests substantially in primary care. This investment will be critical to providing high quality primary care to 2.3 million New York State residents who now lack access to primary care. This will give them a community-based health care infrastructure with sufficient primary care at its center which is critical to building and sustaining the high-performing, integrated systems of care that will achieve the CMS Triple Aim of better health, better care, and lower costs. True integration will challenge the "silos" that have traditionally defined New York's health care environment, and create more meaningful collaborations among payers, providers and patients.

The MRT Waiver embraces the Triple Aim. Investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers. If approved, it will help build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

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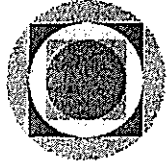
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Sincerely,



BETANCES HEALTH CENTER

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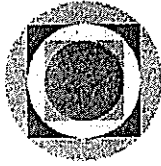
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We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Margaret Connor
Sincerely,



BETANCES HEALTH CENTER

Attn: Jason Helgerson, New York State Medicaid Director

Dear Mr. Helgerson:

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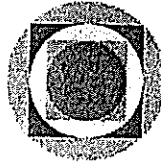
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We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,

Janya Ramas



BETANCES HEALTH CENTER

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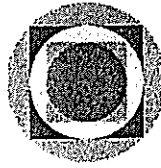
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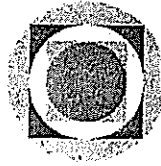
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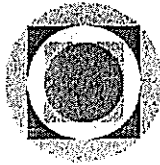
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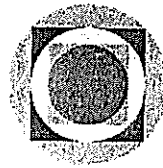
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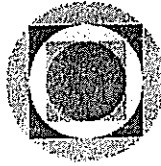
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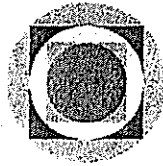
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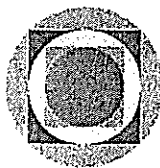
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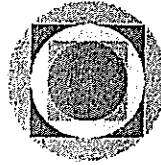
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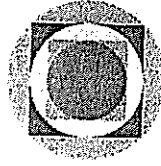
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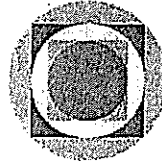
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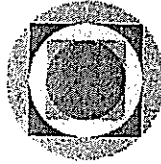
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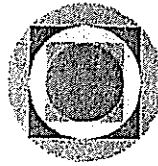
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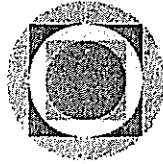
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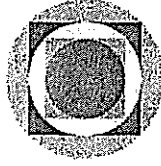
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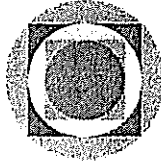
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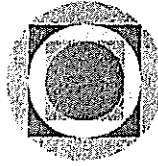
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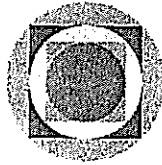
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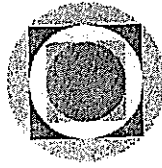
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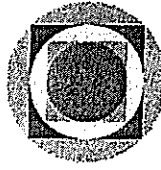
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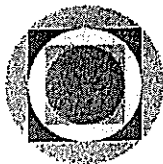
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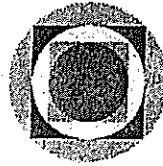
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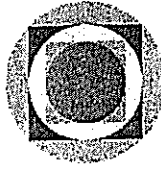
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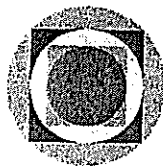
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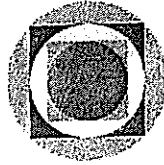
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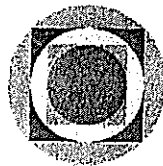
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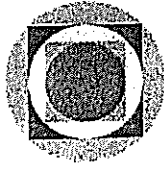
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Sincerely,



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Attn: Jason Helgerson, New York State Medicaid Director

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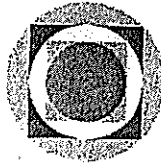
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Esther Bickel —



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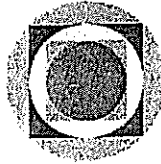
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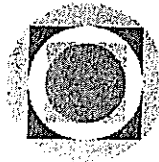
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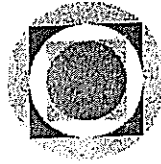
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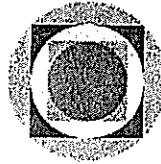
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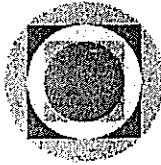
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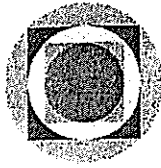
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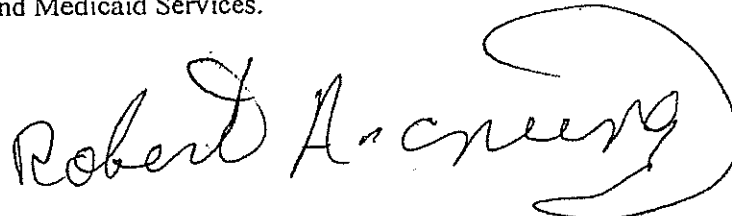
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MRT 1115

Batya Lerner to. mrtwaiver

08/30/2012 04:57 AM

Dear Sir or Madame,
We strongly urge you to pass New York's MRT 1115 Waiver Amendment. Thank you
for your consideration.
Dr. Batya Lerner

Fast, Secure, NetZero 4G Mobile Broadband. Try it.
<http://www.netzero.net/?refcd=NZINTISP0512T4GOUT2>

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership
Plan Waiver (11-W-00114/2)

Dear Ms. Mann:

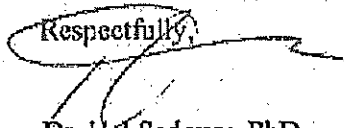
Let this correspondence serve as mine and my organizations support of New York State's request for an amendment to New York's Section 1115 Partnership Plan Waiver (11-W-00114/2). As Chief Executive Officer of Balance Accountable Care Network, LLC d/b/a Balance ACO, an approved New York State Accountable Care Organization with one thousand and sixty nine (1,069) primary care providers within the network, the reinvestment funds being requested is urgently needed if New York's health care initiatives are to succeed.

In support of New York's MRT Waiver Amendment Request, Mr. Helgerson, Medical Director, Deputy Commissioner of the New York State Office of Health Insurance Programs, submitted a document outlining the reinvestment strategies which would be funded through the federal savings generated by what he said was the Medicaid Redesign Team (MRT) of New York. Recent passage of the Patient Protection and Affordable Care Act (PPACA) ensures that more than one million previously uninsured individuals will gain access to health insurance, many for the first time. The influx of these newly insured individuals will place a significant strain on the State's health care system. The reinvestment funds being requested are needed to ensure that the State's health care delivery system is up to the task of meeting the needs of all New Yorker's.

The Affordable Care Act (ACA) and many of the federal reforms undertaken in the recent past have focused on the primary care provider/patient relationship and the role of preventive medicine in reducing health care costs. I, as the principal voice of our one thousand and sixty nine (1,069) primary care providers strongly urge consideration and approval of New York State's request for the MRT Waiver.

For further information please contact any of the individuals below.

Respectfully,


Dr. Hal Sadowy, PhD
Balance ACO
Mobile (317) 294-7111
E-mail: halsadowy@yahoo.com

August 21, 2012

Mr. Jason Helgeson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgeson:

Callen-Lorde Community Health Center strongly supports Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.

We applaud the Waiver's balanced approach toward primary care expansion, which includes significant resources for capital technical assistance, workforce, and HIT – all critical aspects of a successful plan. To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients.

Over time, community health centers have offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most. Community health centers are willing and able to put their talents to work whenever called upon, improving the health of individuals and entire communities.

The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,



Jay Laudato
Executive Director



The future starts with a place to live

August 20, 2012

Centers for Medicaid and Medicare
c/o Jason Helgerson
NYS Medicaid Director
mrtwaiver@health.state.ny.us

Bailey House, Inc.

1751 Park Avenue, fourth Floor
New York, NY 10035
Tel: (212) 633-2500
Fax: (212) 633-2932
www.baileyhouse.org

Dear Mr. Helgerson:

iHealth is an association of 15 community-based organizations, (including Bailey House), almost all of whom were HIV/AIDS Targeted Case Management Providers until the conversion to Health Homes. Our collective mission is to safeguard the interests of people living with HIV/AIDS and other chronic conditions and to preserve the community-based HIV/AIDS infrastructure so that it can successfully transition in keeping with New York State's goal of improving health outcomes for low income New Yorkers with a range of complicated chronic conditions. iHealth has actively participated in the development of Health Homes in New York State. iHealth is currently participating in the governance of three Health Homes in New York City. In addition, iHealth has had significant input into the design of the state-wide system, meeting frequently with State officials to make suggestions on improving the model while successfully preserving the existing infrastructure.

We are writing to support the Medicaid reforms advanced through the New York State 1115 Waiver Amendment submitted to the Centers for Medicaid and Medicare (CMS). The Medicaid Redesign Team (MRT) in New York State was a state/community partnership where these reforms were developed over the course of the past year. The focus was on the "triple aim:" improving quality, improving health, and reducing costs.

Members of iHealth have been active participants in the MRT process, submitting numerous proposals, and serving on various MRT Workgroups. In addition, we have offered formal testimony regarding the development of New York State's Waiver Amendment. We are gratified that much of our work is reflected therein. iHealth fully supports this effort and urges CMS to approve the Waiver as expeditiously as possible.

Below, we outline some of the most important elements of the Waiver Amendment particularly as they impact on the implementation of Health Homes as a model to improve health outcomes while reducing costs:

- **Marketing and Consumer Education:** Over the years, we have seen various initiatives that were aimed at controlling Medicaid costs and improving health outcomes for enrollees. These have included the roll-out of mandatory managed care for various populations and the more recent chronic illness demonstration project. In each case, the New York State Department of Health has invested significant resources in both public education efforts and more targeted consumer education. Yet, New York State is attempting to engage over 600,000 people in a voluntary care

coordination program without resources, absent the Waiver Amendment, to engage in these activities relative to Health Homes.

iHealth strongly supports New York State's request to invest funds in the creation of posters, PSA's and other public awareness tools that can be used in neighborhoods and locations where there are likely to be high concentrations of Health Home eligible individuals. We also strongly support the request to invest funds to do direct marketing and consumer education about Health Homes to eligible populations.

- Capitalization of Technology Infrastructure: Health Home success is in large part dependent on the ability of everyone involved in an enrollee's care to share information in a timely and inexpensive manner. This requires that each Health Home develop robust technology that can interface with Regional Health Information exchange technology and to then make that technology available to members of that Health Home network at an affordable cost. There is no one best solution, but we believe that this technology needs to be able to facilitate at least three things on the part of care coordination entities: 1) real time access to all clinical records of enrollees; 2) the ability to electronically upload and submit all reportable information; and 3) the ability to track clinical and other outcome information on each enrollee.

iHealth strongly supports the State's proposal in the Waiver Amendment to assist Health Home networks in the development of standardized electronic systems that take advantage of New York's Regional Health Information infrastructure. We also unreservedly support the State's proposal to provide one-time funds that will allow smaller entities such as community-based care coordination programs that need to upgrade their technology in order to fully participate in Health Home/RHIO technology.

- Initial Startup Costs of Health Home Networks: The start-up infrastructure to support Health Home entities is significant due to the human resources required to manage the rosters, assignment of patients, quality management, and finances, including the management of claims with reconciliation to the State, as well as to the subcontractors of the entity. These costs, together with costs associated with HIT and other operational expenses are resulting in a significant capital contribution from each partnering organization comprising the governance of the Health Home entity. Only by paying this "equity" contribution, do organizations like iHealth and its members have any voice in the governance and policy decisions of Health Homes. To date, iHealth has had to pledge over \$475,000, to be collected from its membership, just to participate in the governance of three Health Home networks.

iHealth greatly appreciates and supports the request by New York State for a one-time investment in the start-up infrastructure of the Health Home so as to alleviate the burden of the capital contribution from the network partners.

iHealth supports many other important aspects of the Waiver Amendment, including primary care expansion, new care models, and the proposed investment in supportive housing for homeless people with chronic conditions. Housing has been consistently identified as a cost saving intervention for people living with chronic illnesses, substance use and mental health issues and the homeless population. In fact, stable housing is highly correlated with reduced risk behavior, improved engagement in care, and increased adherence to medical regimens, resulting in significant savings in emergency room visits and hospital admissions.

The above are just some key examples of the important elements that are included in the New York State Waiver Amendment. These reforms have the potential to transform the Medicaid system in New York State into a high quality healthcare program resulting in huge savings for taxpayers. These reforms are a result of State and community partnerships forged over the past year, giving the community a voice in reforming the Medicaid system so that it more effectively serves the neediest of New York residents.

iHealth urges the CMS to expeditiously approve the New York State 1115 Waiver Amendment.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Quattrochi', written over the printed name and title.

Regina Quattrochi
Chief Executive Officer



Regional Primary Care Network

August 22, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

I represent the Regional Primary Care Network, a Federally Qualified Health Center that delivers medical, dental and behavioral health services to over 90,000 patients each year. We do this through 17 health centers located in the City of Rochester and operated by sub-recipients of our Section 330 grant, as well as through four health centers in the Finger Lakes and Utica that we own and operate directly. We serve a diverse population, ranging from rural to urban and including a varied mix of cultures and primary languages.

We strongly support Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.

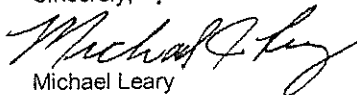
We applaud the Waiver's balanced approach toward primary care expansion, which includes significant resources for capital technical assistance, workforce, and HIT – all critical aspects of a successful plan. To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients.

Over time, community health centers have offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most. Community health centers are willing and able to put their talents to work whenever called upon, improving the health of individuals and entire communities.

The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,


Michael Leary
President/CEO

<i>RPCN Administrative Offices</i>	<i>Rushville Community Health Center</i>	<i>Utica Community Health Center</i>	<i>Livingston Community Health Center</i>	<i>Wayne Community Health Center</i>
259 Monroe Ave	2 Rubin Drive	1651 Oneida Street	1 Murray Hill Drive	1319 Nye Road
Rochester, NY 14607	Rushville, NY 14544	Utica, NY 13501	Building 1 Room 140	Lyncoln, NY 14489
p 585-325-2280	p 585-554-4400	p 315-793-7600	Mount Morris, NY 14510	p 1-877-554-6805
f 585-325-2293	f 585-554-3342	f 315-792-0079	p 585-243-7840	f 315-946-5767
			p 585-335-1751	
			f 585-243-7841	



Helping people. Changing lives.

CHAUTAUQUA OPPORTUNITIES, INC.

A COMMUNITY ACTION PARTNERSHIP 

August 23, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

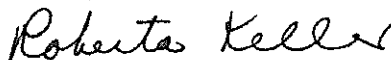
Chautauqua Opportunities, Inc. (COI) is a Community Action Agency that has been providing a wide range of supportive services in Chautauqua County to help low and moderate income people achieve self sufficiency since 1965. COI's approach is to evaluate customer households holistically to determine their needs in the areas of: affordable housing; rehabilitation and weatherization; health care and health insurance; child care, early education and parent involvement; and youth development. COI is a HUD Housing Counseling Agency and has also administered the Housing Choice Voucher Program (Section 8) in Chautauqua County since 1976. For over 20 years, the agency has provided supports to families and individuals residing in agency-owned housing units that help them transition into permanent housing and away from a dependence on publicly funded supports.

COI has experienced first-hand that affordable housing linked to supportive services provides stability for vulnerable individuals and families that greatly increases their ability to become self sufficient. In addition, over a decade of research has demonstrated that placement into supportive housing dramatically reduces immediate and long-term spending on expensive emergency interventions. Supportive housing substantially reduces inpatient Medicaid spending for chronically homeless individuals who are frequent users of emergency rooms, hospitals and medical detox programs.

I am pleased that New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently. The waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

Initial research indicates that NY/NY III supportive housing targeted to the highest cost Medicaid users may save an average of \$30,000 per resident per year. That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

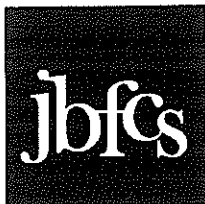
Sincerely,



Roberta Keller
Executive Director

Central Administrative Offices

17 West Courtney Street, Dunkirk, NY 14048 (716) 366 - 3333 FAX (716) 366 - 7366 TY/TDD: (716) 366-3420



135 West 50th Street • 6th Floor • New York, NY 10020
(212) 582-9100 • www.jbfc.org

Anthony E. Mann President
Paul Levine Executive Vice President & CEO

August 16, 2012

Jason A. Helgeson
Medicaid Director
New York State Department of Health
Corning Tower, ESP 14th Floor
Albany, NY 12237

Dear Mr. Helgeson:

On behalf of the Jewish Board of Family and Children's Services (JBFCs), one of the nation's largest nonprofit mental health and social services agencies, serving more than 50,000 New Yorkers each year, I am writing to express our strong support for the New York State's Medicaid Redesign Team waiver amendment. We believe the 1115 waiver amendment appropriately integrates mental health services into the system of care for improved outcomes and reduced costs.


We are pleased that the waiver would make \$10 billion in federal Medicaid savings available to be reinvested in New York State's health care system over the next 5 years and that it includes the following critical components:

- \$525 million in Health Homes Development Funding towards Health Homes necessary for Health Home providers to coordinate care for high need, high cost populations.
- \$750 million in Medicaid Supportive Housing Expansion for people coping with chronic illness or disability and behavioral health challenges. As peer-reviewed studies have shown, providing stable housing significantly reduces costs in avoidable and expensive emergency services like hospitals, psychiatric centers and other institutional settings.
- \$375 Million to fund New Care Models, which could include peer services, intensive residential services for substance abuse disorders and medical respite care for chronically homeless individuals.
- \$1 Billion to sustain Vital Access/Safety net providers. This will help financially challenged providers to transition to the new healthcare systems.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

Thank you for your support of the non-profit human services sector. We are fortunate to have a productive partnership with our NYS Government in providing assistance to vulnerable New Yorkers.

Sincerely,



Paul Levine, LCSW

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175 social service programs.
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Ralph Fasano
Executive Director

312 Expressway Drive South phone: 631-758-0474 ext.201 • fax: 631-758-0467 • www.concernhousing.org • rfasano@concernhousing.org
Medford, New York 11763

August 16, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent Concern for Independent Living, a not-for-profit organization which provides housing and supportive services to persons with psychiatric and other disabilities and to low income individuals and families. Concern provides housing and supportive services for over 700 individuals and families throughout Suffolk County and Brooklyn. The services that we provide assist individuals and families to live with dignity in the communities of their choice.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

Recipient of the Metropolitan Life Foundation
National Award for Excellence in Affordable Housing



Accredited by

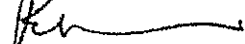


Affiliate
Member

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,



Ralph Fasano

Executive Director



Community Health Care Association of New York State

August 20, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

The Community Health Care Association of New York State (CHCANYS) strongly supports Governor Cuomo's submission of a visionary and innovative 1115 Waiver Amendment application that seeks to improve longstanding impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.

CHCANYS is one of the leading primary care associations in the country. We organize, educate and advocate on behalf of 60-plus federally qualified community health centers and look-alikes located throughout New York State. These community health centers provide high-quality, affordable and accessible primary medical, dental and preventive care to more than 1.4 million New Yorkers regardless of their insurance status or ability to pay.

We applaud the Waiver's balanced approach toward primary care expansion, which includes significant resources for capital, technical assistance, workforce, and HIT – all critical aspects of a successful plan. To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. These aims will only be achieved through the integration of care models and breaking down of provider silos. True integration will challenge the status quo that has traditionally defined New York's health care environment and create more meaningful collaborations among payers and providers; hospitals and health centers; and frontline staff, care providers, and management. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it.

Over time, community health centers have offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most. Community health centers are willing and able to put their talents to work whenever called upon, improving the health of individuals and entire communities.

The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based

primary and preventive care, behavioral health and support services at the level necessary to manage and coordinate care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth H. Swain". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Elizabeth H. Swain
President & Chief Executive Officer
Community Health Care Association of New York State



August 23, 2012

The Honorable Governor Andrew Cuomo
 Governor of the State of New York
 Executive Chamber, State Capitol, Room 253
 Albany, NY 12224

Dear Governor Cuomo:

I represent Catholic Family Center, a regional office of Catholic Charities in the Diocese of Rochester. We serve over 33,000 people in the Rochester area with a diverse number of services, including Supportive Housing. Currently, our supportive housing consists of 33 apartments (Lafayette I & II). In 2013 we will be open 21 additional apartments and 25 single homes of supportive housing. This model of housing provides permanent, supportive housing at 1/16th of the cost of emergency homeless shelter housing.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/AIDS, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

ADMINISTRATIVE OFFICES

87 N. Clinton Avenue
 Rochester, NY 14604-1458

p: 585-546-7220
 t: 585-546-6396
 www.nycatholic.org

Mark A. Wickham
 President/CEO

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Catholic Charities of the Diocese of Rochester

Retard Residential
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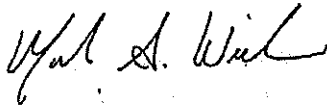
The Honorable Governor Andrew Cuomo
Page 2

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,



Mark A. Wickham
President & CEO

MAW:amk



New York State 1115 Waiver Amendment
Lyndel Urbano to: mrtwaiver@health.state.ny.us
Cc: Janet Weinberg, Nathan Schaefer, "Ace Robinson", Jennay
Thompson

08/24/2012 01:56 PM

August 22, 2012

Centers for Medicaid and Medicare
c/o Jason Helgerson
NYS Medicaid Director
mrtwaiver@health.state.ny.us

To Whom It May Concern,

Gay Men's Health Crisis (GMHC) is the world's first and leading provider of HIV/AIDS prevention, care and advocacy. Building on decades of dedication and expertise, we understand the reality of HIV/AIDS and empower a healthy life for all. In 2012, GMHC serves over 10,000 clients from all five boroughs of New York City. In addition, we carry a robust statewide and national policy agenda that seeks to assist with full implementation of the Affordable Care Act and all the components of health care reform that will improve the quality of life and health outcomes for those we serve. GMHC is a member of iHealth and has endorsed recommendations of that body sent earlier this month. However, the following points are meant to reiterate our concerns and recommendations.

We are writing to support the Medicaid reforms advanced through the New York State 1115 Waiver Amendment submitted to the Centers for Medicaid and Medicare (CMS). The Medicaid Redesign Team (MRT) in New York State was a state/community partnership where these reforms were developed over the course of the past year. The focus was on the "triple aim:" improving quality, improving health and reducing costs.

Below, we outline some of the most important elements of the Waiver Amendment particularly as they impact on the implementation of Health Homes as a model to improve health outcomes while reducing costs:

- **Marketing and Consumer Education:** Over the years, we have seen various initiatives that were aimed at controlling Medicaid costs and improving health outcomes for enrollees. These have included the roll-out of mandatory managed care for various populations and the more recent chronic illness demonstration project. In each case, the New York State Department of Health has invested significant resources in both public education efforts and more targeted consumer education. Yet, New York State is attempting to engage over 600,000 people in a voluntary care coordination program without resources, absent the Waiver Amendment, to engage in these activities relative to Health Homes.

GMHC strongly supports New York State's request to invest funds in the creation of posters, PSA's and other public awareness tools that can be used in neighborhoods and locations where there are likely to be high concentrations of Health Home eligible individuals. We also strongly support the request to invest funds to do direct marketing and consumer education about

Health Homes to eligible populations.

- **Capitalization of Technology Infrastructure:** Health Home success is in large part dependent on the ability of everyone involved in an enrollee's care to share information in a timely and inexpensive manner. This requires that each Health Home develop robust technology that can interface with Regional Health Information exchange technology and to then make that technology available to members of that Health Home network at an affordable cost. There is no one best solution, but we believe that this technology needs to be able to facilitate at least three things on the part of care coordination entities: 1) real time access to all clinical records of enrollees; 2) the ability to electronically upload and submit all reportable information; and 3) the ability to track clinical and other outcome information on each enrollee.

GMHC strongly supports the State's proposal in the Waiver Amendment to assist Health Home networks in the development of standardized electronic systems that take advantage of New York's Regional Health Information infrastructure. We also unreservedly support the State's proposal to provide one-time funds that will allow smaller entities such as community-based care coordination programs that need to upgrade their technology in order to fully participate in Health Home/RHIO technology.

- **Initial Startup Costs of Health Home Networks:** The start-up infrastructure to support Health Home entities is significant due to the human resources required to manage the rosters, assignment of patients, quality management and finances, including the management of claims with reconciliation to the State, as well as to the subcontractors of the entity. These costs, together with costs associated with HIT and other operational expenses are resulting in a significant capital contribution from each partnering organization comprising the governance of the Health Home entity. Only by paying this "equity" contribution, do organizations like iHealth and its members have any voice in the governance and policy decisions of Health Homes.

GMHC greatly appreciates and supports the request by New York State for a one-time investment in the start-up infrastructure of the Health Home so as to alleviate the burden of the capital contribution from the network partners.

The above are just some key examples of the important elements that are included in the New York State Waiver Amendment. These reforms have the potential to transform the Medicaid system in New York State into a high quality healthcare program resulting in huge savings for taxpayers. These reforms are a result of State and community partnerships forged over the past year, giving the community a voice in reforming the Medicaid system so that it more effectively serves the neediest of New York residents.

GMHC urges the CMS to expeditiously approve the New York State 1115 Waiver Amendment.

Sincerely,

Janet Weinberg
Chief Operating Officer



MRT Support

Lorraine Greenwell to: mrtwaiver@health.state.ny.us

George Hoehmann, "Melanie Shaw (MShaw@ilny.org)"

Cc: "harveyr@nyaprs.org",

"Commissioners.Correspondence.Unit@opwdd.ny.gov"

08/24/2012 09:57 AM

August 24, 2012

Dear CMS,

I am writing to express my support and the support of the Rockland Independent Living Center, Inc., for the recommendations of the Medicaid Redesign Team recommendations regarding New York State 1115 Waiver Amendment application.

As an Independent Living Center we are pledged to the removal of barriers and the promotion of independence. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote independence and community integration. While New York still needs to do more as it relates to Olmstead implementation, the recommendations of the MRT if enacted will speed this process. In particular the following are important steps to refocus the service delivery system to better serve consumers as follows:

- \$750 million for supported housing and related services
- Millions for peer run service pilots, training and evaluation
- \$525 million to shore up health homes infrastructure, some of which may be used to plan to incorporate peer and rehabilitative services more fully into health home designs
- \$550 million for workforce retraining, including training that promotes recovery and cultural competence
- \$23 million for an extensive ombuds program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries

Any of the aforementioned are areas that are in dire need of new funding. Moreover, we believe that these goals are not only noble but will, if enacted, enable a rebalancing of the system not only in a cost effective manner but in a way that will truly promote independence and fuller inclusion for persons with disabilities. As a consumer driven and peer run agency we applaud the commitment to further funding for peer, vocational and recovery services that are demonstrated to be more effective than other models. Governor Cuomo and the MRT has put the goal of reinvestment from the proposed savings back into the system as a way to rebalance and shape services. We believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York and ask for approval.

Sincerely,

George Hoehmann

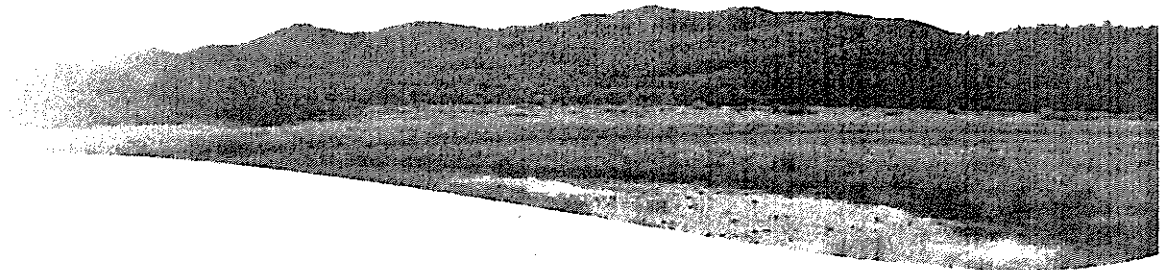
George Hoehmann
Executive Director

Lorraine Greenwell, LMSW, MPH
Assistant to the Executive Director
Rockland Independent Living Center
873 Route 45, Suite 108
New City, NY 10956
845-624-1366 ext. 112

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ADIRONDACK
HEALTH INSTITUTE



August 16, 2012

Mr. Jason Helgeson, Director
New York State Medicaid
New York State Department of Health
Corning Tower, Empire State Plaza,
Albany, NY 12237

RECEIVED

AUG 21 2012

NYS DOH-OFFICE OF
HEALTH INSURANCE PROGRAMS

M-514

Dear Mr. Helgeson:

On behalf of the Adirondack Health Institute (AHI), a partnership of Adirondack Medical Center, CVPH Medical Center, and Hudson Headwaters Health Network, let me state my strong support for NYSDOH's application to CMS for the MRT Waiver. The Waiver is vital for health system reforms that will create and sustain better health care at lower costs for everyone.

The Adirondack Health Institute, along with New York State, guides the Adirondack Region Medical Home Pilot, an innovative, patient-centered model for the delivery of health care services that strengthens the role of primary care. The Pilot focuses on prevention and care coordination to improve quality and contain costs. Participating organizations include 35 primary care practices (representing some 100 physicians and a like number of physician assistants and nurse practitioners), five hospitals, seven commercial health plans and Medicaid, Medicare, the New York State Department of Health, the Medical Society of the State of New York, and the New York State Association of Counties.

The Pilot is one of only eight patient-centered medical homes nationwide to receive CMS funding to cover Medicare patients.

The innovations that are part of the Pilot are what the Waiver will enable health care practitioners to put into play on a statewide scale – increased investment in primary care, health information technology, improved access, workforce training, and recruitment and retention of primary care practitioners – all in service to the patient-centered model of care delivery.

Clearly, the Waiver is a necessary step forward for health care in New York State and a unique opportunity to greatly reform and improve a system in need of both.

Sincerely,


Cathy A. Hornkey
Chief Executive Officer

ADIRONDACK HEALTH INSTITUTE

9 Carey Road | Queensbury, NY 12804

p. 518.761.0300 | f. 518.824.2305 | www.adirondackhealthinstitute.org

Baltic Street AEH, Inc.

Advocacy – Employment – Housing

250 Baltic Street, Brooklyn, NY 11201

Telephone: 718-855-5929

Fax: 718-222-1116

www.balticstreet.org

August 24, 2012

Dear Sir or Madam:

We are writing to you today in support of New York's MRT 1115 Waiver Amendment.

We understand that there is a plan to reinvest the anticipated Medicaid savings into a number of key priorities of interest to us and the people we serve that would include:

- \$750 million for supported housing and related services
 - There is a severe shortage of appropriate housing for people diagnosed with severe mental illness. Lack of access to affordable, accessible, integrated housing is the most significant barrier to people with disabilities who wish to transition from institutions or other segregated settings, who are at risk of institutionalization or who are homeless and would prefer to live independently in the community and are capable of doing so with support.
 - As of February 1, 2011, there were 24,617 families on the NYC Housing Authority's waiting list for Section 8 Housing, which has been closed since May 14, 2007.¹
 - New York City lost over 32,340 units of privately owned subsidized rental housing between 1990 and 2005.² There are currently approximately 171,500 subsidized housing units in New York City, many of which have subsidies that will expire unless action is taken to preserve them.³
- Millions for peer run service pilots, training and evaluation
 - There is significant evidence that peer run services greatly assist people with severe mental illness to integrate and maintain themselves in the community of their choice. While the main advantage of hiring a peer workforce is the lived experience that peers bring to the table, they need to be adequately trained to perform the various tasks that doing peer work entails. Funding for peer run service pilots would ensure that more people would have access to their valuable services. Funding for training and evaluation would ensure that staff achieves and maintains a level of competency.
- \$525 million to shore up health homes infrastructure, some of which may be used to plan to incorporate peer and rehabilitative services more fully into health home designs
 - The new health home initiative will coordinate people's care ensuring that both their physical health and mental health needs will be met. The addition of peers and rehabilitative services will serve to enhance the new service delivery.
- \$550 million for workforce retraining, including training that promotes recovery and cultural competence
 - As we shift to a recovery-oriented service delivery, staff will need to be re-trained so that they can offer services through this lens rather than the traditional model.

- \$23 million for an extensive ombudsman program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries
 - Creating an ombudsman program will allow informally conducted impartial fact-finding about complaints or concerns. This will help to ensure the agency is meeting its quality and timeliness standards, or as appropriate in certain individual cases, seek to bring about a mutually agreeable resolution.

Baltic Street, AEH, Inc. is a peer-run not-for-profit corporation dedicated to improving the quality of life for people living with mental illness. Located in New York City, our recovery-oriented services help people with severe mental illness obtain jobs, housing, social supports, education, vocational training, entitlements, and other life-enhancing services.

Baltic Street, AEH, Inc. believes that individuals can and do recover from mental illness. We work to support recovery efforts and to decrease the stigma and alienation related to mental health diagnoses. We believe that all persons should be treated with respect and compassion, and we value the rights of all persons to transform their lives.

With our support, many of our clients are able to integrate into their chosen communities and establish and maintain productive and purposeful lives thereby saving the State millions of dollars. Passing this waiver will help us save the State even more money as adequate and efficient peer services, trained staff and appropriate, affordable housing become more available.

We strongly urge you to pass New York's MRT 1115 Waiver Amendment. Thank you for your consideration.

Sincerely,

ISAAC S. BROWN
President/CEO

- 1 *About NYCHA: Fact Sheet*, <http://www.nyc.gov/html/nycha/html/about/factsheet.shtml>, Revised on March 18, 2011.
- 2 *Neighborworks America Study: Long-Term Affordable Housing Strategies in Hot Housing Markets*, Jesse Mintz Roth, 2008.
- 3 *The State of New York City's Subsidized Housing: 2011*, Furman Center for Real Estate and Urban Policy.



KINGSBROOK
JEWISH MEDICAL CENTER

RUTLAND NURSING HOME

Jason Helgerson
Medicaid Director
New York State Department of Health
Corning Tower
Albany, NY 12224

Dear Mr. Helgerson:

I am the Vice President of Long Term Care at Kingsbrook Jewish Medical Center and Administrator of Rutland Nursing Home. I am writing to express my strong support for the critical long term care provisions and investments that are a part of New York State's MRT Waiver application to the Centers for Medicare and Medicaid Services.

A strong long term care sector is critical to achieving real cross-continuum integration in support of the core waiver goals of promoting better health, better care, and lower costs within our health system.

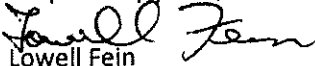
Essential to sustaining a strong and stable nursing facility infrastructure is the "Nursing Home Transition" request for a revision or waiver to 42 CFR § 438.60 to clarify the ability of the State to carve nursing home Medicaid capital reimbursement out of Medicaid managed care plan benefits and capitation payments, and to reimburse such amounts directly to providers. This request, which entails no added Federal or State costs, will provide a necessary measure of financial stability for nursing homes that have existing capital repayment obligations, while minimizing the risk of default on current nursing facility mortgages, including those secured through HUD and the Dormitory Authority of New York State (DASNY). The provision will also make it possible for needed future capital investments to be made to enhance the quality of New York's residential care infrastructure.

Also vital to the broader long term care community, including providers of both home and community-based and residential services, are provisions in the waiver application that would expand the availability of vital access provider resources, provide capital funding for assisted living programs, expand access to supportive housing services, invest in workforce development for long term care, and enhance the level of health information technology adoption and connectivity across the long term care community.

We appreciate the attention that the State has given to these important issues, and we encourage CMS's support for these requests in the context of the State's MRT Waiver application.

Thank you very much.

Respectfully yours,


Lowell Fein

Cc: Linda Brady, MD, President and CEO, Kingsbrook Jewish Medical Center
Harold McDonald, Executive Vice President and COO, Kingsbrook Jewish Medical Center



United Hebrew
The Art of Caring for Generations

August 22, 2012

Jason Helgeson
Medicaid Director
New York State Department of Health
Corning Tower
Albany, NY 12224

Dear Mr. Helgeson:

I am the CEO/Administrator of United Hebrew Geriatric Center, and I am writing to express my strong support for the critical long term care provisions and investments that are a part of New York State's MRT Waiver application to the Centers for Medicare and Medicaid Services.

A strong long term care sector is critical to achieving real cross-continuum integration in support of the core waiver goals of promoting better health, better care, and lower costs within our health system.

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We appreciate the attention that the State has given to these important issues, and we encourage CMS's support for these requests in the context of the State's MRT Waiver application.

Sincerely,

Rita C. Mabl
Rita C. Mabl,
President and CEO



BRONX-LEBANON
SPECIAL CARE CENTER, INC.

August 22, 2012

Jason Helgerson
Medicaid Director
New York State Department of Health
Corning Tower
Albany, NY 12224

Dear Mr. Helgerson:

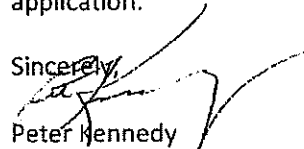
I am the Administrator at Bronx-Lebanon Special Care Center and I am writing to express my strong support for the critical long term care provisions and investments that are a part of New York State's MRT Waiver application to the Centers for Medicare and Medicaid Services.

A strong long term care sector is critical to achieving real cross-continuum integration in support of the core waiver goals of promoting better health, better care, and lower costs within our health system.

Essential to sustaining a strong and stable nursing facility infrastructure is the "Nursing Home Transition" request for a revision or waiver to 42 CFR § 438.60 to clarify the ability of the State to carve nursing home Medicaid capital reimbursement out of Medicaid managed care plan benefits and capitation payments, and to reimburse such amounts directly to providers. This request, which entails no added Federal or State costs, will provide a necessary measure of financial stability for nursing homes that have existing capital repayment obligations, while minimizing the risk of default on current nursing facility mortgages, including those secured through HUD and the Dormitory Authority of New York State (DASNY). The provision will also make it possible for needed future capital investments to be made to enhance the quality of New York's residential care infrastructure.

Also vital to the broader long term care community, including providers of both home and community-based and residential services, are provisions in the waiver application that would expand the availability of vital access provider resources, provide capital funding for assisted living programs, expand access to supportive housing services, invest in workforce development for long term care, and enhance the level of health information technology adoption and connectivity across the long term care community.

We appreciate the attention that the State has given to these important issues, and we encourage CMS's support for these requests in the context of the State's MRT Waiver application.

Sincerely,

Peter Kennedy
Executive Director

Affiliated with
Bronx-Lebanon Hospital Center

1265 Fulton Avenue
Bronx, New York 10456
Phone (718) 579-7000



Whitney M. Young, Jr.
HEALTH SERVICES
Innovative Community Health Care

August 22, 2012]

Jason Helgeson, Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgeson:

I represent Whitney M. Young, Jr. Health Center, Inc., a community health center licensed to operate as an Article 28 Diagnostic and Treatment Center by the NYSDOH. Established in 1971, the Center's mission is to improve the quality of life of those we serve by providing consistently excellent healthcare without regard to income. Program services include primary medical care, dentistry, pharmacy, nutrition, x-ray, laboratory, ophthalmology, and podiatry. Medical care subdivisions include geriatrics, adult, adolescent, pediatric medicine, and women's health. Special programs at Whitney include: a Family Alcohol and Chemical Dependency Treatment Program (FACTS); Methadone Maintenance Treatment Program (MMTP); Mental Health Services; WIC; HIV Primary Care, outreach, and testing.

We strongly support Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.

We applaud the Waiver's balanced approach toward primary care expansion, which includes significant resources for capital technical assistance, workforce, and HIT – all critical aspects of a successful plan. To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients.

Over time, community health centers have offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most. Community health centers are willing and able to put their talents to work whenever called upon, improving the health of individuals and entire communities.

The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,

David H. Shippee
President/CEO



August 21, 2012

Centers for Medicaid and Medicare
c/o Jason Helgerson
NYS Medicaid Director
mrtwaiver@health.state.ny.us

To Whom It May Concern,

Long Island Association for AIDS Care, Inc., DBA Tri Care Systems, is the longest running non hospital based provider of HIV/AIDS related services in Nassau and Suffolk counties. Our Mission is to empower and improve the lives and circumstances of adults and adolescents on Long Island who are HIV positive or at risk and lack the resources to meet their daily needs.

Tri Care Systems, as a former COBRA Case Management provider, has actively participated in the development of Health Homes in New York State and is a member of i-Health, an association of 15 community based organizations, almost all of which were targeted case management providers.

We are writing to support the Medicaid reforms advanced through the New York State 1115 Waiver Amendment submitted to the Centers for Medicaid and Medicare (CMS). The Medicaid Redesign Team (MRT) in New York State was a state/community partnership where these reforms were developed over the course of the past year. The focus was on the "triple aim:" improving quality, improving health, and reducing costs.

Below, we outline some of the most important elements of the Waiver Amendment particularly as they impact on the implementation of health homes as a model to improve health outcomes while reducing costs; *marketing and consumer education, the capitalization of technology infrastructure, and the initial startup costs of Health Home networks.*

Over the years, we have seen various initiatives that were aimed at controlling Medicaid costs and improving health outcomes for enrollees. These have included the roll-out of mandatory managed care for various populations and the more recent chronic illness demonstration project. In each case, the State Department of Health has invested significant resources in both public education efforts and more targeted consumer education. Yet, New York State is attempting to engage over 600,000 people in a voluntary care coordination program without resources absent the Waiver Amendment, to engage in these activities relative to Health Home.

We strongly support New York State's request to invest funds in the creation of posters, PSA's and other public awareness tools that can be used in neighborhoods and locations where there are likely to be high concentrations of Health Home eligible individuals. We also strongly support the request to invest funds to do direct marketing and consumer education about Health Home to eligible populations.

Health Home success is in large part dependent on the ability of everyone involved in an enrollee's care to share information in a timely and inexpensive manner. This requires that each health home develop robust technology that can interface with regional health information exchange technology, to then make that technology available to members of that health home network at an affordable cost. There is no one best solution, but we believe that this technology needs to be able to facilitate at least three things on the part of care coordination entities: 1.) Real time access to all clinical records of enrollees; 2.) the ability to electronically upload and submit all reportable information; and 3.) the ability to track clinical and other outcome information on each enrollee. To that end, we strongly support the State's proposal in the Waiver Amendment to assist health home networks in the development of standardized electronic systems that take advantage of New York's regional health information infrastructure. We also unreservedly support the State's proposal to provide one-time funds that will allow smaller entities such as a community-based care coordination programs that need to upgrade their technology in order to fully participate in Health Home /RHO technology.

Finally, the start-up infrastructure to support the Health Home entities is significant due to the human resources required to manage the rosters, assignment of patients, quality management and finances including the management of claims with reconciliation to the state, as well as to the subcontractors of the entity. These costs, together with costs associated with HIT and other operational expenses are resulting in a significant capital contribution from each partnering organization comprising the governance of the Health Home Entity. Only by paying this "equity" contribution, do organizations like i-Health and its members have any voice in the governance and policy decisions of health homes. To date, i-Health has had to pledge some \$450,000 to be collected from its membership, just to participate in the governance of three health home networks. I-Health greatly appreciates and supports the request by New York State for a one-time investment in the start-up infrastructure of the Health Home so as to alleviate the burden of the capital contribution from the network partners.

The above are just some of the key examples of the important elements that are included in the New York State Waiver Amendment. These reforms have the potential to completely transform the Medicaid system in New York State into a high quality healthcare program with huge results in savings for taxpayers. These reforms are a result of State and community partnerships forged over the past year giving the community a voice in reforming the Medicaid systems so that it more effectively serves the neediest of New York residents.

Tri Care Systems urges the CMS to expeditiously approve the New York State 1115 Waiver Amendment.

Sincerely,



Gail Barouh, PhD

President/CEO

Long Island Association for AIDS Care Inc., DBA Tri Care Systems



2079 Forest Avenue, Staten Island, NY 10314 • Phone 718.315.8560 • Fax 718.315.0370 • Info: beacon@ccchc.org

August 22, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

I represent Beacon Christian Community Health Center, the first Federally-Qualified Health Center in Staten Island, providing services to an ethnically-diverse, medically-underserved community of approximately 40,000 people. We provide full comprehensive services for adult men & women and children, providing increase to access health services for our Women's Health program, for patients suffering from diabetes, hypertension, and providing access to quality pediatric care. As a FQHC, we also have the ability to provide services to patients without health coverage, whether due to immigration status or due to lack of employment.

Since opening in August 2006, We strongly support Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.

To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients.

Over time, community health centers have offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most. Community health centers are willing and able to put their talents to work whenever called upon, improving the health of individuals and entire communities.

The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services

Sincerely,

A handwritten signature in black ink, appearing to read "D. Kim", written over a horizontal line.

David H. Kim, MD
CEO/Executive Director



Your Partner for Quality Care
CHCB
COMMUNITY
HEALTH CENTER OF BUFFALO, INC.

34 Benwood Ave
Buffalo, New York 14214
716-986-9199
Fax: 716-835-9353

August 21, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

I represent the Community Health Center of Buffalo, Inc, and our mission is to provide service to the underserved population of WNY regardless of their ability to pay. We have sites in both Erie and Niagara Counties.

We strongly support Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.

We applaud the Waiver's balanced approach toward primary care expansion, which includes significant resources for capital technical assistance, workforce, and HIT – all critical aspects of a successful plan. To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients.

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We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,

LaVonne Ansari, Ph.D.
CEO/Executive Director



New York's Medicaid waiver proposal.

Moore, Pamela J

to:

'mrtwaiver@health.state.ny.us'

08/27/2012 05:07 PM

Hide Details

From: "Moore, Pamela J" <Pamela.Moore5@va.gov>

To: "'mrtwaiver@health.state.ny.us'" <mrtwaiver@health.state.ny.us>,

August 27, 2012

Dear Sir or Madam:

I am writing to you today in support of New York's MRT 1115 Waiver Amendment.

I understand that there is a plan to reinvest the anticipated Medicaid savings into a number of key priorities of interest to us and the people we serve that would include:

- \$750 million for supported housing and related services
 - There is a severe shortage of appropriate housing for people diagnosed with severe mental illness. Lack of access to affordable, accessible, integrated housing is the most significant barrier to people with disabilities who wish to transition from institutions or other segregated settings, who are at risk of institutionalization or who are homeless and would prefer to live independently in the community and are capable of doing so with support.
 - As of February 1, 2011, there were 24,617 families on the NYC Housing Authority's waiting list for Section 8 Housing, which has been closed since May 14, 2007.¹
 - New York City lost over 32,340 units of privately owned subsidized rental housing between 1990 and 2005.² There are currently approximately 171,500 subsidized housing units in New York City, many of which have subsidies that will expire unless action is taken to preserve them.³
- Millions for peer run service pilots, training and evaluation
 - There is significant evidence that peer run services greatly assist people with severe mental illness to integrate and maintain themselves in the community of their choice. While the main advantage of hiring a peer workforce is the lived experience that peers bring to the table, they need to be adequately trained to perform the various tasks that doing peer work entails. Funding for peer run service pilots would ensure that more people would have access to their valuable services. Funding for training and evaluation would ensure that staff achieves and maintains a level of competency.
- \$525 million to shore up health homes infrastructure, some of which may be used to plan to incorporate peer and rehabilitative services more fully into health home designs
 - The new health home initiative will coordinate people's care ensuring that both their

physical health and mental health needs will be met. The addition of peers and rehabilitative services will serve to enhance the new service delivery.

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 - As we shift to a recovery-oriented service delivery, staff will need to be re-trained so that they can offer services through this lens rather than the traditional model.
- \$23 million for an extensive ombudsman program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries
 - Creating an ombudsman program will allow informally conducted impartial fact-finding about complaints or concerns. This will help to ensure the agency is meeting its quality and timeliness standards, or as appropriate in certain individual cases, seek to bring about a mutually agreeable resolution.

Mental Health Peer Connection is a peer-run not-for-profit corporation dedicated to improving the quality of life for people living with mental illness. Located in Western New York, our recovery-oriented services help people with severe mental illness obtain jobs, housing, social supports, education, vocational training, entitlements, and other life-enhancing services.

Mental Health Peer Connection believes that individuals can and do recover from mental illness. We work to support recovery efforts and to decrease the stigma and alienation related to mental health diagnoses. We believe that all persons should be treated with respect and compassion, and we value the rights of all persons to transform their lives.

With our support, many of our customers are able to integrate into their chosen communities and establish and maintain productive and purposeful lives thereby saving the State millions of dollars. Passing this waiver will help us save the State even more money as adequate and efficient peer services, trained staff and appropriate, affordable housing become more available.

We strongly urge you to pass New York's MRT 1115 Waiver Amendment. Thank you for your consideration.

Sincerely,

Pamela Moore
Certified Peer Support Specialist
Rochester Veterans Transition Center
1867 Mt. Hope Ave.
Rochester, NY 14620
(585) 463-2600 ext. 32551



john groves
 to:
 mrtwaiver
 08/27/2012 03:15 PM
 Hide Details
 From: john groves <tierraul@hotmail.com>
 To: <mrtwaiver@health.state.ny.us> ,

Dear Sir or Madam:

We are writing to you today in support of New York's MRT 1115 Waiver Amendment.

We understand that there is a plan to reinvest the anticipated Medicaid savings into a number of key priorities of interest to us and the people we serve that would include:

- \$750 million for supported housing and related services
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- The new health home initiative will coordinate people's care ensuring that both their physical health and mental health needs will be met. The addition of peers and rehabilitative services will serve to enhance the new service delivery.
- \$550 million for workforce retraining, including training that promotes recovery and cultural competence
- As we shift to a recovery-oriented service delivery, staff will need to be re-trained so that they can offer services through this lens rather than the traditional model.
- \$23 million for an extensive ombudsman program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries
- Creating an ombudsman program will allow informally conducted impartial fact-

finding about complaints or concerns. This will help to ensure the agency is meeting its quality and timeliness standards, or as appropriate in certain individual cases, seek to bring about a mutually agreeable resolution.

Mental Health Peer Connection is a peer-run not-for-profit corporation dedicated to improving the quality of life for people living with mental illness. Located in Western New York, our recovery-oriented services help people with severe mental illness obtain jobs, housing, social supports, education, vocational training, entitlements, and other life-enhancing services.

Mental Health Peer Connection believes that individuals can and do recover from mental illness. We work to support recovery efforts and to decrease the stigma and alienation related to mental health diagnoses. We believe that all persons should be treated with respect and compassion, and we value the rights of all persons to transform their lives.

With our support, many of our customers are able to integrate into their chosen communities and establish and maintain productive and purposeful lives thereby saving the State millions of dollars. Passing this waiver will help us save the State even more money as adequate and efficient peer services, trained staff and appropriate, affordable housing become more available.

We strongly urge you to pass New York's MRT 1115 Waiver Amendment. Thank you for your consideration.

Sincerely,

John R. Groves

32 Loyalist Avenue
Rochester, NY 14624

tierraul@hotmail.com

Peace comes to us all, when we care for one another...

John R. Groves April, 2006 - Chili, New York



Corporation for Supportive Housing
50 Broadway, 17th Floor
New York, NY 10004
T 212.986.2966
F 212.986.6552
www.csh.org

August 26, 2012

Dear CMS,

I am writing to express my support and the support of CSH for the recommendations of the Medicaid Redesign Team regarding the New York State 1115 Waiver Amendment application.

As the leading Community Development Finance Institution solely dedicated to preventing and ending homelessness, CSH is committed to expanding housing and service options for society's most vulnerable populations. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote community integration of health, behavioral health, supportive housing and related safety net systems. While New York still needs to do more as it relates to Olmstead implementation, the recommendations of the MRT, if enacted, will speed this process. In particular the following are important steps to refocus the service delivery system to better serve the interests and needs of high cost consumers who may be homeless or marginally housed:

- \$750 million for supportive housing and related services
- \$525 million to develop infrastructure supports for health home implementation that address obstacles to increasing member engagement, clinical connectivity and technical assistance and funding for new joint governance models
- \$1.5 billion for public hospital innovation including support to the NYC Health & Hospitals Corporation to scale successful pilots and test innovative payment and service delivery models
- \$550 million for workforce retraining including training that promotes recovery and cultural competence and includes supports for peer run training pilots, services and evaluation
- \$1.25 billion to expand access to quality primary care services including new capital investment, operational and HIT assistance for underserved communities
- \$375 million to test and scale new care models such as medical respite care for chronically homeless individuals.

CSH applauds Governor Cuomo and the MRT goals to reinvest part of the proposed savings back into the system of care as a way to rebalance and shape services and to promote innovation. Moreover, we believe that these goals are not only noble but will, if enacted, enable a rebalancing of New York's health care system not only in a cost effective manner but in a way that will greatly improve access to quality care for persons with disabilities.

We believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York and ask for approval.

Sincerely,

Diane Louard-Michel
Director, NY Program

CSH HELPS COMMUNITIES

CREATE PERMANENT

HOUSING WITH SERVICES

TO PREVENT AND END

HOMELESSNESS.



CAMBA

where you can

August 17, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent CAMBA, one of Brooklyn's largest community-based organizations, with a budget of approximately \$100 million and a diverse and dedicated staff of nearly 1,100 employees. Founded in 1977 as a merchants' block association, the agency has grown in direct response to the needs of the Brooklyn community and beyond. Today, CAMBA provides services to 45,000 individuals and families annually through an integrated set of six program areas: Economic Development, Education and Youth Development, Family Support, Health, Housing Services and Development, and Legal Services. With over 60 locations throughout New York City, CAMBA has deep ties to the communities in which we operate. We serve a number of multiply challenged populations including people living with or at risk of HIV/AIDS; individuals and families struggling with mental illness and/or substance abuse; low-income individuals and families; people moving from welfare to work; people who are homeless, at risk of homelessness or transitioning out of homelessness; high risk and disconnected youth and young adults; immigrants and refugees and other groups working to become self-sufficient. Through our comprehensive continuum of care, CAMBA provides services which connect people with opportunities to enhance their quality of life.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/AIDS, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

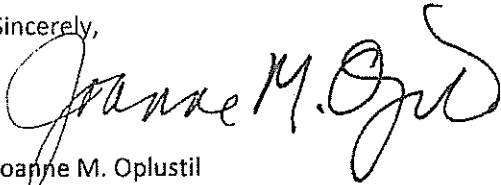
Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are

consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in black ink, appearing to read "Joanne M. Oplustil". The signature is fluid and cursive, with the first name "Joanne" being the most prominent part.

Joanne M. Oplustil
Executive Director



HOUSING, SERVICES AND PROPERTY MANAGEMENT

Sponsored by the Roman Catholic Diocese of Albany

Catholic Charities Housing Office ♦ Catholic Charities Senior Services in Schenectady
DePaul Housing Management ♦ McCloskey Community Service

August 22, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent Catholic Charities Housing Office, which is part of Catholic Charities of the Diocese of Albany. Our organization currently provides emergency shelter and/or supportive housing in Albany, Rensselaer and Otsego counties and is working with the local community to develop such services in a 4th county, Schoharie. Sad to say, our emergency shelters are usually full and we have a waiting list of several months for all of our supportive housing. But the good news is that the men, women and families we house are achieving stability in their lives and families. We are especially proud of the residents in our supportive housing who came to us after having been unable to succeed in other programs.

Here are a few examples of the practical difference our CCHO supportive housing makes in the lives of the people, many of whom have been chronically homeless and have many health and mental health issues, who come to live with us: Half of the individuals who left our single room occupancy supportive housing (26 individuals) in the second quarter of 2012 were able to move into their own independent housing. In our family supportive housing, each of the heads of household (23 in the month of July 2012) receive support, counseling and hands on assistance with budgeting, family strengthening, job readiness activities, and job application completion. In the month of July alone, 5 of the heads of household began the move back into the employment arena. Our supportive housing model – independence with support that encourages individual responsibility – offers individuals and families with histories of homelessness and other challenges the needed “extra kick” to change their lives.

We know that supportive housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve are often frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers’ money, often far more than what was spent building, operating and providing services in the housing. And, investing in supportive housing can help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending.

We are, therefore, pleased that the New York State’s Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently. Our experience working with this population and many others who could easily become high cost, high need Medicaid members routinely bears out the efficacy of this model.



We support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in cursive script, appearing to read "Deborah Damm O'Brien".

Deborah Damm O'Brien
Executive Director



August 23, 2012

The Honorable Governor Andrew Cuomo
 Governor of the State of New York
 Executive Chamber, State Capitol, Room 253
 Albany, NY 12224

Dear Governor Cuomo:

I represent Catholic Family Center, a regional office of Catholic Charities in the Diocese of Rochester. We serve over 33, 000 people in the Rochester area with a diverse number of services, including Supportive Housing. Currently, our supportive housing consists of 33 apartments (Lafayette I & II). In 2013 we will be open 21 additional apartments and 25 single homes of supportive housing. This model of housing provides permanent, supportive housing at 1/16th of the cost of emergency homeless shelter housing.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

ADMINISTRATIVE OFFICES

37 N. Clinton Avenue
 Rochester, NY 14604-1458

p: 585.546.7220
 f: 585.546.6396

w: www.cfcrochester.org

Mark A. Wickham
 President/CEO

DEPARTMENTS

Aging & Adult Services
 262.7050

Children, Youth & Family Services
 262.7100

Marketing & Communications
 546.7220 ext.7003

EAP & Counseling Services

Fund Development
 262.7172

Homeless & Housing Services
 423.9590

Mental Health Services
 262.7000

Reentry Services
 232.7645

Refugee, Employment & Loan Services
 262.7070

Restart Outpatient Services
 546.3046

Catholic Charities of the Diocese of Rochester

Restart Residential Programs
 262.7104

Social Policy & Research
 546.7220 ext.7021



The Honorable Governor Andrew Cuomo

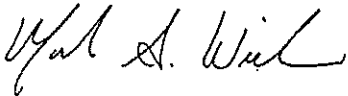
Page 2

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mark A. Wickham".

Mark A. Wickham
President & CEO

MAW:amk

From: Todd Plank [tplank@cfcrochester.org]
Sent: Wednesday, August 22, 2012 4:04 PM
To: mrtwaiver@health.state.ny.us
Subject: RE: Support for Medicaid Waiver 1115
August 22, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I am a case manager for the Expanded In-Home Service for the Elderly Program (EISEP). This program operates under the umbrella of Catholic Family Center in Rochester, NY. EISEP is a state funded, non-medical program which assists people 60 years of age and older with unmet ADLs and IADLs. EISEP provides ongoing case management, subsidized in-home aide service (both housekeeping and personal care), as well as social model day programs, PERS units and other supportive services as needed. In addition to the above, on-going assessments are done in the home to connect our clients with community resources to best meet their ever-changing needs.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,



Todd A Plank



August 23, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent DePaul Community Services which was founded in 1958 and located in Rochester, NY. We serve individuals who suffer from a mental illness and operate 1,600 mental health beds across our continuum of care.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

Mark H. Fuller
President

DEPAUL

1931 Buffalo Road Rochester, NY 14624 585 426 8000 Voice/TTY 585 426 8082 Fax



August 22, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

I am the President & CEO of The Institute for Family Health, a federally qualified health center (FQHC) network that serves 80,000 patients annually at 26 locations in New York City and Ulster and Dutchess counties. Institute patients are predominantly low-income people of color with limited access to health care. Many of our patients present with both medical and mental health concerns, and have benefited tremendously from the prevention-focused, co-located services offered at our practices. The Institute was also one of the first FQHCs in the state to achieve patient-centered medical home recognition; and we operate a number of primary care-focused training programs, including three family medicine residencies. We strongly support New York State's proposed investment in programs like these, which we have proven to be cost-effective, replicable models for strengthening the primary care infrastructure in New York State.

We applaud Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.

To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients.

Over time, community health centers have offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities,

www.institute2000.org

■ 16 East 16th Street
New York, NY 10003
T: (212) 633-0800
F: (212) 691-4610

□ 279 Main Street, Suite 102
New Paltz, NY 12561
T: (845) 255-2930
F: (845) 255-3753

increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most. Community health centers are willing and able to put their talents to work whenever called upon, improving the health of individuals and entire communities.

The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,



Neil Calman
President & CEO
Institute for Family Health
16 East 16 Street
New York, NY 10003
(212) 633-0800 x1246



SOUTHERN TIER ENVIRONMENTS FOR LIVING

August 20, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent Southern Tier Environments for Living, Inc. a private, non-profit agency providing residential and rehabilitation services in four counties of Western New York. We provide transitional housing including 24-hour supervised community residences and treatment apartments that are licensed by the NYS Office of Mental Health. We also provide non-licensed permanent housing of Single Room Occupancy (SRO's) and Supported Housing. Through an active participation among consumers, families, and the community, we are dedicated to providing safe and affordable housing as well as helping people lead satisfying and productive lives

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

Thomas J. Whitney
Executive Director



August 14, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

Doug Wirth
President and CEO



BROOKLYN PLAZA MEDICAL CENTER, INC.

August 20, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

I represent the Brooklyn Plaza Medical Center, Inc. (BPMC). BPMC prides itself as being a model community health facility with a stated mission to "improve the physical, spiritual, psycho-social and psychological well-being of the residents of North Central Brooklyn by providing the highest quality preventive and comprehensive family health services with a particular concern for lower socio-economic groups." We strongly support Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.

We applaud the Waiver's balanced approach toward primary care expansion, which includes significant resources for capital technical assistance, workforce, and HIT – all critical aspects of a successful plan. To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients.

Over time, community health centers have offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most. Community health centers are willing and able to put their talents to work whenever called upon, improving the health of individuals and entire communities.

The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

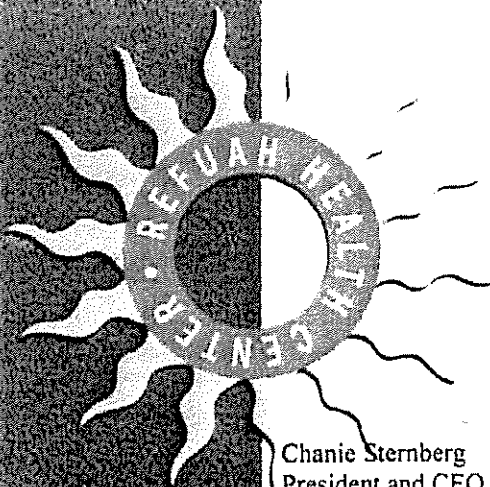
We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,



LaZetta Duncan-Moore
CEO

650 Fulton Street, 2nd Floor, Brooklyn, N.Y. 11217 (718) 596-9800
(BPMC, Inc. is a not-for-profit community based ambulatory health care facility.)



REFUAH HEALTH CENTER

Chanie Sternberg
President and CEO
Refuah Health Center
728 North Main Street
Spring Valley, NY 10977

August 21, 2012

Jason Helgeson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgeson:

As the leader of Refuah Health Center, a federally qualified health center that serves more than 30,000 patients in New York, I strongly support Governor Cuomo's submission of the visionary 1115 Waiver. The Waiver creates the opportunity to implement truly integrated and collaborative models of care in New York State. In particular, the targeted investments in primary care and other types of community-based care will help New York achieve the Triple Aim of better health, better care, and lower costs while being budget-neutral to the federal government.

To produce these outcomes, the investments outlined in the 1115 Waiver will create access to high-quality community-based primary care for the 2.3 million New Yorkers who currently lack that access. The Waiver will also enable New York to break through the silos that have traditionally defined New York's health care environment and develop integrated system of care.

Community health centers like ours have a long-standing history of offering a robust model of care. We have demonstrated that we can reduce and even eliminate health disparities, increase cost savings through reduced hospitalizations and emergency department visits, and vitalize local economies in communities that need it the most. We join our peers in other health centers who will work with the State and other providers to transform the health care system in New York.

The Waiver creates the historic opportunity to do that. If approved, it will help to build and sustain integrated primary and preventive care, behavioral health, and support services through investments in facility expansion, technical assistance, new models of care, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We enthusiastically support New York's 1115 Waiver and look forward its full approval by the Center for Medicare and Medicaid Services.

Sincerely,

Chanie Sternberg

728 NORTH MAIN STREET
SPRING VALLEY, NY 10977

TEL. 845 354-9300

FAX. 845 354-9448

RYAN CENTER

William F. Ryan Community Health Center

August 21, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

I am writing on the behalf of the William F. Ryan Community Health Network, which includes William F. Ryan, its satellites, Ryan-NENA and Ryan/Adair, its affiliate Ryan/Chelsea-Clinton, as well as clinics at four Family Living Transitional Shelters and one Mental Health Rehabilitation Agency, six School-Based Health Centers, and a Women & Children's Center. As a Federally Qualified Health Center licensed by Article 28 and 31 and in New York State, the Ryan Network has served the community for over 45 years, with the mission of providing the medically uninsured and underserved in New York City with affordable, high quality, comprehensive health care. Our sites provide primary care to almost 50,000 patients, approximately 70% of whom live below the Federal Poverty Level, and over half of whom are on Medicaid.

We strongly support Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes, and lower health care costs, the proposed waiver is budget-neutral to the federal government.

We applaud the Waiver's balanced approach toward primary care expansion, which includes significant resources for capital technical assistance, workforce, and HIT – all critical aspects of a successful plan. To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients

Over time, Community Health Centers have offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most. Community Health Centers are willing and able to put their expertise to work to continue improving the health of individuals and entire communities.

The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,



Barbra E. Minch
President & CEO

cc: Karen Westervelt, Special Policy Advisor – Primary Care Development, NYSDOH

110 West 97th Street • New York, NY 10025 • (212) 749-1820



6200 Beach Channel Drive, Arverne, NY 11692
114-39/49 Sutphin Boulevard, Jamaica, NY 11434
120 Richards Street, Brooklyn, NY 11231

1288 Central Avenue, Far Rockaway, NY 11691
118-11 Guy Brewer Boulevard, Jamaica, NY 11434

Telephone: (718) 945-7150

Fax: (718) 945-2596

Website: www.addabbo.org

August 20, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

I represent Joseph P. Addabbo Family Health Center, Inc. in Queens and Brooklyn, New York.

We strongly support Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.


We applaud the Waiver's balanced approach toward primary care expansion, which includes significant resources for capital technical assistance, workforce, and HIT – all critical aspects of a successful plan. To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients.

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The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,


J.R. Peter Nelson, PhD, CEO
Joseph P. Addabbo Family Health Center, Inc.

/by



The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo,

I represent Safe Harbors of the Hudson in the City of Newburgh, New York. Safe Harbors, with its mission of transforming lives and building communities through housing and the arts, is a mixed-use supportive housing project whose Cornerstone Residence provides permanent housing to 128 of our most vulnerable neighbors. With our support services partner Independent Living on site, Safe Harbors serves adults living with mental health diagnoses, drug and alcohol dependency and physical disabilities, veterans, the formerly homeless and low and very low income working adults.

Incorporating the arts into our mission provides employment opportunities for our tenants, creates a cultural community destination in what was once a blighted, drug and crime ridden hotel, and serves as a stabilizing force in Newburgh's downtown.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve, people with mental illness, HIV/AIDS, substance abuse and other barriers to independence, are traditionally frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far outweighing the cost of building, operating and providing services in the housing. This has been proven time and again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals in our communities, while reducing Medicaid spending. Making supportive housing and centrally located health services available to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why Safe Harbors of the Hudson fully supports New York State's Medicaid Waiver and looks forward to prompt approval by the Center for Medicare and Medicaid Services.

Most Sincerely,

Lisa Silverstone
Associate Director



**Services for the
UnderServed**
Opening doors to independence

Corporate Office
305 Seventh Avenue, 10th Floor
New York, NY 10001
Phone: 212.633.6900
Fax: 646.486.0022
www.sus.org
info@sus.org

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Chief Executive Officer

Donna Colonna

August 27, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent Services for the UnderServed (SUS) a New York City based non-profit that provides Supportive Housing, treatment, rehabilitation and community supports to over 3,000 of the city's most vulnerable citizens. Incorporated in 1978, SUS was at the forefront of deinstitutionalization, and with its City, State and Federal partners continues to offer cost-effective and person centered services that improve lives and communities in our city. Whether it is for homeless people with mental illness, people with mental illness and co-occurring substance abuse disorders, people living with HIV-AIDS, children and adults with developmental disabilities, the elderly, veterans or people with low incomes, SUS has been a leader in the NYC provider community and a member at the table of Medicaid Redesign.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently. Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by

reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

The Medicaid Supportive Housing component of the New York State's Medicaid 1115 waiver supports implementation of Medicaid Redesign recommendations. That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in black ink, appearing to read "Donna Colonna".

Donna Colonna
Chief Executive Officer



Oak Orchard HEALTH

300 West Avenue Brockport, NY 14420
(585) 637-3905 Fax (585) 637-4990

301 West Avenue Albion, NY 14411
(585) 589-5613 Fax (585) 589-0872

77 South Main Street, P.O. Box 494 Lyndonville, NY 14098
(585) 765-2060 Fax (585) 756-2067

August 21, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

Oak Orchard Health is a Federally Qualified Health Center (FQHC), a nonprofit serving families and individuals in Western Monroe, Orleans, Genesee, and Wyoming Counties since 1973. With offices in Brockport, Albion, Lyndonville, Batavia – and Warsaw starting in 2013 – Oak Orchard serves over 16,000 patients in nearly 60,000 visits annually, including family practice, dentistry, vision, OB-GYN, and WIC. We currently employ about 140 individuals.

We strongly support Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.

To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients.

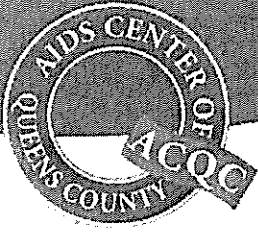
Over time, community health centers have offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most. Community health centers are willing and able to put their talents to work whenever called upon, improving the health of individuals and entire communities.

The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,


David W. Fisher
President & CEO



MAIN SITES

161-21 Jamaica Avenue
Jamaica, New York 11432
718.896.2500

89-31 161 Street
Jamaica, New York 11432
718.739.2525

1139 Foam Place
Far Rockaway, NY 11691
718.868.8645

62-07 Woodside Avenue
Woodside, New York 11377
718.472.9400

August 22, 2012

Centers for Medicaid and Medicare
c/o Jason Helgerson
NYS Medicaid Director
mrtwaiver@health.state.ny.us

To Whom It May Concern:

On behalf of IHealth, the AIDS Center of Queens County is pleased to submit a letter in support of the NYS 1115 Waiver Amendment to CMS.

Thank you for the opportunity to participate in the development of public health policy in NYS.

If you have any questions or need additional information, please do not hesitate to contact me directly at (718) 896-2500, Ext. 5729.

Sincerely,

Philip Glotzer
Executive Director

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Philip S. Glotzer





Tel (718) 295-5605
Fax (718) 733-3429

540 E. Fordham Road
Bronx, New York 10458

Health Home eligible individuals. We also strongly support the request to invest funds to do direct marketing and consumer education about Health Home to eligible populations.

Health Home success is in large part dependent on the ability of everyone involved in an enrollee's care to share information in a timely and inexpensive manner. This requires that each health home develop robust technology that can interface with regional health information exchange technology, to then make that technology available to members of that health home network at an affordable cost. There is no one best solution, but we believe that this technology needs to be able to facilitate at least three things on the part of care coordination entities: 1.) Real time access to all clinical records of enrollees; 2.) the ability to electronically upload and submit all reportable information; and 3.) the ability to track clinical and other outcome information on each enrollee. To that end, we strongly support the State's proposal in the Waiver Amendment to assist health home networks in the development of standardized electronic systems that take advantage of New York's regional health information infrastructure. We also unreservedly support the State's proposal to provide one-time funds that will allow smaller entities such as community-based care coordination programs that need to upgrade their technology in order to fully participate in Health Home/RHIO technology.

Finally, the start-up infrastructure to support the Health Home entities is significant due to the human resources required to manage the rosters, assignment of patients, quality management and finances, including the management of claims with reconciliation to the State, as well as to the subcontractors of the entity. These costs, together with costs associated with HIT and other operational expenses are resulting in a significant capital contribution from each partnering organization comprising the governance of the Health Home Entity. Only by paying this "equity" contribution, do organizations like i-Health and its members have any voice in the governance and policy decisions of health homes. To date, i-Health has had to pledge some \$450,000, to be collected from its membership, just to participate in the governance of three health home networks. iHealth greatly appreciates and supports the request by New York State for a one-time investment in the start-up infrastructure of the Health Home so as to alleviate the burden of the capital contribution from the network partners.

BAS also supports many other important aspects of the Waiver Amendment, including primary care expansion and new care models. But, most particularly, in addition to the request in support of health homes, BAS wants to emphasize its support for the Waiver Amendment's proposed investment in supportive housing for homeless people with chronic conditions. Supportive housing services have been extremely successful in keeping high cost, high need members engaged in the health care services they require while providing them with a safe environment to live. Housing has been consistently identified as a cost saving intervention for people living with chronic illnesses, substance use and mental health issues and the homeless population.

People who lack stable housing face increased health issues, die at an earlier age, often do not have access to medical or support services and instead seek care in expensive hospital settings when necessary. Providing supportive housing services offers these populations a safe and secure home with a connection to high quality health care services which will result in millions of dollars of savings in emergency room visits and hospital admissions.

There is clear and compelling evidence that housing is a medical intervention for homeless people living with HIV/AIDS and other chronic conditions that leads to medical stability improved engagement in care, and increased



Tel (718) 295-5605
Fax (718) 733-3429

540 E. Fordham Road
Bronx, New York 10458

adherence to medical regimens. In fact, for people living with HIV, stable housing is highly correlated with reduced risk behavior, making housing one of the most cost effective HIV prevention interventions for people who are HIV-positive and homeless or unstably housed.

The above are just some of the key examples of the important elements that are included in the New York State Waiver Amendment. These reforms have the potential to completely transform the Medicaid system in New York State into a high quality healthcare program with huge results in savings for taxpayers. These reforms are a result of State and community partnerships forged over the past year giving the community a voice in reforming the Medicaid system so that it more effectively serves the neediest of New York residents.

BAS urges the CMS to expeditiously approve the New York State 1115 Waiver Amendment.

Sincerely,



Jose M Davila
Executive Director



505 Eighth Avenue, 5th Floor
New York, NY 10018
212.389.9300 tel

www.commonground.org

August 15, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I am the Executive Director of Common Ground, a nonprofit organization that identifies and houses the most vulnerable individuals: those who have been homeless the longest, have the most disabling conditions, and are least likely to access housing resources. Part of our mission is to address homelessness by providing support services that focus on the many factors that cause individuals and families to become homeless.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Common Ground's network of well-designed, affordable apartments – linked to the services people need to maintain their housing, restore their health, and regain their economic independence – has enabled more than 5,000 individuals to overcome homelessness. Placement into supportive housing has been proven to reduce use of expensive emergency services; therefore saving taxpayer money, as it is far more cost effective to build, operate, and provide social services than to spend the night in a shelter bed, state or city prison cell, a psychiatric or other hospital bed. Currently, our housing costs approximately \$40 per night to operate and this waiver will allow to continue to keep our costs low while still providing the housing and services needed by so many vulnerable individuals and families in New York.

Investing in supportive housing helps to improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population saves money by preventing and

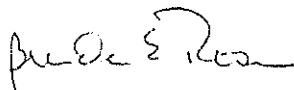
Ending homelessness in New York.

shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in cursive script, appearing to read "Brenda E. Rosen".

Brenda E. Rosen
Executive Director

August 22, 2012

The Honorable Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent Common Ground Communities, Inc. d/b/a Community Solutions, Inc., a national not-for-profit based in New York City that works to strengthen communities to end and prevent homelessness. We partner with community leaders, public agencies, not-for-profits, property developers, and health and human service organizations to create practical, scalable, cost effective solutions to homelessness. We focus on the people and places facing the most complex challenges, where effective solutions can have the widest impact on health and housing outcomes, financial stability and on practices and policies within the field. We focus on three areas: creating new housing options for those not served by the mainstream housing market, building models of homelessness prevention in high poverty neighborhoods where large numbers of households are vulnerable to homelessness, and spreading solutions to end homelessness through our national "100,000 Homes Campaign" network of more than 130 communities which has as of this writing moved over 20,000 people across the country who were homeless into permanent supportive housing.

We are deeply gratified that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

We know that Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

Community Solutions, Inc.

Letter to Hon. Andrew Cuomo, Governor of the State of New York

Page 2 of 2

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

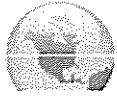
We fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Haupt", with a long horizontal flourish extending to the right.

Andrew R. Haupt

Senior Director, Operations



New York State 1115 Waiver Amendment
Michelle Colon to: mrtwaiver@health.state.ny.us

08/23/2012 04:17 PM

From: Michelle Colon <michelle.colon@narcofreedom.com>
To: "mrtwaiver@health.state.ny.us" <mrtwaiver@health.state.ny.us>



Hope Care Management 368 East 148th Street Bronx, New York 10455 (718) 402-2614 Fax (718) 402-5017

Centers for Medicaid and Medicare
c/o Jason Helgerson
New York State Medicaid Director
mrtwaiver@health.state.ny.us mrtwaiver@health.state.ny.us

To Whom It May Concern:

This letter is in response to the iHealth initiative in support of the Medicaid reforms outlined in the New York State 1115 Waiver Amendment that was submitted to the Centers for Medicaid and Medicare.

As a member of iHealth we fully support these efforts and also urge the Centers for Medicaid and Medicare to approve the waiver.

We strongly advocate the passing and approval of the New York State 1115 Waiver Amendment.

Sincerely,

Michelle Colon
Director of Health Home Initiative
Narco Freedom, Inc.

Nick Iwu
Director, Hope Care Management
Narco Freedom, Inc.



I support Primary Care in the MRT Waiver
Ray,Tracey to: mrtwaiver

08/17/2012 02:29 PM

August 17, 2012

Attn: Jason Helgerson
New York State Medicaid Director

Dear Mr. Helgerson:

I represent Kingsbrook Jewish Medical Center and Rutland Nursing Home in the East Flatbush section of Central Brooklyn. Our institution services this historically medically underserved community. Our institution serves acute patients as well as long term care adult and pediatric residents. Additionally we manage a Geriatric Inpatient Psychiatry unit for the mentally challenged elderly throughout the borough.

We are delighted that the MRT waiver invests substantially in primary care. This investment will be critical to providing high quality primary care to 2.3 million New York State residents who now lack access to primary care.

A community-based health care infrastructure with sufficient primary care at its center is critical to building and sustaining the high-performing, integrated systems of care that will achieve the CMS Triple Aim of better health, better care, and lower costs. True integration will challenge the "silos" that have traditionally defined New York's health care environment, and create more meaningful collaborations among payers, providers and patients.

The MRT Waiver embraces the Triple Aim. Investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers. If approved, it will help build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need.

Kingsbrook Jewish Medical Center fully supports the MRT Waiver and we look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,

Linda Brady, M.D.
President and Chief Executive Officer



New York's MRT 1115 Waiver Amendment

Gloria Turner

to:

mrtwaiver@health.state.ny.us

09/06/2012 12:37 AM

Hide Details

From: Gloria Turner <cowaagian@yahoo.com>

To: "mrtwaiver@health.state.ny.us" <mrtwaiver@health.state.ny.us>,

Please respond to Gloria Turner <cowaagian@yahoo.com>

September 6, 2012

Dear Sir or Madam:

We are writing to you today in support of New York's MRT 1115 Waiver Amendment.

We understand that there is a plan to reinvest the anticipated Medicaid savings into a number of key priorities of interest to us and the people we serve that would include:

- \$750 million for supported housing and related services
 - There is a severe shortage of appropriate housing for people diagnosed with severe mental illness. Lack of access to affordable, accessible, integrated housing is the most significant barrier to people with disabilities who wish to transition from institutions or other segregated settings, who are at risk of institutionalization or who are homeless and would prefer to live independently in the community and are capable of doing so with support.
 - As of February 1, 2011, there were 24,617 families on the NYC Housing Authority's waiting list for Section 8 Housing, which has been closed since May 14, 2007.¹
 - New York City lost over 32,340 units of privately owned subsidized rental housing between 1990 and 2005.² There are currently approximately 171,500 subsidized housing units in New York City, many of which have subsidies that

will expire unless action is taken to preserve them.³

- Millions for peer run service pilots, training and evaluation
 - There is significant evidence that peer run services greatly assist people with severe mental illness to integrate and maintain themselves in the community of their choice. While the main advantage of hiring a peer workforce is the lived experience that peers bring to the table, they need to be adequately trained to perform the various tasks that doing peer work entails. Funding for peer run service pilots would ensure that more people would have access to their valuable services. Funding for training and evaluation would ensure that staff achieves and maintains a level of competency.
- \$525 million to shore up health homes infrastructure, some of which may be used to plan to incorporate peer and rehabilitative services more fully into health home designs
 - The new health home initiative will coordinate people's care ensuring that both their physical health and mental health needs will be met. The addition of peers and rehabilitative services will serve to enhance the new service delivery.
- \$550 million for workforce retraining, including training that promotes recovery and cultural competence
 - As we shift to a recovery-oriented service delivery, staff will need to be re-trained so that they can offer services through this lens rather than the traditional model.
- \$23 million for an extensive ombudsman program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries
 - Creating an ombudsman program will allow informally conducted impartial fact-finding about complaints or concerns. This will help to ensure the agency is meeting its quality and timeliness standards, or as appropriate in certain individual cases, seek to bring about a mutually agreeable resolution.

Mental Health Peer Connection is a peer-run not-for-profit corporation dedicated to improving the quality of life for people living with mental

illness. Located in Western New York, our recovery-oriented services help people with severe mental illness obtain jobs, housing, social supports, education, vocational training, entitlements, and other life-enhancing services.

Mental Health Peer Connection believes that individuals can and do recover from mental illness. We work to support recovery efforts and to decrease the stigma and alienation related to mental health diagnoses. We believe that all persons should be treated with respect and compassion, and we value the rights of all persons to transform their lives.

With our support, many of our customers are able to integrate into their chosen communities and establish and maintain productive and purposeful lives thereby saving the State millions of dollars. Passing this waiver will help us save the State even more money as adequate and efficient peer services, trained staff and appropriate, affordable housing become more available.

We strongly urge you to pass New York's MRT 1115 Waiver Amendment. Thank you for your consideration.

Sincerely,

Gloria Turner
Mental Health Peer Connection
Member



August 21, 2012

Cynthia Mann
Director
Center for Medicaid, CHIP and Survey & Certification
Centers for Medicare and Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

Dear Ms. Mann,

The Nurse-Family Partnership® (NFP) National Service Office is writing to express support for New York State's recent request to amend its Section 1115 Partnership Plan Medicaid Demonstration Waiver. Once approved by CMS, the amendment will enable the State to reinvest federal and state savings resulting from ongoing Medicaid redesign efforts to further strengthen the State's health care system and pave the way for future reforms that can achieve the triple aim: better care for individuals, better health for communities, and reduced Medicaid costs.

We are especially pleased that New York State intends to reinvest savings in evidence-based, preventive, nurse home visiting services for first-time, high-risk pregnant women and their children by expanding coverage for NFP preventive services where the program is currently operational in New York City, Monroe and Onondaga counties, and by investing in the development of six new programs in other high-risk areas of the State. The State's investment in NFP through the waiver will demonstrate that when brought to scale in high-risk communities and closely integrated with the healthcare system, NFP will be effective in improving health care outcomes and reducing Medicaid costs for New York's most vulnerable young families.

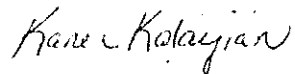
As you know, NFP is an evidence-based nurse home visiting program in which registered nurses provide preventive home visits to low-income pregnant women during their first pregnancy up until their child reaches age two with the goals of improving prenatal health and pregnancy outcomes, child health and development, and a family's economic self-sufficiency. NFP is the nation's most rigorously tested prenatal and early childhood home visitation program with credible and consistent evidence of effectiveness based on 35 years of research and evaluation.

The NFP National Service Office looks forward to continued collaboration with the New York State Department of Health in securing approval for and in implementing this component of New York's amended 1115 Partnership Plan waiver which will expand access to NFP's evidence-based nurse home visiting services for high-risk first-time mothers and their children.

We greatly appreciate that Governor Cuomo, Health Commissioner Shah and State Medicaid Director Helgeson recognize the value that evidence-based nurse home visiting services will add to New York's Medicaid program both in terms of improved health outcomes for first time mothers and their children in high-risk communities and cost savings for the State and the Federal government.

This package of initiatives is a remarkable opportunity to shift the trajectory of health outcomes and costs in a positive direction for future generations.

Sincerely,



Karen Kalajian
Medicaid Director
Nurse-Family Partnership National Service Office

cc: Jessica Schubel, Victoria Wachino, Michael Melendez
Center for Medicaid, CHIP and Survey & Certification

Dr. Nirav Shah, Jason Helgerson, James Introne, Greg Allen
New York State Department of Health



41 East 11th Street, 5th floor, New York, NY 10003
212.645.0875 • www.ascnyc.org

August 20, 2012

Centers for Medicaid and Medicare
c/o Jason Helgerson
NYS Medicaid Director
mrtwaiver@health.state.ny.us

To Whom It May Concern,

AIDS Service Center NYC (ASCNYC) was an HIV/AIDS Targeted Case Management Provider until the conversion to Health Homes. Our mission is to safeguard the interests of people living with HIV/AIDS and other chronic conditions and to preserve the community-based HIV/AIDS infrastructure so that it can successfully transition in keeping with New York State's goal of improving health outcomes for low income New Yorkers with a range of complicated chronic conditions.

ASCNYC has actively participated in the development of Health Homes in New York State. ASCNYC, as a member of iHealth, is currently participating in the governance of three Health Homes in New York City. In addition, ASCNYC has had significant input into the design of the state-wide system, meeting frequently with State officials to make suggestions on improving the model while successfully preserving the existing infrastructure.

I am writing to support the Medicaid reforms advanced through the New York State 1115 Waiver Amendment submitted to the Centers for Medicaid and Medicare (CMS). The Medicaid Redesign Team (MRT) in New York State was a state/community partnership where these reforms were developed over the course of the past year. The focus was on the "triple aim:" improving quality, improving health and reducing costs.

ASCNYC has been an active participants in the MRT process, submitting numerous proposals, and serving on various MRT Workgroups. In addition, we have offered formal testimony regarding the development of New York State's Waiver Amendment. We are gratified that much of our work is reflected therein. **ASCNYC fully supports this effort and urges CMS to approve the Waiver as expeditiously as possible.**

Below, we outline some of the most important elements of the Waiver Amendment particularly as they impact on the implementation of Health Homes as a model to improve health outcomes while reducing costs:

- **Marketing and Consumer Education:** Over the years, we have seen various initiatives that were aimed at controlling Medicaid costs and improving health outcomes for enrollees. These have included the roll-out of mandatory managed care for various populations and the more recent chronic illness demonstration project. In each case, the New York State Department of Health has invested significant resources in both public education efforts and more targeted consumer education. Yet, New York State is attempting to engage over 600,000 people in a voluntary care coordination program without resources, absent the Waiver Amendment, to engage in these activities relative to Health Homes.

ASCNYC strongly supports New York State's request to invest funds in the creation of posters, PSA's and other public awareness tools that can be used in neighborhoods and locations where there are likely to be high concentrations of Health Home eligible individuals. We also strongly support the request to invest funds to do direct marketing and consumer education about Health Homes to eligible populations.

- **Capitalization of Technology Infrastructure:** Health Home success is in large part dependent on the ability of everyone involved in an enrollee's care to share information in a timely and inexpensive manner. This requires that each Health Home develop robust technology that can interface with Regional Health Information exchange technology and to then make that technology available to members of that Health Home network at an affordable cost. There is no one best solution, but we believe that this technology needs to be able to facilitate at least three things on the part of care coordination entities: 1) real time access to all clinical records of enrollees; 2) the ability to electronically upload and submit all reportable information; and 3) the ability to track clinical and other outcome information on each enrollee.

ASCNYC strongly supports the State's proposal in the Waiver Amendment to assist Health Home networks in the development of standardized electronic systems that take advantage of New York's Regional Health Information infrastructure. We also unreservedly support the State's proposal to provide one-time funds that will allow smaller entities such as community-based care coordination programs that need to upgrade their technology in order to fully participate in Health Home/RHIO technology.

- **Initial Startup Costs of Health Home Networks:** The start-up infrastructure to support Health Home entities is significant due to the human resources required to manage the rosters, assignment of patients, quality management and finances, including the management of claims with reconciliation to the State, as well as to the subcontractors of the entity. These costs, together with costs associated with HIT and other operational expenses are resulting in a significant capital contribution from each partnering organization comprising the governance of the Health Home entity. Only by paying this "equity" contribution, do organizations like ASCNYC, iHealth and its members have any voice in the governance and policy decisions of Health Homes. To date, iHealth has had to pledge over \$475,000, to be collected from its membership, just to participate in the governance of three Health Home networks.

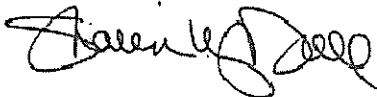
ASCNYC greatly appreciates and supports the request by New York State for a one-time investment in the start-up infrastructure of the Health Home so as to alleviate the burden of the capital contribution from the network partners.

ASCNYC supports many other important aspects of the Waiver Amendment, including primary care expansion, new care models, and the proposed investment in supportive housing for homeless people with chronic conditions. Housing has been consistently identified as a cost saving intervention for people living with chronic illnesses, substance use and mental health issues and the homeless population. In fact, stable housing is highly correlated with reduced risk behavior, improved engagement in care, and increased adherence to medical regimens, resulting in significant savings in emergency room visits and hospital admissions.

The above are just some key examples of the important elements that are included in the New York State Waiver Amendment. These reforms have the potential to transform the Medicaid system in New York State into a high quality healthcare program resulting in huge savings for taxpayers. These reforms are a result of State and community partnerships forged over the past year, giving the community a voice in reforming the Medicaid system so that it more effectively serves the neediest of New York residents.

ASCNYC urges the CMS to expeditiously approve the New York State 1115 Waiver Amendment.

Sincerely,

A handwritten signature in black ink, appearing to read "Sharen I. Duke". The signature is fluid and cursive, with the first name "Sharen" being the most prominent part.

Sharen I. Duke
Executive Director/CEO

EXECUTIVE DIRECTOR: Andrea Kocsis, LCSW
DEPUTY DIRECTOR: Kathy Pandekakes

August 16, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent Human Development Services of Westchester, located in Westchester County, New York, which assists over 2000 persons per year with their housing and health needs.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficult finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate

significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in cursive script that reads "Andrea Kocsis".

Andrea Kocsis, LCSW

Executive Director

barrier free living



Paul B. Feuerstein, LMSW
President/CEO

Donald Logan, MPA
Chief Operating Officer

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David W. Smith, Esq.
Board Member Emeritus

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent Barrier Free Living. Our agency focuses on the areas of homelessness and domestic violence for people with disabilities. Our Transitional Housing program has been doing the work of the Olmstead decree for ten years prior to the Supreme Courts landmark decision. We have placed more severely physically disabled New Yorkers in permanent housing than anyone else in the state of New York. We know that most people with disabilities would rather be living in the community. The issue is the lack of affordable accessible housing in New York. In the last quarter of 2010, the last time the results of the Health and Human Services nursing home questionnaire was published on the internet, 9,200 residents of New York City indicated that they would rather be living in the community than in a nursing home. The New York State Partnership for Long Term Care indicates that the present average cost of a nursing home bed in New York City is \$131,484 per year. **The Medicaid program is expending over \$1.2 billion a year to keep this group of New Yorkers institutionalized.** When I was on the board of the Harlem Independent Living Center, it was reported that many of Harlem's seniors checked into nursing homes once they became disabled because they could no longer live in a walk-up apartment and they couldn't afford the rents for something new. The national Low Income Housing Coalition reported in Priced Out in 2010 that a New York City resident on SSI would have to expend **150%** of their total income for an average studio apartment and **163%** for a one-bedroom apartment.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently. Single individuals in need of long term care need to be a priority group in Supportive Housing as well.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficult finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent

Barrier Free Living
210 East Second Street, New York, NY
10002-6277, Phone: 1-212-539-1926
www.bflmhc.org

transitional housing outreach secret garden freedom house

users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in cursive script that reads "Paul B. Weinstein".

President/CEO
Barrier Free Living



Henry Thompson, FACHE
Chief Executive Officer

August 20, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza – Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

I represent the Community Health Center of Richmond, Inc. (CHCR), a Federally Qualified Health Center based in Staten Island, New York. CHCR has served Staten Island's low income and medically underserved residents since July 2006, our target population is composed largely of minority and immigrant populations and suffers from significant barriers to care, prominent health disparities, lack of accessible providers, high rates of poverty, unemployment, and uninsured/publicly insured.

We strongly support Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.

We applaud the Waiver's balanced approach, which includes significant resources for capital technical assistance, workforce, and HIT – all critical aspects of a successful primary care expansion plan. To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients.

Over time, community health centers have offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most. Community health centers are

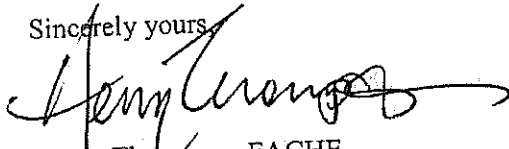
Page 2
August 20, 2012
MRT Waiver

willing and able to put their talents to work whenever called upon, improving the health of individuals and entire communities.

The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely yours,



Henry Thompson, FACHE
Chief Executive Officer
Community Health Center of Richmond, Inc.

HH HUDSON HEADWATERS Health Network

9 CAREY ROAD
QUEENSBURY, NY 12804
(518) 761-0300 Ext. 111
Fax: (518) 745-1378
Email: jruggie@hhhn.org

www.hhhn.org

John Ruggie, M.D.
Chief Executive Officer

**HUDSON HEADWATERS
HEALTH NETWORK**

Bolton Health Center
Chester-Horicon Health Center
Clinical Services Center
Health Center on Broad Street
Indian Lake Health Center
Moreau Family Health
Moriah Health Center
North Creek Health Center
Queensbury Family Health
Schroon Lake Health Center
Ticonderoga Health Center
Warrensburg Health Center

August 21, 2012

Mr. Jason Helgerson
NYS Medicaid Director
New York State Department of Health
Corning Tower, Empire State Plaza
Albany, New York 12237

Dear Mr. Helgerson:

I am writing to express my strong support for the New York State Department of Health's application to CMS for the MRT waiver to achieve the Triple Aim.

Let me comment first as a practicing family physician and the CEO of the Hudson Headwaters Health Network, a Federally Qualified Health Center with 15 sites that together constitute the primary care safety-net for the Glens Falls metropolitan area and the only local medical provider for a mountain region with twice the land area of Rhode Island. Every day, I see the need to reform the delivery of care. Increased investment in patient-centered primary care has to be the centerpiece of that effort and will require exactly the kind of multi-pronged approach that the state is proposing—i.e., new capital investment including technical and operational assistance, expanded health information technology, further workforce development with additional loan forgiveness for qualified practitioners along with the development of new care models, especially including health homes.

In addition, I would like to comment from my broader perspectives as Board Director of the Primary Care Development Corporation, Board member (and former President) of the state's Primary Care Association, and Chair of the Planning Committee of the NYS Public Health and Health Planning Council. In a word, I believe that this 1115 application, if funded, will prove truly transformative for health delivery in New York.

Mr. Jason Helgerson

Page -2-

08/21/12


I am aware that certain advocates are concerned that the state is proposing too many dollars for hospital and other institutional settings are the expense of community-based initiatives. In my view, however, the application is well balanced in that it seeks very significant funding directly for primary care expansion while also using waiver dollars to leverage necessary change in existing hospital environments—all to promote patient-centered care in the ambulatory setting rather than promote inappropriate reliance on emergency departments and inpatient care.

I am also heartened by the state's dual commitment to regional planning on the front end together with rigorous evaluation on an on-going basis.

For the last five years, as you well know, I have served as co-organizer of the Adirondack Medical Home Pilot—a regional, all-payer demonstration that has enlisted CMMI support and Medicare participation. A leading-edge exercise in health reform, this Pilot got its start because of both extraordinary exertions and remarkable luck. The proposed MRT waiver will build upon the lessons learned through the Adirondack experience and will engender the kind of improvements everywhere in New York that we are beginning to achieve in our North Country region.

I applaud your work in developing this application and will do everything possible to help make the proposed program a success. Let us hope that CMS approves this vitally important application.

Sincerely,


John Rugge, M.D.

JR/pid

August 20, 2012

Mr. Jason Helgerson
Medicaid Director & Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza – Suite 1211
Albany, New York 12210

**HUDSON HEADWATERS
HEALTH NETWORK**

Bolton Health Center
Chester Haven Health Center
Clinical Services Center
Fort Edward-Kingsbury Health Center
Health Center on Broad Street
Indian Lake Health Center
Moran Family Health
Moriah Health Center
North Creek Health Center
Queensbury Family Health
Schroon Lake Health Center
Ticonderoga Health Center
Warrensburg Health Center
West Mountain Primary Care

Re: Support for New York State Department of Health MRT 1115 Waiver

Dear Mr. Helgerson:

On behalf of the Hudson Headwaters Health Network, a Federally Qualified Health Center located in the Adirondack region of Upstate New York, we fully support Governor Cuomo's Creative MRT 1115 Waiver to create truly integrated and collaborative models of care in New York State by significantly investing in high quality, cost effective and robust primary care services and programs. This targeted investment will drive better health outcomes and lower health care costs as evidenced by the work of community health centers across New York.

We support the Waiver's comprehensive approach towards primary care expansion including resources for technical assistance, workforce development and health information systems. We strongly support additional dollars to increase primary care capacity, including bricks and mortar, to develop community health centers in the underserved areas of rural, Upstate New York.


Investments in community-based primary care will challenge the silos that have traditionally defined New York's health care environment creating more meaningful collaborations among payers, providers and patients. Community-based primary care offers unique and innovative models of care that have shown increasing system-wide savings to reduce hospital and emergency room visits.

The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered,

community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We fully support the MRT Waiver and look forward to an expeditious approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in black ink, appearing to read "Edward J. Shannon". The signature is fluid and cursive, with a long horizontal stroke at the end.

Edward J. Shannon
Chief Development Officer

EJS/rma



H.O.G.A.R., Inc.

Housing Options & Geriatric Association Resources, Inc.

751 Dawson Street ♦ Bronx, New York 10455 ♦ Phone: [718]742-7646, [718]742-7669 ♦ Fax: [718]742-7649 ♦ www.hogar-inc.org

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LEGAL COUNSEL
Ricardo E. Oquendo, Esq.

August 21, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent [**H.O.G.A.R., Inc.**] an organization serving the mentally ill, the elderly and people living with HIV/Aids since 1966. We are located in the South Bronx, but have supportive housing throughout the entire borough. Through our housing and supportive services, H.O.G.A.R has placed many people in need in their own apartments and they are now living successfully independently.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

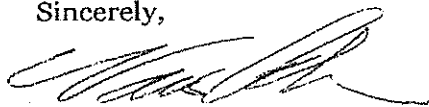
Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

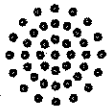
That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,



Noris Colon
President/CEO

PROJECT
Renewal



*Health, Homes & Jobs
for Homeless New Yorkers*

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PRESIDENT & CEO

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M-526

August 21, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

Project Renewal fully supports New York State's Medicaid 1115 waiver amendment application which includes a Medicaid Supportive Housing Expansion Program to increase access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Project Renewal's mission is to empower homeless men and women with addiction and/or mental illness to rebuild their lives and move permanently from the streets or shelters to health, homes, and jobs. Our comprehensive and innovative approach combines health, addiction, and mental health treatment with employment services and housing. For over 45 years we have saved the lives of homeless men and women as well as empowered them to live as independent and productive lives as possible.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficult finding and maintaining housing. Project Renewal knows this from experience – we operate more than 750 units of housing. The people we house and serve – people with mental illness, HIV/AIDS, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

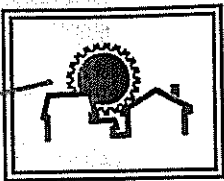
The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in black ink, appearing to read "Mitchell Netburn". The signature is fluid and cursive, with a large initial "M" and a long, sweeping tail.

Mitchell Netburn
President & CEO



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718-325-1235 (fax)
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136 West 44th Street
New York, NY 10036
212-575-9440
212-575-9456 (fax)
Felicia Robinson-Director

Jose Gonzalez House

1177 Hoe Ave
Bronx NY 10459
718-617-5401
718-617-2832 (fax)
Sharon Smith-Director

Care Coordination Program

3510 Bainbridge Avenue
Bronx, NY 10467
718-231-4900
718-231-4976 (fax)
Michael Ealy-Director

Haven Apartments

2145 Southern Blvd
Bronx NY 10460
718-562-1199
718-562-1165 (fax)
Cynthia Isaac-Gueye-Director

John G. Hunter Apartments

806 Fairmount Place
Bronx NY 10460
718-466-3930
718-466-3687 (fax)
Eunice Gooding-Director

Supported Housing

2888 Grand Concourse, Ste. 1C
Bronx NY, 10458
718-741-0600
718-741-0666 (fax)
Concepcion Castro-Director

Unique People Services
Administrative Office
4234 Vireo Avenue
Bronx, N. Y. 10470
(718) 231-7711 Fax (718) 231-7720
www.Uniquepeopleservices.org

August 22, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

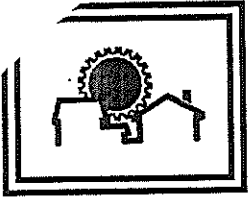
Dear Governor Cuomo:

I represent Unique People Services, Inc. New York City-based nonprofit 501 (c) (3) corporation. Our mission is to serve--holistically and without judgment--those who may have been denied compassionate and considerate treatment elsewhere due to their race, religion, gender, sexual orientation, developmental level, health status or criminal or substance use history. Unique People Services provide housing to over 700 individuals with special needs; which includes persons living with HIV/AIDS, Mental illnesses and Developmental Disabilities. We are dedicated to providing a home and supportive services to persons with special and challenging needs--men and women we consider to be members of our family. Our staff strives to make these homes the warmest, safest and most welcoming environments in which to live.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing -- permanent, affordable housing linked to onsite services -- is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve -- people with mental illness, HIV/aids, substance abuse and other barriers to independence -- are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Understanding people. **P**roviding homes. **S**erving communities.



**Unique People Services
Administrative Office
4234 Vireo Avenue
Bronx, N. Y. 10470
718) 231-7711 Fax (718) 231-7720
www.Uniquepeopleservices.org**

Page 2

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely

Yvette Brissett-André
Executive Director
Unique People Services, Inc.

Understanding people. **P**roviding homes. **S**erving communities.



OPEN DOOR
FAMILY MEDICAL CENTERS

WWW.OPENDOORMEDICAL.ORG

August 10, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

I represent Open Door Family Medical Center, Inc., a not-for-profit Federally Qualified Health Center and a Level III Patient Centered Medical Home to 40,000 economically disadvantaged patients served at nine sites and a mobile dental van in Westchester County. Half of our patients have no insurance of any kind and 93% live at or below 200% of the Federal Poverty Line. They are our community's working poor families and vulnerable populations such as new immigrants, women, and children. Without Open Door as an affordable community health center safety-net provider, our patients would only have emergency rooms as an option for any kind of healthcare.

We strongly support Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.

To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients.

Over time, community health centers like Open Door have offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most. Community health centers are willing and able to put their talents to work whenever called upon, improving the health of individuals and entire communities.

The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

Open Door fully supports the MRT Waiver and we look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,

Lindsay C. Farrell
President & CEO



OSSINING
185 MAIN STREET
OSSINING, NY 10562
TEL 914.941.1263
FAX 914.941.0093

MOUNT KISCO
30 WEST MAIN STREET
MOUNT KISCO, NY 10549
TEL 914.666.3272
FAX 914.666.3287

PORT CHESTER
5 GRACE CHURCH ST.
PORT CHESTER, NY 10573
TEL 914.937.8899
FAX 914.937.7932

SLEEPY HOLLOW
80 BEEKMAN AVENUE
SLEEPY HOLLOW, NY 10591
TEL 914.631.4141
FAX 914.631.1867



August 10, 2012

Mary Ann Christopher MSN, RN, FAAN
PRESIDENT AND CHIEF EXECUTIVE OFFICER

107 East 70th Street
New York, New York 10021-5087
212.609.1515
www.vnsny.org

Jason Helgeson, Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Corning Tower, 14th Floor
Empire State Plaza
Albany, New York 12237

Dear Jason:

On behalf of Visiting Nurse Service of New York (VNSNY), I am pleased to write this letter of support for New York State's MRT 1115 Medicaid waiver amendment. VNSNY appreciated NYSDOH's engagement of stakeholders during the design of the waiver amendment. We are delighted that comments from our organization and others have been incorporated into the final proposal.

VNSNY has long supported New York's goal of long term care transformation and expanding the enrollment of dually-eligible New Yorkers with long term care needs into the Managed Long Term Care Program. We support the State's continued implementation and enrollment of the majority of community-based long term care service recipients into MLTC plans and we look forward to the Duals Demonstration New York proposes to fully integrate managed care for dually eligible members.

We are also particularly enthusiastic about the other investments New York proposes in the waiver amendment including:

Health Homes: NYSDOH's proposal recognizes both the value and challenges of implementing the innovative Health Homes model of care. Health Homes have the potential to improve care coordination for the 805,000 New Yorkers with behavioral health and/or chronic medical conditions.

As a lead participant in two Health Homes, VNSNY endorses the State's recommendations to invest more than \$500 million over the next five years to finance the development and full implementation of this model.

Public Health Innovation: New York State's proposal acknowledges the value of evidence-based public health prevention programs to improve health outcomes and reduce Medicaid costs, as reflected in its recommendation to invest almost \$400 million in these programs.

VNSNY supports New York's proposal to invest these funds in public health innovations, including in particular the following:

- The Nurse Family Partnership (NFP), a nationally acclaimed, evidence-based program that VNSNY has operated since 2006 with an investment of public and private funds; we have served almost 2,500 clients and have witnessed firsthand the powerful outcomes this program produces;
- Asthma Home-Based Services, which can result in reduced ED visits and hospitalizations; and
- Diabetes Prevention and Quality Improvement, which would benefit populations at high risk for Type 2 diabetes and offer improvements and interventions to reduce complications for those already diagnosed as diabetic.

Ensuring the Health Workforce: As New York's proposal clearly notes, the goals of successful implementation of the Affordable Care Act will require development of adequate capacity and training of the health care workforce.

VNSNY supports New York State's proposal to invest \$500 million over five years to develop and implement the multi-year strategy developed by the MRT to adequately prepare the workforce for the future. In particular, we urge implementation of proposals that would:

- Remove statutory and regulatory barriers to implementing a full scope of practice for various occupations across the care continuum;
- Allow assistive personnel with training and supervision to assume more responsibilities;
- Support the development of career ladders.

We are pleased to see an emphasis on Workforce Development for Long Term Care, which would expand opportunities for home care to allow individuals to remain in their homes and communities, while training personal care attendants to become home health aides, and training home care workers to assume new roles in care coordination.

Thank you for the opportunity to comment on and support New York's 1115 Medicaid Waiver Amendment. VNSNY looks forward to working with you in the coming months and years to fully implement these proposals and achieve positive outcomes for the populations we serve.

Sincerely,



Mary Ann Christopher



Amsterdam Continuing Care Health System, Inc.
Amsterdam House Continuing Care Retirement Community, Inc.

Amsterdam Nursing Home Corporation
Amsterdam Services Corp.

August 23, 2012

Jason Helgerson
Medicaid Director
New York State Department of Health
Corning Tower
Albany, NY 12224

Dear Mr. Helgerson:

I am the President/CEO at Amsterdam Nursing Home Corp. and I am writing to express my strong support for the critical long term care provisions and investments that are a part of New York State's MRT Waiver application to the Centers for Medicare and Medicaid Services.

A strong long term care sector is critical to achieving real cross-continuum integration in support of the core waiver goals of promoting better health, better care, and lower costs within our health system.

Essential to sustaining a strong and stable nursing facility infrastructure is the "Nursing Home Transition" request for a revision or waiver to 42 CFR § 438.60 to clarify the ability of the State to carve nursing home Medicaid capital reimbursement out of Medicaid managed care plan benefits and capitation payments, and to reimburse such amounts directly to providers. This request, which entails no added Federal or State costs, will provide a necessary measure of financial stability for nursing homes that have existing capital repayment obligations, while minimizing the risk of default on current nursing facility mortgages, including those secured through HUD and the Dormitory Authority of New York State (DASNY). The provision will also make it possible for needed future capital investments to be made to enhance the quality of New York's residential care infrastructure.

Also vital to the broader long term care community, including providers of both home and community-based and residential services, are provisions in the waiver application that would expand the availability of vital access provider resources, provide capital funding for assisted living programs, expand access to supportive housing services, invest in workforce development for long term care, and enhance the level of health information technology adoption and connectivity across the long term care community.

We appreciate the attention that the State has given to these important issues, and we encourage CMS's support for these requests in the context of the State's MRT Waiver application.

Sincerely,

James Davis
President and CEO



Amsterdam Continuing Care Health System, Inc.
Amsterdam House Continuing Care Retirement Community, Inc.

Amsterdam Nursing Home Corporation
Amsterdam Services Corp.

August 23, 2012

Jason Helgerson
Medicaid Director
New York State Department of Health
Corning Tower
Albany, NY 12224

Dear Mr. Helgerson:

I am the Senior Vice President/Administrator at Amsterdam Nursing Home Corp. and I am writing to express my strong support for the critical long term care provisions and investments that are a part of New York State's MRT Waiver application to the Centers for Medicare and Medicaid Services.

A strong long term care sector is critical to achieving real cross-continuum integration in support of the core waiver goals of promoting better health, better care, and lower costs within our health system.

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We appreciate the attention that the State has given to these important issues, and we encourage CMS's support for these requests in the context of the State's MRT Waiver application.

Sincerely,

Judith Fenster, M.S., L.N.H.A.
Senior Vice President and Administrator

12 w 57th street, 7th floor
new york, ny 10018

646 472-0262
646 472-0266 fax
www.newdestinyhousing.org



new destiny
housing

August 18, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I am writing on behalf of New Destiny Housing Corporation, a New York City nonprofit that provides housing and services to low-income domestic violence victims and their families. New Destiny develops, owns, and operates permanent housing with on-site services affordable to homeless families that helps victims remain safe and stable as they move beyond crisis toward violence-free, independent futures.

New Destiny supports New York State's Medicaid 1115 waiver amendment application that includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing-targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing.

Low-income victims of domestic violence use expensive emergency services like hospitals, psychiatric centers and other institutional settings at a significantly higher rate due to intimate partner violence, with the Centers for Disease Control estimating this cost at over \$4 billion a year nationally in a 2003 study. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing—an outcome that has been repeatedly documented by academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to vulnerable populations, including domestic violence survivors, will save money by preventing and shortening

hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

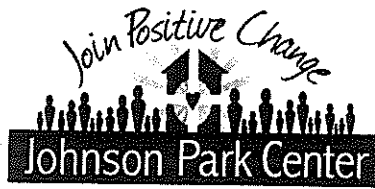
We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

New Destiny supports New York State's Medicaid Waiver and looks forward to prompt approval of this waiver by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in black ink, appearing to read "Carol Corden", written in a cursive style.

Carol Corden
Executive Director



Community Development ♥ *Special Needs Housing* ♥ *Nutrition* ♥ *Recreation* ♥ *Mentoring and Advocacy*

August 24, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

JPC is a faith-based organization in the City of Utica serving the Cornhill-Johnson Park area. Our organization is a nonprofit 501(c) (3) non-sectarian homeless service and community development organization established to provide housing and support services for the homeless, youth, women, elderly and persons with mental health/or substance abuse disabilities and to promote the revitalization of the Cornhill neighborhood. The organization was created with the goals of helping low to very low-income community residents, particularly Temporary Assistance for Needy Families (TANF) dysfunctional minority families with single female heads of households with at-risk youth between the ages of 4 and 16 and Safety Net single women.

Our agency is in a unique position to truly understand the needs of our community. We began in 1995 as a small food pantry & youth outreach program, operating with no funding in a burned-out building, and we have stayed close to these grassroots beginnings ever since. The first task that Chief Executive Officer/Founder Rev. Dr. Maria A. Scates, D.D. took on through vision, dedication, commitment and hard work was to go around the neighborhood picking up trash and having conversations with residents, getting to know them and dreaming about a positive future.

Rev. Dr. Scates is formerly chronically homeless herself and a veteran, and she and Chief Operations Officer of Johnson Park Center. Rev. Ursula Meier, who has 23+ years in recovery from substance abuse and mental health disabilities, live at JPC and work as full-time volunteers, choosing a life of poverty to truly understand and identify with the struggles of Cornhill's people, even as they run a highly professional social service operation. We are giving out entire lives to this work, and set the tone for JPC to act not just as an agency, but a part of the very fabric of the neighborhood.

From its humble beginnings, but with a broad vision and strong leadership, JPC developed comprehensive strategy to effectively serve the community. This comprehensive strategy has provided many significant outcomes and through community development has caused revitalization of the Johnson Park-Cornhill area of Utica. We currently have in operation 33 low-income permanent supportive housing apartments and a family emergency shelter; an active Youth Center, playground and basketball court, a community garden, food pantry, and the JCTOD Church. JPC has also played a key role in the revitalization of the park itself.

Rev. Dr. Maria A. Scates, D.D.
Chief Executive Officer

Rev. Ursula Meier
Chief Operations Officer

Mr. Robert A. Polivka
Board President



JPC reaches out to people especially women and children that had been given up on and a neighborhood that had been given up on and grow hope from the ashes of burnt drugs and gun smoke. JPC has been humbled by the changes that have taken place and inspired by the will of the families, the community and the partners we've worked with. JPC is motivated only by the opportunity to make the neighborhood better and to restore the lives that homelessness, violence, drugs and mental disabilities had broken. It's for this reason that our organization, JPC, is always striving to take that next step to make all of what we do better.

That is why JPC enthusiastically & is please to support the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Respectfully Submitted,

Rev. Dr. Maria A. Scates, D.D.
CEO/Founder



Community AIDS Center Inc.

306 Lenox Avenue
New York, New York 10027
Phone: 212-803-2850
Fax: 212-803-2899
www.HarlemUnited.org

Executive Team:

Steven C. Bussey
Chief Executive Officer

Kelsey Louie
Chief Program Officer

L. Jeannine Bookhardt-Murray, MD
Chief Medical Officer

Anthony Odoemena
Chief Financial Officer

Doug Berman
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August 27, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

mrtwaiver@health.state.ny.us

Dear Mr. Helgerson:

Harlem United is a comprehensive HIV and housing service provider and medical home for some of New York State's most vulnerable residents. Our mission is to provide 100% access to quality HIV and AIDS care for all our clients, regardless of race, socio-economic status, or sexual orientation; and to ensure each client remains connected to treatment and obtains the best possible health outcome. We operate two health centers and 586 units of supportive housing serving people with HIV and AIDS. We have become a vocal leader in the field of HIV testing, treatment and prevention.

We are writing to support the Medicaid reforms advanced through the New York State 1115 Waiver Amendment submitted to the Centers for Medicaid and Medicare (CMS).

Harlem United has been an active participant in the MRT process, submitting proposals and providing detailed public testimonies. Much of our work is reflected in the State Waiver Amendment.

We strongly support Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. *Specifically, we support doing more to integrate housing and healthcare, as we can no longer afford two distinct systems of housing support and healthcare.* Targeted reinvestment will drive better health outcomes and lower health care costs and the proposed waiver is budget-neutral to the federal government.

Below, we outline some more specific elements of the Waiver and their impact on our community to underscore our support.



Primary Care Expansion

Hospital readmissions cost New York State taxpayers \$3.7 billion each year. By integrating systems of care with a strong focus on primary care and expanding Patient Centered Medical Homes (PCMH), Medicaid recipients in New York State will be able to seek care with a physician instead of the emergency room. The result will be better, continuous care, which will lead to better health outcomes and lower hospital costs.

Health Home Development Fund

New York State has currently approved 35 health homes in 23 counties across the State, with another 15-20 nearing approval in remaining areas, which will serve roughly one million high-cost, high-need Medicaid recipients, including people living with HIV and AIDS.

HIV and AIDS are unique chronic illnesses because with proper medical care, access to medication, as well as mental health services, the disease can be managed long-term and its transmission risk lessened.

One of the obstacles to health home implementation is locating, engaging and retaining members, who are often homeless or move frequently from one place to another. Additional funding could assist health homes in engaging these high-cost, high-need members who desperately need to be connected to the full range of health care services. In addition, additional training for the care managers who will be responsible for enrolling and tracking these members is essential if health homes are to thrive in this State.

Supportive Housing

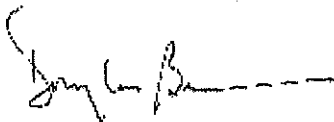
We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV and AIDS, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

Harlem United urges the CMS to expeditiously approve the New York State 1115 Waiver Amendment request and reform the Medicaid system for the residents of this State.

Sincerely,



Doug Berman
Senior Vice President of Policy

isabella

Mark Kator
President and Chief Executive Officer

August 24, 2012

Mr. Jason Helgerson
Medicaid Director
New York State Department of Health
Corning Tower
Albany, New York 12224

Dear Mr. Helgerson:

As President and CEO of Isabella Geriatric Center, a large not-for-profit provider of services for the elderly in New York City, I am writing to express my strong support for the critical long term care provisions and investments that are a part of New York State's MRT Waiver application to the Centers for Medicare and Medicaid Services.

Located in Northern Manhattan, Isabella Geriatric Center offers a broad continuum of services to the elderly including skilled nursing, housing, home care, adult day health care, case management and other community based programs.

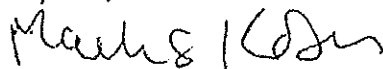
Essential to sustaining a strong and stable nursing facility infrastructure is the "Nursing Home Transition" request for a revision or waiver to 42 CFR § 438.60 to clarify the ability of the State to carve nursing home Medicaid capital reimbursement out of Medicaid managed care plan benefits and capitation payments, and to reimburse such amounts directly to providers.

This request, which entails no added Federal or State costs, will provide financial stability for nursing homes that have existing capital repayment obligations, while minimizing the risk of default on current nursing facility mortgages, including those secured through HUD and the Dormitory Authority of New York State (DASNY). The provision will also make it possible for needed future capital investments to be made to enhance the quality of New York's residential care infrastructure.

It is important for organizations such as Isabella Geriatric Center, to have provisions in the waiver application that would expand the availability of access-provider resources, offer capital funding for assisted living programs, expand access to supportive housing services, invest in workforce development for long term care, and enhance the level of health information technology adoption and connectivity across the long term care community.

We appreciate the attention that the State has given to these important issues, and we encourage CMS's support for these requests in the context of the State's MRT Waiver application.

Very Truly Yours,



Mark J. Kator

PSI

HELP / P S I, Inc.

"Building Hope and Empowering Change"

EXECUTIVE OFFICE
373 PARK AVE. SOUTH, 7TH FL.
NEW YORK, NY 10016
TELEPHONE: (718) 681-8700
FAX (646) 545-5699
INFO@PROJECTSAMARITAN.ORG
WWW.PROJECTSAMARITAN.ORG

**PSI ADMINISTRATION AND
SENIOR STAFF**

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President and CEO

BARBARA C. ZELLER, MD, DAC
Chief Medical Officer

ALAN ZUCKERMAN, LNHA, MS
*Senior Vice President
Chief Fiscal Officer*

CAROL MURPHY, MHA, RNC, NHA
*Chief Operating Officer
Chief Nursing Officer*

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*Vice President
Substance Abuse & Development*

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*Vice President
Clinical Quality Improvement*

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*Vice President
Development*

ANDREW E. PHELPS
*Vice President
Environmental & Support Services*

KENYA SALAUDEEN, MS, PHR
*Vice President
Human Resources*

NUNZIO SIGNORELLA, LMSW, CASAC
*Vice President
Operations/ADHC/COBRA*

LEONARDO VICENTE III, MS, MPH, LNHA
*Vice President
Administrator, RHCF*

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PARTNERS IN CARE
AmidaCare

August 20, 2012

Centers for Medicaid and Medicare
c/o Jason Helgerson
NYS Medicaid Director
mrtwaiver@health.state.ny.us

To Whom It May Concern,

iHealth is an association of 15 community-based organizations, almost all of whom were HIV/AIDS Targeted Case Management Providers until the conversion to Health Homes. Our collective mission is to safeguard the interests of people living with HIV/AIDS and other chronic conditions and to preserve the community-based HIV/AIDS infrastructure so that it can successfully transition in keeping with New York State's goal of improving health outcomes for low income New Yorkers with a range of complicated chronic conditions.

iHealth has actively participated in the development of Health Homes in New York State. iHealth is currently participating in the governance of three Health Homes in New York City. In addition, iHealth has had significant input into the design of the state-wide system, meeting frequently with State officials to make suggestions on improving the model while successfully preserving the existing infrastructure.

We are writing to support the Medicaid reforms advanced through the New York State 1115 Waiver Amendment submitted to the Centers for Medicaid and Medicare (CMS). The Medicaid Redesign Team (MRT) in New York State was a state/community partnership where these reforms were developed over the course of the past year. The focus was on the "triple aim:" improving quality, improving health and reducing costs.

Members of iHealth have been active participants in the MRT process, submitting numerous proposals, and serving on various MRT Workgroups. In addition, we have offered formal testimony regarding the development of New York State's Waiver Amendment. We are gratified that much of our work is reflected therein. **iHealth fully supports this effort and urges CMS to approve the Waiver as expeditiously as possible.**

Below, we outline some of the most important elements of the Waiver Amendment particularly as they impact on the implementation of Health Homes as a model to improve health outcomes while reducing costs:

CORPORATE OFFICE: 373 PARK AVENUE SOUTH, 7TH FLOOR, NEW YORK, NY 10016 (718) 681-8700 FAX (646) 545-5699
RESIDENTIAL HEALTH CARE FACILITY 1401 UNIVERSITY AVENUE, BRONX, NY 10452 (718) 681-8700 FAX: (718) 293-0510 (ADMISSIONS)
BRONX ADULT DAY HEALTH CARE 1545 INWOOD AVENUE, BRONX, NY 10452 (718) 299-5500 FAX: (718) 299-0861
BROOKLYN ADULT DAY HEALTH CARE 803 STERLING PLACE, BROOKLYN, NY 11216 (718) 804-0900 FAX: (718) 735-6380
QUEENS ADULT DAY HEALTH CARE 105-04 SUTPHIN BOULEVARD, JAMAICA, NY 11435 (718) 725-5000 FAX: (718) 725-5080
BRONX HEALTH HOME 1545 INWOOD AVENUE, BRONX, NY 10452 (718) 299-3000 FAX: (718) 299-7881
QUEENS HEALTH HOME 89-31 161ST STREET, JAMAICA, NY 11432 (718) 739-2800 FAX: (718) 739-6766
BRONX HEALTH AND WELLNESS CENTER 260 EAST 144TH STREET, BRONX, NY 10451 (855) 681-8700 FAX: (718) 294-4765
BRONX HEALTH HOME 1765 TOWNSEND AVE, BRONX, NY 10451 (718) 299-3000 FAX: (718) 299-7881

- **Marketing and Consumer Education:** Over the years, we have seen various initiatives that were aimed at controlling Medicaid costs and improving health outcomes for enrollees. These have included the roll-out of mandatory managed care for various populations and the more recent chronic illness demonstration project. In each case, the New York State Department of Health has invested significant resources in both public education efforts and more targeted consumer education. Yet, New York State is attempting to engage over 600,000 people in a voluntary care coordination program without resources, absent the Waiver Amendment, to engage in these activities relative to Health Homes.

iHealth strongly supports New York State's request to invest funds in the creation of posters, PSA's and other public awareness tools that can be used in neighborhoods and locations where there are likely to be high concentrations of Health Home eligible individuals. We also strongly support the request to invest funds to do direct marketing and consumer education about Health Homes to eligible populations.

- **Capitalization of Technology Infrastructure:** Health Home success is in large part dependent on the ability of everyone involved in an enrollee's care to share information in a timely and inexpensive manner. This requires that each Health Home develop robust technology that can interface with Regional Health Information exchange technology and to then make that technology available to members of that Health Home network at an affordable cost. There is no one best solution, but we believe that this technology needs to be able to facilitate at least three things on the part of care coordination entities: 1) real time access to all clinical records of enrollees; 2) the ability to electronically upload and submit all reportable information; and 3) the ability to track clinical and other outcome information on each enrollee.

iHealth strongly supports the State's proposal in the Waiver Amendment to assist Health Home networks in the development of standardized electronic systems that take advantage of New York's Regional Health Information infrastructure. We also unreservedly support the State's proposal to provide one-time funds that will allow smaller entities such as community-based care coordination programs that need to upgrade their technology in order to fully participate in Health Home/RHIO technology.

- **Initial Startup Costs of Health Home Networks:** The start-up infrastructure to support Health Home entities is significant due to the human resources required to manage the rosters, assignment of patients, quality management and finances, including the management of claims with reconciliation to the State, as well as to the subcontractors of the entity. These costs, together with costs associated with HIT and other operational expenses are resulting in a significant capital contribution from each partnering organization comprising the governance of the Health Home entity. Only by paying this "equity" contribution, do organizations like iHealth and its members have any voice in the governance and policy decisions of Health Homes. To date, iHealth has had to pledge over \$475,000, to be collected from its membership, just to participate in the governance of three Health Home networks.

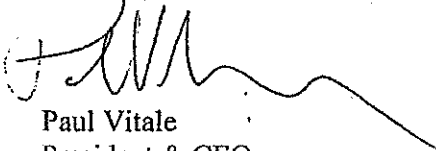
iHealth greatly appreciates and supports the request by New York State for a one-time investment in the start-up infrastructure of the Health Home so as to alleviate the burden of the capital contribution from the network partners.

iHealth supports many other important aspects of the Waiver Amendment, including primary care expansion, new care models, and the proposed investment in supportive housing for homeless people with chronic conditions. Housing has been consistently identified as a cost saving intervention for people living with chronic illnesses, substance use and mental health issues and the homeless population. In fact, stable housing is highly correlated with reduced risk behavior, improved engagement in care, and increased adherence to medical regimens, resulting in significant savings in emergency room visits and hospital admissions.

The above are just some key examples of the important elements that are included in the New York State Waiver Amendment. These reforms have the potential to transform the Medicaid system in New York State into a high quality healthcare program resulting in huge savings for taxpayers. These reforms are a result of State and community partnerships forged over the past year, giving the community a voice in reforming the Medicaid system so that it more effectively serves the neediest of New York residents.

iHealth urges the CMS to expeditiously approve the New York State 1115 Waiver Amendment.

Sincerely,



Paul Vitale
President & CEO
HELP/PSI
373 Park Ave. South, 7th Floor
New York, NY 10016

HELP/PSI

Building Hope and Empowering Change

373 Park Avenue South
New York, NY 10016

August 27, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

I represent HELP/PSI which was founded over 20 years ago to address the needs of adults with HIV/AIDS, and substance abuse issues. In recent years, our mission has expanded to include all underserved people in the Bronx, Brooklyn, and Queens. Our services include a 66 bed residential health care facility, 4 Primary Care (Article 28) clinics, a Dental clinic, a Mental Health (Article 31) clinic, 3 Adult Day Health Care programs, and 2 Health Homes.

We strongly support Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.

We applaud the Waiver's balanced approach toward primary care expansion, which includes significant resources for capital technical assistance, workforce, and HIT – all critical aspects of a successful plan. To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients.

Over time, community health centers have offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most. Community health centers are willing and able to put their talents to work whenever called upon, improving the health of individuals and entire communities.

The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,

Carol Murphy (HB)

Carol Murphy
Chief Operating Officer, Chief Nursing Officer



Extraordinary reach.
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August 27, 2012

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Gail S. Naytowh

Cynthia Mann
Director
Center for Medicaid, CHIP and Survey & Certification
Centers for Medicare and Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

Dear Ms. Mann,

SCO Family of Services is writing to express support for New York State's recent request to amend its Section 1115 Partnership Plan Medicaid Demonstration Waiver. Once approved by CMS, the amendment will enable the State to reinvest federal and state savings resulting from ongoing Medicaid redesign efforts to further strengthen the State's health care system and pave the way for future reforms that can achieve the triple aim: better care for individuals, better health for communities, and reduced Medicaid costs.

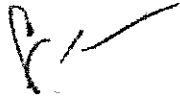
SCO is especially pleased that New York State intends to reinvest savings in evidence-based, preventive, nurse home visiting services for first-time, high-risk pregnant women and their children by expanding coverage for Nurse-Family Partnership (NFP) preventive services. The State's investment in NFP through the waiver will demonstrate that when brought to scale in high-risk communities and closely integrated with the healthcare system, NFP will be effective in improving health care outcomes and reducing Medicaid costs for New York's most vulnerable young families.

NFP is an evidence-based nurse home visiting program in which registered nurses provide preventive home visits to low-income pregnant women during their first pregnancy up until their child reaches age two with the goals of improving prenatal health and pregnancy outcomes, child health and development, and a family's economic self-sufficiency. NFP is the nation's most rigorously tested prenatal and early childhood home visitation program with credible and consistent evidence of effectiveness based on 35 years of research and evaluation.

We appreciate that Governor Cuomo, Health Commissioner Shah and State Medicaid Director Helgeson recognize the value that evidence-based nurse home visiting services will add to New York's Medicaid program both in terms of

improved health outcomes for first time mothers and their children in high-risk communities and cost savings for the State and the Federal government.

Sincerely,



Gail B. Narowitz
Executive Director

cc: Jessica Schubel, Victoria Wachino, Michael Melendez
Center for Medicaid, CHIP and Survey & Certification

Dr. Nirav Shah, Jason Helgeson, James Introne, Greg Allen
New York State Department of Health



August 30, 2012

Cynthia Mann
Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, MD 21244

Dear Ms. Mann

Thank you for the opportunity to comment on New York State's application for a Medicaid 1115 waiver amendment to the federal government, which will allow the state to invest up to \$10 billion in savings generated by the Medicaid Redesign Team (MRT). **PHI has been an active proponent in the MRT reform process, and overall, supports the state's effort to implement an action plan to transform the state's health care system.** We hope this effort will be an initial step toward more effectively coordinating care for a vulnerable population in New York.

General Comments

PHI (www.PHInational.org), is a nationally recognized nonprofit whose mission is to transform the delivery of eldercare and disability services by improving the lives of people who need these services—and the lives of the workers who provide that care. We offer both home and residential care providers the skills to manage change and create dynamic relationship-centered organizations that better serve elders, people with disabilities and their families.

In late 2010, PHI and its affiliated managed long-term care organization, Independence Care System (ICS), advocated for the greater use of care management models in a blueprint to simplify and rationalize the home and community-based service (HCBS) delivery system in New York City.¹ This blueprint was presented to, and largely accepted by, the state's Medicaid Redesign Team (MRT). As they begin to be implemented, the MRT changes will increase efficiency in care coordination and address a long-standing inequity in the pay for home health aides.



Overall, many of the changes the state has proposed for the 1115 waiver amendment to the Centers for Medicare and Medicaid Services (CMS) also respond to the recommendations in our blueprint. However, we would like to highlight some of the specific elements of the application PHI believes are promising or need to be addressed:

New Care Models

As New York begins the process of ending the fee-for-service (FFS) payment system for Medicaid and implementing a system of care management for all, reform must ensure that providers are truly working together in an integrated fashion that improves patient outcomes and lowers costs. The waiver proposal invests in new models of care such as ACOs, hospital/nursing home partnerships that better manage transitions in care, telehealth initiatives, and new approaches that better integrate physical and behavioral health services. New care models should invest in services and supports that will help individuals to age in the community and avoid more costly medical services and institutionalization; such services include community and home-based mental health services, housing alternatives, and support and training for caregivers, particularly on managing challenging behaviors.

These models should also include face-to face, comprehensive care coordination, and establish a plan for training that emphasizes an interdisciplinary team approach to care coordination. Participants of the care team should include, for example, the individual receiving care, family or informal caregivers, medical, social service, as well as the home care worker. PHI believes that the individuals who spend the majority of the time with the patient/client—the family caregiver and the home care aide—can provide essential information to the clinical care team, and as such, deserve to be integrated into the care coordination processes.

Workforce Training and Monitoring

The 1115 waiver amendment will provide additional funding for training and support to ensure that New York has the workforce it needs to successfully achieve its stated goals. The state's health care workforce will need to expand and improve in order to deal with an increased demand for long-term care services as well as new technologies that will transform how care is provided in the home (i.e., telehealth). However, once a large component of the state's home care workforce, a minimum of 38,000 personal care aides will need to be upgraded to the home health aide occupation.¹¹ Investment should be directed towards the upgrading of this vital component of the home care workforce. In addition, funding should also be focused on furthering the MRT's *Workforce Flexibility and Scope of Practice* workgroup recommendations, including expanding the scope of practice of home health aides and introducing additional training for an advanced home care aide role.

The application states that funding will be channeled to organizations capable of providing workforce training ranging from long term care, care coordination and primary care. PHI would encourage funding for training be directed to those organizations that have met quality standards and successful employment outcomes. For example, data should be collected on measures such as turnover, consistent assignment, and availability of full-time work and advancement. Reporting of these measures can help identify "good employers" for workers as well as choice of plans and providers for beneficiaries.

Funds would also be used to fund a Health Workforce Data Repository to allow for comprehensive healthcare workforce data collection and analysis to ensure uniformity and consistency on all data collected. This repository will enhance the availability of existing healthcare educational pipeline data and other vital information that reduces redundancies and creates a streamlined approach to data collection. At a time when healthcare systems, and especially Medicaid, are undergoing dramatic change, data and information on the healthcare workforce can contribute greatly to informed decision-making. PHI strongly supports the need for the creation of this Data Repository to help conduct useful evaluation and provide more transparency to both Medicaid consumers and the workforce.

We also strongly recommend that the data on workforce measures be collected through the Health Workforce Data initiative. New York has invested millions of dollars in health workforce recruitment, training and retention, and methods for tracking and accounting for the impact of these dollars is warranted. Consistency of the home care aide workforce correlates with reduced use of emergency rooms and hospitalizations.^{iii, iv} As part of our work on the CMS National Direct Service Workforce Resource Center, PHI helped develop the workforce MDS;^v we urge the use of a similar minimum workforce data set in order to effectively track and account for the intended use of these funds.

Regional Health Planning

As referenced earlier, PHI has issued numerous reports as to how to improve the home care aide workforce in New York. We have noted that there is wide diversity in the capacity of this workforce.^{vi} For these reasons, we support the proposal for Regional Health Planning, and urge that this proposal include a review of workforce capacity as well as planning to increase capacity. In upstate New York and parts of Long Island, transportation is a key component to accessing aide services and is a subject a regional entity could review and address.

Long Term Transformation and Integration to Managed Care

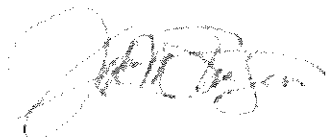
The waiver amendment includes a new program that would provide independent, individual and systemic advocacy on behalf of people with disabilities and chronic illnesses who are newly enrolled in Medicaid Managed Care and other new models of care management. Referred to in the application as "Ombudsperson Program – Supporting Choice," this new initiative addresses the need for an advocacy program specializing in consumer education, community training, and advocacy services tailored to meet the unique needs of these populations. Given the large number of individuals being transitioned into Medicaid managed care, there will be an increased need to provide the necessary information and materials to prospective plan members. In addition, the state's *NY Connects* program will receive additional funding to provide locally accessible, consumer-centered access points that provide comprehensive information about long term care options and linkages to services.

Concluding Remarks

Thank you again for the opportunity to comment on this important proposal. On behalf of the interests of the long-term care workforce and Medicaid beneficiaries, we strongly urge support of this proposal.

Please feel free to contact us if you have questions or desire further information about any of the comments. PHI looks forward to a continued working relationship with you on this as well as the Medicaid Redesign reform efforts over the weeks and months to come.

Sincerely,



Jodi Sturgeon
President-Elect



Carol Rodat
NY Policy Director



Meghan Shineman
NY Policy Analyst

Health Center PULASKI

Northern Oswego County Health Services, Inc.
61 Delano Street, Pulaski, New York 13142-1400 (315) 298-6569 Fax (315) 298-7488 www.nochsi.org

Northern Oswego County Health Services, Inc.

August 16, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

I represent Northern Oswego County Health Services, Inc. (NOCHSI). NOCHSI is a federally qualified health center located in Pulaski, N.Y. in Oswego County. NOCHSI provides primary and preventive health, dental and school-based health center services to over 12,000 patients.

We strongly support Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.

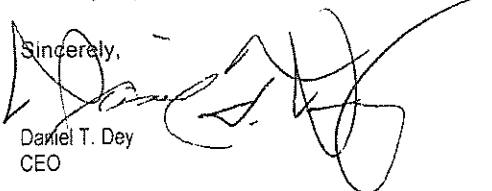
We applaud the Waiver's balanced approach, which includes significant resources for capital technical assistance, workforce, and HIT – all critical aspects of a successful primary care expansion plan. To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients.

Over time, community health centers have offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most. Community health centers are willing and able to put their talents to work whenever called upon, improving the health of individuals and entire communities.

The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,


Daniel T. Dey
CEO

Dental Services
61 Delano Street
Pulaski, NY 13142
315 298-6815
FAX 298-7488

*The Health and Dental
Center at Sandy Creek
School*
Salisbury Street
Sandy Creek, NY 13145
315 387-3620
FAX 387-2912

*The Health Center at Lura
Sharp Elementary School*
Hinman Road
Pulaski, NY 13142
315 298-2570
FAX 298-7457

*The Health Center at
Pulaski Middle - Senior
High School*
4624 Salina Street
Pulaski, NY 13142
315 298-2696
FAX 298-3460

*The Health Center at
APW High School*
639 County Route 22
Parish, NY 13131
315 625-5213

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Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD)



Finger Lakes
Addictions Counseling
& Referral Agency



ADMINISTRATION

28 East Main Street
Clifton Springs, NY 14432
(315) 462-9466
Fax (315) 462-6400

Addictions Crisis Center

29 East Main Street
Clifton Springs, NY 14432
(315) 462-9070
Fax (315) 462-2488

HALFWAY HOUSES

Maxwell Hall

28 East Main Street
Clifton Springs, NY 14432
(315) 462-9466
Fax (315) 462-9120

Offe Hall

621 Church Street
Newark, NY 14513
(315) 331-7400
Fax (315) 331-776

OUTPATIENT SERVICES

Clifton Springs Clinic

28 East Main Street
Clifton Springs, NY 14432
(315) 462-9466
Fax (315) 462-9120

Geneva Clinic

111 South Main Street
Geneva, NY 14456
(315) 791-1201
Fax (315) 791-1201

Newark Clinic

621 Church Street
Newark, NY 14513
(315) 331-7400
Fax (315) 331-776

Penn Yan Clinic

100 West Main Street
Penn Yan, NY 14529
(315) 533-1201
Fax (315) 533-1201

Watkins Glen Clinic

6888 Empire Turnpike
Watkins Glen, NY 14891
(315) 331-7400
Fax (315) 331-776

August 20, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I am writing on behalf of the Finger Lakes Addictions Counseling and Referral Agency, Inc. (FLACRA).

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,


Martin Teller, MA Executive Director



104 Fish Hollow Rd.
North Creek, New York 12853
August 24, 2012

To Whom It May Concern:

New York State's 1115 Waiver request to reinvest some of the savings that will result from implementation of its Medicaid Redesign Team recommendations has a great deal of merit. As a child psychiatrist who has spent most of my professional career in the public sector helping families whose children suffer from serious emotional dysfunction, I applaud New York's waiver request especially as it concern delivery model redesign.

Used judiciously, these monies could support's New York's children's serving system that provides mental health services in both the children's mental health and child welfare system an opportunity to both integrate and coordinate care along the lines of existing evidence based model of care. These new models require resource incentives as they transition from existing models to newer ones. Changes that will occur and require additional support will be (among others) the reeducation of the workforce (from CEOs to line staff including all clinicians), changes in funding models so that providers of care have greater flexibility while at the same time take on some of the fiscal risk, the infusion of evidence based treatment and the recognition that families and youth served must have " voice and choice" in any new models of care.

I fully support New York State's efforts. In light of the Affordable Care Act with is associated Health Home model to coordinate behavioral and primary health care, I believe that the opportunity to reinvest savings at this time is both critical and fortuitous.

Respectfully,

David M. Gottesman, M.D.

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent The Bridge, as a residence manager and we service clients who suffer mental illness. In addition, I have been in the field of mental health for 12 years, and our clients suffer the most when funding and Medicaid is not accessible to them or service is cut:

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/AIDS, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

Annie Pettway



Corporate Office

154 Christopher Street
New York, New York 10014
tel 212.337.5600
www.villagecare.org

David H. Sidwell
Chairman

Emma DeVito
President & CEO

FOR BETTER HEALTH AND WELL BEING

August 14, 2012

Ms. Cynthia Mann
Director
Center for Medicaid
and CHIP Services Program
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Mr. Jason Helgerson
Medicaid Director
New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

Residential Care

Rivington House

VillageCare Rehabilitation
and Nursing Center
46 & Ten

Community Care

Adult Day Health Care
Adult Protective Services
AIDS Day Treatment

Community Case
Management

Community Services
for Seniors

Home Care

Health Center

The Momentum Project

Dear Ms. Mann and Mr. Helgerson:

VillageCare is writing to urge the Centers for Medicare and Medicaid Services (CMS) to approve New York State's application for its Medicaid Redesign Team (MRT) Waiver Amendment.

VillageCare fully supports the significant reinvestments in the health care system that will be made possible through the approval of this waiver.

VillageCare recognizes that New York State must significantly modify its Medicaid program in order to meet the goals of improving care, improving health and reducing per capita costs. While the transformation that has occurred in New York's Medicaid program through the efforts of the MRT has been a challenge for many individuals and providers, we believe these changes better position New York both to sustain this important program and to prepare New York for changes in health care from the federal Affordable Care Act.

VillageCare is a community-based, not-for-profit organization serving seniors, persons living with HIV and AIDS and others who face chronic and disabling conditions. Founded in New York's Greenwich Village nearly 35 years ago, VillageCare developed some of the first care and program responses to the AIDS epidemic in the 1980s, and has created a number of innovative programs and services for older adults and for those who are HIV-positive. It is with this experience that we voice our wholehearted support for the State's Medicaid redesign efforts and the goals of the waiver amendment.

To Whom it M.
Attached please fi
Thank you.

The waiver will support important redirection and reinvestment of resources in New York, including: Investments in primary care and health homes, with needed capital resources; creation of new care models; a new Medicaid-funded supportive housing initiative, and the transformation of long-term care services along with expansion of managed care models. Investments in work force development and regional health planning would also be supported by the waiver. In addition, the State's proposal around the financing of skilled nursing facilities in a managed care environment is particularly critical to the financial well-being of the long-term care provider community.

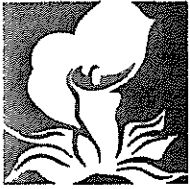
These initiatives will help to make New York's health care delivery system stronger and better prepared for the future ahead. We urge CMS to approve New York's Medicaid waiver application.

Sincerely,



Emma DeVito
President &
Chief Executive Officer





**WILSON
COMMENCEMENT PARK**



August 15, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

My name is Wanda Acevedo, Chief Operating Officer at Wilson Commencement Park (WCP) in Rochester, NY. WCP's program provides supportive housing and a comprehensive system of support services to help low-income, single-parent families break the cycle of welfare dependence and homelessness to achieve self-sufficiency. We provide these services to resident families and families who live in the larger Rochester community, who have been homeless or at risk of homelessness due to economic instability, illness or other life issues. Except for on-site housing, all families from the community who lack a permanent home or are at risk of homelessness have access to the same one-to-one and group support services as residents.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

Wanda Acevedo
Chief Operating Officer

251 Joseph Avenue Rochester, NY 14605 (585) 263-7930 FAX (585) 263-2497



August 23, 2012

Jason Helgeson
New York State Medicaid Director

Dear Director Helgeson,

As President and CEO of Southern Tier Health Care System, a rural health care network based in Olean, I know how important it is to improve primary care access and delivery in New York.

That's why Southern Tier Health Care System and its members are delighted that the MRT waiver proposed by Governor Cuomo invests substantially in primary care. This investment will help ensure 2.3 million New Yorkers who now lack access to care will receive the high quality primary care they need and deserve.

We believe a community-based health care infrastructure with sufficient primary care at its center is critical to building and sustaining the high-performing, integrated systems of care that will achieve CMS' Triple Aim of better health, better care and lower costs. True integration will challenge the "silos" that have traditionally defined New York's health care environment, and create more meaningful collaborations among payers, providers and patients.

The MRT Waiver embraces the Triple Aim. The waiver will ensure investment in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers. If approved, it will help build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need.

Southern Tier Health Care System fully supports the MRT Waiver and we look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,

Donna Kahm
President and CEO
Southern Tier Health Care System, Inc.

Parker Jewish Institute

FOR HEALTH CARE AND REHABILITATION

Fay J. Lindner Campus
271-11 76th Avenue
New Hyde Park, NY 11040-1433
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August 23, 2012

Jason Helgeson
Medicaid Director
New York State Department of Health
Corning Tower
Albany, NY 12224

Dear Mr. Helgeson:

As President and Chief Executive Officer of the Parker Jewish Institute for Health Care and Rehabilitation, located in New Hyde Park, I wish to express our strong support for the critical long term care provisions and investments that are a part of New York State's MRT Waiver application to the Centers for Medicare and Medicaid Services.

A strong long term care sector is critical to achieving real cross-continuum integration in support of the core waiver goals of promoting better health, better care, and lower costs within our health care system.

Essential to sustaining a strong and stable nursing facility infrastructure is the "Nursing Home Transition" request for a revision or waiver to 42 CFR § 438.60, to clarify the ability of the State to carve nursing home Medicaid capital reimbursement out of Medicaid managed care plan benefits and capitation payments, and to reimburse such amounts directly to providers. This request, which entails no added Federal or State costs, will provide a necessary measure of financial stability for nursing homes that have existing capital repayment obligations, while minimizing the risk of default on current nursing facility mortgages, including those secured through HUD and the Dormitory Authority of New York State (DASNY). The provision will also make it possible for needed future capital investments to be made to enhance the quality of New York's residential care infrastructure.

Also vital to the broader long term care community, including providers of both home and community-based and residential services, are provisions in the waiver application that would expand the availability of vital access provider resources, provide capital funding for assisted living programs, expand access to supportive housing services, invest in workforce development for long term care, and enhance the level of health information technology adoption and connectivity across the long term care community.

We appreciate the attention that the State has given to these important issues, and we vigorously encourage CMS's support for these requests in the context of the State's MRT Waiver application. Please let us know if we can be of any further assistance in support of New York State's MRT Waiver application to the Centers for Medicare and Medicaid Services.

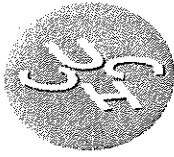
Sincerely yours,

Michael N. Rosenblut

Michael N. Rosenblut
President and Chief Executive Officer



UJA Federation
of New York



UNION COMMUNITY HEALTH CENTER

Caring for the Bronx for over 100 years

August 16, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

I represent Union Community Health Center, Inc., a FQHCLA serving over 25,000 individual patients out of four locations in Bronx, New York. Union will conduct over 150,000 patient care visits this calendar year to the most medically vulnerable clients in the State.

We strongly support Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.

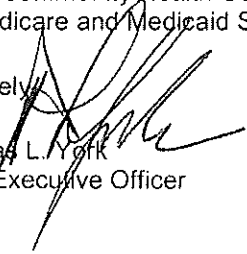
We applaud the Waiver's balanced approach, which includes significant resources for capital technical assistance, workforce, and HIT – all critical aspects of a successful primary care expansion plan. To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients.

Over time, community health centers have offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most. Community health centers are willing and able to put their talents to work whenever called upon, improving the health of individuals and entire communities.

The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

Union Community Health Center fully supports the MRT Waiver and looks forward to speedy approval by the Center for Medicare and Medicaid Services. Thank you.

Sincerely,


Douglas L. York
Chief Executive Officer



Executive Offices
100 Woods Road
Valhalla, New York 10595

914.493.7018
914.493.8027 fax

www.westchestermedicalcenter.com

Michael D. Israel
President and CEO

August 27, 2012

Mr. Jason Helgerson
Medicaid Director
New York State Department of Health
Corning Tower, Empire State Plaza
Albany, New York 12237

Dear Mr. Helgerson:

Westchester Medical Center is pleased to write this letter in support of the waiver application recently submitted by New York to the Centers for Medicaid and Medicare Services. This waiver would provide major assistance to the health system as it transforms to meet the needs of the people of New York.

As a public hospital, we are particularly supportive of the specific funding dedicated to the public hospitals in the state. While the waiver speaks in detail about the plans of our colleagues at the New York City Health and Hospitals Corporation, Westchester Medical Center is also engaged in a series of projects designed to improve our ability to meet our unique role as the regional advanced care provider for the residents of the Hudson Valley. The availability of funding under the waiver, both for service reconfiguration and debt restructuring, will allow us to transform our services and reduce our expenses while we continue to meet our mission.

We look forward to working with you and your colleagues from the Department of Health on this important undertaking.

Sincerely yours,

A handwritten signature in black ink that reads 'Michael D. Israel'.

Michael D. Israel
President and CEO

MDI:am



The Health Care Solution. Right Here. Right Now.

**THE GREATER HUDSON VALLEY
Family Health Center, Inc.**

ADMIN: 2570 ROUTE 9W • SUITE 10 • CORNWALL, NY 12518 • 845-220-3100 • FAX: 845-534-2940 • www.ghvfhc.org

Linda S. Muller, MS
President & CEO

Ms. Cynthia Mann
Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

August 27, 2012

Dear Ms. Mann,

I am writing in support of New York's MRT 1115 Waiver Amendment. As President and CEO of The Greater Hudson Valley Family Health Center, a New York State-based Federally Qualified Health Center and Patient Centered Medical Home, and also as Chair of the Community Health Care Association of New York State (CHCANYS), the MRT 1115 Waiver Amendment will help my health center, and community health centers across the State of New York, to expand and enrich the services we provide to our residents.

The 1115 Waiver will aid health centers and community agencies to expand access to affordable and high quality health care, to better treat the homeless and increase the availability of supportive housing, improve connectivity among healthcare providers through the increased use of electronic medical records, and will contribute to improved coordination of care. This latter point, increased care coordination, will reduce the cost of care significantly by improving transitions of care across settings, eliminating redundant prescribing and testing, and increasing communication among providers in multiple settings.

I strongly endorse New York's MRT 1115 Waiver Amendment, and appreciate your consideration of the Waiver for federal approval.

Sincerely,

Linda S. Muller
President & CEO

The Greater Hudson Valley Family Health Center, Inc.

460 West 34th Street
New York, NY 10001-2382



Tel (212) 273-6100
Fax (212) 268-1083
www.yai.org

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Sanjay Dutt, B.A.

August 27, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Dear Ms. Mann:

New York State's amendment to its Section 1115 Partnership Plan Waiver (11-W-00114/2) will provide the state with a unique opportunity to promote meaningful community inclusion for people with developmental disabilities, while meeting the objectives of the Olmstead Act. The amendment's broad objectives are consistent with the goals of Centers for Medicare and Medicaid Services (CMS): better health, better care, and lower costs.

Our field is long overdue for a transformation and the State's proposal to use the waiver amendment to reinvest in the State's health care system will pave the way for what we view as the biggest development in our field since the establishment of community-based services.

The proposals in New York State's plan will allow for innovation and change, which will provide richer lives for the individuals we support. We look forward to collaborating with the State and other organizations to implement new residential, employment, and socialization initiatives which promote greater flexibility and true community integration.

I'd like to encourage you to support New York State's amendment. With its flexibility, accountability and focus on outcomes, we can reinvest existing dollars to enhance the health care of people with disabilities while promoting financial stability.

Sincerely,

Stephen E. Freeman, CEO



Workmen's Circle MultiCare Center

3155 Grace Avenue Bronx, NY 10469-3134 718-379-8100 Fax : 718-379-0825
www.wcmcc.org e-mail: wecare@wcmcc.org

August 24, 2012

Jason Helgerson
Medicaid Director
New York State Department of Health
Corning Tower
Albany, NY 12224

Dear Mr. Helgerson:

I am the CEO at the Workmen's Circle MultiCare Center and I am writing to express my strong support for the critical long term care provisions and investments that are a part of New York State's MRT Waiver application to the Centers for Medicare and Medicaid Services.

A strong long term care sector is critical to achieving real cross-continuum integration in support of the core waiver goals of promoting better health, better care, and lower costs within our health system.

Essential to sustaining a strong and stable nursing facility infrastructure is the "Nursing Home Transition" request for a revision or waiver to 42 CFR § 438.60 to clarify the ability of the State to carve nursing home Medicaid capital reimbursement out of Medicaid managed care plan benefits and capitation payments, and to reimburse such amounts directly to providers. This request, which entails no added Federal or State costs, will provide a necessary measure of financial stability for nursing homes that have existing capital repayment obligations, while minimizing the risk of default on current nursing facility mortgages, including those secured through HUD and the Dormitory Authority of New York State (DASNY). The provision will also make it possible for needed future capital investments to be made to enhance the quality of New York's residential care infrastructure.

Also vital to the broader long term care community, including providers of both home and community-based and residential services, are provisions in the waiver application that would expand the availability of vital access provider resources, provide capital funding for assisted living programs, expand access to supportive housing services, invest in workforce development for long term care, and enhance the level of health information technology adoption and connectivity across the long term care community.

We appreciate the attention that the State has given to these important issues, and we encourage CMS's support for these requests in the context of the State's MRT Waiver application.

Sincerely,

Soloman Rutenberg
Chief Executive Officer



FIND Aid for the Aged, Inc.
160 West 71st Street, 2F, New York, NY 10023
t/212.874.0300 f/212.724.4163
www.projectfind.org

August 27, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I am writing on behalf of Project FIND, a non-profit provider of housing and services for older adults. We operate 3 publicly-subsidized apartment complexes on Manhattan's west side, housing nearly 600 seniors, including the 286 unit SRO Woodstock Hotel fashioned to serve individuals coming out of the shelter system.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

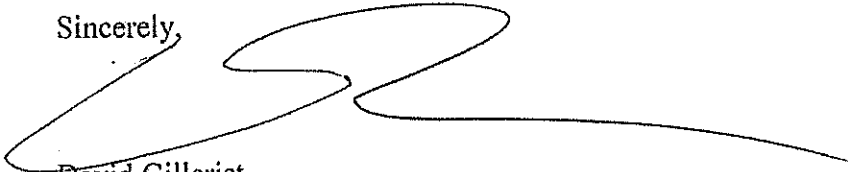
Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – older adults with histories of homelessness, chronic health conditions, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, nursing facilities and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in black ink, appearing to read 'David Gillerist', written over a horizontal line.

David Gillerist
Executive Director



Support for NYS Medicaid Waiver Proposal

Raymond Ethier

to:

mrtwaiver, Peter Young, meg.smith

08/27/2012 09:15 AM

Hide Details

From: Raymond Ethier <raymonde@pyhit.org>

To: mrtwaiver@health.state.ny.us, Peter Young <APPETERY@aol.com>,

meg.smith@optum.com,

To: Mr. Harvey Rosenthal and all interested parties

From: Peter Young Housing, Industries, and Treatment

For over 50 years Father Peter G. Young has dedicated his live to serving people with addictions. Beginning with his parish at St. John's in Albany's South End, Father Young has ministered to the homeless and addicted.

Today, after years of effort, sacrifice and progression, this experience has developed and evolved into professional programs collectively known as Peter Young Housing, Industries and Treatment (PYHIT). PYHIT has over 70 locations and serves over 3500 individuals on a daily basis. This integrated system of care has been the foundation for the successful reassembling of so many broken lives across the state.

Our mission is to create self sustaining tax payers. Our three legged stool concept is based on a three phase program (stabilization, engagement and transition) that is grounded in evidence-based principles of effective intervention. In the last year, through the PYHIT three legged stool concept and our partnerships with local and state government, we have successsfully created over 450 taxpayers in the Capital alone! Saving an estimated \$13,803,120.00.

I, and the entire PYHIT organization wholeheartedly support the NYS Medicaid Waiver Proposal.

Sincerely,

Fr. Peter G. Young

Volunteer CEO



FIDELIS CARE®

NEW YORK

August 27, 2012

Jason A. Helgeson
Medicaid Director, Office of Health Insurance Programs
New York State Department of Health
Corning Tower, Empire State Plaza
Albany New York 12237

Dear Mr. Helgeson:

On behalf of Fidelis Care New York, I would like to endorse the efforts that New York State is undertaking to develop a new strategy for the Medicaid program.

The pioneering Medicaid 1115 waiver amendment you are seeking will allow the State to reinvest in its health care infrastructure as well as offer the freedom to innovate. These efforts will also help the State prepare for implementation of national health care reform.

The work begun by the Medicaid Redesign Team set an important path to improve quality and access for the vulnerable New Yorkers who rely on health coverage through Medicaid and bring fiscal sanity to the program. The waiver request you have submitted to CMS is an important step in this work – one that truly creates a partnership between providers, the State and the Federal government to share in the responsibility and the positive outcomes of this work. A reinvestment of \$10 billion of concrete savings accruing from the Medicaid redesign initiatives already implemented is a sensible and laudatory investment to support system improvements.

Fidelis Care is a not-for-profit health plan operating in 59 counties across New York. As you know, Fidelis Care serves low income, medically vulnerable individuals and works to ensure they can receive health coverage through Medicaid and other government-sponsored health insurance programs. Fidelis Care's mission is to ensure vulnerable individuals receive services to improve their quality of life, and the opportunity to provide these outreach services at your locations is appreciated. We are proud to have the widest geographic reach of all health plans, and to be able to serve the largest number of low-income medically vulnerable New Yorkers.

As Fidelis Care has developed effective partnerships with the State for Medicaid and coverage expansions into Child Health Plus, Family Health Plus, Managed Long Term Care, Medicaid Advantage Plus, Dual Eligible initiatives, and the Employer Buy-In Program, we look forward to being a key participant in new initiatives moving into the future.

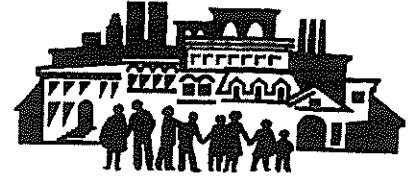
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8 SOUTHWOODS BOULEVARD
ALBANY, NEW YORK 12211
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718-896-6500

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480 CROSSPOINT PARKWAY
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716-564-3630

Pratt Area Community Council



August 20, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I am writing to express our support for the expansion of supportive housing service as part of NYS Medicaid 1115 waiver amendment. Pratt Area Community Council (PACC) is a nonprofit, community-based, housing organization serving the communities of Fort Greene, Clinton Hill, Bedford Stuyvesant and Prospect Heights. PACC services include supportive housing for persons who were formerly homeless, mentally ill and/or living with HIV/AIDS, affordable housing development and management, commercial revitalization and economic development, community and tenant organizing, and housing counseling. **We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.**

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/AIDS, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in black ink, appearing to read "Deb Howard". The signature is fluid and cursive.

Deb Howard
Executive Director

Pratt Area Community Council
201 Dekalb Avenue · Brooklyn New York 11205 · 718-522-2613
www.prattarea.org · pacc@prattarea.org

Lantern Community Services

August 20, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I am writing on behalf of Lantern Group and Community Services, organizations that develop affordable, permanent housing and provide on-site supportive services for special needs populations.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.


Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,



Alissa Kampner Rudin
Chief Operating Officer

49 West 37th Street, 12th Floor
New York, New York 10018
Phone 212.398-3073; fax 212.398-3074



Joseph's House and Shelter ~ 74 Ferry Street Troy, NY 12180 ~ 518-272-2544
www.josephshousetroy.org

August 23, 2012

The Honorable Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

As the executive director of Joseph's House and Shelter, a Troy based homeless services provider, I'm writing in full support of New York State's Medicaid Waiver request and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Joseph's House operates both emergency homeless shelters and supportive housing programs for chronically homeless adults with disabilities. Permanent, affordable housing linked to supportive services is a proven and cost-effective way to provide stable homes to individuals who historically have had difficulty finding and succeeding in housing. The people we serve – primarily folks with serious, persistent mental illness combined with an active addiction – have been frequent users of expensive emergency services including hospitals and psychiatric centers. We see a dramatic reduction in the use of these services when people are provided with housing in a setting that provides non-judgmental respect and support.

We are currently in the pre-development phase of opening a site-based supportive housing program for chronically homeless late-stage alcoholics with long histories of treatment failure and are struggling to identify ongoing operating costs for a housing program targeting this population. This makes us particularly excited about the Medicaid 1115 waiver amendment application which includes a Medicaid Supportive Housing Expansion program. Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals of New York, while reducing Medicaid spending. Supportive housing and centrally located health services for the folks we work with will ultimately save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

Please feel free to contact me if you have any questions or require additional information

Sincerely,

Tracy Neitzel
Executive Director



The Honorable Governor Andrew Cuomo
 Governor of the State of New York
 Executive Chamber, State Capitol, Room 253
 Albany, NY 12224

August 15, 2012



Housing
 and
 Services, Inc.

Dear Governor Cuomo:

I write to you on behalf of Housing and Services, Inc.'s (HSI's), 721 residents, staff and trustees. HSI is a 24-year old provider of permanent supportive housing that began as a Vera Institute of Justice demonstration project in the 1980s. Cecil in Harlem, est. 1988, was HSI's first, and one of the Nation's first, supportive housing programs and, in 1994, HSI opened one of the first congregate supportive housing programs for people living with HIV/AIDS, The Narragansett in the Upper West Side, Manhattan. Kenmore in Gramercy Park, est. 1999, is 325 units of housing that was given to HSI to operate when the federal marshals appealed to the City of New York for a non-profit provider who could refurbish and provide services low-income New Yorkers with special needs at this once-grand old hotel. HSI also operates a Scatter Site program for families and individuals living with HIV/AIDS in Manhattan and the Bronx.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

Jim Dill
 Executive Director

Main Office
 461 PARK AVE. SOUTH
 6th FLOOR
 NY, NY 10016
 (t) 212.252.9377
 (f) 212.252.9322
 HSI-NY.ORG

Cecil Hotel
 206-210 W. 118th ST.
 NY, NY 10026-1736
 (t) 212.864.5281
 (f) 212.663.4673

Kenmore Hall
 143-147 E. 23rd ST.
 NY, NY 10010-3701
 (t) 212.533.0806
 (f) 212.533.8466

The Narragansett
 2508 BROADWAY
 NY, NY 10025-6949
 (t) 212.316.4139
 (f) 212.316.9569

HSI Scatter Site Program
 461 PARK AVE. SOUTH
 6th FLOOR
 NY, NY 10016
 (t) 212.252.9377
 (f) 212.252.9319



August 17, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

On behalf of Enterprise Community Partners, we strongly support New York State's Medicaid 1115 waiver amendment application, particularly the Medicaid Supportive Housing Expansion plan to expand access to supportive housing targeting high cost Medicaid members.

Enterprise's mission is to create opportunity for low- and moderate-income people through affordable housing. We raise and leverage financial resources, shape policy, and provide programs and expertise to help communities create and preserve safe, healthy affordable homes. For 30 years, we have brought financial resources, innovative programs, and policy expertise to the development and preservation of affordable housing with services for the most vulnerable residents, including those likely to incur high cost to the medical system without stable housing. Since 1982, Enterprise has mobilized more than \$11 billion in capital that has created or preserved nearly 300,000 affordable homes nationwide, including 30,000 affordable homes with supportive services. In 2011, we actively participated in the work of the Medicaid Redesign Team through my membership on the Affordable Housing Work Group.

Supportive housing addresses both the housing and service needs of many of the highest cost users of Medicaid – people with mental illness, HIV/AIDS, substance abuse and other barriers to independence – who are typically frequent users of expensive emergency services such as hospitals, emergency rooms and psychiatric centers. Placement into supportive housing has been demonstrated to reduce the use of these services and to save public costs across a variety of systems. This has been proven time and time again by dozens of peer-reviewed academic studies. Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable New Yorkers, while also reducing Medicaid spending.

We believe all the waiver amendment's key strategies will lead to better patient outcomes while delivering cost savings to the public, consistent with Federal goals. Allowing current savings to be reinvested into these programs will enable New York State to continue to be a leader in this work, and to demonstrate how states across the nation can use their Medicaid funds more effectively and efficiently to deliver better care.

We fully support New York State's 1115 Medicaid Waiver application, and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Truly yours,

A handwritten signature in cursive script that reads "Abby Jo Sigal".

Abby Jo Sigal
Senior Vice President



1101 Nott Street
Schenectady, NY 12308
518.243.4141
ellismedicine.org

August 27, 2012

Jason Helgeson, Medicaid Director
New York State Department of Health
Corning Tower, Empire State Plaza
Albany, New York 12237

Dear Director Helgeson:

Ellis Medicine is pleased to support the application by the New York State Department of Health (NYSDOH) to the Centers for Medicare and Medicaid Services (CMS) for comprehensive amendments to the section 1115 Medicaid waiver. If approved, this waiver would permit New York State to pursue a number of research and demonstration projects endorsed by the Governor's Medicaid Redesign Team (MRT).

In particular, Ellis supports efforts to enhance access to primary and preventive care; and also to coordinate physical health, behavioral health, and community services through such mechanisms as community-based health homes. As the sole provider of acute hospital care in Schenectady County, Ellis has assumed *de facto* responsibility for population health in the community. The proposed waiver amendments would offer us mechanisms to fulfill this responsibility more efficiently and effectively.

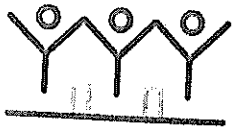
Thank you for the opportunity to express this support for your initiatives.

Sincerely,

A handwritten signature in cursive script that reads "Kellie Valenti".

Kellie Valenti
Vice President Strategic Planning
and Program Development

building futures



CAZENOVIA RECOVERY SYSTEMS, INC.

August 23, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

Cazenovia Recovery Systems, Inc., a Western New York not-for-profit offers residential chemical dependency and mental health services to individuals challenged by these diseases. Not only does Cazenovia Recovery Systems offer traditional individual and group therapies to our residents, we also offer a full continuum of residential services including permanent supportive housing. Fifty percent (50%) of our 230 beds are designated specifically for homeless individuals. Prior to becoming program participants, many of them were chronically homeless and frequent users of expensive public services. Of our remaining 115 beds, at least 75% of the residents are homeless. Although these programs are focused on providing homes for the homeless, a significant impact and it's greatest saving is in the area of healthcare. By targeting chronically homeless individuals who are frequent users of emergency rooms, hospitals and medical detoxification programs, supportive housing reduced inpatient Medicaid spending substantially.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce the use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by peer-reviewed academic studies that the public savings approached or exceeded the total costs of building, operating and providing services in the housing. Investing in supportive housing will help improve the health and quality of life for some of our most vulnerable individuals while reducing Medicaid spending.

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Andrea Mujahid-Moore
David H. Nelson, Esq.
Neldria Staton

Executive Director
Suzanne L. Bissonette

Administrative Office
& Housing Programs
2671 Main Street
Buffalo, NY 14214
(716) 852-4331
Fax: (716) 852-4533

Liberty Hall
Community Residence
P.O. Box 1500
22 Richmond Avenue
Batavia, NY 14021
(85) 343-3094
Fax: (585) 343-3785

Cazenovia Manor
Community Residence
16 North Legion Drive
Buffalo, NY 14210
(716) 822-8932
Fax: (716) 828-0804

How Beginnings
Community Residence
13 Dewitt Street
Buffalo, NY 14213
(716) 884-4952
Fax: (716) 884-3910

Supportive Living
10 Main Street
Buffalo, NY 14209
(716) 894-7274
Fax: (716) 894-7275

Living Point House
Residential
Rehabilitation
Sandrock Road
Buffalo, NY 14057
(716) 992-4972
Fax: (716) 992-4791

15th Place
Mental Health &
Substance Abuse
Prevention Program
1500 Commerce Street
Buffalo, NY 14212
(716) 993-8598
Fax: (716) 332-9365

August 23, 2012

The Honorable Governor Andrew Cuomo


Page 2

Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in cursive script that reads "Suzanne L. Bissonette".

Suzanne L. Bissonette
Executive Director

SLB/lmk



medicaid waiver

John J. Wiktor

to:

mrtwaiver

08/24/2012 04:11 PM

Hide Details

From: "John J. Wiktor" <jjw@stny.rr.com>

To: <mrtwaiver@health.state.ny.us>,

As a Board of Visitors member at the Greater Binghamton Health Center I am asking you to fully support the medicaid waiver proposal.

Thank You,

John Wiktor



FHC Administration
150 55th Street, Station 20
Brooklyn, NY 11220-2574
Telephone: 718.630.7216
Fax: 718.492.5090
Larry K. McReynolds
Executive Director

Attn: Jason Helgerson, New York State Medicaid Director

We are pleased to write in support of the MRT Waiver's significant investment in the expansion of primary care. We represent the Lutheran Family Health Centers. The Lutheran Family Health Centers (LFHC), based in Sunset Park, is a federally qualified community-based ambulatory health care system affiliated with Lutheran HealthCare. LFHC is recognized by the National Committee for Quality Assurance as a Level 3 Patient-Centered Medical Home. LFHC is one of the largest health center networks in the country serving as southwest Brooklyn's medical home for more than 40 years. With nine full-time community health centers, 29 school-based health centers, 14 community medicine sites and numerous community programs, including three WIC programs, adult and family literacy programs, three child care centers and a family wellness center, the network is the primary medical provider for approximately 92,000 people providing nearly 600,000 patient visits per year.

The MRT Waiver's substantial investment in primary care will be critical to providing high quality primary care to the 2.3 million residents of New York State that currently do not have access to primary care.

CMS' Triple Aim of better health, better care, and lower costs will be realized by seamless care across the health care continuum, beginning with high quality primary care. The MRT Waiver embraces the Triple Aim, investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net providers. If approved, it will help build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need.

We support the MRT Waiver's investment in primary care and increased access for New Yorkers and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in cursive script, appearing to read "Larry McReynolds", is written over a light-colored background.

Larry McReynolds
Executive Director

Sunset Park • Park Slope • Family Physicians • Park Ridge • Sunset Terrace • Brooklyn Chinese Family Health Centers •
Caribbean American Family Health Center • Shore Road Family Health Center • Healthy Connections Wellness Center •
Family Support Center • WIC Program • Magical Years Early Childhood Center • St. Andrew's Community Day Care • Warren Street Center for
Children and Families • Educational Opportunities • Rehabilitative Services • Chronic Disease Management • School Health Program
•Community Medicine Program



Schenectady Community
Action Program

Creating Opportunity in Partnership

August 21, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

Schenectady Community Action Program (SCAP) provides vital services to more than 5,000 residents of New York State annually. Our services include employment services, Head Start, permanent supportive housing and transitional housing, case management and crisis intervention services. More than 500 have been homeless or in risk of homelessness this year alone. Our interventions have prevented homelessness and ensured that when homelessness does occur there is a rapid response to re-housing them.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies. Locally SCAP has been a member of a consortium that has established a Medical Home and Health Home and we are working to improve health outcomes, reduce re-hospitalizations and reduce access to emergency care by increasing the use of preventive care.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and

Reverend Michael J. Hogan, President

Debra L. Schimpf, Executive Director

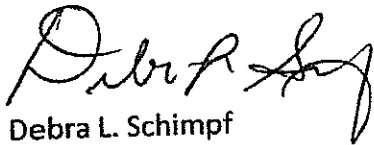
913 Albany Street, Schenectady, NY 12307 ♦ Phone 518-374-9181 ♦ Fax 518-374-9190 ♦ www.scapny.org
Head Start: 100 Bigelow Avenue, Schenectady, NY 12304 ♦ Phone 518-377-8539 ♦ Fax 518-377-8553

shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,



Debra L. Schimpf

Executive Director

Reverend Michael J. Hogan, President

Debra L. Schimpf, Executive Director

913 Albany Street, Schenectady, NY 12307 ♦ Phone 518-374-9181 ♦ Fax 518-374-9190 ♦ www.scapny.org
Head Start: 100 Bigelow Avenue, Schenectady, NY 12304 ♦ Phone 518-377-8539 ♦ Fax 518-377-8553



The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo,

I represent Safe Harbors of the Hudson in the City of Newburgh, New York. Safe Harbors, with its mission of transforming lives and building communities through housing and the arts, is a mixed-use supportive housing project whose Cornerstone Residence provides permanent housing to 128 of our most vulnerable neighbors. With our support services partner Independent Living on site, Safe Harbors serves adults living with mental health diagnoses, drug and alcohol dependency and physical disabilities, veterans, the formerly homeless and low and very low income working adults.

Incorporating the arts into our mission provides employment opportunities for our tenants, creates a cultural community destination in what was once a blighted, drug and crime ridden hotel, and serves as a stabilizing force in Newburgh's downtown.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve, people with mental illness, HIV/AIDS, substance abuse and other barriers to independence, are traditionally frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far outweighing the cost of building, operating and providing services in the housing. This has been proven time and again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals in our communities, while reducing Medicaid spending. Making supportive housing and centrally located health services available to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why Safe Harbors of the Hudson fully supports New York State's Medicaid Waiver and looks forward to prompt approval by the Center for Medicare and Medicaid Services.

Most Sincerely,

A handwritten signature in dark ink, appearing to read "Lisa Silverstone".

Lisa Silverstone
Associate Director

Providence

Housing Development Corporation

1136 Buffalo Road · Rochester, NY 14624-1823
Phone: (585) 328-3210 Fax: (585) 529-9525
<http://www.providencehousing.org>

August 24, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent Providence Housing Development Corporation ("PHDC"), a not-for-profit affordable housing developer. PHDC partners with service agencies to provide permanent supportive rental housing. We have developed over \$115 million in affordable housing, totaling more than 1,000 units, located in western New York. Our communities serve families, seniors, homeless veterans, individuals with physical disabilities, individuals in recovery from drug and alcohol abuse, and individuals with mental illness.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in black ink, appearing to read "Monica C. McCullough". The signature is fluid and cursive, with a long horizontal stroke at the end.

Monica C. McCullough
Executive Director



NYS Medicaid Waiver
Rosenthal, Thomas to: 'mrtwaiver@health.state.ny.us'
Cc: "'info@nyprimarycare.org'"

08/23/2012 04:31 PM

Jason Helgerson,
NYS Medicaid Director
mrtwaiver@health.state.ny.us

This letter is to support the New York State "MRT Waiver" application to the federal government. The reinvestment of the \$17.1 billion that New York is saving the federal government over the next five years to support health system reforms will create and sustain better health care at lower costs across New York State.

The primary care infrastructure in New York is in crisis in many communities. Particularly rural and inner city communities have ratios of population to primary care providers that are at third world levels. The waiver makes substantial investments in primary care and other initiatives that support expansion of patient-centered health care to serve the 2.3 million New York residents lacking access to primary care.

The Waiver embraces CMS' Triple Aim: better health, better care, and lower costs by investing in the expansion of primary care while increasing the reach of quality health care to more New Yorkers. If approved, it will help build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need.

The University at Buffalo Department of Family Medicine has been a pioneer in the patient centered medical home and has initiated training residents in level 3 PCMH recognized practice sites. We look forward to continuing our partnership with New York and remain committed to train physicians for a future in New York.

Thomas C. Rosenthal MD
Professor and Chair,
Department of Family Medicine
University At Buffalo
Buffalo, NY
CC: info@nyprimarycare.org



August 13, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224
Dear Governor Cuomo:

I represent Community Access, Inc., a non-profit organization that provides a range of housing, job skills, employment placement and professional support services to help break the cycle of homelessness, institutionalization and/or incarceration that often complicates the lives of people who have a history of mental illness.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficult finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate

significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,


Steven R. Coe, CEO



Community Health Center
of the North Country

Doris Chenier
Executive Director

Michael diVincenzo
Board President

Andrew Williams, M.D.
Medical Director

4 Commerce Lane
Canton, NY 13617
Phone: 315-386-8191
Fax: 315-386-1410

155 Finney Blvd.
Malone, NY 12953
Phone: 518-483-0109
Fax: 518-483-0115

Marcy Building
Suite 200
167 Polk St.
Watertown, NY 13601
Phone: 315-786-0983
Fax: 315-786-0994

August 17, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

I represent the Community Health Center of the North Country (CHCNC) located in St. Lawrence County in Canton, New York. We also have a site in Franklin County located in Malone, New York. CHCNC is strongly committed to providing primary care to individuals in the North Country regardless of their ability to pay. In addition, we provide dental, mental health and optometry services. Our patients often refer to our clinic as "one-stop shopping". This model allows for more integrated patient care for those members of our community who might not otherwise have access to high quality primary care.

Based on our own experiences, we strongly support Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.

We applaud the Waiver's balanced approach, which includes significant resources for capital technical assistance, workforce, and HIT – all critical aspects of a successful primary care expansion plan. To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients.

Over time, community health centers have offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most.

Community health centers are willing and able to put their talents to work whenever called upon, improving the health of individuals and entire communities.

The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in cursive script that reads "Doris Chenier".

Doris Chenier,
Executive Director



The Bridge

MENTAL HEALTH AND
HOUSING SOLUTIONS

248 West 108th Street
New York, NY 10025
Tel: 212.663.3000
Fax: 212.663.3181
www.thebridgeny.org

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Executive Director Emeritus

Peter D. Beitchman, DSW
Executive Director

August 16, 2012

Jason A. Helgerson
Medicaid Director
NYS Department of Health
Corning Tower, ESP 14th Floor
Albany, NY 12237

Dear Mr. Helgerson,

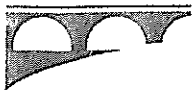
I am writing on behalf of the 2,000 seriously mentally ill men and women served by The Bridge to confirm our strong support of the MRT Waiver Amendment. We are so grateful that the 1115 Waiver acknowledges the importance of behavioral health services and that it reflects a vision in which behavioral and healthcare services are integrated to the enormous benefit of people with serious mental illness.

The Waiver's significant investment in health homes, supportive housing, new care models, and its investment to support Safety Net providers are all essential elements in not only improving the quality of services for Bridge clients and all behavioral health clients, they will also help us demonstrate that the vision of well-managed and integrated care and services will in the long-run reduce Medicaid payments while achieving a new standard of excellence.

We at The Bridge look forward with great anticipation to the approval of the Waiver and to the services it will support.

Sincerely yours,

(Dr.) Peter D. Beitchman, DSW, LMSW
Chief Executive Officer



The Bridge

MENTAL HEALTH AND
HOUSING SOLUTIONS

248 West 108th Street
New York, NY 10025
Tel: 212.663.3000
Fax: 212.663.3181
www.thebridgeny.org

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Executive Director

August 15, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent The Bridge, a nonprofit New York City-based agency that works with more than 2,000 New Yorkers each year to provide them with safe and affordable supportive housing and mental health and substance abuse services that assist them every day to live more productive and independent lives in our communities. Those we serve suffer from serious mental illness and/or substance abuse disorders. They include the homeless and chronically homeless, veterans, and people re-entering society from prison and/or jail. And of course so many of those we serve are high users of Medicaid. Through our housing we have reduced emergency visits and hospitalizations.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficult finding and maintaining housing. Because placement into supportive housing has been proven to reduce use of expensive emergency services which so many of our clients use, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in cursive script, appearing to read "Carole Gordon", followed by a horizontal line extending to the right.

Carole Gordon

Director of Housing Development



PROMOTING
SPECIALIZED
CARE AND
HEALTH

142-02 20th Avenue, 3rd Floor, Flushing, NY 11351-9712
● Phone (718) 559-0516 ● Fax (718) 762-6140
Web Site: www.psch.org ● E-mail: info@psch.org

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*Senior Vice President -
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Quality Management*

Michael R. Mittleman, PhD
*Senior Vice President -
Corporate Compliance; Information
Technology; Internal Audit &
Strategic Planning*

August 24, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent PSCH, Inc. PSCH is a comprehensive human service agency whose mission is to empower individuals and families with diverse needs to realize their full potential for achieving meaningful goals, guided by principles of independence, wellness, safety and recovery. At PSCH we serve more than 8,500 residents of Queens, Brooklyn, the Bronx, Staten Island, Westchester, Nassau and Suffolk Counties who suffer from severe mental illness or developmental disabilities.

We fully support the New York State's Medicaid 1115 waiver amendment application and the inclusion of a Medicaid Supportive Housing Expansion program. This program will increase access to supportive housing, which will reduce costs while targeting high-need Medicaid members who require supportive services to live independently.

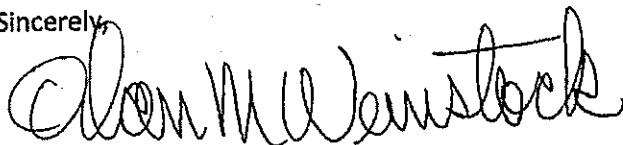
Supportive Housing is a proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve are typically frequent users of emergency services like hospitals, psychiatric centers and other institutional settings. However, placement into supportive housing has been proven to reduce use of these expensive services thus saving taxpayer dollars. These savings outweigh even the cost to build, operate or to provide services in housing.

Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and by decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

Again, we fully support New York State's Medicaid Waiver and look forward to its approval

Sincerely,

A handwritten signature in black ink that reads "Alan M. Weinstock". The signature is written in a cursive, flowing style with a large initial "A".

Alan M. Weinstock
President & CEO



peninsula counseling center

life matters. we can help.

AN AFFILIATE OF THE NORTH SHORE LIJ HEALTH SYSTEM
Member of Five Towns Community Chest and United Way of Long Island

50 West Hawthorne Ave.
Valley Stream, NY 11580

T 516-569-6600
F 516-374-2261

www.peninsulacounseling.org
Info@peninsulacounseling.org

August 24, 2012

JOHN KASTAN Ph.D.
Executive Director

LOIS GOLDSMITH D.S.W.
Associate Director

DR. ROGER FELDMAN M.D.
Medical Director

MICHAEL CATANESE CPA
Director of Finance

Jason Helgerson
NYS Medicaid Director
New York State Department of Health
Albany, New York

Dear Mr. Helgerson,

I am writing to offer my support for New York State's Medicaid waiver application. The application, which reflects an impressive amount of work by your staff as well as consultation with the field, offers a timely opportunity to improve New York State's health care system for its most vulnerable clients.

As the Executive Director of a community based mental health and chemical dependence agency on Long Island, I am particularly appreciative of the attention and resources the plan directs towards new care models involving the integration of physical and behavioral health. For too long, those individuals with the most serious behavioral health conditions have not received the necessary and timely medical care they have need. Conversely, the general health care system has not taken advantage of the expertise of the mental health and chemical dependence service providers. The State's commitment to an integrated care approach, with the appropriate regulatory and fiscal changes would go a long way to addressing the barriers to effective and efficient care.

Further, the Waiver application identifies resources for a number of priorities of those of us in the behavioral health field. These include resources for development of behavioral health IT capacity; Health Home development and implementation; workforce training and development to give behavioral health staff the skills and tools to operate effectively in an integrated care system to reduce avoidable hospital admissions and re-admissions, unnecessary emergency room utilization, and improve the overall access to high-quality, integrated medical care, both at the primary and specialty level, regardless of where the patients enter the system.

I also am pleased to see that the State is proposing supportive housing expansion as part of the waiver application. For too many patients, the lack of housing results in extended inpatient hospital stays and poor health outcomes. The recognition that housing may be a prerequisite for achieving health outcomes for some clients is long overdue.

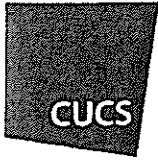
I look forward to working with the State to implementing the waiver initiatives upon approval of the application. Thank you.

Sincerely,

John Kastan, Ph.D.
Executive Director

Supporting Organizations

FIVE TOWNS COMMUNITY CHEST • UNITED WAY OF LONG ISLAND • NASSAU COUNTY DEPARTMENT OF MENTAL HEALTH, CHEMICAL DEPENDENCY AND DEVELOPMENTAL DISABILITIES SERVICE • NASSAU COUNTY DEPARTMENT OF SENIOR CITIZENS AFFAIRS • TOWN OF HEMPSTEAD • NEW YORK STATE OFFICE OF MENTAL HEALTH • NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE SERVICE • NEW YORK STATE OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES • NEW YORK STATE DIVISION FOR YOUTH



center for urban
community services

Rebuilding lives together

August 23 , 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

The Center for Urban Community Services' (CUCS) mission is to end homelessness for as many people as possible and to provide opportunities for low-income individuals and families, particularly those with special needs. CUCS is pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

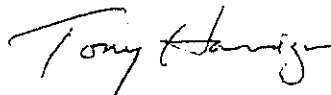
Supportive Housing – permanent, affordable housing coupled with supportive services – is a cost-effective way to achieve long-term housing stability for individuals and families who face complex challenges such as substance abuse, mental illness and HIV/AIDS. A growing body of research suggests that stabilizing individuals in supportive housing also reduces their use of expensive public services such as emergency rooms, psychiatric hospitals, jails, and substance use treatment programs. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing.

Investing in supportive housing will help the most vulnerable individuals live more stable, productive lives and reduce Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

CUCS fully supports the New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in cursive script that reads "Tony Hannigan".

Tony Hannigan
Executive Director



August 23, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent DePaul Community Services which was founded in 1958 and located in Rochester, NY. We serve individuals who suffer from a mental illness and operate 1,600 mental health beds across our continuum of care.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

Mark H. Fuller
President

1931 Buffalo Road Rochester, NY 14624 585 426 8000 Voice/TTY 585 426 8082 Fax

DEPAUL

Lantern Community Services

August 20, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent Lantern Community Services, a nonprofit group that provides affordable supportive housing to homeless individuals living with special needs including mental illness, HIV/AIDS, as well as young adults aging out of foster care.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/AIDS, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,



Alissa Kampner Rudin,
Chief Operating Officer



PO Box 423, Penn Yan, NY 14527 315-531-9102

August 10, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Dept. of Health
One Commerce Plaza – Suite 1211
Albany, NY 12210

Dear Mr. Helgerson,

Finger Lakes Community Health strongly supports the substantial investments in primary care that the "MRT Waiver" would provide. These investments include the support of patient-centered health care to the 2.3 million New Yorker who currently lack access to primary health care.

As a Federally Qualified Health Center program (FQHC) in NYS, Finger Lakes Community Health serves a very rural region that would greatly benefit from the provisions in this reinvestment in the primary care infrastructure. As a PCMH Level 3 Health Center Program, we understand the need to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need. We also understand the need to increase the numbers of primary care providers and other health care providers in underserved areas as well as workforce trainings in areas focusing on health homes, culturally competent care and PCMH.

FQHC's have consistently offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most. FQHC's are willing and able to put their talents to work whenever called upon, improving the health of individuals and entire communities.

Again, we strongly support the provisions detailed in the MRT Waiver and feel that this investment will expand primary health care to reach out to the many New Yorkers who currently have few or no options available. The positive changes that the MRT Waiver includes will embrace the CMS triple aim of better health, better care and lower costs.

We fully support the MRT Waiver and look forward to an approval by the Center for Medicare and Medicaid Services.

Sincerely,


Mary Zelazny, CEO
Finger Lakes Community Health

Taking the time to care...



BETANCES HEALTH CENTER
280 Henry Street - New York, NY 10002 - 212 227-8401

Attn: Jason Helgerson,
New York State Medicaid Director

Dear Mr. Helgerson:

Betances Health Center serves approximately 6,000 low-income residents of the Lower East Side and surrounding boroughs, providing community-based primary care and complementary services. Nevertheless, too many Lower East Side low-income and working families are in need of greater access to community based primary health care with a preventive and integrated focus.

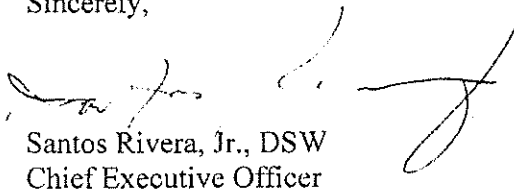
We are delighted that the MRT waiver invests substantially in primary care. This investment will be critical to providing high quality primary care to 2.3 million New York State residents who now lack access to primary care.

A community-based health care infrastructure with sufficient primary care at its center is critical to building and sustaining the high-performing, integrated systems of care that will achieve the CMS Triple Aim of better health, better care, and lower costs. True integration will challenge the "silos" that have traditionally defined New York's health care environment, and create more meaningful collaborations among payers, providers and patients.

The MRT Waiver embraces the Triple Aim. Investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers. If approved, it will help build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,


Santos Rivera, Jr., DSW
Chief Executive Officer

Pratt Area Community Council



August 20, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I am writing to express our support for the expansion of supportive housing service as part of NYS Medicaid 1115 waiver amendment. Pratt Area Community Council (PACC) is a nonprofit, community-based, housing organization serving the communities of Fort Greene, Clinton Hill, Bedford Stuyvesant and Prospect Heights. PACC services include supportive housing for persons who were formerly homeless, mentally ill and/or living with HIV/AIDS, affordable housing development and management, commercial revitalization and economic development, community and tenant organizing, and housing counseling. **We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.**

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/AIDS, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

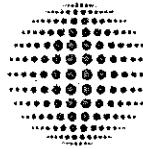
We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in black ink that reads "Deb Howard". The signature is written in a cursive, flowing style.

Deb Howard
Executive Director



Partnership for New York City

**WRITTEN COMMENTS SUBMITTED TO THE
NEW YORK STATE DEPARTMENT OF HEALTH**

STAKEHOLDER ENGAGEMENT PROCESS: 1115 MEDICAID WAIVER AMENDMENT

JUNE 2012

**KATHRYN S. WYLDE
PRESIDENT & CEO**

PARTNERSHIP FOR NEW YORK CITY

The Partnership for New York City is a nonprofit organization of international and regional business leaders who partner with government and other sectors to promote job creation, economic growth and responsible fiscal policy. We support efforts to amend the New York Partnership Plan, the state's existing Medicaid waiver, to facilitate the statewide health system improvements outlined in the Medicaid Redesign Team (MRT) action plan.

Healthcare is the largest component of the State budget and a significant expense for City government as well. Under Governor Cuomo's leadership, New York has made difficult decisions over the past 18 months that have brought fiscal discipline and improved outcomes to the state's Medicaid program.

Prior to implementation of MRT reforms, the state's contribution to Medicaid costs was expected to grow by 13 percent this year. Instead, New York taxpayers saved \$2.2 billion in SFY 2011-12 by moving away from a fee for service model and instituting a spending cap. These reforms are only a starting point, as New York's Medicaid program continues to be the nation's largest and most expensive. Federal approval of the proposed waiver amendment will allow these efforts to continue, effectively bending the cost curve for the state's health care system and reducing the cost of the Medicaid program nationally.

The MRT action plan identifies \$18.3 billion in savings to the federal government over the next five years. The proposed amendment to the 1115 waiver will allow the state to reinvest up to \$10 billion of this savings to modernize its healthcare infrastructure and address critical programmatic shortcomings, generating future savings and ensuring overall cost neutrality. Innovative programs designed to launch new partnerships and test new models of care that could be replicated in other states are the centerpiece of New York's reinvestment strategy. The state has developed a comprehensive set of performance measures to ensure that cost containment and quality improvement goals are achieved. If this waiver is not approved, New York will not have the capacity to take the next essential steps in reorganizing our delivery and reimbursement systems to further reduce costs and improve outcomes. We urge the federal government to take the action necessary to sustain progress.

Montefiore

THE UNIVERSITY HOSPITAL FOR
ALBERT EINSTEIN COLLEGE OF MEDICINE

August 22, 2012

To Mr. Jason Helgerson, New York State Medicaid Director:

As President and CEO of Montefiore Medical Center, University Hospital for Albert Einstein College of Medicine, I write to express my support for the Section 1115 Waiver Amendment needed to implement the New York State Medicaid Redesign Team's action plan to advance the health and wellbeing of Medicaid patients.

If granted, the waiver will enable crucial reforms to improve health outcomes and quality of care for more than five million New Yorkers while bending the state's Medicaid cost curve. These investments include promoting innovative models of comprehensive, well-coordinated health care delivery; upgrading the technological and operational infrastructure of the health system; adopting care management to coordinate and integrate health services across the continuum; and expanding the workforce in key specialties, notably primary and preventive care. In my capacity as President and CEO of Montefiore, I have witnessed the effectiveness of these reforms, and I believe in their promise.

Montefiore provides one-third of health care to the 1.4 million residents of the Bronx and is accountable for the quality and costs of care for 250,000 lives. Using comprehensive, well-coordinated care that is integrated across our delivery system, we have successfully advanced the health of a medically complex population, half of which is insured by Medicaid, while controlling spending. Today, we are committed to continuously improving upon this model – as one of 32 Pioneer Accountable Care Organizations in the nation and a lead Health Home in New York State – in addition to supporting its implementation throughout New York.

As a member of the Medicaid Redesign Team's Payment Reform and Quality Measurement work group, I have full confidence in the dedication of Governor Cuomo's administration to leading the nation in Medicaid reform that secures high-quality health care for all. A waiver of this kind moves us one step closer to this goal.

Sincerely,



Steven M. Safyer, MD
President and CEO

**eliminating racism
empowering women**

ywca

white plains & central westchester

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent the YWCA White Plains Women's Residence which serves 193 low income women in White Plains, New York. Over three hundred special needs women are served annually by our Residence. Women with chronic histories of homelessness, physical and mental disabilities, survivors of domestic violence, and formerly incarcerated women call our residence home. The YWCA provides on site support services that help each tenant stabilize emotionally, medically, and financially, ending the cycle of homelessness and poor health outcomes.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

Lori A. Stanlick, LMSW

Associate Executive Director

YWCA White Plains Women's Residence, LLC

White Plains, New York 10603

eliminating racism
empowering women

ywca

2011-2012
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Carol Wheeler

Jean Carroll
President & CEO

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

The YWCA has been providing safe, quality housing to women in the Rochester community for 127 years. The YWCA is the only agency within Monroe County that provides a continuum of housing options for women from emergency shelter services to permanent housing in the community. Stable and safe housing is critical if women are to achieve a sustainable living environment.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

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That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,


Jean Carroll, President and CEO

YWCA of Rochester & Monroe County

175 N. Clinton Avenue, Rochester, NY 14604 • Phone: (585) 546-5820 • Fax: (585) 546-1077 • www.ywcarochester.org



The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent The YWCA of Binghamton/Broome County. Our agency has five housing programs that serve homeless women and children. Over the course of an average year we serve a minimum of 250 women in our Emergency Shelter, many of whom go on to enter one of our transitional or permanent housing programs. All the women that enter one of these program presents with a disability as defined by HUD and the majority of these women would be described as users/abusers of the Medicaid system upon admission. One of the goals we have for every woman is to establish a connection with a primary care physician which greatly reduces the use of emergency room visits as well as visits to the local CPEP unit at Binghamton General Hospital. It has been proved in our local statistics that in the course of a year, by having a Primary Care Physician and being in a supportive housing program that these women go on to further their education or become employable which takes them off the Medicaid rolls or vastly decreases their need for hospitalization or institutionalization.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save

money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

Carole Coppens

Executive Director

2014-05-14 10:11:11 AM

Rebekah Rehab & Extended Care Center
At The Odd Fellows Life Community

1070 Havemeyer Avenue
Bronx, New York 10462
(718) 863-6200



August 22, 2012

Jason Helgeson:
Medicaid Director
New York State Department of Health
Corning Tower
Albany, NY 12224

Dear Mr. Helgeson:

I am the CEO at the Rebekah Rehab & Extended Care Center and I am writing to express my strong support for the critical long term care provisions and investments that are a part of New York State's MRT Waiver application to the Centers for Medicare and Medicaid Services.

A strong long term care sector is critical to achieving real cross-continuum integration in support of the core waiver goals of promoting better health, better care, and lower costs within our health system.

Essential to sustaining a strong and stable nursing facility infrastructure is the "Nursing Home Transition" request for a revision or waiver to 42 CFR § 438.60 to clarify the ability of the State to carve nursing home Medicaid capital reimbursement out of Medicaid managed care plan benefits and capitation payments, and to reimburse such amounts directly to providers. This request, which entails no added Federal or State costs, will provide a necessary measure of financial stability for nursing homes that have existing capital repayment obligations, while minimizing the risk of default on current nursing facility mortgages, including those secured through HUD and the Dormitory Authority of New York State (DASNY). The provisions will also make it possible for needed future capital investments to be made to enhance the quality of New York's residential care infrastructure.

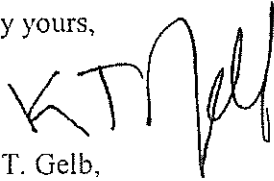
Also vital to the broader long term care community, including providers of both home and community-based and residential services are provision in the waiver application that would

"IT IS IN GIVING THAT WE RECEIVE"

expand the availability of vital access provider resources, provide capital funding for assisted living programs, expand access to supportive housing services, invest in workforce development for long term care, and enhance the level of health information technology adoption and connectivity across the long term care community.

We appreciate the attention that the State has given to these important issues, and we encourage CMS's support for these requests in the context of the State's MRT Waiver.

Very truly yours,

A handwritten signature in black ink, appearing to read 'KT Gelb', written over the typed name.

Kenneth T. Gelb,
CEO

KTG:cc

cc: Donna Smith. CCLC



CenterLight™
Health System

Michael S. Fassler, President and CEO

August 20, 2012

Nirav Shah, M.D.
Commissioner
New York State Department of Health
Corning Tower, Empire State Plaza
Albany, New York 12237

Dear Dr. Shah:

I am writing this letter in support of New York's new Medicaid Section 1115 waiver amendment application to the Centers for Medicare and Medicaid Services. For more than 90 years, CenterLight Health System, formerly Beth Abraham Family of Health Services, has been working to improve quality of life for New Yorkers in need—from all backgrounds and all walks of life—and currently ranks among the nation's leading resources for long-term residential and community-based health care. CenterLight Health System is a significant stakeholder in Medicaid reform as we touch over 12,000 elderly, chronically ill and disabled individuals every day with our managed care, home care and residential programs. Today, CenterLight is one of the largest long-term care providers in New York State, serving all of New York City, Westchester, Nassau, Rockland and Suffolk counties.

CenterLight Health System supports the needed new Medicaid 1115 waiver that is needed to fully implement the Medicaid Redesign Team (MRT) multi-year action plan and bend the cost curve in New York State. Key provisions of the waiver amendment that address expansions of mandatory Medicaid managed long term care, utilization of health home models and investment in infrastructure such as health information technology are necessary to push New York to the forefront on innovation in health care reform.

As a key stakeholder, CenterLight Health System is eager to lend its support to New York State and the Department of Health in anyway necessary to insure that CMS approves the waiver amendment and to assist in the development and implementation of its provisions. Our extensive network of programs and services across the metropolitan area as well as CenterLight

CenterLight Health System
1250 Waters Place, Tower 1, Suite 602, Bronx, NY 10461
347-640-6010 PHONE | 347-640-6005 FAX

CenterLight.org

Nirav Shah, M.D.
August 16, 2012
Page 2

Healthcare, our managed care division, is poised to have a major impact on the future long-term care landscape in New York State.

Please know that you have the full support of CenterLight Health System as you move forward with this historic reform.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Fassler", with a long horizontal flourish extending to the right.

Michael Fassler
President and CEO



EZRAS CHOILIM HEALTH CENTER

49 Forest Road • Monroe, NY 10950 • Tel. 845.782.3242 • Fax: 845.783.7133

August 20, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

I represent Ezras Choilim Health Center serving the Village of Kiryas Joel. ECHC is the sole provider of comprehensive primary care services in the village, regardless of ability to pay. The Center is also the safety net provider in the Southeastern portion of Orange County.

We strongly support Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.

To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients.

Over time, community health centers have offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most.

Community health centers are willing and able to put their talents to work whenever called upon, improving the health of individuals and entire communities.

The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,

Joel Mittelman, Executive Director
Ezras Choilim Health Center
49 Forest Road
Monroe, NY 10950



MRT Waiver

John Gonzalez to: mrtwaiver@health.state.ny.us

Cc: "dsmith@cclcnny.org"

08/22/2012 12:21 PM

From: John Gonzalez <jgonzalez@promesa.org>
To: "mrtwaiver@health.state.ny.us" <mrtwaiver@health.state.ny.us>,
Cc: "dsmith@cclcnny.org" <dsmith@cclcnny.org>

Jason Helgerson
Medicaid Director
New York State Department of Health
Corning Tower
Albany, NY 12224

Dear Mr. Helgerson:

I am the Administrator at Casa Promesa and I am writing to express my strong support for the critical long term care provisions and investments that are a part of New York State's MRT Waiver application to the Centers for Medicare and Medicaid Services.

A strong long term care sector is critical to achieving real cross-continuum integration in support of the core waiver goals of promoting better health, better care, and lower costs within our health system.

Essential to sustaining a strong and stable nursing facility infrastructure is the "Nursing Home Transition" request for a revision or waiver to 42 CFR § 438.60 to clarify the ability of the State to carve nursing home Medicaid capital reimbursement out of Medicaid managed care plan benefits and capitation payments, and to reimburse such amounts directly to providers. This request, which entails no added Federal or State costs, will provide a necessary measure of financial stability for nursing homes that have existing capital repayment obligations, while minimizing the risk of default on current nursing facility mortgages, including those secured through HUD and the Dormitory Authority of New York State (DASNY). The provision will also make it possible for needed future capital investments to be made to enhance the quality of New York's residential care infrastructure.

Also vital to the broader long term care community, including providers of both home and community-based and residential services, are provisions in the waiver application that would expand the availability of vital access provider resources, provide capital funding for assisted living programs, expand access to supportive housing services, invest in workforce development for long term care, and enhance the level of health information technology adoption and connectivity across the long term care community.

We appreciate the attention that the State has given to these important issues, and we encourage CMS's support for these requests in the context of the State's MRT Waiver application.

Thank you,

Aдриene Rosell, LNHA, VP/Administrator



MRT Waiver Support

Brady, Madeline to: 'mrtwaiver@health.state.ny.us'

Cc: "'dsmith@cclcn.org'"

08/22/2012 12:37 PM

5537 Expressway Drive North, Holtsville, NY 11742
631-758-3336

Fax: 631.363.0800

Tel.

August 22, 2012

Jason Helgerson
Medicaid Director
New York State Department of Health
Corning Tower
Albany, NY 12224

Dear Mr. Helgerson:

I am the Administrator / CEO at Island Nursing and Rehab Center and I am writing to express my strong support for the critical long term care provisions and investments that are a part of New York State's MRT Waiver application to the Centers for Medicare and Medicaid Services.

A strong long term care sector is critical to achieving real cross-continuum integration in support of the core waiver goals of promoting better health, better care, and lower costs within our health system.

Essential to sustaining a strong and stable nursing facility infrastructure is the "Nursing Home Transition" request for a revision or waiver to 42 CFR § 438.60 to clarify the ability of the State to carve nursing home Medicaid capital reimbursement out of Medicaid managed care plan benefits and capitation payments, and to reimburse such amounts directly to providers. This request, which entails no added Federal or State costs, will provide a necessary measure of financial stability for nursing homes that have existing capital repayment obligations, while minimizing the risk of default on current nursing facility mortgages, including those secured through HUD and the Dormitory Authority of New York State (DASNY). The provision will also make it possible for needed future capital investments to be made to enhance the quality of New York's residential care infrastructure.

Also vital to the broader long term care community, including providers of both home and community-based and residential services, are provisions in the waiver application that would expand the availability of vital access provider resources, provide capital funding for assisted living programs, expand access to supportive housing services, invest in workforce development for long term care, and enhance the level of health information technology adoption and connectivity across the long term care community.

We appreciate the attention that the State has given to these important issues, and we encourage CMS's support for these requests in the context of

the State's MRT Waiver application.

Sincerely,

David Fridkin, FACHE
Administrator/CEO

DF/mb



ATT68550 1.jpg



ATT57747 2.jpg



The Doe Fund, Inc.

232 East 84th Street
New York, NY 10028
T 212.628.5207
F 212.249.5589
www.doe.org



Your contribution is tax deductible.

August 17, 2012

The Honorable Andrew M. Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo,

Having served for more than 25 years as Founder and President of The Doe Fund, a New York City-based nonprofit organization that provides permanent and transitional supportive housing to nearly 1,000 individuals daily, I am writing to express my full and enthusiastic support of New York State's Medicaid waiver amendment application. As a result of your Medicaid Redesign Team's groundbreaking efforts, New York has an opportunity to reinvest a portion of the anticipated \$17 billion in federal savings to create a fund for supportive housing expansion.

The Medicaid Supportive Housing Expansion program will have a lasting positive impact on our state's ability to provide supportive housing to high-cost, high-need Medicaid recipients who require supportive services to live independently. Our organization has helped thousands of these individuals – chronically homeless adults with multiple barriers to independence – move into stable housing and achieve self-sufficiency.

The individuals we serve, including people living with HIV/AIDS, long histories of substance abuse, and other barriers to independence, would otherwise become frequent users of expensive emergency services like hospitals, psychiatric centers, and other institutional settings. Supportive housing programs have been proven to reduce use of these services, therefore saving taxpayers' money – often in amounts which far exceed the costs of building and operating the supportive housing. This has been proven repeatedly by dozens of studies.

We believe the waiver amendment's key overall strategies are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care, and lower costs. We therefore look forward to the Center for Medicare and Medicaid Services' prompt approval of New York State's Medicaid Waiver. This effort will provide a tremendous boost to the state's ability to help some of our hardest to serve individuals and families.

Sincerely,

George McDonald
Founder and President



1-800-992-1442

www.arcs.org
Facebook: ARCS Hudson Valley
Twitter: ARCSNY

Westchester (Main Office)
40 Saw Mill River Road
Hawthorne, NY 10532
Tel: (914) 345-8888
Fax: (914) 785-8299

Mosaic Center
137 South Fourth Avenue
Mount Vernon, NY 10550
Tel: (914) 699-1025
Fax: (914) 699-1621

Dutchess County
235 Main Street, Suite 207
Poughkeepsie, NY 12601
Tel: (845) 471-0707
Fax: (845) 471-0857

Orange County
280 Broadway, 4th Floor
Newburgh, NY 12550
Tel: (845) 562-5005
Fax: (845) 562-5212

Putnam County
46 Oscawana Lake Road
Putnam Valley, NY 10579
Tel: (845) 526-1923
Fax: (845) 526-1850

Rockland County
86 Route 59 East
POB 416
Spring Valley, NY 10977
Tel: (845) 356-0570
Fax: (845) 356-0589

Sullivan County
23 Lakewood Avenue
Monticello, NY 12701
Tel: (845) 791-8871
Fax: (845) 791-8872

Ulster County
138 Pine Street, Suite 140
Kingston, NY 12401
Tel: (845) 339-3281
Fax: (845) 339-6195

August 22, 2012
Centers for Medicaid and Medicare
c/o Jason Helgerson
NYS Medicaid Director
mrtwaiver@health.state.ny.us

To Whom It May Concern,

We fully support the position of iHealth, a NYC-based association of 15 community-based organizations, almost all of whom were HIV/AIDS Targeted Case Management Providers until the conversion to Health Homes. Their collective mission is to safeguard the interests of people living with HIV/AIDS and other chronic conditions and to preserve the community-based HIV/AIDS infrastructure so that it can successfully transition in keeping with New York State's goal of improving health outcomes for low income New Yorkers with a range of complicated chronic conditions. iHealth has played an active role in the development of Health Homes in New York State.

Our organization, Hudson Valley Community Services, Inc. has operated an HIV/AIDS Targeted Case Management program for over 20 years throughout the 7-county region of Westchester, Rockland, Putnam, Orange, Sullivan, Ulster, and Dutchess counties and is currently participating in the governance of three Health Homes in this Hudson Valley Region. We are writing to support the Medicaid reforms advanced through the New York State 1115 Waiver Amendment submitted to the Centers for Medicaid and Medicare (CMS). The Medicaid redesign Team (MRT) in New York State was a state/community partnership where these reforms were developed over the course of the past year. The focus was on improving quality, improving health and reducing costs. Hudson Valley Community Services, Inc. fully supports these efforts and urges CMS to approve the Waiver as expeditiously as possible.

Here are some of the most important elements of the Waiver Amendment particularly as they impact on the implementation of Health Homes as a model to improve health outcomes while reducing costs:

Marketing and Consumer Education: Over the years, we have seen various initiatives aimed at controlling Medicaid costs and improving health outcomes for enrollees. These have included the roll-out of mandatory managed care for various populations and the more recent chronic illness demonstration projects. In each case, the New York State Department of

Health has invested significant resources in both public education efforts and more targeted consumer education. Yet, New York State is attempting to engage over 600,000 people in a voluntary care coordination program without resources, absent the Waiver Amendment, to engage in these activities relative to Health Homes.

Hudson Valley Community Services, Inc. strongly supports New York State's request to invest funds in the creation of posters, PSA's and other public awareness tools that can be used in neighborhoods and locations where there are likely to be high concentrations of Health Home eligible individuals. We also strongly support the request to invest funds to do direct marketing and consumer education about Health Homes to eligible populations.

Capitalization of Technology Infrastructure: Health Home success is in large part dependent on the ability of everyone involved in an enrollee's care to share information in a timely and inexpensive manner. This requires that each Health Home develop robust technology that can interface with Regional Health Information exchange technology and to then make that technology available to members of that Health Home network in an affordable manner. There is no one best solution, but we believe that this technology needs to be able to facilitate at least three things on the part of care coordination entities: 1) real time access to all clinical records of enrollees; 2) the ability to electronically upload and submit all reportable information; and 3) the ability to track clinical and other outcome information on each enrollee.

Hudson Valley Community Services, Inc. strongly supports the State's proposal in the Waiver Amendment to assist Health Home networks in the development of standardized electronic systems that take advantage of New York's Regional Health Information infrastructure. We also unreservedly support the State's proposal to provide one-time funds that will allow smaller entities such as community-based care coordination programs that need to upgrade their technology in order to fully participate in Health Home/RHIO technology.

Initial Startup Costs of Health Home Networks: The start-up infrastructure to support Health Home entities is significant due to the human resources required for management of rosters, assignment of patients, quality and financial management, including the management of claims with reconciliation to the State, as well as to the subcontractors of the entity. These costs, together with costs associated with HIT and other operational expenses are resulting in potential significant capital contributions from each partnering organization comprising the governance of the Health Home entity. Only by paying this "equity" contribution, do organizations become eligible to have any voice in governance and policy decisions of Health Homes. The contribution of start-up funds to three Health Homes places community-based organizations

like ourselves in an untenable situation. We either pay money we do not have in order to participate in governance or we are left out of the process. Participation of organizations should depend on their expertise and experience in care management rather than on their financial resources.

Hudson Valley Community Services, Inc. greatly appreciates and supports the request by New York State for a one-time investment in the start-up infrastructure of the Health Homes so as to alleviate the burden of the capital contribution from the network partners.

Hudson Valley Community Services, Inc. supports many other important aspects of the Waiver Amendment, including primary care expansion, new care models, and the proposed investment in supportive housing for homeless people with chronic conditions. Housing has been consistently identified as a cost saving intervention for people living with chronic illnesses, substance use and mental health issues. In fact, stable housing is highly correlated with reduced risk behavior, improved engagement in care, and increased adherence to medical regimens, resulting in significant savings in emergency room visits and hospital admissions.

The above are just some key examples of the important elements that are included in the New York State Waiver Amendment. These reforms have the potential to transform the Medicaid system in New York State into a high quality healthcare program resulting in savings for taxpayers. These reforms are a result of State and community partnerships forged over the past year, giving the community a voice in reforming the Medicaid system so that it more effectively serves the neediest of New York residents.

Hudson Valley Community Services, Inc. urges CMS to expeditiously approve the New York State 1115 Waiver Amendment.

Sincerely,



Jeffrey Kraus
Executive Director
Hudson Valley Community Services, Inc.



WSFSSH
CENTRAL OFFICE
2345 Broadway, New York, NY 10024 • T 212.721.6032 F 212.721.6043
www.wsfssh.org

August 16, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent the West Side Federation For Senior and Supportive Housing, Inc. (WSFSSH). We are a 501(c)3 not-for-profit organization whose mission is to provide safe, affordable housing with supportive services within residential settings that enhance the independence and dignity of each person. We develop, manage and provide social services and are currently responsible for over 1,400 units of housing in 24 buildings in Manhattan and the Bronx, serving more than 1,700 persons.

We particularly appreciate the substance of the waiver, as it affects supportive housing. We know, anecdotally, that the tenants in our buildings, once they become stabilized, have fewer medical and psychiatric emergencies, thereby cutting down on the costs of ambulances and emergency room visits. Indeed, we have seen that hospitalizations also decrease after less than one year of stable housing. This is due to the fact that the supportive services provided in each of our buildings assist tenants in understanding their medical and psychiatric conditions and the importance of keeping appointments. In many cases, our staff escorts tenants to these appointments, not only to give them support during what can be a stressful visit but also assist them with follow-up recommendations and instructions they may receive from medical personnel.

The incorporation of supportive housing and its services will also give us access, through various agencies, to the history of Medicaid use of our tenants. This will give us a benchmark so that we are able to document the savings in dollars. We know that, through the lives of our tenants, their enhanced quality of life will be testimony to the efficacy of this housing.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building,

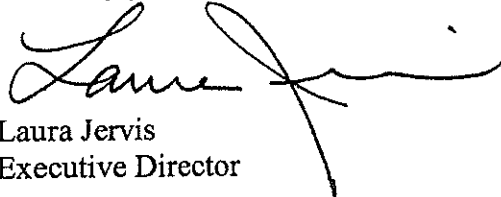
operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

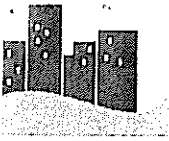
We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

Our gratitude to you for your leadership on this issue and to your staff for reaching out to the provider community across the State, incorporating our experience in assisting the most vulnerable New Yorkers. I am confident New York State will lead the nation in demonstrating the importance of supportive housing in maintaining the health and well-being of low income households with special medical and psychiatric needs.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Laura Jervis", with a long, sweeping flourish extending to the right.

Laura Jervis
Executive Director



247 West 37th Street
 4th Floor
 NY, NY 10018
 Tel: 212.265.6530
 Fax: 212.757.0571
 www.settlementhousingfund.org

**SETTLEMENT
 HOUSING
 FUND INC**

August 23, 2012

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*Associate Director/
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Wendy Scharr
*Associate Director
 for Operations*

The Honorable Governor Andrew Cuomo
 Governor of the State of New York
 Executive Chamber, State Capitol, Room 253
 Albany, NY 12224

Dear Governor Cuomo:

Settlement Housing Fund is a 43 year old affordable housing organization that currently controls the ownership of 32 buildings with 1750 apartments, including 486 reserved for formerly homeless tenants. We have developed or consulted on numerous other buildings for various population groups.

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is a proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. Some of the people housed and served through these programs include – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing reduces the use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing.

Investing in supportive housing will help improve the health and quality of life vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations, reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's strategies are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

Carol Lamberg
Executive Director



St. Mary's Healthcare System for Children

Extraordinary children, extraordinary care.

RECEIVED

AUG 27 2012

NYS DOH OFFICE OF
HEALTH INSURANCE PROGRAMS

M-529

August 22, 2012

Jason Helgerson
Medicaid Director
New York State Department of Health
Corning Tower
Albany, NY 12224

Dear Mr. Helgerson:

I am the Senior Vice President and Administrator for St. Mary's Healthcare System for Children and I am writing to express my strong support for the critical long term care provisions and investments that are a part of New York State's MRT Waiver application to the Centers for Medicare and Medicaid Services.

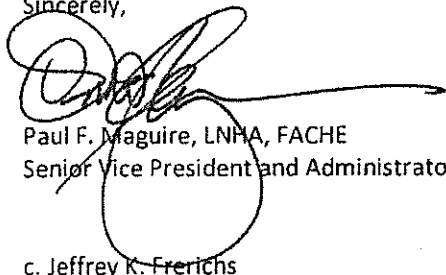
A strong long term care sector is critical to achieving real cross-continuum integration in support of the core waiver goals of promoting better health, better care, and lower costs within our health system.

Essential to sustaining a strong and stable nursing facility infrastructure is the "Nursing Home Transition" request for a revision or waiver to 42 CFR § 438.60 to clarify the ability of the State to carve nursing home Medicaid capital reimbursement out of Medicaid managed care plan benefits and capitation payments, and to reimburse such amounts directly to providers. This request, which entails no added Federal or State costs, will provide a necessary measure of financial stability for nursing homes that have existing capital repayment obligations, while minimizing the risk of default on current nursing facility mortgages, including those secured through HUD and the Dormitory Authority of New York State (DASNY). The provision will also make it possible for needed future capital investments to be made to enhance the quality of New York's residential care infrastructure.

Also vital to the broader long term care community, including providers of both home and community-based and residential services, are provisions in the waiver application that would expand the availability of vital access provider resources, provide capital funding for assisted living programs, expand access to supportive housing services, invest in workforce development for long term care, and enhance the level of health information technology adoption and connectivity across the long term care community.

We appreciate the attention that the State has given to these important issues, and we encourage CMS's support for these requests in the context of the State's MRT Waiver application.

Sincerely,



Paul F. Maguire, LNHA, FACHE
Senior Vice President and Administrator

c. Jeffrey K. Frerichs



medicaid waiver for the mentally ill
Andrew Rock

to:

mrtwaiver@health.state.ny.us

08/27/2012 07:23 PM

Hide Details

From: Andrew Rock <arockfamily@yahoo.com>

To: "mrtwaiver@health.state.ny.us" <mrtwaiver@health.state.ny.us>,

Please respond to Andrew Rock <arockfamily@yahoo.com>

I am writing as a medicaid provider for the mentally ill living in communities. I am an intensive case manager making visits to those with a menal illnes on a daily basis. I have been working in the field for over 11 years and am worried that this population will be negleted. I feel that people can recover and be a part of the community with support. I have always felt that peer support is the right way to go and I hope that the funding can be directed toward those types of programs. I also feel that those working in the field make a difference and also save medicaid dollars by keeping them out of the hospitals and being an active member of their communitites. Please put the funding where it is so desparately needed.
Cheryl Rock ICM Otsego County

August 27, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

As Executive Director of Care for the Homeless, and on behalf of our 10,000 clients and 100 employees, I am writing to support New York State's \$10 billion Medicaid Redesign Team ("MRT") 1115 Waiver Request. This waiver is based on the recommendations of Governor Cuomo's MRT panel, which began working on this in January of 2011, and has proposed amendments to improve care, obtain better outcomes, coordinate implementation with the Affordable Care Act, expand primary care, develop "Health Home" and supportive housing partnerships, invest in new integrated care models, develop other Medicaid innovations and make Medicaid more sustainable in New York.

As a member of the MRT's Affordable Housing Workgroup, I am especially pleased that the workgroup's recommendations were accepted. Co-locating health services in supportive housing and other nontraditional settings will improve the health and reduce the cost of care to the marginally housed – a most vulnerable population.

Care for the Homeless supports Governor Cuomo's 1115 Waiver submission that attempts to improve long-standing barriers to integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. This targeted reinvestment will drive better health outcomes and lower health care costs, and meets the requirement of being budget-neutral to the federal government.

The Waiver takes a balanced approach toward primary care expansion including significant resources for capital technical assistance, workforce development, and HIT critical to a successful plan. To achieve the CMS' goals of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all New York residents. The investments proposed in the 1115 Waiver will bring this level of health care to 2.3 million New Yorkers who currently lack access to it. Integration of community-based primary care will bridge health "silos" that have limited New York's health care environment, creating meaningful collaborations among payers, providers and patients.

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Care for the Homeless

G. Robert Watts
Executive Director

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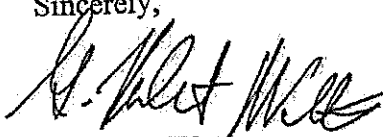
www.careforthehomeless.org

Community health centers offer a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing systemic savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most. Community health centers are willing and able to put their talents to work improving the health of individuals and entire communities.

The proposed 1115 Waiver is a great opportunity to transform New York's health care system, improve health outcomes and contain costs. Approving it will help build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

Care for the Homeless enthusiastically supports the MRT Waiver. We request prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Robert Watts". The signature is fluid and cursive, with a large initial "G" and "W".

G. Robert Watts
Executive Director



Finger Lakes
Addictions Counseling
& Referral Agency



ADMINISTRATION
28 East Main Street
Clifton Springs, NY 14432
(315) 462-9466
Fax (315) 462-6400

Addictions Crisis Center
28 East Main Street
Clifton Springs, NY 14432
(315) 462-7070
Fax (315) 462-2488

HALFWAY HOUSES

Maxwell Hall
28 East Main Street
Clifton Springs, NY 14432
(315) 462-9466
Fax (315) 462-9120

Otte Hall
621 Church Street
Newark, NY 14513
(315) 331-7400
Fax (315) 331-7632

OUTPATIENT SERVICES

Clifton Springs Clinic
28 East Main Street
Clifton Springs, NY 14432
(315) 462-9466
Fax (315) 462-9399

Geneva Clinic
246 Castle Street
Geneva, NY 14456
(315) 781-0771
Fax (315) 781-2773

Newark Clinic
310 West Union Street
Newark, NY 14513
(315) 331-3862
Fax (315) 331-5848

Penn Yan Clinic
1 Keuka Business Park
2258 Rte 54A
Penn Yan, NY 14527
(315) 536-7751
Fax (315) 536-3430

Watkins Glen Clinic
Mill Creek Center
106 S. Perry Street, Suite 3
Watkins Glen, NY 14891
(607) 535-8260
Fax (607) 535-8261

August 20, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I am writing on behalf of the Finger Lakes Addictions Counseling and Referral Agency, Inc. (FLACRA).

We are pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. This has been proven time and time again by dozens of peer-reviewed academic studies.

Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

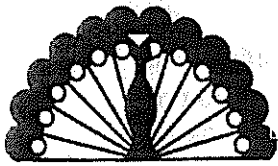
That is why we fully support New York State's Medicaid Waiver and look forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,


Martin Teller, MA Executive Director



A United Way Agency



Argus Community, Inc.

ACCESS I; Argus Community Care Coordination Program, ACT I,
Harbor House, Harbor House II, Elizabeth L. Sturz Outpatient Center, Learning for Living Center,
New Leaf, Prometheus CDTP, CDTP II
760 East 160th Street • Bronx, NY 10456 • Tel: 718-401-5700 • Fax: 718-993-5308
www.arguscommunity.org

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David Tribich, Ph. D.
Leonardo Vando, MD.

August 21, 2012

Centers for Medicaid and Medicare c/o Jason Helgerson

NYS Medicaid Director mrtwaiver@health.state.ny.us

To Whom It May Concern,

Argus Community, Inc. is a not-for-profit community based multi-service agency in the Bronx which has provided direct services to the most indigent population in this congressionally designated disaster area for over 45 years. All services are provided in a safe, drug-free and culturally sensitive environment that promotes patient self-management and independence. Our programs and experience include: Intensive case management and comprehensive Health Home services to persons who may be HIV positive, chronically ill, or recovering from mental illness; as well as immediate family members and collaterals impacting their lives.

Our case/care management services were recognized by the NYSDOH in their award of the Dr. Nicholas Rango award for Excellence in Case Management. Rather than being complacent, we tailor our services to address emerging and specialized barriers in the community, demonstrated by the designation that of two (of our 18) teams focus on the needs of HIV adolescents and persons having a history of incarceration. Other vital services include: Outpatient Medically Supervised Chemical (substance) Dependence Program (Part 822-OASAS); Outpatient Day Treatment Mental Health (Article 31, OMH); Residential AXIS I Drug Treatment; Vocational and Nutrition Services; Part A Care Coordination to underinsured; Money Management, homeless housing assistance and other supportive services. Our ability to deliver comprehensive seamless integrated care is evident in the optimal outcome metrics and governmental audits associated with our core programs.

Argus Community is supporting the transition into, and development of, Health Homes in New York State, currently participating in the governance and support of several health homes. Reaching our goals of improving the health of the Bronx community in a cost effective manner will require capital and commitment beyond or outside of the current rates of reimbursement being proposed. Major factors contributing to the additional cost of providing services include: a) the duplicative administrative contributions being demanded of the community based programs by the larger Health Home and Managed Care entities for CQI and management personnel; b) the requirement to integrate health information technologies (HITs) & Regional Health Information Organizations (RHIOs) into our care delivery and coordination system, and; c) other start-up costs associated with the restructuring of the currently successful established TCM programs.

We are writing to support the Medicaid reforms advanced through the New York State 1115 Waiver Amendment submitted to the Centers for Medicaid and Medicare (CMS) as a means to expand the same quality care coordination model historically applied to those with advanced HIV to those with multiple chronic and mental health issues while alleviating the additional costs to these currently successful programs. Without such assistance, the services for those with HIV or other specialized conditions may deteriorate.

Below, we outline a few of the more critical elements of the Waiver Amendment that we feel impact the Bronx and upper Manhattan HIV community and their providers during this Health Home transition:

1. **Capitalization of Technology Infrastructure:** Health Home success is in large part dependent on the ability of everyone involved in an enrollee's care to share information in a timely and inexpensive manner. This requires that each Health Home member and community-based provider, regardless of size or fiscal ability, develop robust technology that can interface with Regional Health Information exchanges and the several Health Homes (with repetitive costs) they work with. There state is not providing one best HIT solution or platform and the costs associated with the transition, although more easily borne by the larger corporate hospitals and institutions, are not affordable to the smaller community-based organizations. The minimum cost for a very basic HIT CM platform is over \$120,000 in addition to the costs for the varied RHIO memberships and the charge-down by the mega-Health Homes to the smaller member providers.
2. Argus Community also supports the request by New York State for a one-time investment in the start-up infrastructure of the Health Home so as to alleviate the burden of the capital contribution from the smaller network partners who have historically represented and cared for those with HIV and AIDS via a near identical version of the care coordination model being implemented.

Argus also supports many other important aspects of the Waiver Amendment, including primary care expansion, new care models, interagency coordination and communication, and the ongoing proposed investment in continued quality care for those consumers suffering with compounded medical and psycho-social problems, such as with HIV and AIDS, substance abuse, and serious mental health challenges.

The above are just a few of the key elements that are addressed by the New York State Waiver Amendment. These reforms have the potential to transform the Medicaid system in New York State into a high quality healthcare program which, if properly implemented, can result in *up-front* savings for taxpayers. Maintaining and supporting the presence of the "community" in these reforms and partnerships are integral in developing a Medicaid system so that it more effectively serves the neediest of New York residents and will save money in the *longer term*.

Argues Community, Inc., joins its colleagues and the community of providers it has worked with over the past 45 years in urging the CMS to expeditiously approve the New York State 1115 Waiver Amendment.

Respectfully,



Richard Weiss, President/CEO

718-401-5722

Oficina Medica Dr. BATLLE



JLDH Medical Services PLLC.

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership Plan Waiver (11-W-00114/2)

Dear Ms. Mann:

I am a community based primary care physician in New York and I am writing to you in order to voice my support for New York States request for an amendment to New York's Section 1115 Partnership Plan Waiver (11-W-00114/2). Mr. James A. Helgeson, Medical Director, Deputy Commissioner of the New York State Office of Health Insurance Programs sent the Center for Medicaid and CHIP Services a formal request on August 6, 2012 in which he, on behalf of Governor Andrew M. Cuomo, sought an MRT Waiver Amendment. In support of New York's MRT Waiver Amendment Request, Mr. Helgeson submitted a document outlining some of the reinvestment strategies which would be funded through the federal savings generated by what he said was the Medicaid Redesign Team (MRT) of New York.

The reinvestment funds requested by New York State are essential to its reform strategy of increasing patient access to primary care services which include preventive care. With the expected surge of newly insured individuals resulting from PPACA, the funds requested will allow New York to aid primary care providers like myself with the technical and capacity building support that will be needed to meet the goal of increased access to primary care.

The Affordable Care Act (ACA) and many of the federal reforms undertaken in the recent past have focused on the primary care provider/patient relationship and the role of preventive medicine in reducing health care costs. I, as a primary care provider, along with the IPA I belong to, helped New York and the Federal Government realize the achieved shared savings; as such, my voice, the voice of my fellow community based primary care providers our IPAs must be heard in determining how the shared savings would best be utilized. I and my primary care colleagues are committed in ensuring the delivery of professional medical care and treatment to the communities we serve, and that is why I strongly urge you to grant New York's MRT Waiver request.

Jose E. Batlle, MD
Director.
1487 St. Nicholas Avenue
New York, NY 10033
www.doctorbatlle.com

Voice: 212-877-6200
Fax: 347-726-9627
drbatlle@doctorbatlle.com

Jose E. Batlle, MD

JOSE E. BATLLE, M.D.



UPC

SOUTHERN TIER COMMUNITY HEALTH CENTER NETWORK

500 MAIN STREET
OLEAN, N.Y. 14760

132 WEST MAIN STREET
CUBA, N.Y. 14727

9864 LUCKEY DRIVE
HOUGHTON, N.Y. 14744

August 22, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

I represent Southern Tier Community Health Center Network, Inc., a Federally Qualified Health Center that serves two of the most rural and poorest counties in New York State: Cattaraugus and Allegany.

We strongly support Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.

We applaud the Waiver's balanced approach toward primary care expansion, which includes significant resources for capital technical assistance, workforce, and HIT – all critical aspects of a successful plan. To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients.

Over time, community health centers have offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most. Community health centers are willing and able to put their talents to work whenever called upon, improving the health of individuals and entire communities.

The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely, Gail C. Speedy, Executive Director

August 21, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

I applaud New York State's MRT Waiver. As the leader of HRHCare, a federally-qualified community health center network, serving 80,000 patients, throughout an eight county region across the Hudson Valley and on Long Island, at 22 centers, I see every day the importance of high quality primary care on the health of our communities.

The MRT Waiver's focus on strengthening primary care in New York is not only timely as we implement the Affordable Care Act, but crucial to improving the health and well-being of all New Yorkers. Recent studies have shined light on the importance of high quality, highly coordinated primary care in reducing overall health care spending. Your efforts through the MRT Waiver will expand community-based, patient-centered health care to the 2.3 million New Yorkers currently lacking access to primary care.

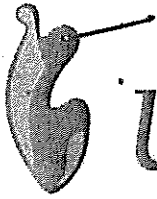
By strengthening the primary care sector of New York's health system, you are not only saving valuable dollars, but providing high quality health care to improve the health status of all New Yorkers. I highly support your efforts to transition New York's once fragmented health care system into an innovative and integrated model other states can learn from.

I specifically commend your efforts of improving primary care in the most holistic sense. By making capital investments, developing new care models, providing technical assistance and workforce trainings for patient centered medical homes, health homes, and culturally competent care and investing in provider recruitment and retention, New York is certain to be a leader of the CMS Triple Aim of better health, better care, and lower costs. HRHCare eagerly anticipates the approval of New York's MRT Waiver.

My sincere gratitude,



Anne K. Nolon
HRHCare
President and Chief Executive Officer



Urban Health Plan, Inc.

August 20, 2012

RECEIVED

AUG 27 2012

NYS DOH OFFICE OF
HEALTH INSURANCE PROGRAMS

NY-527

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James McLaughlin

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

I represent Urban Health Plan, Inc. (UHP) a network of federally qualified health centers serving the South Bronx and Corona, Queens communities since 1974. We provide our communities with high quality primary and specialty care services and in 2011 served close to 48,000 individual residents with a visit volume of 250,000. We have been a designated Level 3 Patient Centered Medical Home since 2009 and have been fully electronic since 2006. We understand the need for increased access to primary care services that coupled with improved health information technology can help to literally transform our health care delivery system in New York State.

We strongly support Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.

We applaud the Waiver's balanced approach toward primary care expansion, which includes significant resources for capital technical assistance, workforce, and HIT – all critical aspects of a successful plan. To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients.

www.urbanhealthplan.org



JOINT COMMISSION
ACCREDITED

El Nuevo San Juan
1065 Southern Boulevard
Bronx, NY 10459
718-589-2440

Bella Vista Health Center
890 Hunts Point Avenue
Bronx, NY 10474
718-589-2141

Plaza Del Castillo Health Center
1515 Southern Boulevard
Bronx, NY 10460
718-589-1600

Plaza Del Sol Family Health Center
37-16 108th Street
Corona, NY 11368
718-651-4000

Over time, community health centers have offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most. Community health centers are willing and able to put their talents to work whenever called upon, improving the health of individuals and entire communities.

The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,



Paloma Izquierdo-Hernandez M.S., M.P.H.
President and Chief Executive Officer



5901 Palisade Avenue
Riverdale, New York 10471
(718) 581-1000
<http://www.hebrewhome.org>

August 29, 2012

Residential Health Care Division
The Hebrew Home for the Aged at Riverdale
Palisade Nursing Home
ElderServe Community Services Division
Housing Division
Hudson House
RiverWalk
Research Division
Maurice R. Greenberg Wellness Center
National Alzheimer Center
Derfner Judaica Museum
Harry & Jeanette Weinberg Center
for Elder Abuse Prevention
Greenberg-Starr Memory Support Center

Dear Mr. Helgerson:

I am the CFO at the Hebrew Home for the Aged at Riverdale, and I am writing to express my strong support for the critical long term care provisions and investments that are a part of New York State's MRT Waiver application to the Centers for Medicare and Medicaid Services.

A strong long term care sector is critical to achieving real cross-continuum integration in support of the core waiver goals of promoting better health, better care, and lower costs within our health system.

Essential to sustaining a strong and stable nursing facility infrastructure is the "Nursing Home Transition" request for a revision or waiver to 42 CFR § 438.60 to clarify the ability of the State to carve nursing home Medicaid capital reimbursement out of Medicaid managed care plan benefits and capitation payments, and to reimburse such amounts directly to providers. This request, which entails no added Federal or State costs, will provide a necessary measure of financial stability for nursing homes that have existing capital repayment obligations, while minimizing the risk of default on current nursing facility mortgages, including those secured through HUD and the Dormitory Authority of New York State (DASNY). The provision will also make it possible for needed future capital investments to be made to enhance the quality of New York's residential care infrastructure.

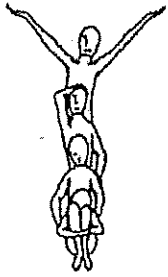
Also vital to the broader long term care community, including providers of both home and community-based and residential services, are provisions in the waiver application that would expand the availability of vital access provider resources, provide capital funding for assisted living programs, expand access to supportive housing services, invest in workforce development for long term care, and enhance the level of health information technology adoption and connectivity across the long term care community.

We appreciate the attention that the State has given to these important issues, and we encourage CMS's support for these requests in the context of the State's MRT Waiver application.

Sincerely,

Luz Liebeskind
Chief Financial Officer





QUEENS VILLAGE COMMITTEE FOR MENTAL HEALTH
FOR
JAMAICA COMMUNITY ADOLESCENT PROGRAM, INC.

August 27, 2012

Cynthia Mann
Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, MD 21244

Diane Gonzalez
Chief Executive Officer

Dear Ms. Mann:

I write today on behalf of Queens Village Committee for Mental Health for J-CAP, Inc. "J-CAP" is a Queens-based substance-use-disorder residential treatment program serving the five boroughs and surrounding counties. We are licensed by NYS OASAS. J-CAP also operates full and part time Article 28 Diagnostic and Treatment Center clinics, two co-located with our substance use treatment programs and one community based site. We provide 418 OASAS Part 819 licensed treatment beds. We are a community based agency that provides a broad continuum of behavioral health and medical services to some of New York's most vulnerable citizens.

I am writing to express our agency's support for New York State's request for an amendment to the New York Partnership Plan. The Governor and his key staff provided for a process to receive input from the field for the waiver proposal and as such, we feel satisfied that the proposal represents the interests of all system stakeholders including but not limited to behavioral health care recipients.

Strategies highlighted in the waiver amendment that will be of significant value for all New Yorkers include \$525 million over the next 5 years to allow Health Home leads and their network partners to continue making investments in technology and their important infrastructure purchases required to locate members identified as eligible for Health Home services and to enhance interoperability resulting in better care provided earlier in the disease process and at significantly lower cost.

Administrative Office
231--35 Merrick Boulevard
Laurelton NY 11413
(718) 712-1100
(718) 481-8693 - fax

Drug Free Residential Treatment
Thomas & Marie White Health Center
116-30 Sutphin Boulevard
Jamaica, NY 11434
(718) 322-2500, 322-1881 - fax

St. Albans RDF
177-33 Baisley Boulevard
St. Albans, NY 11434
Induction/Orientation
(718) 712-1344, 712-4180 - fax
Re-Entry Services
(718) 712-7777, 481-8951 - fax

Medical Services
Thomas & Marie White Health Center
116-30 Sutphin Boulevard
Jamaica, NY 11434
(718) 322-7888, 322-1880 = fax

HIV/AIDS Services
***Living Proof Primary Care
Counseling/Testing &
Case Management Services***
116-30 Sutphin Boulevard
Jamaica, NY 11434
(718) 322-2500, 322-1879 - fax

Living Proof Storefront Clinic
107-33 Sutphin Boulevard
Jamaica, NY 11434
(718) 658-2464, 658-3384 - fax

J-CAP

August 27, 2012
QVCMH for J-CAP, Inc.
Page -2-

The funding would support a Health Workforce Retraining Initiative, including \$500 million over five years to support training to assist case managers to become care coordinators. It is essential that training is made available to staff (case managers) to provide care coordination services to clients that may have no previous experience with the healthcare and/or behavioral healthcare systems at the point of initial engagement. These workers possess varying degrees of information and skills to engage and work effectively with clients challenged by several chronic conditions, including substance use disorders. As such, they require significant investments of time and training to deliver effective care coordination services that we know will result in better decision-making and lower utilization of acute care services.

The state's waiver amendment is consistent with the triple aims of health care reform outcomes, improved service quality and lower costs. J-CAP is committed to adapting to new strategies and insuring that care providers from a variety of disciplines obtain the tools to enhance and transfer their expertise into changing constructs for the benefit of our patients, clients and the substance use disorder treatment system.

Thank you for your consideration in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Diane Gonzalez".

Diane Gonzalez, MSW
Chief Executive Officer



6323 Seventh Avenue
Brooklyn, NY 11220

Tel: (877) 557-6547
mjhs.org

August 22, 2012

RECEIVED

Jason Helgeson
Medicaid Director
New York State Department of Health
Corning Tower
Albany, NY 12224

AUG 28 2012

NYS DOH OFFICE OF
HEALTH INSURANCE PROGRAMS

M-532

Dear Mr. Helgeson:

As President and CEO of MJHS and Co-Chair of the Medicaid Redesign Team's Managed Long Term Care Implementation and Waiver Redesign Work Group, I am writing to express my support for the long term care provisions and investments that are a part of New York State's MRT Waiver application to the Centers for Medicare and Medicaid Services.

A strong long term care sector is critical to achieving cross-continuum integration which, in turn, delivers better health outcomes at lower costs.

Specific proposals which we support include:

- Enabling the State to carve nursing home Medicaid capital reimbursement out of Medicaid managed care plan benefits and capitation payments and to reimburse such amounts directly to providers. This request, which entails no added Federal or State costs, will provide financial stability for nursing homes and enhance their ability to contract with multiple managed care plans for skilled nursing facility care.
- Funding for health information technology in long-term care programs to ensure the electronic flow of crucial patient information across the continuum of care and improve transitions of care between physicians, hospitals, nursing and rehabilitation centers, home care agencies and hospices.
- Capital for Assisted Living Programs and for supportive housing. Home is the principal setting of the future for health care services, but New York's stock of affordable housing with supports is lacking. The MRT Waiver proposals would help remedy this situation and enable New Yorkers with physical or behavioral health problems to live in the least restrictive setting with access to critically needed care.

Thus, we urge CMS's support for these initiatives in the State's MRT Waiver application.

Sincerely,

Eli S. Feldman
President and Chief Executive Officer

eliminating racism empowering women

ywca

August 23, 2012

The Honorable Governor Andrew Cuomo
Governor of the State of New York
Executive Chamber, State Capitol, Room 253
Albany, NY 12224

Dear Governor Cuomo:

I represent the women and children of Niagara County who utilize the supportive housing and shelter services of the YWCA of Niagara. On behalf of these individuals, the YWCA is pleased that the New York State's Medicaid 1115 waiver amendment application includes a Medicaid Supportive Housing Expansion program to expand access to supportive housing targeting high cost, high need Medicaid members who require supportive services to live independently.

Supportive Housing – permanent, affordable housing linked to onsite services – is the proven, cost-effective way to provide stable homes to individuals and families who have difficulty finding and maintaining housing. The people we house and serve – homeless women with children, domestic violence victims, people with mental illness, HIV/aids, substance abuse and other barriers to independence – are typically frequent users of expensive emergency services like hospitals, psychiatric centers and other institutional settings. Because placement into supportive housing has been proven to reduce use of these services, supportive housing saves taxpayers' money, often far more than what was spent building, operating and providing services in the housing. Investing in supportive housing will help improve the health and quality of life for some of the most vulnerable individuals while reducing Medicaid spending. Providing supportive housing and centrally located health services to this population will save money by preventing and shortening hospitalizations by reducing inpatient hospital care and emergency services and decreasing the overall costs of long term care services.

We believe the waiver amendment's key overall strategies including investing in high quality primary care, expanding Health Homes, protecting safety net providers, transitioning to managed care and the overall innovations in public health strategies that will generate significant, long-term Medicaid savings are consistent with the Centers for Medicare and Medicaid Services' Triple Aim: better health, better care and lower costs.

The YWCA of Niagara fully supports New York State's Medicaid Waiver and looks forward to prompt approval by the Center for Medicare and Medicaid Services.

Sincerely,

Kathleen A. Granchelli, CEO

Audrey S. Weiner, MPH, DSW
President and CEO

Jewish Home Lifecare
120 West 106th Street
New York, NY 10025

T 212.870.4600
F 212.870.4895

www.jewishhome.org

Jewish Home Lifecare

RECEIVED

AUG 27 2012

NYS DOE OFFICE OF
HEALTH INSURANCE PROGRAMS

71-528

August 23, 2012

Jason Helgeson
Medicaid Director
New York State Department of Health
Corning Tower
Albany, NY 12224

Dear Mr. Helgeson:

I am the CEO/President of Jewish Home Lifecare which is the parent of Jewish Home Lifecare, Manhattan, Jewish Home Lifecare, Harry and Jeanette Weinberg Campus, Bronx and Jewish Home Lifecare, Sarah Neuman Center, Westchester and I am writing to express my strong support for the critical long term care provisions and investments that are a part of New York State's MRT Waiver application to the Centers for Medicare and Medicaid Services.

A strong long term care sector is critical to achieving real cross-continuum integration in support of the core waiver goals of promoting better health, better care, and lower costs within our health system.

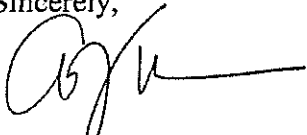
Essential to sustaining a strong and stable nursing facility infrastructure is the "Nursing Home Transition" request for a revision or waiver to 42 CFR § 438.60 to clarify the ability of the State to carve nursing home Medicaid capital reimbursement out of Medicaid managed care plan benefits and capitation payments, and to reimburse such amounts directly to providers. This request, which entails no added Federal or State costs, will provide a necessary measure of financial stability for nursing homes that have existing capital repayment obligations, while minimizing the risk of default on current nursing facility mortgages, including those secured through HUD and the Dormitory Authority of New York State (DASNY). The provision will also make it possible for needed future capital investments to be made to enhance the quality of New York's residential care infrastructure.

Also vital to the broader long term care community, including providers of both home and community-based and residential services, are provisions in the waiver application that would expand the availability of vital access provider resources, provide capital funding for assisted living programs, expand access to supportive housing services, invest in workforce development for long term care, and enhance the level of health information technology adoption and connectivity across the long term care community.

We appreciate the attention that the State has given to these important issues, and we encourage CMS's support for these requests in the context of the State's MRT Waiver application.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'ASW', with a long horizontal line extending to the right.

Audrey S. Weiner, DSW, MPH
President and CEO



Robert P. Astorino
County Executive

Department of Senior Programs and Services

Mae Carpenter
Commissioner

August 23, 2012

Jason A. Helgerson
Medicaid Director
Office of Health Insurance Programs
NYS Department of Health
Corning Tower OCP-Room 1211
Empire State Plaza
Albany, NY 12237

Dear Mr. Helgerson,

The Westchester County Department of Senior Programs and Services and the Westchester County Long Term Care Council are writing to express our support of New York State's request for an amendment to Section 1115 Partnership Plan Waiver (11-W-00114/2), which was submitted to CMS on August 6, 2012. As stated in the waiver materials, the state proposes to use the waiver amendment to reinvest in the state's health care system, pave the way for implementation of national health care reform and continue to make New York a national health care reform model.

We support the overall framework, and would like to provide comments on specific elements, in particular, the waiver's inclusion of funding to "Expand New York Connects – Improving Satisfaction."

The Westchester County Department of Senior Programs and Services serves older New Yorkers age 60 and over; persons of all ages with disabilities; and family caregivers. Our agency makes it possible for individuals to live with independence and dignity in their homes and communities as long as possible, delaying or avoiding higher cost levels of care.

Westchester County is home to 193,000 residents over the age of 60. These residents represent 20% of our county's population of almost 950,000 people. The oldest population groups continue to increase at incredible rates. These populations are most likely to have multiple and chronic health conditions that require a variety of services to remain safe and independent in their homes and communities. In 2011, our office provided over 1,000,000 units of service to our residents.

As New York State continues Medicaid redesign, there will be many implications for individuals who are currently served by or will soon enter the long term care system. As a result of pending changes, these populations will need individualized assistance to navigate the new choices and to access both private and publicly funded services so they get the right care, in the right setting, for the right price. We concur with the statement in the waiver amendment, "New York is going to need "boots on the ground" across the state to help facilitate these significant changes." NY Connects and the Area Agencies on Aging (AAAs) are well positioned to serve this in this capacity, with a track record of



providing person-centered, individualized care, through NY Connects and other programs like the Expanded In-home Services for the Elderly Program (EISEP) and Community Services for the Elderly (CSE) that divert people from Medicaid by providing home & community based services. In addition, an enhanced NY Connects will provide a key element identified in the waiver, "the use of a front end will enhance the state's ability to access satisfaction data directly from consumers, a much needed component of the long term care delivery system."

Expanding and enhancing NY Connects will require resources and we support the additional funding in the waiver, in the amount of \$10 million for year one, and \$18.4 million for each of the following four years. We anticipate that these funds will be in addition to the NY Connects funding currently provided in the New York State Budget. We also support the funding allocation, proposed to be based on the population of aged and disabled individuals, although we strongly recommend that a "minimum base allocation" be established as a baseline to ensure that programs in counties with smaller populations have sufficient funding to meet the criteria of a fully functional ADRC.

We support in its entirety the NY Connects waiver language set forth on page 67 of the New York State MRT Waiver Amendment, and provide additional information and comments as follows.

New York is a national leader in its development and implementation of the ADRC model. Since 2006, NY Connects has been providing Information and Assistance on long term care services and supports, as well as direct linkages to home and community based services programs for persons of all ages with disabilities and caregivers. If the waiver is approved, the additional funding for NY Connects would enhance its capacity to assist with Medicaid cost-avoidance by:

- Assisting more individuals of all ages and those with disabilities by providing objective information and options counseling (by telephone, in-person or in the home) on the array of services that meet their needs at the right time, in the right setting for the right cost, thus maximizing the private pay resources of these individuals.
- Establishing seamless systems connections for the consumer.
- Expanding the numbers of individuals it can serve, especially in light of the dramatic increases in the age 60+ population projected over the next twenty years.
- Delaying spend-down to Medicaid and reducing the number of new Medicaid applicants.
- Increasing awareness of NY Connects as a resource for discharge planners and health professionals to maximize community resources.
- Strengthening support services for caregivers (who provide 80% of the long term care), which is imperative because the economic value of informal caregivers is estimated at \$25 billion annually in New York State (2008 AARP report, Houser & Gibson).
- Enhancing the Health Insurance Information Counseling Assistance Program (HIICAP) to ensure that Medicare beneficiaries receive objective information and counseling on all insurance options and receive information about Medicare preventive benefits, screenings and annual wellness visits in addition to assisting individuals in applying for the Medicare Savings and Low Income Subsidy programs.

- Reducing the frequency and use of high cost Medicaid benefits by current beneficiaries by enabling access to lower cost support services that can meet beneficiaries' needs.
- Further developing the infrastructure to manage chronic conditions, such as the evidence-based Chronic Disease Self-Management Program (CDSMP), which lowers health care costs for individuals who have participated in the program.

NY Connects is the only ADRC in the nation to require a local Long Term Care Council made up of providers, individuals receiving services and their caregivers, and a wide array of agencies that work together to problem solve. In Westchester County our LTCC led in assessing the needs of the County's frail and at risk and identified gaps in the local LTC delivery system as well as proposed solutions to those gaps.

New York has built upon NY Connects/ADRC by seizing opportunities offered by the Affordable Care Act to strengthen partnerships and coordinate a robust set of services for Medicaid cost-avoidance. Through federal competitive grants, New York has been able to develop and/or implement options counseling, MIPPA/ADRC, Nursing Home Modernization & Diversion/Community Living Program, Veterans Directed, CDSMP, and Care Transitions, all in an effort to reduce and delay spend-down to Medicaid and nursing home placement. These grant funds were provided by CMS and the Administration on Aging, now known as the Administration for Community Living. While the grants were instrumental in establishing innovative approaches, they funded demonstration programs in limited geographic areas for a specific period of time. The additional waiver funding for NY Connects will enable these innovative approaches to be utilized throughout the state.

Another important result of providing waiver resources is that it will allow for the expansion of NY Connects to all counties and the City of New York. The waiver resources would also further develop and enhance NY Connects programs to include the core components of a fully functional ADRC. The core components include information and assistance, screening, benefits counseling, application assistance, counseling on Managed Long Term Care Plans, care transitions, evidence based programs, follow up and tracking, and through a no wrong door approach, a seamless system to assist individuals with application completion and submission. NY Connects programs will also have the capacity to conduct all of the functions above in the individual's home or community, as needed. Fully functional NY Connects programs would also include:

- Person centered care plans
- Infrastructure support such as staff
- Expanding outreach and education
- Expanding HIICAP
- Strengthening and expanding access to certified Options Counselors
- Implementing evidence-based initiatives such as CDSMP and Matter of Balance
- Offering services to targeted populations similar to those served under the Community Living Program and Veterans Directed Program for individuals at imminent risk of Medicaid spend down and nursing home placement
- Expanding/enhancing care transitions
- Enhancing caregiver support services

The evolution of NY Connects, along with the above-mentioned grants, provide the evidence that waiver funds should be used to enhance NY Connects in order to bend the cost curve of Medicaid by preventing Medicaid spend down whenever possible, and for those on Medicaid, reducing the frequency and use of high cost Medicaid benefits and ensuring access to lower cost support services.

In conclusion, we appreciate the opportunity to voice our support of New York State's MRT Waiver Amendment, specifically with relation to NY Connects, as well as other initiatives such as Health Homes and Care Transitions. We encourage CMS to approve the waiver amendment so that our state can reinvest MRT cost savings to facilitate innovation and improve the health care system.

Sincerely,



Mae Carpenter, Commissioner



Community Health Center

6209 - 16th Avenue • Brooklyn, New York 11204
Tel: (718) 234-0073 Ext. 7009 • Fax: (718) 236-8456

21-10 - Borden Avenue • LIC, New York 11101
Tel: (718) 784-5696 • Fax: (718) 266-0187

Maria Siebel, LCSW-R
Executive Director/ CEO
HealthCare Choices

Asya Levy, MD
Medical Director
HealthCare Choices

August 9, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 1221

Dear Mr. Helgerson:

I am the CEO of and represent ICL HealthCare Choices, Inc. which is a federally qualified health center based in Brooklyn and Queens, New York. HCC provides high quality, accessible and affordable family healthcare at our two locations in Bensonhurst, Brooklyn and Long Island City, Queens. Our board certified and bi-lingual staff work in partnership with our patients on a daily basis to ensure that individual and family needs are continually met. Our comprehensive range of services are available to the area's uninsured and under-insured residents on a sliding-fee scale, based on an individual or family's ability to pay.

At HealthCare Choices we provide medical, dental and mental health services in addition to many specialties like, Cardiology, Gastroenterology, Gynecology, Podiatry, Neurology, and Psychiatry. Psychology, Physical therapy, Nutrition, and Exercise.

We strongly support Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in

New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.

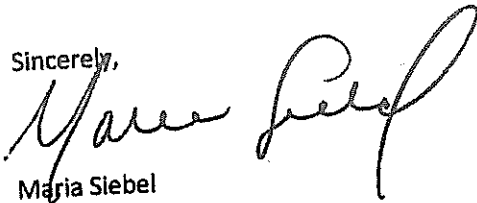
To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients.

Over time, community health centers have offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most. Community health centers are willing and able to put their talents to work whenever called upon, improving the health of individuals and entire communities.

The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,



Maria Siebel

Chief Executive Officer



I support Primary Care in the MRT Waiver
Ray, Tracey to: mrtwaiver

08/21/2012 12:26 PM

August 21, 2012

Attn: Jason Helgerson,
New York State Medicaid Director

Dear Mr. Helgerson;

I am a member of the senior executive team of Kingsbrook Jewish Medical Center here in central Brooklyn and as you know our institution had been specifically identified by the MRT Brooklyn Taskforce, as the organization to lead the integration of Brookdale University Medical Center and Kingsbrook. As such, we fully appreciate the importance of having the MRT Waiver granted and more specifically, we strongly encourage that the many targeted investments that support primary care development be included as proposed.

While I am most familiar with Brooklyn and of course our local market, the state-wide empirical data is clear; investment in primary care directly contributes to the "triple aim" and that a focused investment in this area will certainly benefit the 2.3 million residents throughout the state of New York who today lack ready access to primary care.

Additional primary care physicians and primary care focused nurse practitioners are a very large part of the solution and will be supported by the approved waiver, however, these practitioners will need a robust clinical health information technology infrastructure and expert technical assistance to guide and support them in delivering improved patient and family centered care. New models of care must be continually piloted, and the health home concept must be advanced if truly improved health outcomes are to be achieved. Transforming traditionally structured hospitals into integrated delivery systems with a new focus on population health and outpatient based care delivery will require very specific investments in workforce retraining and electronic business intelligence to better analyze data to support local and regional planning efforts. Today, New York's health care environment has a tradition of practicing medicine in "silos". These silos need to be dissolved if meaningful collaborations among payers, providers and patients are to be achieved. Approval of the MRT Waiver is central to achieving these several important goals.

Integrated community-based primary and preventive care **IS** the preferred course of action to effectively and efficiently achieve the "Triple Aim". It is for this reason that my colleagues and I at Kingsbrook Jewish Medical Center fully support the MRT Waiver and hope for a timely approval by CMS.

Sincerely yours,

Robert J. Dubicki
Executive Vice President & Chief Operating Officer

Regards,

Tracey

Tracey Ray, MPA
Assistant to the President and Chief Executive Officer
Kingsbrook Jewish Medical Center, Administration - Katz Pavilion 3rd fl.
585 Schenectady Avenue, Brooklyn, NY 11203
Tel: 718.604.5252 - Fax: 718.604.5243, TRay@kingsbrook.org

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August 14, 2012

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
One Commerce Plaza - Suite 1211
Albany, NY 12210

Dear Mr. Helgerson:

Please accept this letter of support of the New York "MRT Waiver" on behalf of the Syracuse Community Health Center. The Syracuse Community Health Center "System of Care," comprised of 4 corporations, inclusive of a managed care corporation and 15 health care delivery sites, serves approximately 80,000 individuals annually and employs approximately 450 individuals in the Central New York Community.

We strongly support Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.

To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients.

Over time, community health centers have offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most. Community health centers are willing and able to put their talents to work whenever called upon, improving the health of individuals and entire communities.



I support Primary Care in the MRT Waiver
Lederer, Jane to: mrtwaiver
Cc: info

08/22/2012 05:12 PM

Attn: Jason Helgerson, New York State Medicaid Director

I represent Kingsbrook Jewish Medical Center as VP and Chief Nursing Officer:

We are delighted that the MRT waiver invests substantially in primary care. This investment will be critical to providing high quality primary care to 2.3 million New York State residents who now lack access to primary care.

A community-based health care infrastructure with sufficient primary care at its center is critical to building and sustaining the high-performing, integrated systems of care that will achieve the CMS Triple Aim of better health, better care, and lower costs. True integration will challenge the "silos" that have traditionally defined New York's health care environment, and create more meaningful collaborations among payers, providers and patients.

The MRT Waiver embraces the Triple Aim. Investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers. If approved, it will help build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,

Jane Lederer, VP/CNO
Kingsbrook Jewish Medical Center
585 Schenectady Avenue
Brooklyn, NY 11203
718-604-5426

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The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We fully support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,

A handwritten signature in cursive script, appearing to read "Ruben P. Cowart".

Dr. Ruben P. Cowart
President and CEO



I support Primary Care in the MRT Waiver
Deb Peartree to: 'mrtwaiver@health.state.ny.us'

08/21/2012 07:54 AM

Hi,

As a participant in a Health Home and in my work supporting primary care providers, I support the MRT waiver.

Thank you for your proactivity in securing additional revenue to invest in these critical program opportunities.

Deb

Deborah Peartree RN MS IHI-IA
Director Quality Improvement and Clinical Strategies
Monroe Plan for Medical Care
1120 Pittsford-Victor Road
Pittsford, NY 14534
585-256-8410

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Mount Vernon Neighborhood Health Center, Inc.

BOARD OF DIRECTORS

David A. Ford, Sr.
Chairman

Carole Morris
Chief Executive Officer

Barbara Anderson
Vice Chairman

August 21, 2012

Ivory Green
Second Vice Chairman

Mr. Jason Helgerson
Medicaid Director and Deputy Commissioner
Office of Health Insurance Programs
New York State Department of Health
Once Commerce Plaza – Suite 1211
Albany, NY 12210

Anne Young-Berkeley
Secretary

Serapher Conn-Halevi
Treasurer

Hopeton White
Financial Secretary

Dear Mr. Helgerson:

Randall M. Coppin
Myrna Merchant
Hon. Maureen Walker, CPA
Nicholas Cicchetti, DPM
Francis Jones
Stanley Ridley
Judge Adam Seiden
Ann-Marie Nurse
Luz May Menendez

I represent The Mount Vernon Neighborhood Health Center.

We strongly support Governor Cuomo's submission of a visionary and creative 1115 Waiver that attempts to improve long-standing impediments to truly integrated and collaborative models of care in New York State by investing significantly in high-quality primary care. While this targeted reinvestment will drive better health outcomes and lower health care costs, the proposed waiver is budget-neutral to the federal government.

ADVISORY MEMBERS MVNHC

Hon. J. Gary Pretlow
Hon. Ruth Hassell-Thompson
Hon. Jeffrey Klein
Hon. Andrea Stewart-Cousins
Hon. Nicholas Spano
Hon. Richard Dixon
Mr. Dennis Mehiel
Mr. David Alpert

We applaud the Waiver's balanced approach toward primary care expansion, which includes significant resources for capital technical assistance, workforce, and HIT – all critical aspects of a successful plan. To achieve CMS' Triple Aim of better health, better care, and lower costs, high-quality and accessible community-based primary care must be available to all of New York's residents. We believe that the investments proposed in the 1115 Waiver will make this level of health care a reality for the 2.3 million New Yorkers who currently lack access to it. True integration of community-based primary care will challenge the "silos" that have traditionally defined New York's health care environment and create more meaningful collaborations among payers, providers and patients.

Over time, community health centers have offered a unique, innovative model of care that sets them apart from other primary care providers, reducing and even eliminating disparities, increasing system-wide savings through reduced hospital and emergency department visits, and stimulating economies in communities that need it the most. Community health centers are willing and able to put their talents to work whenever called upon, improving the health of individuals and entire communities.

Accredited
by



Joint Commission
on Accreditation of Healthcare Organizations

The Waiver offers an historic opportunity to transform New York's health care system, improve health outcomes and contain costs. If approved, it will help to build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need through investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers.

We fully support the MRT Waiver and look forward to a speedy approval by the Center for Medicare and Medicaid Services.

Sincerely,



Mrs. Carole Morris
Chief Executive Officer



HOUSING WORKS

247 LARK STREET
ALBANY, NY 12210
TEL 518-729-2544 FAX 518-729-2545
WWW.HOUSINGWORKS.ORG

DEMAND HOUSING
FOR HOMELESS PEOPLE
LIVING WITH AIDS & HIV

August 13, 2012

Centers for Medicaid and Medicare
c/o Jason Helgerson
NYS Medicaid Director
mrtwaiver@health.state.ny.us

To Whom It May Concern:

Housing Works is a healing community of people living with and affected by HIV/AIDS. Our mission is to end the dual crisis of homelessness and AIDS through relentless advocacy, the provision of lifesaving services, and entrepreneurial businesses that sustain our efforts. We operate four health centers and over two hundred units of supportive housing serving people with HIV/AIDS, those most at risk of HIV infection, and low income New Yorkers with multiple chronic conditions. More recently, we have actively participated in the development of Health Homes in New York State.

We are writing to support the Medicaid reforms advanced through the New York State 1115 Waiver Amendment submitted to the Centers for Medicaid and Medicare (CMS). The Medicaid Redesign Team (MRT) in New York State was a state/community partnership where these reforms were developed over the course of the past year. The focus was on the "triple aim:" improving quality, improving health and reducing costs.

Housing Works has been an active participant in the MRT process, submitting numerous proposals and serving on both the Disparities and Housing Workgroups. Much of our work is reflected in the State Waiver Amendment. As evidenced in the Waiver Amendment, the Governor of New York has carried out an open and inclusive process, soliciting ideas from New Yorkers of all walks of life in the development of reforms that are already saving New York State and the Federal Government billions of dollars, even while offering the opportunity to improve health outcomes for some of the most needy residents. This Waiver recommends using a portion of these savings to reorganize our health system and adding services that will yield even more savings while focusing resources on those who need them the most. We wholeheartedly support this effort and urge CMS to approve the Waiver as expeditiously as possible.

Below, we outline some of the most important elements of the Waiver and their impact on our community to underscore our support.

Primary Care Expansion

Hospital readmissions cost New York State taxpayers \$3.7 billion each year. By integrating systems of care with a strong focus on primary care and expanding Patient Centered Medical Homes (PCMH), Medicaid recipients in New York State will be able



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247 LARK STREET
ALBANY, NY 12210
TEL 518-729-2544 FAX 518-729-2545
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LIVING WITH AIDS & HIV

to seek care with a physician instead of the emergency room. The result will be better, continuous care, which will lead to better health outcomes and lower hospital costs.

PCHM provide a strong primary care foundation for members and co-locates many needed services within the same location. These models need to be expanded throughout the State, especially in Upstate areas where there is an uneven distribution of primary care physicians.

Health Home Development Fund

New York State has currently approved 35 health homes in 23 counties across the State, with another 15-20 nearing approval in remaining areas, which will serve roughly one million high-cost, high-need Medicaid recipients, including people living with HIV/AIDS.

HIV/AIDS is a unique chronic illness because with proper medical care, access to medication, as well as mental health services, the disease can be managed long-term and its transmission risk lessened. However, in the absence of such care, people living with HIV/AIDS may become sick, are more likely to seek treatment in expensive hospitals, and will be more likely to transmit the virus to someone else.

One of the obstacles to health home implementation is locating, engaging and retaining members, who are often homeless or move frequently from one place to another. Additional funding could assist health homes in engaging these high-cost, high-need members who desperately need to be connected to the full range of health care services. In addition, additional training for the care managers who will be responsible for enrolling and tracking these members is essential if health homes are to thrive in this State.

Technology is also critical to the success of health homes, as is an adequate infrastructure for these new health home networks. The Waiver would provide resources that will allow even small community-based organizations—that often have the strongest connections to the people in need of these services—to engage on an equal footing in the delivery of health home care coordination with hospitals and larger institutions.

New Care Models

Since the majority of readmissions in New York (59%) are from people with mental health and/or substance use issues, we must focus on addressing the needs of this population. New York State would like to create demonstration programs to find creative ways to bring these populations into care.

One such idea is expanding peer-based services. Throughout the MRT process a variety of community-based organizations (CBOs) described the strides made in engaging



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members in care through the use of peer outreach. Peer-wellness coaching, bridging and crisis outreach have been uniquely successful in engaging and retaining members in ways that health care workers have been unable to match. Housing Works routinely uses peers for education and outreach in a variety of facets in the organization.

Enhancing intensive residential services for people with substance use issues to provide for more medical direction within these programs will help to make these programs more successful and hopefully provide space for more individuals requiring the services. Currently, the Office of Alcohol and Substance Abuse Services (OASAS) oversees these programs with State-only funding. However, with additional funds these programs can be expanded to serve more of our high-cost, high-need members to achieve the MRT triple aim.

Medical respite programs have been successful in various areas of the country. They provide a safe environment for acute and post-acute medical care for homeless persons who are too ill to recover on the street or in a shelter, but are not ill enough to be in a hospital. This program has the potential to save millions of dollars and provide necessary medical care for the homeless population. Medical respite programs will allow for proper treatment and provide a connection to medical and supportive services outside of the costly hospital setting. Future costs will be saved by a reduction in hospital readmissions and earlier checkout from hospital settings.

Supportive Housing

Supportive housing services are housing coupled with individual based services. This is an innovative and cost effective way to provide housing, healthcare, mental health services and any other service the individual needs to become healthy. Supportive housing services have been extremely successful in keeping high-cost, high-need members engaged in the health care services they require while providing them with a safe environment to live. Housing has been consistently identified as a cost-saving intervention for people living with chronic illnesses, substance use and mental health issues and the homeless population.

People who lack stable housing face increased health issues, premature mortality, and often do not have access to medical or support services, relying heavily on emergency care when necessary. Providing supportive housing services offers these populations a safe and secure home with a connection to high quality health care services, which will result in millions of dollars of savings in emergency room visits and hospital admissions.

There is clear and compelling evidence that housing is a medical intervention for homeless people living with HIV/AIDS and other chronic conditions, leading to increased medical stability, improved engagement in care, and increased adherence to medical regimens. In fact, for people living with HIV, stable housing is highly correlated



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with reduced risk behavior, making housing one of the most cost effective HIV prevention interventions for people who are HIV-positive and homeless or unstably housed.

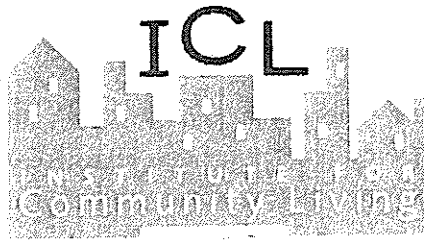
The above are just a few key examples of the important elements that are included in the New York State Waiver Amendment. These reforms have the potential to completely transform the Medicaid system in New York into a high quality healthcare program with a huge savings for taxpayers. These reforms are a result of State and community partnerships forged over the past year, truly giving the community a voice in reforming the Medicaid system so that it more effectively serves the most vulnerable New York residents.

Housing Works urges the CMS to expeditiously approve the New York State 1115 Waiver Amendment request and reform the Medicaid system for the residents of this State.

Sincerely,

Charles King
Housing Works President and CEO

CORPORATE OFFICERS
Peter C. Campanelli, Psy.D., *President/CEO*
Stella V. Pappas, LCSW-R, ACSW, *Chief Operating Officer*
Dewey H. Howard, MPS, CPA, *Chief Financial Officer*



Improving Lives, Building Hope, Empowering People

CORPORATE OFFICES
40 Rector Street, 8th Floor, New York, NY 10006
Telephone 212-385-3030 • Fax 212-385-2380
Website: www.ICLinc.net

August 16, 2012

Jason A. Helgerson
New York State Department of Health
Corning Tower, ESP 14th Floor
Albany, NY 12237

Dear Mr. Helgerson:

On behalf of the Institute for Community Living, Inc. (ICL), I am writing to offer our enthusiastic support for the New York State Medicaid Redesign Team (MRT) Waiver Amendment. We are particularly pleased that the 1115 waiver amendment recognizes the important role of behavioral health services in improving health outcomes and containing healthcare costs, and the critical importance of housing supports for persons with disabilities.

Overall, the waiver would make available \$10 billion in federal Medicaid savings to be reinvested in the state's health and behavioral healthcare system over a period of five years. We understand that the waiver amendment includes several critical components necessary for an effective and efficient healthcare system:

- \$750 million in Medicaid Supportive Housing Expansion for people coping with chronic illness or disability and behavioral health challenges. Not having stable housing in place often results in avoidable health care utilization and increased medical expenses.
- \$525 million in Health Homes Development Funding to augment Health Home providers in coordinating care for high need and high cost populations. (ICL is part of a consortium of community behavioral healthcare agencies and has been designated as one of the Health Homes in Brooklyn.)
- \$375 million to fund New Care Models, which could include peer services, intensive residential services for substance use disorders and medical respite care for chronically homeless individuals. As a provider of housing for persons with behavioral health and medical needs, we can attest to the need for such services.
- \$1 billion to sustain Vital Access/Safety Net providers. This will help financially challenged providers to stably transition to the new health and behavioral healthcare systems.

AFFILIATE COMPANIES

ICL Joselow House, Inc. • ICL Real Property Holding Corporation • ICL HealthCare Choices, Inc. • Phoenix Recycling & Maintenance, Inc.
Pennsylvania Institute For Community Living, Inc. • The Guidance Center of Brooklyn, Inc.

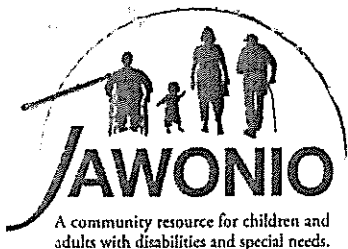
*Three-year Accreditation Awarded by CARF for Community Housing, Therapeutic Community & Outpatient Treatment Programs 2007-2010

ICL fully supports both the Waiver Amendment and the State's implementation of the Affordable Care Act (ACA) initiatives, and appreciates all of the work that both the stakeholders and the Department of Health staff have put into these initiatives.

Sincerely,

A handwritten signature in black ink, appearing to read 'Peter C. Campanelli', with a long horizontal flourish extending to the right.

Peter C. Campanelli, Psy.D
President and Chief Executive Officer



1.888.320.4295
www.jawonio.org

(Main campus) 260 N. Little Tor Road New City, NY 10956 (p) 845.708.2000 (f)845.634.7731

August 24, 2012

Jill A. Warner, LCSW
Executive Director/CEO
jill.warner@jawonio.org

Marilyn Astarita, MS, CRC
Chief Operating Officer
marilyn.atarita@jawonio.org

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James Carlson
John Cumming
Samuel Fisher
Arthur Moskoff, Esq

Department of Health
mrtwaiver@health.state.ny.us

Dear CMS,

I am writing to express my support and the support of Jawonio, Inc. for the recommendations of the Medicaid Redesign Team recommendations regarding New York State 1115 Waiver Amendment application.

As a not-for-profit agency we are pledged to the removal of barriers and the promotion of independence. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote independence and community integration. While New York still needs to do more as it relates to Olmstead implementation, the recommendations of the MRT if enacted will speed this process. In particular the following are important steps to refocus the service delivery system to better serve consumers as follows:

- \$750 million for supported housing and related services
- Millions for peer run service pilots, training and evaluation
- \$525 million to shore up health homes infrastructure, some of which may be used to plan to incorporate peer and rehabilitative services more fully into health home designs
- \$550 million for workforce retraining, including training that promotes recovery and cultural competence
- \$23 million for an extensive ombuds program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries

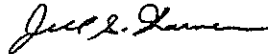
Any of the aforementioned are areas that are in dire need of new funding. Moreover, we believe that these goals are not only noble but will, if enacted, enable a rebalancing of the system not only in a cost effective manner but in a way that will truly promote independence and fuller inclusion for persons with disabilities.

As a consumer driven and peer run agency we applaud the commitment to further funding for peer, vocational and recovery services that are demonstrated to be more effective than other models. Governor Cuomo and the MRT have put the goal of

reinvestment from the proposed savings back into the system as a way to rebalance and shape services.

We believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York and ask for approval.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jill A. Warner".

JILL A. WARNER, LCSW
Executive Director/CEO

JAW/nsh



Action needed to help support more funding for housing and peer support

Michelle Diaz

to:

mrtwaiver

08/27/2012 12:24 PM

Hide Details

From: "Michelle Diaz" <Michelle.Diaz@woodhullhc.nychhc.org>

To: <mrtwaiver@health.state.ny.us>

August 24, 2012

Dear CMS,

I am writing to express my support for the recommendations of the Medicaid Redesign Team recommendations regarding New York State 1115 Waiver Amendment application.

As someone who cares about mental health recipients I seek the removal of barriers and the promotion of independence. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote independence and community integration. While New York still needs to do more as it relates to Olmstead implementation, the recommendations of the MRT if enacted will speed this process. In particular the following are important steps to refocus the service delivery system to better serve consumers as follows:

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As someone who cares about mental health recipients I applaud the commitment to further funding for peer, vocational and recovery services that are demonstrated to be more effective than other models. Governor Cuomo and the MRT has put the goal of reinvestment from the proposed savings back into the system as a way to rebalance and shape services.

I believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York and ask for approval.

Sincerely,

Michelle Diaz

Michelle Diaz, BA
Care Coordinator
HHC Health Home Program
Woodhull Medical and Mental Health Center
760 Broadway
Brooklyn, NY 11206
646-373-2011-work cell
718-630-3215-office phone
Fax: 718-963-8421
Office: 6A226
Michelle.Diaz@woodhullhc.nychhc.org



Waiver Letter of Support

Jay Gilpatrick

to:

mrtwaiver@health.state.ny.us

08/27/2012 09:28 AM

Hide Details

From: Jay Gilpatrick <jaygil1234@yahoo.com>

To: "mrtwaiver@health.state.ny.us" <mrtwaiver@health.state.ny.us>,

Please respond to Jay Gilpatrick <jaygil1234@yahoo.com>

August 27, 2012

Dear Sir or Madam:

We are writing to you today in support of New York's MRT 1115 Waiver Amendment.

We understand that there is a plan to reinvest the anticipated Medicaid savings into a number of key priorities of interest to us and the people we serve that would include:

- \$750 million for supported housing and related services
 - There is a severe shortage of appropriate housing for people diagnosed with severe mental illness. Lack of access to affordable, accessible, integrated housing is the most significant barrier to people with disabilities who wish to transition from institutions or other segregated settings, who are at risk of institutionalization or who are homeless and would prefer to live independently in the community and are capable of doing so with support.
 - As of February 1, 2011, there were 24,617 families on the NYC Housing Authority's waiting list for Section 8 Housing, which has been closed since May 14, 2007.¹
 - New York City lost over 32,340 units of privately owned subsidized rental housing between 1990 and 2005.² There are currently approximately 171,500 subsidized housing units in New York City, many of which have subsidies that will expire unless action is taken to preserve them.³
- Millions for peer run service pilots, training and evaluation
 - There is significant evidence that peer run services greatly assist people with severe mental illness to integrate and maintain themselves in the community of their choice. While the main advantage of hiring a peer workforce is the lived experience that peers bring to the table, they need to be adequately trained to perform the various tasks that doing peer work entails. Funding for peer run service pilots would ensure that more people would have access to their valuable services.

Funding for training and evaluation would ensure that staff achieves and maintains a level of competency.

- \$525 million to shore up health homes infrastructure, some of which may be used to plan to incorporate peer and rehabilitative services more fully into health home designs
 - The new health home initiative will coordinate people's care ensuring that both their physical health and mental health needs will be met. The addition of peers and rehabilitative services will serve to enhance the new service delivery.
- \$550 million for workforce retraining, including training that promotes recovery and cultural competence
 - As we shift to a recovery-oriented service delivery, staff will need to be re-trained so that they can offer services through this lens rather than the traditional model.
- \$23 million for an extensive ombudsman program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries
 - Creating an ombudsman program will allow informally conducted impartial fact-finding about complaints or concerns. This will help to ensure the agency is meeting its quality and timeliness standards, or as appropriate in certain individual cases, seek to bring about a mutually agreeable resolution.

Mental Health Peer Connection is a peer-run not-for-profit corporation dedicated to improving the quality of life for people living with mental illness. Located in Western New York, our recovery-oriented services help people with severe mental illness obtain jobs, housing, social supports, education, vocational training, entitlements, and other life-enhancing services.

Mental Health Peer Connection believes that individuals can and do recover from mental illness. We work to support recovery efforts and to decrease the stigma and alienation related to mental health diagnoses. We believe that all persons should be treated with respect and compassion, and we value the rights of all persons to transform their lives.

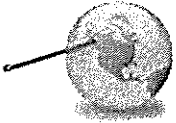
With our support, many of our customers are able to integrate into their chosen communities and establish and maintain productive and purposeful lives thereby saving the State millions of dollars. Passing this waiver will help us save the State even more money as adequate and efficient peer services, trained staff and appropriate, affordable housing become more available.

We strongly urge you to pass New York's MRT 1115 Waiver Amendment. Thank you for your consideration.

Sincerely,

Jay Gilpatrick
Chair, Mental Health Peer Connection Council
1st Vice President, Western New York Independent Living, Inc.

- 1 *About NYCHA: Fact Sheet*, <http://www.nyc.gov/html/nycha/html/about/factsheet.shtml>, Revised on March 18, 2011.
- 2 *Neighborworks America Study: Long-Term Affordable Housing Strategies in Hot Housing Markets*, Jesse Mintz Roth, 2008.
- 3 *The State of New York City's Subsidized Housing: 2011*, Furman Center for Real Estate and Urban Policy.



Please and Thank you

Meris Noonan

to:

'mrtwaiver@health.state.ny.us'

08/27/2012 10:22 AM

Hide Details

From: Meris Noonan <Meris.Noonan@cucs.org>

To: "'mrtwaiver@health.state.ny.us'" <mrtwaiver@health.state.ny.us>,

August 27, 2012

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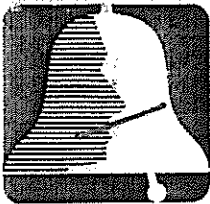
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With our support, many of our customers are able to integrate into their chosen communities and establish and maintain productive and purposeful lives thereby saving the State millions of dollars. Passing this waiver will help us save the State even more money as adequate and efficient peer services, trained staff and appropriate, affordable housing become more available.

We strongly urge you to pass New York's MRT 1115 Waiver Amendment. Thank you for your consideration.



MENTAL HEALTH ASSOCIATION IN ESSEX COUNTY, INC.

6096 NYS RTE 9N

WESTPORT, NY 12993

518-962-2077 1-800-440-8074 FAX: 518-962-8233

E-MAIL: mha@mhainnessex.org

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We strongly urge you to pass New York's MRT 1115 Waiver Amendment. Thank you for your consideration.

Sincerely,

Valerie Ainsworth, LCSW-R
Executive Director,
Mental Health Association in Essex County, Inc.

Dear Sir or Madam:

August 27, 2012

We are writing to you today in support of New York's MRT 1115 Waiver Amendment.

We understand that there is a plan to reinvest the anticipated Medicaid savings into a number of key priorities of interest to us and the people we serve that would include:

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 - o There is significant evidence that peer run services greatly assist people with severe mental illness to integrate and maintain themselves in the community of their choice. While the main advantage of hiring a peer workforce is the lived experience that peers bring to the table, they need to be adequately trained to perform the various tasks that doing peer work entails. Funding for peer run service pilots would ensure that more people would have access to their valuable services. Funding for training and evaluation would ensure that staff achieves and maintains a level of competency.
- \$525 million to shore up health homes infrastructure, some of which may be used to plan to incorporate peer and rehabilitative services more fully into health home designs
 - o The new health home initiative will coordinate people's care ensuring that both their physical health and mental health needs will be met. The addition of peers and rehabilitative services will serve to enhance the new service delivery.
- \$550 million for workforce retraining, including training that promotes recovery and cultural competence
 - o As we shift to a recovery-oriented service delivery, staff will need to be re-trained so that they can offer services through this lens rather than the traditional model.
- \$23 million for an extensive ombudsman program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries

o Creating an ombudsman program will allow informally conducted impartial fact-finding about complaints or concerns. This will help to ensure the agency is meeting its quality and timeliness standards, or as appropriate in certain individual cases, seek to bring about a mutually agreeable resolution.

Mental Health Peer Connection is a peer-run not-for-profit corporation dedicated to improving the quality of life for people living with mental illness. Located in Western New York, our recovery-oriented services help people with severe mental illness obtain jobs, housing, social supports, education, vocational training, entitlements, and other life-enhancing services.

Mental Health Peer Connection believes that individuals can and do recover from mental illness. We work to support recovery efforts and to decrease the stigma and alienation related to mental health diagnoses. We believe that all persons should be treated with respect and compassion, and we value the rights of all persons to transform their lives.

With our support, many of our customers are able to integrate into their chosen communities and establish and maintain productive and purposeful lives thereby saving the State millions of dollars. Passing this waiver will help us save the State even more money as adequate and efficient peer services, trained staff and appropriate, affordable housing become more available.

We strongly urge you to pass New York's MRT 1115 Waiver Amendment. Thank you for your consideration.

Sincerely,

Joseph M. Woodward

Executive Director

Housing Options Made Easy, Inc.



Spectrum

227 Thom Ave., PO Box 631, Orchard Park, New York 14127-0631

HUMAN SERVICES

Phone: (716) 662-2040

Toll Free: (800) 466-2040

Fax: (716) 662-0019

E-Mail: Spectrum@spectrumhumanservices.org

August 24, 2012

Dear CMS,

I am writing to express the support of Spectrum Human Services for the recommendations of the Medicaid Redesign Team regarding New York State 1115 Waiver Amendment application.

As a progressive community mental health agency since 1973 and who has been designated a Health Home for three of New York State's Counties, we are pledged to the removal of barriers and the promotion of independence for consumers. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote independence and community integration. The recommendations of the MRT, if enacted, will speed this process. In particular, the following are important steps to refocus the service delivery system to better serve consumers as follows:

- \$750 million for supported housing and related services
- Millions for peer run service pilots, training and evaluation
- \$525 million to shore up health homes infrastructure, some of which may be used to plan to incorporate peer and rehabilitative services more fully into health home designs
- \$550 million for workforce retraining, including training that promotes recovery and cultural competence
- \$23 million for an extensive ombuds program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries

Any of the aforementioned are areas that are in dire need of new funding. Moreover, we believe that these goals are not only noble but will, if enacted, enable a rebalancing of the system not only in a cost effective manner but in a way that will truly promote independence and fuller inclusion for persons with disabilities.

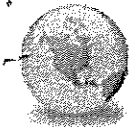
As a consumer driven agency we applaud the commitment to further funding for peer, Health Home, vocational and recovery services that have proven to be highly effective. Governor Cuomo and the MRT have put the goal of reinvestment from the proposed savings back into the system as a way to rebalance and shape services.

We believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York and ask for approval.

Sincerely,

A handwritten signature in black ink, appearing to read "Bruce C. Nisbet", with a stylized flourish at the end.

Bruce C. Nisbet, MSW
President/CEO
Spectrum Human Services



Support of NYS Medicaid Waiver Proposal

Janine Lewis

to:

mrtwaiver

08/24/2012 03:10 PM

Hide Details

From: "Janine Lewis" <JLewis@myindependentliving.org>

To: <mrtwaiver@health.state.ny.us> ,

August 24, 2012

Dear CMS,

I am writing to express my support and the support of Independent Living, Inc. for the recommendations of the Medicaid Redesign Team recommendations regarding New York State 1115 Waiver Amendment application.

As a human service agency, we are pledged to the removal of barriers and the promotion of independence. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote independence and community integration. While New York still needs to do more as it relates to Olmstead implementation, the recommendations of the MRT if enacted will speed this process. In particular the following are important steps to refocus the service delivery system to better serve consumers as follows:

- \$750 million for supported housing and related services
- Millions for peer run service pilots, training and evaluation
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- \$23 million for an extensive ombuds program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries

Any of the aforementioned are areas that are in dire need of new funding. Moreover, we believe that these goals are not only noble but will, if enacted, enable a rebalancing of the system not only in a cost effective manner but in a way that will truly promote independence and fuller inclusion for persons with disabilities.

As a consumer driven and peer run agency we applaud the commitment to further funding for peer, vocational and recovery services that are demonstrated to be more effective than other models. Governor Cuomo and the MRT has put the goal of reinvestment from the proposed savings back into the system as a way to rebalance and shape services.

We believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York and ask for approval.

Sincerely,

Janine M. Lewis
Reception/Triage
Independent Living, Inc.
10 Prince Street Suite 12
Monticello, NY 12701
Phone: (845) 794-3322 ext 401
Fax: (845) 794-3323

Home address:
9 Teddy Bear Lane
Swan Lake, NY 12783



Please consider the environment before printing this email.

Independent Living, Inc. is a consumer directed, cross-disability organization dedicated to enhancing the quality of life for persons with disabilities. Our vision is a barrier-free society with opportunities for all persons to achieve their maximum potential.

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1115 Waiver
Helene Schiff
to:
mrtwaiver
08/24/2012 06:46 PM
Hide Details
From: Helene Schiff <wxyflying@gmail.com>
To: mrtwaiver@health.state.ny.us,

Dear CMS,
8/24/2012

We, the staff and participants of the Jawonio PROS program, in Rockland Co NY, are writing to support the recommendations of the Medicaid Redesign team re ;NY Waiver 1115 Amendment application. As a Behavioral Health Recovery program, consisting of 180 consumers and 12 staff, we are pledged to the model of reinvestment in key areas, to promote further Independence and community re-integration.

In dire need of funding for services are; **SUPPORTED HOUSING, PEER RUN SERVICES, HEALTH HOMES, WORKFORCE SKILL TRAINING, CULTURAL COMPETENCE TRAININGS AND AN IMPROVED ADVOCACY USING OMBUDS PEOPLE ,PARTICULARLY AROUND RIGHTS IN MEDICAID MANAGED CARE.**

We believe that this proposed 1115 waiver is an enormously significant step towards Independence and further inclusion of people with behavioral health challenges.

Sincerely,
Helene Schiff/CPRP, PROS staff and the 180 members/consumers, of this PROS program



Fwd: I support the New York State 1115 Waiver Amendment application.

Justice Jiang

to:

mrtwaiver

08/26/2012 12:45 PM

Hide Details

From: Justice Jiang <justice.h.jiang@gmail.com>

To: mrtwaiver@health.state.ny.us,

August 24, 2012

Dear CMS,

I am writing to express my support for the recommendations of the Medicaid Redesign Team recommendations regarding New York State 1115 Waiver Amendment application.

As someone who cares about mental health recipients I seek the removal of barriers and the promotion of independence. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote independence and community integration. While New York still needs to do more as it relates to Olmstead implementation, the recommendations of the MRT if enacted will speed this process. In particular the following are important steps to refocus the service delivery system to better serve consumers as follows:

- \$750 million for supported housing and related services
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- \$550 million for workforce retraining, including training that promotes recovery and cultural competence
- \$23 million for an extensive ombudsman program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries

Any of the aforementioned are areas that are in dire need of new funding. Moreover, I believe that these goals are not only noble but will, if enacted, enable a rebalancing of the system not only in a cost effective manner but in a way that will truly promote independence and fuller inclusion for persons with disabilities.

As someone who cares about mental health recipients I applaud the commitment to further funding for peer, vocational and recovery

services that are demonstrated to be more effective than other models. Governor Cuomo and the MRT has put the goal of reinvestment from the proposed savings back into the system as a way to rebalance and shape services.

I believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York and ask for approval.

Sincerely, and thank you!

Justice Jiang
Vice President/Financial Advisor's Assistant
Halliday Financial Group, Inc.
725 Glen Cove Ave
Glen Head, NY 11545
C: (917) 405-4690

2012
New York State
August 28, 2012



Mental Health Association In Cattaraugus County

Camp New Horizons • Compeer • Family Support Services & Youth Services • Friendship Center • Peer Services • STRAWW

121 N. Union St., PO Box 833, Olean, NY 14760

www.mhacatt.org

Phone 716-372-0208

Fax 716-372-0222

A United Way Agency

August 24, 2012

Dear CMS,

I am writing to express my support and the support of the Mental Health Association In Cattaraugus County for the recommendations of the Medicaid Redesign Team recommendations regarding New York State 1115 Waiver Amendment application.

As an agency devoted to promoting and supporting mental wellness, we are pledged to the removal of barriers and the promotion of independence. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote independence and community integration. While New York still needs to do more as it relates to Olmstead implementation, the recommendations of the MRT if enacted will speed this process. In particular the following are important steps to refocus the service delivery system to better serve consumers as follows:

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- \$23 million for an extensive ombuds program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries

Any of the aforementioned are areas that are in dire need of new funding. Moreover, we believe that these goals are not only noble but will, if enacted, enable a rebalancing of the system not only in a cost effective manner but in a way that will truly promote independence and fuller inclusion for persons with disabilities.

As a consumer driven and peer run agency we applaud the commitment to further funding for peer, vocational and recovery services that are demonstrated to be more effective than other models. Governor Cuomo and the MRT has put the goal of reinvestment from the proposed savings back into the system as a way to rebalance and shape services.

We believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York and ask for approval.

Sincerely,

Joann McAndrew, Executive Director

THE MISSION OF THE MENTAL HEALTH ASSOCIATION IN CATTARAUGUS COUNTY
IS TO PROMOTE AND SUPPORT MENTAL WELLNESS.



Sheron Milliner

to:

mrtwaiver

08/24/2012 06:53 PM

Cc:

harveyr

Hide Details

From: Sheron Milliner <smilliner1@optimum.net>

To: mrtwaiver@health.state.ny.us,

Cc: harveyr@nyaprs.org

August 24, 2012

Dear CMS,

I am writing to express my support and the support of the (name of your agency) for the recommendations of the Medicaid Redesign Team recommendations regarding New York State 1115 Waiver Amendment application.

As a Peer Run Support Team at Baltic Street AEH.org, we are pledged to the removal of barriers and the promotion of independence. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote independence and community integration. While New York still needs to do more as it relates to Olmstead implementation, the recommendations of the MRT if enacted will speed this process. In particular the following are important steps to refocus the service delivery system to better serve consumers as follows:

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Any of the aforementioned are areas that are in dire need of new funding. Moreover, we believe that these goals are not only noble but will, if enacted, enable a rebalancing of the system not only in a cost effective manner but in a way that will truly promote independence and fuller inclusion for persons with disabilities.

As a consumer driven and peer run agency we applaud the commitment to further funding for peer, vocational and recovery services that are demonstrated to be more effective than other models. Governor Cuomo and the MRT has put the goal of reinvestment from the proposed savings back into the system as a way to rebalance and shape services.

We believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York and ask for approval.

Sincerely,

Ms. Sheron Milliner/Peer Educator-Advocate

Baltic Street AEH.org

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I support MRT recommendations for NY State 1115 Waiver

Michael P. Dunn

to:

mrtwaiver

08/24/2012 04:23 PM

Hide Details

From: "Michael P. Dunn" <makkdunn@gmail.com>

To: mrtwaiver@health.state.ny.us,

August 24, 2012

Dear CMS,

I am writing to express my support for the recommendations of the Medicaid Redesign Team recommendations regarding New York State 1115 Waiver Amendment application.

I fully support and pledge for the removal of barriers and the promotion of independence. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote independence and community integration. While New York still needs to do more as it relates to Olmstead implementation, the recommendations of the MRT if enacted will speed this process. In particular the following are important steps to refocus the service delivery system to better serve consumers as follows:

- \$750 million for supported housing and related services
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- \$525 million to shore up health homes infrastructure, some of which may be used to plan to incorporate peer and rehabilitative services more fully into health home designs
- \$550 million for workforce retraining, including training that promotes recovery and cultural competence
- \$23 million for an extensive ombuds program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries

Any of the aforementioned are areas that are in dire need of new funding. Moreover, we believe that these goals are not only noble but will, if enacted, enable a rebalancing of the system not only in a cost effective manner but in a way that will truly promote independence and fuller inclusion for older adults and all persons with disabilities.

I applaud the commitment to further funding for peer, vocational and recovery services that are demonstrated to be more effective than other models. Governor Cuomo and the MRT has put the goal of reinvestment from the proposed savings back into the system as a way to rebalance and shape services.

I believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for all older adults and people with disabilities in New York and ask for approval.

Sincerely,

Michael P. Dunn

frm. Eldersource Director, NY State

August 24, 2012

Dear CMS,

I am writing to express my support and the support of AIM Independent Living Center for the recommendations of the Medicaid Redesign Team regarding the New York State 1115 Waiver Amendment application.

As an Independent Living Center, we are pledged to the removal of barriers and the promotion of independence. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote independence and community integration. While New York still needs to do more as it relates to Olmstead implementation, the recommendations of the MRT if enacted will speed this process. In particular the following are important steps to refocus the service delivery system to better serve consumers as follows:

- \$750 million for supported housing and related services
- Millions for peer run service pilots, training and evaluation
- \$525 million to shore up health homes infrastructure, some of which may be used to plan to incorporate peer and rehabilitative services more fully into health home designs
- 550 million for workforce retraining, including training that promotes recovery and cultural competency
- \$23 million for an extensive ombuds program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries

Any of the aforementioned are areas in direct need of new funding. Moreover, we believe that these goals are not only noble but will, if enacted, enable a rebalancing of the system not only in a cost effective manner but in a way that will truly promote independence and fuller inclusion for persons with disabilities.

As a consumer driven and peer run agency we applaud the commitment to further funding for peer, vocational, and recovery services that are demonstrated to be more effective than other models. Governor Cuomo and the MRT have put the goal of reinvestment from the proposed savings back into the system as a way to rebalance and shape services.

AIM Independent Living Center believes that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York State and asks for approval.

Sincerely,

Rene' Snyder, Executive Director
AIM Independent Living Center
271 East First Street
Corning, New York 14830



Medicaid Redesign Team recommendations regarding New York State 1115 Waiver Amendment application.

Cheri Stalter

to:

mrtwaiver

08/24/2012 03:16 PM

Hide Details

From: "Cheri Stalter" <Cstalter@myindependentliving.org>

To: <mrtwaiver@health.state.ny.us>

Dear CMS,

I am writing to express my support and the support of Independent Living, Inc. for the recommendations of the Medicaid Redesign Team recommendations regarding New York State 1115 Waiver Amendment application.

As a human service agency, we are pledged to the removal of barriers and the promotion of independence. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote independence and community integration. While New York still needs to do more as it relates to Olmstead implementation, the recommendations of the MRT if enacted will speed this process. In particular the following are important steps to refocus the service delivery system to better serve consumers as follows:

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Any of the aforementioned are areas that are in dire need of new funding. Moreover, we believe that these goals are not only noble but will, if enacted, enable a rebalancing of the system not only in a cost effective manner but in a way that will truly promote independence and fuller inclusion for persons with disabilities.

As a consumer driven and peer run agency we applaud the commitment to further funding for peer, vocational and recovery services that are demonstrated to be more effective than other models. Governor Cuomo and the MRT has put the goal of reinvestment from the proposed savings back into the system as a way to rebalance and shape services.

We believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York and ask for approval.

Sincerely,

Cheri Stalter

Cheri Stalter

Consumer Services

Independent Living, Inc.

Washington Terrace-

-Newburgh, NY

845-565-1162 Ext 232

cstalter@myindependentliving.org

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New York State 1115 Waiver Amendment

Shannon Morris

to:

mrtwaiver

08/24/2012 03:01 PM

Hide Details

From: "Shannon Morris" <smorris@myindependentliving.org>

To: <mrtwaiver@health.state.ny.us>,

August 24, 2012

Dear CMS,

I am writing to express my support and the support of Independent Living, Inc. for the recommendations of the Medicaid Redesign Team recommendations regarding New York State 1115 Waiver Amendment application.

As a human service agency, we are pledged to the removal of barriers and the promotion of independence. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote independence and community integration. While New York still needs to do more as it relates to Olmstead implementation, the recommendations of the MRT if enacted will speed this process. In particular the following are important steps to refocus the service delivery system to better serve consumers as follows:

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Any of the aforementioned are areas that are in dire need of new funding. Moreover, we believe that these goals are not only noble but will, if enacted, enable a rebalancing of the system not only in a cost effective manner but in a way that will truly promote independence and fuller inclusion for persons with disabilities.

As a consumer driven and peer run agency we applaud the commitment to further funding for peer, vocational and recovery services that are demonstrated to be more effective than other models. Governor Cuomo and the MRT has put the goal of reinvestment from the proposed savings back into the system as a way to rebalance and shape services.

We believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York and ask for approval.

Sincerely,

((Name and Title))

Please Send Letters of Support for NYS Medicaid Waiver Proposal by Monday!

Please help New York put together a package of letters to transmit to CMS (the federal Medicaid agency) in support of New York's MRT 1115 Waiver Amendment!

As we've shared over a number of recent postings, the waiver includes a plan to reinvest anticipated Medicaid savings into a number of key priorities for NYAPRS members including:

- \$750 million for supported housing and related services
- Millions for peer run service pilots, training and evaluation
- \$525 million to shore up health homes infrastructure, some of which may be used to plan to incorporate peer and rehabilitative services more fully into health home designs
- \$550 million for workforce retraining, including training that promotes recovery and cultural competence
- \$23 million for an extensive ombuds program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries

However, **federal approval is far from guaranteed**. We will need to show the federal government that New York is united in support of this waiver amendment.

The state is encouraging all willing organizations and individuals to send letters of support to them at mrtwaiver@health.state.ny.us by **this Monday** August 27, 2012.

Please send your letter in support of the waiver proposal's capacity to promote recovery, wellness and a life in the community, advance peer support, rehabilitation a

Shannon Morris
Employment and Family Services Manager
Independent Living, Inc.
5 Washington Terrace



New York State 1115 Waiver Amendment

Tanya Bramble

to:

mrtwaiver

08/24/2012 02:58 PM

Hide Details

From: "Tanya Bramble" <tbramble@myindependentliving.org>

To: <mrtwaiver@health.state.ny.us>

August 24, 2012

Dear CMS,

I am writing to express my support and the support of Independent Living, Inc. for the recommendations of the Medicaid Redesign Team recommendations regarding New York State 1115 Waiver Amendment application.

As a human service agency, we are pledged to the removal of barriers and the promotion of independence. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote independence and community integration. While New York still needs to do more as it relates to Olmstead implementation, the recommendations of the MRT if enacted will speed this process. In particular the following are important steps to refocus the service delivery system to better serve consumers as follows:

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Any of the aforementioned are areas that are in dire need of new funding. Moreover, we believe that these goals are not only noble but will, if enacted, enable a rebalancing of the system not only in a cost effective manner but in a way that will truly promote independence and fuller inclusion for persons with disabilities.

As a consumer driven and peer run agency we applaud the commitment to further

funding for peer, vocational and recovery services that are demonstrated to be more effective than other models. Governor Cuomo and the MRT has put the goal of reinvestment from the proposed savings back into the system as a way to rebalance and shape services.

We believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York and ask for approval.

Sincerely,
Tanya Bramble
Staff Accountant
Independent Living, Inc.
Independent Home Care, Inc.
5 Washington Terrace
Newburgh, NY 12550-5338
phone. 845-565-1162 ext. 218
fax. 845-565-0567

Independent Living, Inc. is a consumer directed, cross-disability organization dedicated to enhancing the quality of life for persons with disabilities. Our vision is a barrier-free society with opportunities for all persons to achieve their maximum potential.

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1115 waiver

Josie Longstreet

to:

mrtwaiver

08/24/2012 02:27 PM

Hide Details

From: "Josie Longstreet" <jlongstreet@myindependentliving.org>

To: <mrtwaiver@health.state.ny.us>

August 24, 2012

Dear CMS,

I am writing to express my support and the support of Independent Living, Inc. for the recommendations of the Medicaid Redesign Team recommendations regarding New York State 1115 Waiver Amendment application.

As a human service agency, we are pledged to the removal of barriers and the promotion of independence. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote independence and community integration. While New York still needs to do more as it relates to Olmstead implementation, the recommendations of the MRT if enacted will speed this process. In particular the following are important steps to refocus the service delivery system to better serve consumers as follows:

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As a consumer driven and peer run agency we applaud the commitment to further funding for peer, vocational and recovery services that are demonstrated to be more effective than other models. Governor Cuomo and the MRT has put the goal of reinvestment from the proposed savings back into the system as a way to rebalance and shape services.

We believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York and ask for approval.

Sincerely,

Josie Longstreet
Statewide Systems Advocate

Josie Longstreet
SSAN Advocate
Independent Living Skills Specialist
Independent Living Inc.
66 Bennett Street
Middletown, NY 10940
phone: (845) 342-1162 ext:309
fax: (845) 342-1192
email: jlongstreet@myindependentliving.org

Independent Living, Inc. is a consumer directed, cross-disability organization dedicated to enhancing the quality of life for persons with disabilities. Our vision is a barrier-free society with opportunities for all persons to achieve their maximum potential.

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Support NY State 1115 Waiver Amendment application
Babi Satzman

to:

mrtwaiver

08/24/2012 02:36 PM

Hide Details

From: "Babi Satzman" <BSatzman@myindependentliving.org>

To: <mrtwaiver@health.state.ny.us>

August 24, 2012

Dear CMS,

I am writing to express my support and the support of Independent Living, Inc. for the recommendations of the Medicaid Redesign Team recommendations regarding New York State 1115 Waiver Amendment application.

As a human service agency, we are pledged to the removal of barriers and the promotion of independence. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote independence and community integration. While New York still needs to do more as it relates to Olmstead implementation, the recommendations of the MRT if enacted will speed this process. In particular the following are important steps to refocus the service delivery system to better serve consumers as follows:

- \$750 million for supported housing and related services
- Millions for peer run service pilots, training and evaluation
- \$525 million to shore up health homes infrastructure, some of which may be used to plan to incorporate peer and rehabilitative services more fully into health home designs
- \$550 million for workforce retraining, including training that promotes recovery and cultural competence
- \$23 million for an extensive ombuds program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries

Any of the aforementioned are areas that are in dire need of new funding. Moreover, we believe that these goals are not only noble but will, if enacted, enable a rebalancing of the system not only in a cost effective manner but in a way that will truly promote independence and fuller inclusion for persons with disabilities.

As a consumer driven and peer run agency we applaud the commitment to further funding for peer, vocational and recovery services that are demonstrated to be more effective than other models. Governor Cuomo and the MRT has put the goal of reinvestment from the proposed savings back into the system as a way to rebalance and shape services.

We believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York and ask for approval.

Sincerely,

Babi Salzman

Manager, *Options*/CDPAS

Independent Living, Inc.

5 Washington Terrace

Newburgh, NY 12550

Tel: 845-565-1162 ext 215

Fax: 845-565-0314

Video Phone: 845-764-8384

Independent Living, Inc. is a consumer directed, cross-disability organization dedicated to enhancing the quality of life for persons with disabilities. Our vision is a barrier-free society with opportunities for all persons to achieve their maximum potential.

The information contained in this communication is confidential, may be privileged, and is intended only for the use of the addressee. Unauthorized use, disclosure or distribution is strictly prohibited. Please reply to sender immediately if you received this communication in error, then discard this communication appropriately. Thank you.



August 22, 2012

Jason Helgerson
Medicaid Director
New York State Department of Health
Corning Tower
Albany, NY 12224

Re: Waiver to 42 CFR § 438.60

Dear Mr. Helgerson:

I am the Executive Vice President at San Simeon by the Sound Center for Nursing and Rehabilitation and I am writing to express my strong support for the critical long term care provisions and investments that are a part of New York State's MRT Waiver application to the Centers for Medicare and Medicaid Services.

As a not-for profit skilled nursing facility located on the eastern end of Long Island's north fork, we support the core waiver goals of promoting better health, better care, and lower costs within our health system. We also support the preservation of capital reimbursement to facilities in order to meet the current and future needs of its residents.

Essential to sustaining a strong and stable nursing facility infrastructure is the "Nursing Home Transition" request for a revision or waiver to 42 CFR § 438.60 to clarify the ability of the State to carve nursing home Medicaid capital reimbursement out of Medicaid managed care plan benefits and capitation payments, and to reimburse such amounts directly to providers. This request, which entails no added Federal or State costs, will provide a necessary measure of financial stability for nursing homes that have existing capital repayment obligations, while minimizing the risk of default on current nursing facility mortgages, including those secured through HUD and the Dormitory Authority of New York State (DASNY). The provision will also make it possible for needed future capital investments to be made to enhance the quality of New York's residential care infrastructure.

Also vital to the broader long term care community, including providers of both home and community-based and residential services, are provisions in the waiver application that would expand the availability of vital access provider resources, provide capital funding for assisted living programs, expand access to supportive housing services, invest in workforce development for long term care, and enhance the level of health information technology adoption and connectivity across the long term care community.

We appreciate the attention that the State has given to these important issues, and we encourage CMS's support for these requests in the context of the State's MRT Waiver application.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven Smyth".

Steven Smyth
Executive Vice President

**BRUNSWICK HALL
THE CENTER FOR BEHAVIORAL HEALTH & WELLNESS**

81 Louden Ave.
Amityville, New York 11701

Office of Amar Jit Singh, MD, President

Phone: 631.789.7225

Fax: 631.789.4929

Email: asingh@brunswickhospital.org

August 23, 2012

Ms. Cynthia Mann
Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

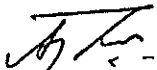
Dear Ms. Mann,

Please accept this letter as a demonstration of my support on behalf of the Brunswick Hall community for the approval of the MRT 1115 Medicaid waiver amendment set before you by the State of New York.

As you are aware, a tremendous effort has been made in the design of this waiver. The concept and subsequent implementation of this amendment has the potential for significant change in health care reform due to the state's ability to reinvest in its healthcare infrastructure as well as the freedom to innovate and its enabling the state to prepare for the implementation of national health care reform and additionally bending the cost curve for the state's overall health care system.

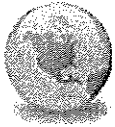
I fear the future of healthcare, most importantly for our patients if this most significant waiver amendment is not approved.

Sincerely,



Amar Jit Singh, MD
President

Enc.



medicaid waiver

Joyce Gioia

to:

mrtwaiver

08/25/2012 01:22 PM

Hide Details

From: "Joyce Gioia" <dgioia@stny.rr.com>

To: <mrtwaiver@health.state.ny.us>,

I FULLY SUPPORT THE MEDICAID WAIVER. AS THE PRESIDENT OF THE GREATER BINGHAMTON HEALTH CENTER, I FEEL THIS IS MOST IMPORTANT TO ALL THOSE WHO NEED IT.

JOYCE GIOIA

08-24-'12 03:10 FROM-

T-659 P0002/0002 F-891

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership
Plan Waiver (11-W-00114/2)

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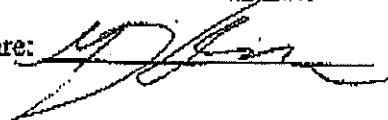
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Print Name:

Muhammad Housse Jr

Signature:



August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

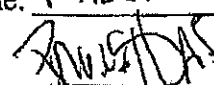
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Print Name: PRDUAT DAS MD
Signature: 

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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Print Name: David Weiss, M.D.

Signature: 

August 13, 2012

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Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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Print Name: STEPHAN SIMON MD

Signature: Stephan Simon

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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Print Name: GUNJEE M. SAHNI

Signature: *Gunjee M. Sahni*

August 13, 2012

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Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

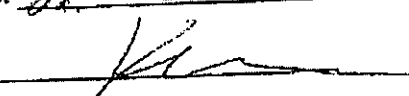
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Print Name: Dr. Fred A. Korwin
Signature: 

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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Print Name: Michael Correa MD

Signature: [Handwritten Signature]

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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Print Name: MAXIMO D'OLIO

Signature: [Handwritten Signature]

Maximo Jose D'Olio, MD
Lic. 002807
DEA No. FD1064687
NPI No. 1386590073

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership
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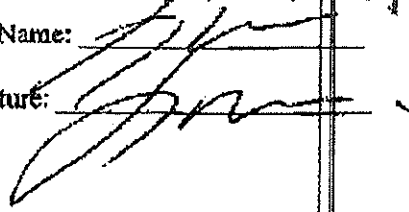
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Print Name: _____

Signature: _____

Luisa Perez MD


August 13, 2012

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Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
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Print Name: Yamariis M. Reina
Signature: [Handwritten Signature]

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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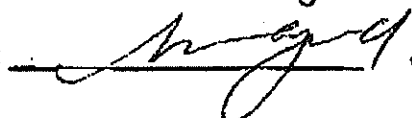
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Print Name: Salamah Majeed MD

Signature: 

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership
Plan Waiver (11-W-00114/2)

Dear Ms. Mann:

I am a community based primary care physician in New York and I am writing to you in order to voice my support for New York States request for an amendment to New York's Section 1115 Partnership Plan Waiver (11-W-00114/2). Mr. James A. Helgerson, Medical Director, Deputy Commissioner of the New York State Office of Health Insurance Programs sent the Center for Medicaid and CHIP Services a formal request on August 6, 2012 in which he, on behalf of Governor Andrew M. Cuomo, sought an MRT Waiver Amendment. In support of New York's MRT Waiver Amendment Request, Mr. Helgerson submitted a document outlining some of the reinvestment strategies which would be funded through the federal savings generated by what he said was the Medicaid Redesign Team (MRT) of New York.

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Print Name: JOSE APONTE, MD

Signature: [Handwritten Signature]

Dr. Jose T. Aponte
Lic. #253155
DEA # BA8521648

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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Print Name:

Signature:

Dr. Rita Abajia
Dr. Rita Abajia

08-23-'12 05:15 FROM-

T-585 P0002/0002 F-800

August 13, 2012

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Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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Print Name: Juan Francisco Chable

Signature: 8/22/12



Juan Francisco Chable
M.D., D.O. LIC No. 23834
DEA No. BC 954848F

August 13, 2012

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7500 Security Boulevard, MS S2-26-12
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Print Name: J. Helgerson

Signature: 

August 13, 2012

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Print Name: MANUEL MEJIA

Signature: 

August 13, 2012

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Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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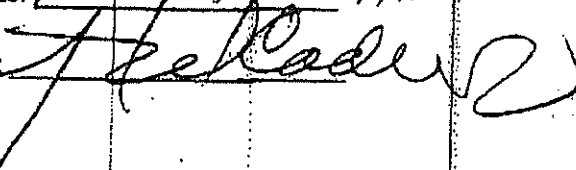
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Print Name:

F. DELACADENA

Signature:



August 13, 2012

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7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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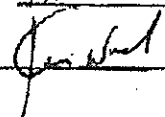
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Print Name: Jim Woods

Signature: 

August 13, 2012

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Baltimore, Maryland 21244

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Print Name: SAMUEL MELAMED, M.D.

Signature: 

August 13, 2012

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7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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Print Name: CANDIDO NORBERTO MD
Signature: Candido Norberto

August 13, 2012

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Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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Print Name: LUIS HERRERA, MD

Signature: Luis Herrera MD

8/23/12

08-23-'12 05:23 FROM-

T-593 P:002/0002 F-808

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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Print Name: Chana A. Ginter, MD
Signature: [Handwritten Signature] MD.

08-23-'12 06:16 FROM-

RECEIVED 08/23/2012 17:20

12129428744

STANLEY B COHEN MD
T-588 P0002/0002 F-801

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7300 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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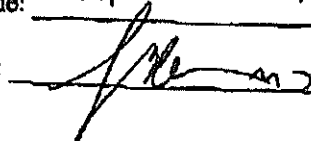
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STANLEY B. COHEN MD

Signature:



August 13, 2012

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7500 Security Boulevard, MS 92-26-12
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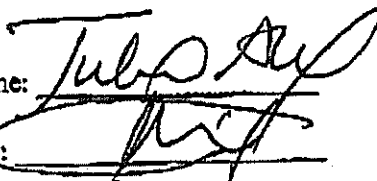
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Print Name: SALVADOR CASTELLS, MD

Signature: 

August 13, 2012

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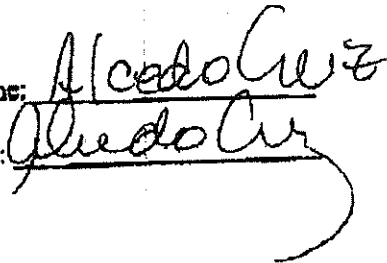
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Print Name:

Signature:

Alcedo Cruz


August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership Plan Waiver (11-W-00114/2)

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Print Name: Ghazanfar
Abdullah, MD
Signature: *Ghazanfar Abdullah*
8/23/12

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244


Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership
Plan Waiver (11-W-00114/2)

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Print Name: Victor Bulnes
Signature: 

August 13, 2012

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Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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Print Name: DALSIH BOSON
Signature: [Handwritten Signature]

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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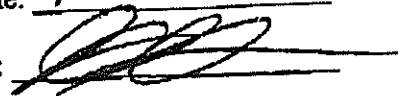
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Print Name:

MARIA MOLINA

Signature:



August 13, 2012

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7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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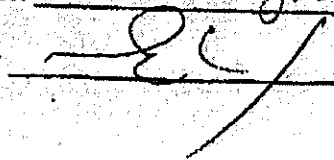
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Martha M. Valdivia MD
Lic. #198167
NPI #1083646970

Print Name: _____

Signature: 

August 13, 2012

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Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
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KONSTANTINOS ZARKADAS, MD

NPI # 1083643704

LICENSE # 240460

Print Name: _____

Signature: 

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Print Name: G. Hranilko MD

Signature: 

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Print Name: Jose L. DeLeon

Signature: 

August 13, 2012

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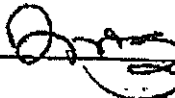
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Print Name:

Denise Nunez, MD

Signature:



Divino Nino Pediatrics, PLLC
587 East Fordham Road
Bronx, NY 10458
Tel: 347-590-0660
Fax: 347-590-0663

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership
Plan Waiver (11-W-00114/2)

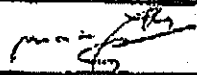
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Print Name: Maria H. Hill

Signature: 

August 13, 2012

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Print Name: Burkman

Signature: 

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1212/400200

August 13, 2012

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Print Name: MAHMOUD KARIMIN

Signature: 

8/27/12

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Print Name: JEAN-R MACENAT

Signature: 

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership Plan Waiver (11-W-00114/2)

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Print Name: AYANRUOH, STEVE, MD

Signature: 

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7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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Print Name: FERNANDO TAVERAS, MD

Signature: 

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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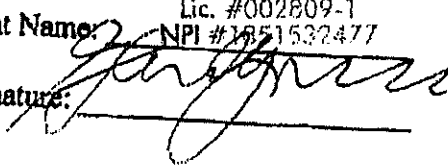
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Gladstone L. Cuniss
Lic. #002809-1
NPI #1851532477

Print Name:

Signature:



August 13, 2012

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Print Name: MAX P. FRANCO, MD, PC
Signature: Max P. Franco, MD, PC

August 13, 2012

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Print Name: CARMEN LAZALA
Signature: Carmen Lazala

August 13, 2012

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Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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Print Name: Vivian Abasco

Signature: 

August 13, 2012

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Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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Print Name: ROBERTO ZAMBON

Signature: 

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Baltimore, Maryland 21244

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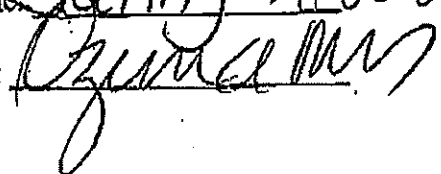
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Print Name:

Signature:

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Thresiamma C. Tharjan MD
2859 Creston Ave
Suite 1N

Print Name: BRONX, N.Y. - 10468

TEL 718-367-0211

Signature: 

August 13, 2012

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Center for Medicaid and CHIP Services
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Print Name:

Marie F. Garcia

Signature:

MFG

August 13, 2012

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Print Name:

Signature:

Rebecca J. J. J.
[Handwritten Signature]

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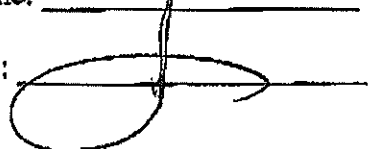
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Signature: _____

P-2527612



August 13, 2012

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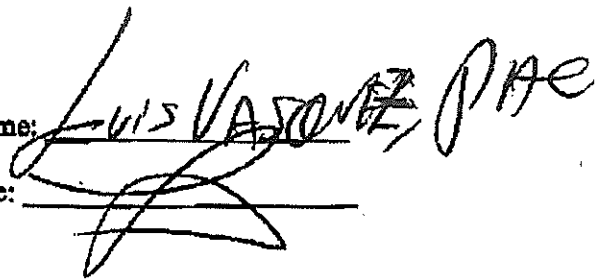
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Print Name:

Signature:

LUIS VASQUEZ, PAE


August 13, 2012

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Print Name: Alberto Urwa
Signature: Alberto Urwa

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Print Name:

SANG CHOI, MD.

Signature:



August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership Plan Waiver (11-W-00114/2)

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Print Name: AURORA L GOWZALSKI MD
Signature: Aurora L Gowzalski MD

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Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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Print Name DARIO R. CASTELLANOS M.D.

Signature: 

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Print Name:

Signature:

Rafael Cejudo
Rafael Cejudo

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Baltimore, Maryland 21244

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Print Name:

AJITH KRAYIL

Signature:

Ajith Krayil

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Print Name: DILIA CASTAÑOS-MD

DILIA CASTAÑOS, MD
616 W. 184th STREET
NEW YORK, NEW YORK 10033
212-627-6200

Signature: *Dilia Castanos*

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

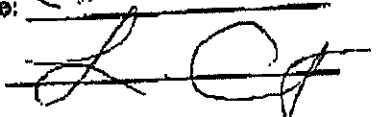
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Print Name: CRISTINO Uscita, MD
Signature: 

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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Print Name: A. Mansop-Flowers, DO

Signature: A. Mansop-Flowers, DO

08-24-'12 03:10 FROM-

F-659 P0002/0002 F-891

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

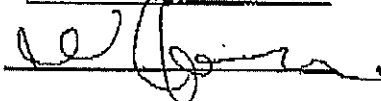
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Print Name: Muhammad HAQUE SrSignature: 

08-24-'12 09:10 FROM-

T-859 P0002/0002 F-891

August 13, 2012

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Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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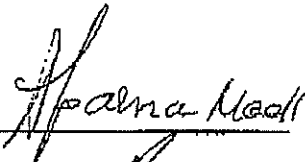
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Print Name:

Signature:

Nashman HAGUE
[Handwritten Signature]

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Print Name: GUSTAVO R MELANEDO

Signature: 

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Print Name: MARIA PILAR BARBERY MD

Signature: Maria Pilar Barbery MD

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Print Name:

Roberto A. Guzman

Signature:

Roberto A. Guzman

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Signature: _____

BABUBHAI PATEL MD
2015 AMERICAN BOARD OF MEDICINE



August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

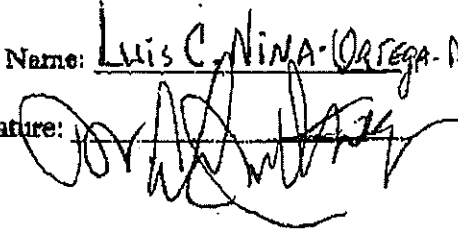
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I am a community based primary care physician in New York and I am writing to you in order to voice my support for New York States request for an amendment to New York's Section 1115 Partnership Plan Waiver (11-W-00114/2). Mr. James A. Helgeson, Medical Director, Deputy Commissioner of the New York State Office of Health Insurance Programs sent the Center for Medicaid and CHIP Services a formal request on August 6, 2012 in which he, on behalf of Governor Andrew M. Cuomo, sought an MRT Waiver Amendment. In support of New York's MRT Waiver Amendment Request, Mr. Helgeson submitted a document outlining some of the reinvestment strategies which would be funded through the federal savings generated by what he said was the Medicaid Redesign Team (MRT) of New York.

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Print Name: Luis C. NINA-ORREGA, M.B.M.P.H F.A.P.P.
Signature: 

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244


Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership
Plan Waiver (11-W-00114/2)

Dear Ms. Mann:

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Print Name: Elizabeth Carreno Rijo
Signature: 

Elizabeth Carreno Rijo, MD
Lic 003955
NPI 1215228895
DEA FC2957504

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

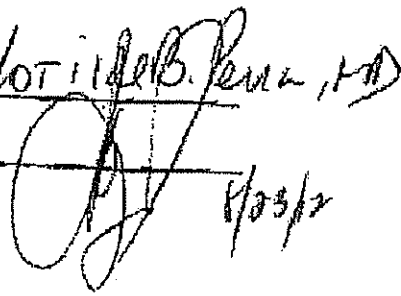
Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership
Plan Waiver (11-W-00114/2)

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Print Name: Clotilde B. Penna, MD
Signature:  8/23/12

August 13, 2012

Ms. Cynthia Mana, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership
Plan Waiver (11-W-00114/2)

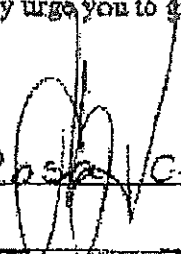
Dear Ms. Mana:

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Print Name: Rosa Gramondi

Signature: 
8/24/12

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership
Plan Waiver (11-W-00114/2)


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Print Name: RUBEN U. CARVAJAL MD

Signature: 
8/13/12

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership
Plan Waiver (11-W-00114/2)

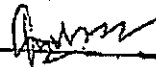
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Print Name: UDAYASHANKAR K. SETARU, M.D.

Signature: 

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership
Plan Waiver (11-W-00114/2)

On August 9, 2012, I submitted a letter to you on behalf of Governor Andrew M. Cuomo, sought an MRT Waiver Amendment. In support of New York's MRT Waiver Amendment Request, Mr. Helgerson submitted a document outlining some of the reinvestment strategies which would be funded through the federal savings generated by what he said was the Medicaid Redesign Team (MRT) of New York.

The reinvestment funds requested by New York State are essential to its reform strategy of increasing patient access to primary care services which include preventive care. With the expected surge of newly insured individuals resulting from PPACA, the funds requested will allow New York to aid primary care providers like myself with the technical and capacity building support that will be needed to meet the goal of increased access to primary care.

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Print Name: VALENTIN P. JOUILLANDS

Signature: 

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership
Plan Waiver (11-W-00114/2)

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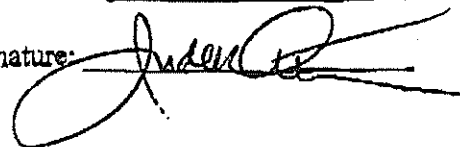
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Print Name:

JUDE K. ARTHUR

Signature:



August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership
Plan Waiver (11-W-00114/2)

GOVERNOR ANDREW M. CUOMO, sought an MRT Waiver Amendment. In support of New York's MRT Waiver Amendment Request, Mr. Helgerson submitted a document outlining some of the reinvestment strategies which would be funded through the federal savings generated by what he said was the Medicaid Redesign Team (MRT) of New York.

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Print Name: Baldevhai V. Patel

Signature: 

07/27/2012 2:27 PM FROM: PRA NEELUVA PHYSICIAN TO: 12121400203 PAGE: 002 OF 002

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership
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Print Name:

VENKATA RAO

Signature:

R.V. Rao

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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Print Name: Jay Tartell, MD

Signature: [Handwritten Signature]

Queens County IPA

08-23-'12 16:16 FROM-

12127408289

T-109 P0002/0002 F-167

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership
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Print Name:

Potawa Tolkoff

Signature:



August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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Print Name: MARCIAL SIMONZ

Signature: M. Simonz M.D.

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership
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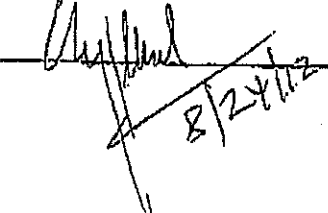
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C. Bellard, MD
Internal Medicine

Print Name: Christian Bellard Estevez

Signature: 
8/24/12

August 13, 2012

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Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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Print Name: ^{David} David May Rimmer MD

Signature: David May Rimmer

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

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The reinvestment funds requested by New York State are essential to its reform strategy of increasing patient access to primary care services which include preventive care. With the expected surge of newly insured individuals resulting from PPACA, the funds requested will allow New York to aid primary care providers like myself with the technical and capacity building support that will be needed to meet the goal of increased access to primary care.

The Affordable Care Act (ACA) and many of the federal reforms undertaken in the recent past have focused on the primary care provider/patient relationship and the role of preventive medicine in reducing health care costs. I, as a primary care provider, along with the IPA I belong to, helped New York and the Federal Government realize the achieved shared savings; as such, my voice, the voice of my fellow community based primary care providers our IPAs must be heard in determining how the shared savings would best be utilized. I and my primary care colleagues are committed in ensuring the delivery of professional medical care and treatment to the communities we serve, and that is why I strongly urge you to grant New York's MRT Waiver request.

Print Name:

Signature:


PETYA PETROW MD

8/24/12

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S2-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership
Plan Waiver (11-W-00114/2)

Dear Ms. Mann:

I am a community based primary care physician in New York and I am writing to you in order to voice my support for New York States request for an amendment to New York's Section 1115 Partnership Plan Waiver (11-W-00114/2). Mr. James A. Helgeson, Medical Director, Deputy Commissioner of the New York State Office of Health Insurance Programs sent the Center for Medicaid and CHIP Services a formal request on August 6, 2012 in which he, on behalf of Governor Andrew M. Cuomo, sought an MRT Waiver Amendment. In support of New York's MRT Waiver Amendment Request, Mr. Helgeson submitted a document outlining some of the reinvestment strategies which would be funded through the federal savings generated by what he said was the Medicaid Redesign Team (MRT) of New York.

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L. OSSETTE RAMIREZ
Print Name: Lissette Ramirez
Signature: [Handwritten Signature]

August 13, 2012

Ms. Cynthia Mann, Director
Center for Medicaid and CHIP Services
7500 Security Boulevard, MS S-26-12
Baltimore, Maryland 21244

Re: New York State MRT Waiver Amendment Request to NYS Section 1115 Partnership Plan Waiver (11-W-00114/2)

Dear Ms. Mann:

I am a community based primary care physician in New York and I am writing to you in order to voice my support for New York States request for an amendment to New York's Section 1115 Partnership Plan Waiver (11-W-00114/2). Mr. James A. Helgerson, Medical Director, Deputy Commissioner of the New York State Office of Health Insurance Programs sent the Center for Medicaid and CHIP Services a formal request on August 6, 2012 in which he, on behalf of Governor Andrew M. Cuomo, sought an MRT Waiver Amendment. In support of New York's MRT Waiver Amendment Request, Mr. Helgerson submitted a document outlining some of the reinvestment strategies which would be funded through the federal savings generated by what he said was the Medicaid Redesign Team (MRT) of New York.

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The Affordable Care Act (ACA) and many of the federal reforms undertaken in the recent past have focused on the primary care provider/patient relationship and the role of preventive medicine in reducing health care costs. I, as a primary care provider, along with the IPA I belong to, helped New York and the Federal Government realize the achieved shared savings; as such, my voice, the voice of my fellow community based primary care providers our IPAs must be heard in determining how the shared savings would best be utilized. I and my primary care colleagues are committed in ensuring the delivery of professional medical care and treatment to the communities we serve, and that is why I strongly urge you to grant New York's MRT Waiver request.

Print Name:

Juan J. Alvarez, MD

Signature:

[Handwritten Signature]



New York State 1115 Waiver amendment application

Diana Babcock

to:

mrtwaiver@health.state.ny.us

08/26/2012 11:03 AM

Hide Details

From: Diana Babcock <willowtrees1958@yahoo.com>

To: "mrtwaiver@health.state.ny.us" <mrtwaiver@health.state.ny.us>,

Please respond to Diana Babcock <willowtrees1958@yahoo.com>

August 26, 2012

Dear CMS,

I am writing to express my support for the recommendations of the Medicaid Redesign Team regarding the New York State 1115 Waiver Amendment application.

As a member of the Health Disparities work group, I experienced firsthand the hard work and sincerity that went into these recommendations. This work group alone came up with over seventy recommendations of which fourteen were submitted. Although Governor Cuomo placed 25 of the Medicaid Redesign work group recommendations in his budget, there are many more which promote cost savings and less dependence on services, which is the ultimate goal, thus the need for the 1115 waiver.

New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote independence and community integration. While New York still needs to do more as it relates to Olmstead implementation, the recommendations of the MRT if enacted will speed this process. In particular the following are important steps to refocus the service delivery system to better serve consumers as follows:

- \$750 million for supported housing and related services
- Millions for peer run service pilots, training and evaluation
- \$525 million to shore up health homes infrastructure, some of which may be used to plan to incorporate peer and rehabilitative services more fully into health home designs
- \$550 million for workforce retraining, including training that promotes recovery and cultural competence
- \$23 million for an extensive ombuds program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries

I believe that the proposed 1115 waiver is a significant step in the

right direction towards independence and fuller inclusion for people with disabilities in New York and ask for approval.

Sincerely,
Diana Babcock
Dual Recovery Peer Specialist

2012/08/28 10:00 AM

10:00 AM

10:00 AM



I support the New York State 1115 Waiver Amendment application.

William Jiang

to:

mrtwaiver

08/26/2012 12:23 PM

Hide Details

From: William Jiang <fishmonger1972@gmail.com>

To: mrtwaiver@health.state.ny.us,

August 24, 2012

Dear CMS,

I am writing to express my support for the recommendations of the Medicaid Redesign Team recommendations regarding New York State 1115 Waiver Amendment application.

As someone who cares about mental health recipients I seek the removal of barriers and the promotion of independence. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote independence and community integration. While New York still needs to do more as it relates to Olmstead implementation, the recommendations of the MRT if enacted will speed this process. In particular the following are important steps to refocus the service delivery system to better serve consumers as follows:

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- \$23 million for an extensive ombudsman program to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries

Any of the aforementioned are areas that are in dire need of new funding. Moreover, I believe that these goals are not only noble but will, if enacted, enable a rebalancing of the system not only in a cost effective manner but in a way that will truly promote independence and fuller inclusion for persons with disabilities.

As someone who cares about mental health recipients I applaud the commitment to further funding for peer, vocational and recovery

services that are demonstrated to be more effective than other models. Governor Cuomo and the MRT has put the goal of reinvestment from the proposed savings back into the system as a way to rebalance and shape services.

I believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York and ask for approval.

Sincerely, and thank you!

William Jiang, MLS
562 West 162nd Street
NY, NY 10032



New York State 1115 Waiver Amendment Application
Gene Roman

to:

mrtwaiver

08/26/2012 08:40 PM

Cc:

cindy.mann, allison.orris

Hide Details

From: Gene Roman <generoman@hotmail.com>

To: <mrtwaiver@health.state.ny.us> ,

Cc: <cindy.mann@cms.hhs.gov>, <allison.orris@cms.hhs.gov>

August 26, 2012

TO: Cindy Mann, Center for Medicaid Services
Allison Orris, Center for Medicaid Services

FR: Gene Roman, 2670 Valentine Avenue, #10, Bronx, NY 10458

RE: NY State 1115 Waiver Amendment Application

I am writing to express my support for the Medicaid Redesign Team (MRT) recommendations regarding New York State 1115 Waiver Amendment application.

New York has redesigned the service delivery system to reinvest in key areas that will promote independence and community integration. The recommendations of the MRT will promote the implementation of Olmstead. The following funding recommendations can refocus the service delivery system to better serve consumers:

- \$750 million for supported housing and related service
- \$525 million to shore up health homes infrastructure and incorporate peer and rehabilitative services
- \$550 for workforce training
- \$23 for an ombudsman program to inform, pursue complaints and protect the rights of Medicaid managed care beneficiaries

As someone who cares about mental health recipients, I applaud the commitment to increase funding for peer, vocational and recovery services that are more effective. Governor Cuomo and the MRT have reinvested the proposed savings back into the system to enhance services and improve effectiveness and equity. and shape services.

I believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York and support its approval.



In support of the MRT 1115 Waiver Amendment

DBSACanandaigua

to:

mrtwaiver

08/27/2012 02:11 PM

Hide Details

From: DBSACanandaigua@aol.com

To: mrtwaiver@health.state.ny.us,

August 27, 2012

To whom it may concern:

I am writing in support of New York's MRT 1115 Waiver Amendment.

This is a plan to reinvest anticipated Medicaid savings into a number of key priorities of interest to people with a mental health condition (like myself) and others, which includes:

• **\$750 million for supported housing and related services**

- There is a severe shortage of appropriate housing for people diagnosed with severe mental illness. Lack of access to affordable, accessible, integrated housing is the most significant barrier to people with disabilities who wish to transition from institutions or other segregated settings, who are at risk of institutionalization or who are homeless and would prefer to live independently in the community and are capable of doing so with support.
- As of February 1, 2011, there were 24,617 families on the NYC Housing Authority's waiting list for Section 8 Housing, which has been closed since May 14, 2007.¹
- New York City lost over 32,340 units of privately owned subsidized rental housing between 1990 and 2005.² There are currently approximately 171,500 subsidized housing units in New York City, many of which have subsidies that will expire unless action is taken to preserve them.³

• **Millions for peer run service pilots, training and evaluation**

- There is significant evidence that peer run services greatly assist people with severe mental illness to integrate and maintain themselves in the community of their choice. While the main advantage of hiring a peer workforce is the lived experience that peers bring to the table, they need to be adequately trained to perform the various tasks that doing peer work entails. Funding for peer run service pilots would ensure that more people would have access to their valuable services. Funding for training and evaluation would ensure that staff achieves and maintains a level of competency.

• **\$525 million to shore up health homes infrastructure**, some of which may be used to

- plan to incorporate peer and rehabilitative services more fully into health home designs
- The new health home initiative will coordinate people's care ensuring that both their physical health and mental health needs will be met. The addition of peers and rehabilitative services will serve to enhance the new service delivery.

• **\$550 million for workforce retraining**, including training that promotes recovery and cultural competence

- As we shift to a recovery-oriented service delivery, staff will need to be re-trained so that they can offer services through this lens rather than the traditional model.

- **\$23 million for an extensive ombudsman program** to help inform, protect the rights and pursue complaints of Medicaid managed care beneficiaries

- o Creating an ombudsman program will allow informally conducted impartial fact-finding about complaints or concerns. This will help to ensure the agency is meeting its quality and timeliness standards, or as appropriate in certain individual cases, seek to bring about a mutually agreeable resolution.

I am an independent peer and family consultant – working to improve the quality of life for people living with mental illness. I am currently writing curricula for SAMHSA for the Recovery to Practice project and also consult with partners such as the National Association of Peer Services (NAPS) and the New York Association of Psychiatric Rehabilitation Services (NYAPRS).

In my own life and as a recovery educator, I believe all individuals can and many do recover from mental illness. I work to support recovery efforts and to decrease the stigma and alienation related to mental health diagnoses. I believe that all persons should be treated with respect and compassion, and we value the rights of all persons to transform their lives.

With the collective support of peer and family advocates, many people with mental health conditions can chose communities where they feel they belong and establish and maintain productive and purposeful lives thereby saving the State millions of dollars. Passing this waiver will give us the tools and leverage we need to save the State even more money as adequate and efficient peer services, trained staff and appropriate, affordable housing become more available.

We strongly urge you to pass New York's MRT 1115 Waiver Amendment. Thank you for your consideration.

Sincerely,

Rita Cronise, MS

Mental Health Consumer (Peer) and Family Consultant

Victor, New York 14564

RecoveryED@aol.com

(585) 797-4641

Rita Cronise
MH Peer Consultant / Recovery Educator
7942 County Road 41
Victor, New York
RecoveryED@aol.com



FW: Action needed help support \$750 in new funding for housing and millions for peer support
mark

to:

mrtwaiver

08/27/2012 02:26 PM

Cc:

mchbrook, crabinowitz

Hide Details

From: mark <mchbrook@optonline.net>

To: mrtwaiver@health.state.ny.us,

Cc: mchbrook@optonline.net, crabinowitz@communityaccess.org

FW: Action needed help support \$750 in new funding for housing and millions for peer support

August 27, 2012

Dear CMS,

I am writing to express my support for the recommendations of the Medicaid Redesign Team recommendations regarding New York State 1115 Waiver Amendment application.

As someone who cares about mental health recipients I seek the removal of barriers and the promotion of independence. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote independence and community integration. While New York still needs to do more as it relates to Olmstead implementation, the recommendations of the MRT if enacted will speed this process. In particular the following are important steps to refocus the service delivery system to better serve consumers as follows:

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Any of the aforementioned are areas that are in dire need of new funding. Moreover, I believe that these goals are not only noble but

will, if enacted, enable a rebalancing of the system not only in a cost effective manner but in a way that will truly promote independence and fuller inclusion for persons with disabilities.

As someone who cares about mental health recipients I applaud the commitment to further funding for peer, vocational and recovery services that are demonstrated to be more effective than other models. Governor Cuomo and the MRT has put the goal of reinvestment from the proposed savings back into the system as a way to rebalance and shape services.

I believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York and ask for approval.

Sincerely,
Mark Henricksen
751 Saint Marks Ave. # B6
Brooklyn, NY 11216-3735

Secretary of the
New York State



Please increase peer support funding

Julie

to:

mrtwaiver

08/27/2012 05:01 PM

Hide Details

From: Julie <saltyjonidogs@yahoo.com>

To: mrtwaiver@health.state.ny.us,

To Whom it May Concern:

With the Medicaid reinvestment dollars now available, it is imperative that peer to peer service organizations receive their due. Furthermore, without proper training, qualified peer leaders in mental health will be hard to find.

I am Julie Burroughs Erdman, a peer and provider on Long Island, NY. In terms of empowerment, recovery, and cost effectiveness, peer to peer services are the way to go.

Sincerely,

Julie B. Erdman

20 Elm Ave.

Riverhead, NY 11901

(516) 313-9583

Sent from my Verizon Wireless 4G LTE smartphone



Expressing My Support For The Recommendations of The Medicaid Redesign Team
Recommendations Regarding NYS 1115 Waiver Amendment Application

Anthony Lorito

to:

mrtwaiver@health.state.ny.us

08/28/2012 02:54 PM

Hide Details

From: Anthony Lorito <antlor2001us@yahoo.com>

To: "mrtwaiver@health.state.ny.us" <mrtwaiver@health.state.ny.us>,

Please respond to Anthony Lorito <antlor2001us@yahoo.com>

Dear CMS,

I am writing to express my support for the recommendations of the Medicaid Redesign Team recommendations regarding New York State 1115 Waiver Amendment application.

As someone who cares about mental health recipients I seek the removal of barriers and the promotion of independence. New York has taken steps to redesign the service delivery system to find efficiencies as well as reinvest in key areas that will promote independence and community integration. While New York still needs to do more as it relates to Olmstead implementation, the recommendations of the MRT if enacted will speed this process. In particular the following are important steps to refocus the service delivery system to better serve consumers as follows:

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I believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York and ask for approval.

Sincerely,
Anthony Lorito
70 Ross Avenue Apt 2 A
Staten Island, NY 10306



I support Primary Care in the MRT Waiver
Aileen Martin to: mrtwaiver

08/15/2012 07:19 AM

August 15, 2012

Attn: Jason Helgerson, New York State Medicaid Director

Dear Mr. Helgerson:

I am a resident of Clayton, New York and am privileged enough to use primary care. I have experience working for a primary care provider in the North Country but am writing to you as a citizen and patient.

I am so relieved that the MRT waiver invests substantially in primary care.

For many people where I live, finding a primary care provider is next to impossible, regardless of insurance coverage. I live in a duplex. If you have Medicaid, such as my neighbor, finding a regular doctor is a joke. It is not that this family wants to use the Emergency Room for non-emergency situations, it's that they can't access a general practitioner.

I agree with CHCANYS that a community-based health care infrastructure with sufficient primary care at its center is critical to building and sustaining the high-performing, integrated systems of care that will achieve the CMS Triple Aim of better health, better care, and lower costs. True integration will challenge the "silos" that have traditionally defined New York's health care environment, and create more meaningful collaborations among payers, providers and patients.

The Medicaid Health Home is a great start along this road. I'm looking forward to seeing the project roll out and delivering on the potential it has for improving health and improving lives for New Yorkers.

The MRT Waiver embraces the Triple Aim. Investments in facility expansion, technical assistance, new care models, workforce training, recruitment and retention, and assistance for vital safety net primary care providers. If approved, it will help build and sustain patient-centered, community-based primary and preventive care, behavioral health and support services capable of managing and coordinating care in communities of need.

I support the MRT Waiver and look forward to speedy approval by the Center for Medicare and Medicaid Services.

Thank you for all your efforts toward this goal!

Sincerely,

Aileen Martin
36788 NYS Route 12E
Clayton, New York 13624



Marilyn Ryan to: mrtwaiver@health.state.ny.us
Please respond to Marilyn Ryan

08/24/2012 08:53 AM

I support the waiver proposal's capacity to promote recovery.

Marilyn



Please Support
nora weinerth to: mrtwaiver

08/24/2012 06:40 AM

I urge you to support the Medicaid waiver for vital mental health services.

Thank you,

Nora weinerth
NYC



Support New York's MRT 1115 Waiver Amendment
lindaq to: mrtwaiver

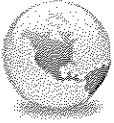
08/24/2012 04:34 AM

The waiver proposal will promote recovery, wellness and a life in the community, advance peer support, rehabilitation and cultural competence as well as protect the rights of beneficiaries.

Linda Quinet

21 East 10th St.

NY 10003



Peter Camarda

to:

mrtwaiver

09/05/2012 03:26 AM

Hide Details

From: Peter Camarda <pcam8@optonline.net>

To: mrtwaiver@health.state.ny.us,

We are writing today in support of New York MRT 1115 waiver amendment;

Thank You

Peter Camarda



support for NYS's 1115 Waiver Amendment application
Stephanie Nickerson to: mrtwaiver

08/26/2012 02:58 PM

August 26, 2012

To the Center for Medicaid & Medicare,

I am writing to express my support for the Medicaid Redesign Team's (MRT) recommendations regarding New York State 1115 Waiver Amendment application.

As someone who cares about indigent mental health recipients I would like to see the removal of barriers and the promotion of independence.

New York has taken steps to redesign the service delivery system to find efficiencies as well as to reinvest in key areas that will promote independence and community integration.

New York still needs to do more in its implementation of the Olmstead decision, and the recommendations of the MRT, if enacted, will speed this process. The key areas to refocus the service delivery system to better serve mental health services recipients are these:

- Supported housing and related services
- Peer-run service training, programs and evaluation
- Increased support for the Health Homes infrastructure--some of which could be used to incorporate peer and rehabilitative services more fully into Health Home designs
- Workforce retraining, including training that promotes recovery and cultural competence
- An extensive ombudsman program to help inform, protect the rights and pursue complaints of Medicaid Managed Care beneficiaries

Each of these areas need substantial new funding. Moreover, I believe such funding will enable a rebalancing of the system not only in a cost effective manner but in a way that will promote independence and fuller inclusion for persons with disabilities.

As someone who cares about mental health recipients I applaud the commitment to further funding for peer, vocational and recovery services that have been shown to be more effective in outcomes as well as more cost-effective than other models. Governor Cuomo and the MRT have put the goal of reinvestment from the proposed savings back into the system as a way to rebalance and shape services.

I believe that the proposed 1115 waiver is a significant step in the right direction towards independence and fuller inclusion for people with disabilities in New York and ask for its approval.

Sincerely yours,

Stephanie Nickerson
212 255-3486

To whom it may concern,

I am writing to elicit my support of New York's MRT 1115 Waiver Amendment. I support the waiver proposal's capacity to promote recovery, wellness and a life in the community, advance peer support, rehabilitation and cultural competence and protect the rights of beneficiaries.

Sincerely,

BERNARD JOHNSON
Bernard Johnson

To whom it may concern,

I am writing to elicit my support of New York's MRT 1115 Waiver Amendment. I support the waiver proposal's capacity to promote recovery, wellness and a life in the community, advance peer support, rehabilitation and cultural competence and protect the rights of beneficiaries.

Sincerely,

Judy Romano Judy Romani

To whom it may concern,

I am writing to elicit my support of New York's MRT 1115 Waiver Amendment. I support the waiver proposal's capacity to promote recovery, wellness and a life in the community, advance peer support, rehabilitation and cultural competence and protect the rights of beneficiaries.

Sincerely,

Stuart White

To whom it may concern,

I am writing to elicit my support of New York's MRT 1115 Waiver Amendment. I support the waiver proposal's capacity to promote recovery, wellness and a life in the community, advance peer support, rehabilitation and cultural competence and protect the rights of beneficiaries.

Sincerely, BRUCE KORNBLITH

Bruce Kornblith

To whom it may concern,

I am writing to elicit my support of New York's MRT 1115 Waiver Amendment. I support the waiver proposal's capacity to promote recovery, wellness and a life in the community, advance peer support, rehabilitation and cultural competence and protect the rights of beneficiaries.

Sincerely,

Donald Seng
Donald
Susan R. R. R.

To whom it may concern,

I am writing to elicit my support of New York's MRT 1115 Waiver Amendment. I support the waiver proposal's capacity to promote recovery, wellness and a life in the community, advance peer support, rehabilitation and cultural competence and protect the rights of beneficiaries.

Sincerely,

Gabriel Hopkins
Gabriel Hopkins

To whom it may concern,

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Sincerely,

Andrew McCree

To whom it may concern,

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Sincerely,

STEVE ORANSKY
Steve Oransky

To whom it may concern,

I am writing to elicit my support of New York's MRT 1115 Waiver Amendment. I support the waiver proposal's capacity to promote recovery, wellness and a life in the community, advance peer support, rehabilitation and cultural competence and protect the rights of beneficiaries.

Sincerely,

CHARLIE TUCKER

Charlie Tucker

To whom it may concern,

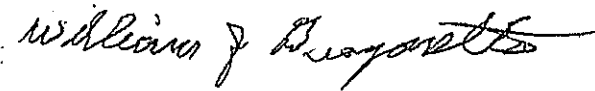
I am writing to elicit my support of New York's MRT 1115 Waiver Amendment. I support the waiver proposal's capacity to promote recovery, wellness and a life in the community, advance peer support, rehabilitation and cultural competence and protect the rights of beneficiaries.

Sincerely, *DAWN DRAGONETTE*
Dawn Dragonette

To whom it may concern,

I am writing to elicit my support of New York's MRT 1115 Waiver Amendment. I support the waiver proposal's capacity to promote recovery, wellness and a life in the community, advance peer support, rehabilitation and cultural competence and protect the rights of beneficiaries.

Sincerely, WILLIAM J DRAGONETTE

A handwritten signature in cursive script that reads "William J. Dragonette". The signature is written in black ink and is positioned below the typed name.

To whom it may concern,

I am writing to elicit my support of New York's MRT 1115 Waiver Amendment. I support the waiver proposal's capacity to promote recovery, wellness and a life in the community, advance peer support, rehabilitation and cultural competence and protect the rights of beneficiaries.

Sincerely,

Antonia Marello

Antonia Marello

To whom it may concern,

I am writing to elicit my support of New York's MRT 1115 Waiver Amendment. I support the waiver proposal's capacity to promote recovery, wellness and a life in the community, advance peer support, rehabilitation and cultural competence and protect the rights of beneficiaries.

Sincerely, BEVERLY HARTRIDGE
Beverly Hartridge

SIRS

I feel to have, PERMANENT SUPPORTIVE
HOUSING. Because there is a sense of living
IN A SAFER environment is important due to:
You can move on later to a transitional
housing outlet, one is also monitored.

I promote supportive housing because after
living in an System (SHELTER) and then
SRO for (4) YEARS I believe that no one
SHOULD HAVE to wait that long for living quarters.

Please retain the \$750 million in Federal Medicaid Waiver savings to fund permanent supportive housing.

Respectfully,

(Name) Aracelis Rivera

(Address) 419 State St. #3F

(City and Zipcode) BKlyn NY 11217

I'm currently sharing an apartment
with a roommate who is also a consumer
~~yet~~ Even though I have moved in a
~~to a more~~ more nice place I still
don't have my name in my own lease.
And also I would really like to have
my own place someday. ~~that I~~
So that I may have more
independence. Please, please, retain the
\$750 million in Fed. Medicaid Waiver

Please retain the \$750 million in Federal Medicaid Waiver
savings to fund permanent supportive housing.

Respectfully,

(Name) Kenneth Clemmons
(Address) 1391 E 9th St
(City and Zipcode) Brooklyn NY, 11236

I can't function without housing

Please retain the \$750 million in Federal Medicaid Waiver savings to fund permanent supportive housing.

Respectfully,

(Name) Vivens J. Cadet (Honorable Veteran, US)

(Address) P.O. Box 310716

(City and Zipcode) Jamaica, NY 11431

Shelter: Daily Rest at

LIC Borden Ave Veteran's Residence
21-10 Borden Ave (Cubicle 9)
Long Island City, NY 11101

tailoring →

I am lucky enough to have permanent housing and it has helped me ~~enormously~~ enormously, so I know the value of permanent housing. Please help the vulnerable and disabled improve their lives. They already have the deck stacked against them. Mental illness doesn't discriminate. A person can be flying high today and be shot down tomorrow. This can happen to absolutely anyone! Helping the mentally ill is a benefit to all society.

Please retain the \$750 million in Federal Medicaid Waiver savings to fund permanent supportive housing.

Respectfully,

(Name) Dean Hozer

(Address) 100 Somerset Pl. No. 4-1

(City and Zipcode) Staten Island, N.Y. 10301

I've been living in Assisted
Housing now ~~for~~ since 1998
and we do need a lot more
assisted housing.

Please retain the \$750 million in Federal Medicaid Waiver savings to fund permanent supportive housing.

Respectfully,

(Name) Annie Leavitt
(Address) 215 Adams St. 14D
(City and Zipcode) Brooklyn, NY 11201

I have been a resident in a Supportive Housing Program since 2003 which has proven to be vital for me. As a person w/ AIDS and a recovering Alcoholic collecting Disability, my situation enabled me to sustain my health & sobriety.

Please retain the \$750 million in Federal Medicaid Waiver savings to fund permanent supportive housing.

Respectfully,

(Name) Steven H. Muff
(Address) 202 W. 24th St, #90
(City and Zipcode) New York, NY 10011

at the present time
live in supportive housing.
I work at this time as a
volunteer to help others do the
same. They need to live
independent lives. So
many need to move on!

Please retain the \$750 million in Federal Medicaid Waiver savings to fund permanent supportive housing.

Respectfully,

(Name) Coco Coy
(Address) 3111 Hughes Ave 5^{FL}
(City and Zipcode) Islip NY 10457

Even though I rent a
room from my cousin I know
lots of people who have temporary
housing. So please, pass that
we have more permanent ^{supportive} housing
to prevent people whether or
not they have a mental condition
from being homeless.

Please retain the \$750 million in Federal Medicaid Waiver savings to fund permanent supportive housing.

Respectfully,

(Name) Sandy Brower
(Address) 734 Bowdoin Street
(City and Zipcode) Brooklyn, NY 11236

WOULD BE ^{MY} SANCTUARY. I WOULD ^{BE} SAFER BECAUSE OF
THE FEELING OF OWNERSHIP, TO TAKE PRIDE IN THE
WAY MY HOME IS KEPT,

Please retain the \$750 million in Federal Medicaid Waiver savings to fund permanent supportive housing.

Respectfully,

(Name) John SYKES
(Address) 4 MICHELLE COURT
(City and Zipcode) SoL, N.Y. 10303

I would like more structural care on the
current state with housing for more energy
efficiency of the with a OMB Policy suggestion
knowing there is a need of repair and repair.
Need funding to keep current housing level and
add more housing for the with the
regulate and SRO and are homeless to the
as a Peer Educator / Advocate for Health, Thomas
for Baltimore Street Quarter area about housing
and improvement and need for additional housing

Please retain the \$750 million in Federal Medicaid Waiver savings to fund permanent supportive housing.

Respectfully,

(Name) Kevin Mulliner
(Address) 2451 Olivette Lane Apt #13
(City and Zipcode) Bronx, New York 10467

More permanent housing.

Please retain the \$750 million in Federal Medicaid Waiver savings to fund permanent supportive housing.

Respectfully,

(Name) Karen W.eka
(Address) 1119 Foster Avenue
(City and Zipcode) Brooklyn, New York
11230

for a permanent

place to reside

Please retain the \$750 million in Federal Medicaid Waiver savings to fund permanent supportive housing.

Respectfully,

(Name) JEFFREY A KATZ
(Address) 144-05 Jamaica Ave.
(City and Zipcode) Jam, NY 11435

I do not feel secure. There
are too many shooting, guns
going off at night, cops
chasing criminals. There was
a shooting at not even a
block from where I live
that resulted in a boy of
16 years old - killed. I need a
place as large as I have now
a huge one bedroom in a better
neighborhood.

Please retain the \$750 million in Federal Medicaid Waiver savings to fund permanent supportive housing.

Respectfully,

(Name) Gregory Blocker
(Address) 1751 St. Marks Av. A-8
(City and Zipcode) B'klyn, NY 11216

I am signing this

for others who need

permanent housing

Please retain the \$750 million in Federal Medicaid Waiver savings to fund permanent supportive housing.

Respectfully,

(Name) Loraine Nicholetti

(Address) 201 E 2nd St #3A

(City and Zipcode) NY NY 10009