NEW YORK STATE | Department of Health | Medicaid Redesign Team

Social Determinants of Health and Community Based Organizations

Subcommittee Meeting #4

October 15, 2015

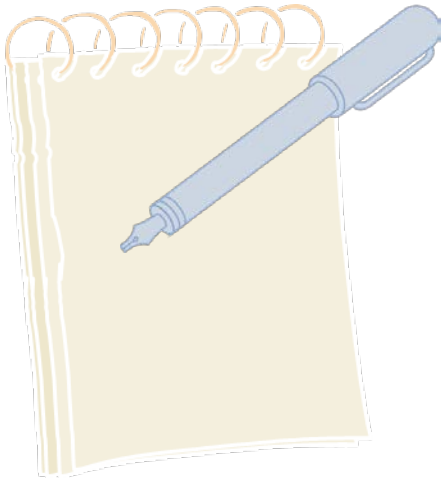
Reminder: Meeting Schedule and Logistics

Meeting #	Confirmed Date	Time	Location
Meeting 1 - SDH	7/30/2015	1:00-4:00pm	Albany – HANYS
Meeting 2 - SDH	8/19/2015	1:00-4:00pm	Albany School of Public Health – Massry Center
Meeting 3 - SDH	9/9/2015	1:00-4:00pm	90 Church St., NYC
Meeting 4 - CBO	10/15/2015	12:00pm-3:00pm	57 Willoughby St., Brooklyn, NY
Meeting 5 - CBO	11/17/2015	1:00pm-4:00pm	90 Church St. NYC
Meeting 6 - CBO	12/16/2015	1:00pm-4:00pm	Albany - HANYS

Agenda

1. SDH Recommendations for VBP Workgroup
   - Incentivizing Development of SD Initiatives
   - Program Measurement
   - Housing Determinants
   - Methods to Capture Savings

2. CBOs in VBP
   - CBOs and their Role in VBP
   - Barriers to Integration
   - Technical Assistance
   - Other Topics to Consider



1. SDH Recommendations for the VBP Workgroup

Standard versus Guideline

Per option, the Subcommittee should recommend whether the State should set a ***Statewide Standard*** or a ***Guideline*** *for the methodologies employed between MCOs and Providers. The State will consistently employ a standard in its own approach regarding methodologies and data dissemination to both MCOs and Providers. The Subcommittee should recommend whether MCOs and Providers should adopt the same standard or are free to vary, using the State's methods as a guideline.*

- A **Standard** is required when it is crucial to the success of the NYS Medicaid Payment Reform Roadmap that all MCOs and Providers follow the same method.
- A **Guideline** is sufficient when it is useful for Providers and MCOs to have a starting point for the discussion, but MCOs and Providers may deviate without that harming the overall success of the Payment Reform Roadmap.

SDH Intervention Menu

The SDH Intervention Menu is still a work in progress and will be distributed for review upon completion. It will ultimately be included in a narrative format as an Appendix to the Recommendations Paper.

Guidelines and Standards for Providers, MCOs, and the State

The following slides outline 13 recommendations, grouped into three categories:

1. Recommendations to Incentivize Providers to Encourage Development of SD Initiatives and Collaboration with MCOs
2. Methods to Measure the Success of the Programs Implemented
3. Addressing and Developing an Action Plan for Housing Determinants

The tables on the following slides list recommendations developed by the Subcommittee and indicates whether they should be classified as a guideline or standard for: Level 1 VBP providers, Level 2 or 3 VBP providers/provider networks, MCOs, and the State.

The Recommendations Paper distributed prior to this meeting describes each recommendation in detail. The corresponding page number to that document is listed on the bottom of each slide.

1 Recommendations to Incentivize Providers to Encourage Development of SD Initiatives and Collaboration with MCOs

Recommendations	Level 1 Providers	Level 2 or 3 Providers / Provider Networks	MCOs	The State
1. Implement interventions on a minimum of one SDH	Guideline	Standard	-	-
2. Maintain a robust catalogue of resources in order to connect individuals to community resources that are expected to address SDH	Guideline	Guideline	-	-
3. Employ a workforce that reflects and is culturally sensitive to the community served	Guideline	Guideline	-	-
4. Invest in ameliorating an SDH at the community level	Guideline	Standard	Standard	-
5. Incentivize and reward providers for taking on member and community-level SDH	-	-	Standard	Standard

Please follow along on page 2-5 of the document distributed prior to the meeting.

2 Recommendations of Methods to Measure the Success of the Programs Implemented

Recommendations	Level 1 Providers	Level 2 or 3 Providers / Provider Networks	MCOs	The State
1. Utilize an assessment tool; measure and report on SD that affect their members, which includes elements of each of the five key domains of SDH	Guideline	Standard	Standard	Standard
2. Set up a system that aims to track what interventions are successful and how they are measured	-	-	-	Standard
3. Track discrete outcomes of the interventions and use a CQI model for enhancing the interventions	Guideline	Standard	Standard	-
4. Incorporate SDH into QARR measures	-	-	-	Standard

Please follow along on page 5-8 of the document distributed prior to the meeting.

3 Recommendations to Address and Develop an Action Plan for Housing Determinants

Recommendations	Providers	MCOs	The State
1. Require Medicaid providers, MCOs, and the State to collect standardized housing stability data	Standard	Standard	Standard
2. The State should submit a New York State waiver application to the Center for Medicare and Medicaid Services (CMS) that tracks the June 26, 2015 CMCS information bulletin: coverage of housing-related activities and services for individuals with disabilities	-	-	-
3. The State should leverage Medicaid Reform Team (MRT) housing work group money to advance a VBP-focused action plan	-	-	-
4. The State should submit a waiver application that challenges the restrictions on rent in the context of VBP	-	-	-

Please follow along on page 10-13 of the document distributed prior to the meeting.

Final questions/comments/request for change?

Methods to Capture Savings across Public Spending

In addition to the 13 recommendations described on the previous slides, the Subcommittee created guidance to be leveraged in the context of VBP arrangements to capture savings across the public sector:

- Co-Investing
- Innovative Contracting
- Social Impact Bonds

- The document titled, “Capturing Savings Across Public Spending” distributed both today and at our last meeting, defines the terms, potential risks, barriers and mitigation strategies to capture savings
- The above mechanisms should not be viewed as a fully comprehensive list, but as guidance for the State’s, providers and MCOs consideration

Please follow along on page 8-10 of the document distributed prior to the meeting.

2. CBOs in VBP

From the VBP Roadmap:

*"This subcommittee will be focused on **identifying how community based organizations can successfully support the broader VBP strategy**. The State recognizes that these providers play a critical role in the desired health care delivery system, however CBOs are very diverse in their ability to fully take on VBP. The group would make recommendations to the State and draft an action plan designed to make available the **technical assistance** and **training** necessary to bring the CBOs up to speed."*

Note: For your reference, please refer to the appendix for additional information from the Roadmap on the envisioned role of CBOs in DSRIP and VBP.

CBOs in DSRIP

A number of initiatives are underway to support CBOs as part of the DSRIP program that could be leveraged or expanded for VBP:

Cultural Competency/CBO/Outreach Workgroup*

- Guide DOH with developing the requirements of a $2.5M planning grant to support CBOs
- Creation of an opt-out mailing and consent form on data-sharing for DSRIP
- Establish a community education campaign

PPS-Led Initiatives

- Westchester is planning to provide training support to CBOs to help with the move to VBP
- CBOs will apply to participate in the training and be required to send their top two executives

PPS Implementation Plan Requirements

- Set milestones for establishing partnership agreements/contracts with CBOs
- Explain plans for contracting with CBOs and their continuing role as the PPS develops over time
- Describe planned approach for driving community involvement in the DSRIP projects, how the PPS will contract with CBOs for these projects, how community engagement will contribute to the success of the projects, and any associated risks
- Several DSRIP projects focus specifically on integration of CBOs within the PPS. Some examples include but are not limited to:
  - 2.a.i Create an Integrated Delivery System focused on Evidence-Based Medicine and Population Health Management
  - 2.b.vi Transitional Supportive Housing Services
  - 3.a.ii Behavioral Health Community Crisis Stabilization Services

*This workgroup was formed out of the DSRIP Project Approval and Oversight Panel (PAOP): https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/project_approval_oversight_panel.htm

CBO Categories

As this Subcommittee thinks about the role of CBOs and their needs in the context of VBP, it will be important to consider the different types of services that CBOs provide:

1) Medicaid billing, clinical service providers licensed by DOH, OMH, or OASAS
2) Medicaid billing, non-clinical service providers (e.g. transportation, care coordination)
3) Non-Medicaid billing, community-based human service organizations (e.g. housing, social services, religious organizations, food banks)

Do any or all categories require technical assistance?
If so, how can they be prioritized?

What is the role of Category 1?
Medicaid billing, clinical service providers

Medicaid billing clinical service providers focus on caring for members as they transition between levels of care and support primary care providers.

- Creating member-centered, coordinated and cost-effective care
- Provide clinical support services that improve outcomes (e.g. care transitions, chronic disease management, medical management, home and family assessments, health benefit counseling, and caregiver support)
- Reduce hospital readmissions thereby decreasing costs
- Integrate into one or more PPS and provide seamless care from the acute and/or post acute settings
- Other?

What is the role of Category 2?
Medicaid billing, non-clinical service providers

Medicaid billing, non-clinical providers focus on services which support the member's physical needs.

- Creating member-centered, coordinated and cost-effective care
- Provide support services that improve outcomes (e.g. transportation, home and family assessments, caregiver support)
- Assist members with physical needs thereby allowing them to thrive in a lower level of care
- Integrate into one or more PPS and provide assistance in the post-acute and home setting
- Other?

What is the role of Category 3?
Non-Medicaid billing, community-based human service organizations

Non-Medicaid billing, community-based human service organizations focus on providing assistance to members for areas currently not covered by Medicaid.

- Member-centered, coordinated and cost-effective care
- Provide support services that improve outcomes (e.g. nutrition, housing, clothing, caregiver support)
- Assist members by providing everyday living needs
- Integrate into one or more PPSs and provide assistance in the home and social setting
- Other?

Barriers to Integration

Last meeting, the Subcommittee identified areas which need to be considered as CBOs participate in VBP arrangements:

1. Geographical Availability
2. Adequate Funding
3. Ability to Take on Risk
4. Proper Compliance Programs
5. Ability to Share Information and Measure Outcomes
6. Alternative Service Delivery Models
7. Evidence Base
8. IT Connectivity

Any other areas for consideration?

Which are the most important? How do we prioritize?

What technical assistance recommendations could be made to address these?

What should technical assistance look like?

Technical assistance should be based off the needs and barriers faced by each CBO category. This may include:

- Assistance with strategic orientation and/or amalgamation
- Building and maintaining of relationships between CBOs and providers
- Creating an environment promoting change
- Supporting analytical, data-driven decision-making
- Assistance with financial break-even analysis to determine required funding
- Creating accurate financial forecasting
- Analysis and reporting of outcome measures
- Supporting growth needs of the organization to take on increased volumes

Other topics to consider for recommendations:

CBO Involvement in the Development of VBP Networks

- Presence and influence in decision making processes
- Support from the State to require CBO involvement in leadership planning and contracting meetings
- Provide technical assistance to support creation of CBO business case(s)

Community Engagement

- Engage community members to participate in forums or panels
- Ensure there is community engagement in VBP (bottom-up vs. top-down driven interventions)
- Fund specific organizations to engage with the impacted community

Reminder: Meeting Schedule

The next meeting will take place on Tuesday, November 17, 2015 from 12:30 to 3:30 PM at the Department of Health in NYC.

We would like input from the subcommittee members on other possible recommendations for CBO involvement and success in VBP.

Please email Joshua McCabe @ joshuamccabe@kpmg.com with your ideas by Friday, October 23, 2015.

Subcommittee Co-chairs

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Appendix: More from the VBP Roadmap

"Given the importance of the social determinants of health for realizing the State's goals, its definition of Integrated Primary Care and its vision for the role of the PPS are explicitly population-health focused. **Each PPS is expected to reach out into the community to stimulate community-based prevention activities and align itself with available social services.** Concurrently, the framework for value-based payment will maximally incentivize providers to focus on the core underlying drivers of poor health outcomes – whether traditionally within the medical realm or not.

Given the current state of primary care and the development of integrated delivery system in New York, and the difficulty in truly moving the needle on a population-wide basis within a few years, the DSRIP Domain 4 population health measures are Pay for Reporting only. **In the near future, though, the State envisions culturally competent community based organizations (CBOs) actively contracting with PPSs and/or APC organizations to take responsibility for achieving the State's Prevention Agenda.** DSRIP starts to build the infrastructure to take on housing, job placement, community inclusion, and criminal justice alternatives as levers to increase population health. The State foresees VBPs will become a vehicle to maintain this infrastructure. Specifically, **the State aims to introduce a dedicated value-based payment arrangement for pilot purposes in DY 3 to focus specifically on achieving the Prevention Agenda targets through CBO-led community-wide efforts.**

Immediately after DY 5, the State intends to turn the Pay for Reporting measures into Pay for Outcomes measures, making a part of overall PPS reimbursement dependent on the achievement of specific public health goals as identified by these measures."