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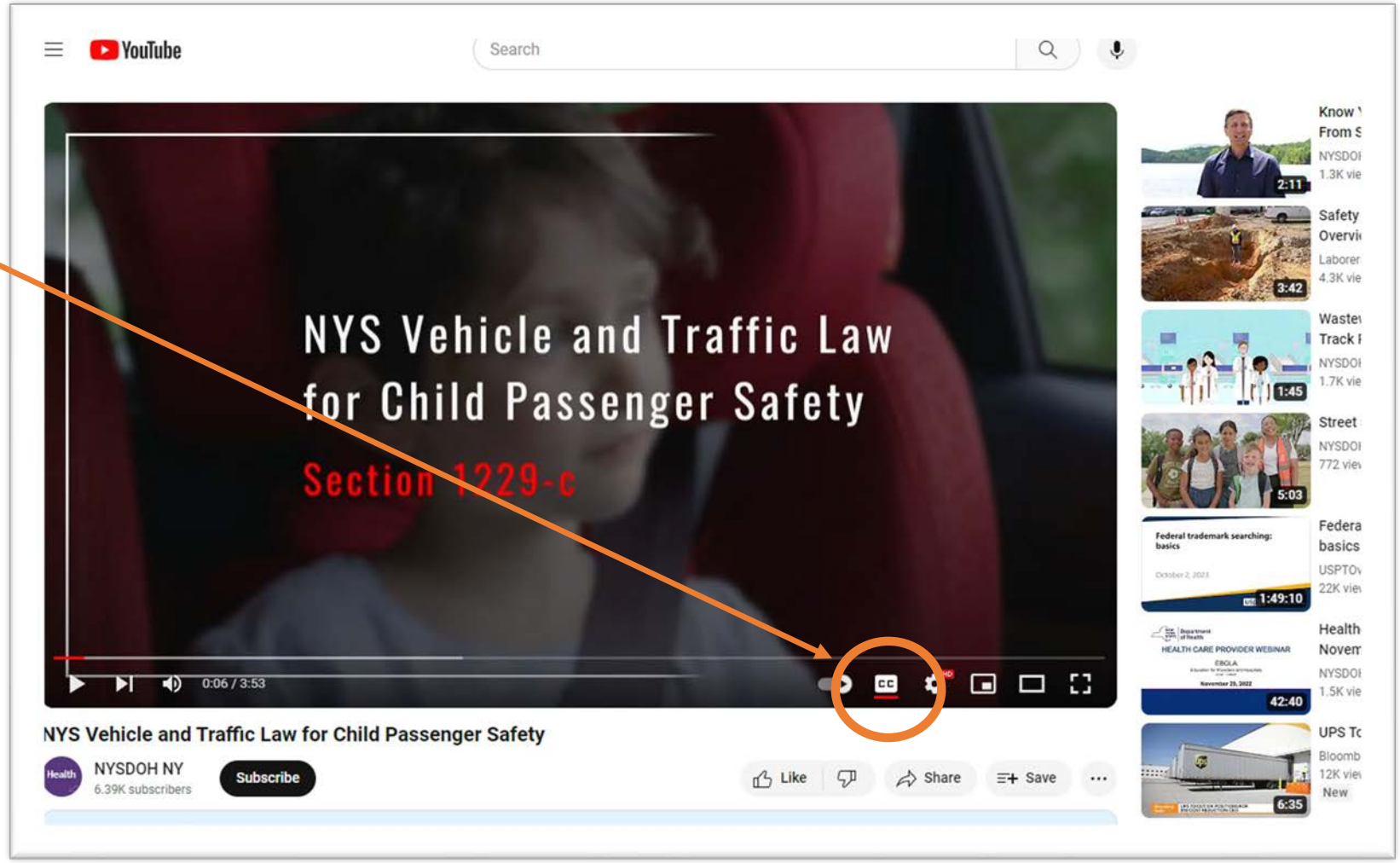

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1115 Medicaid Redesign Team Waiver Webinar: New York Health Equity Reform (NYHER)

1115 Amendment Overview

February 2024

Agenda

New York Health Equity Reform (NYHER) 1115 Amendment Overview

- Overview of the 1115 Waiver
- Summary of the NYHER 1115 Waiver Amendment
- Overview of NYHER Programs
    - *Social Care Networks & Health Related Social Need Services*
    - *Strengthen the Workforce*
    - *Population Health & Health Equity Improvement*
- Milestones & Resources
- Questions & Answers
- Appendix

Overview of the 1115 Waiver

1115 Background

- Section 1115 Demonstration Waivers grant flexibility to states for **innovative projects that advance the objectives of the Medicaid program**.

- **Authorized under Section 1115 of the Social Security Act, these waivers:**
  1. Give the Secretary of Health and Human Services the authority to waive certain provisions and regulations for Medicaid programs, and
  2. Allow Medicaid funds be used in ways that are not otherwise allowed under federal rules (e.g., making certain investments eligible for federal match).

- Typically, 1115 waivers are approved for 3-5 years.

New York's 1115 Waiver

- The **NYS Medicaid Redesign Team (MRT) Waiver** (formerly the Partnership Plan) has been in effect since 1997.
- New York's 1115 MRT Waiver was last renewed on April 1, 2022, and is effective through March 31, 2027.
- NYHER is an amendment to New York's existing 1115 Demonstration Waiver
- ***The goals of the MRT Waiver are as follows:***

✓ Improve access to health care for the Medicaid population;

✓ Improve the quality of health services delivered;

✓ Expand coverage to additional low-income New Yorkers with resources generated through managed care efficiencies; and

✓ ***NEW:*** Advancing health equity, reducing health disparities, and supporting the delivery of health-related social need (HRSN) services.

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Summary of the NYHER 1115 Amendment

Summary

On January 9, 2024, CMS approved a $7.5 billion package for the New York Health Equity Reform (NYHER) 1115 Waiver Amendment that includes nearly $6 billion of federal funding.

The NYHER Amendment will be effective until March 31, 2027, however there is a shared commitment between CMS and the State to extend and/or renew waiver terms beyond 2027.

Overall Goal: *"To advance health equity, reduce health disparities, and support the delivery of social care."*

- New York seeks to build on the investments, achievements, and lessons learned from the Delivery System Reform Incentive Payment (DSRIP) 1115 waiver program to scale delivery system transformation, improve population health and quality, deepen integration across the delivery system, and advance health-related social need (HRSN) services.
- This would be achieved through targeted and interconnected investments that will augment each other, be directionally aligned, and be tied to accountability. ***These investments focus on:***

Summary of Programs

Social Care Networks

Social Care Networks
Cooperative regional networks of that will provide HRSN screening and referral services

HRSN Services
Social Care Networks will provide HRSN screening and services in the domains of housing, nutrition, transportation, and case management.

Strengthen the Workforce

Career Pathways Training Program
Funding to create a reliable healthcare workforce pipeline through training and career advancement.

Student Loan Repayment
Repayments to qualified providers who make a commitment to serving Medicaid members or the uninsured.

Population Health

Medicaid Hospital Global Budgeting Initiative
Incentive funding to certain financially distressed not-for-profit hospitals to rebalance the delivery of care and improve population health outcomes

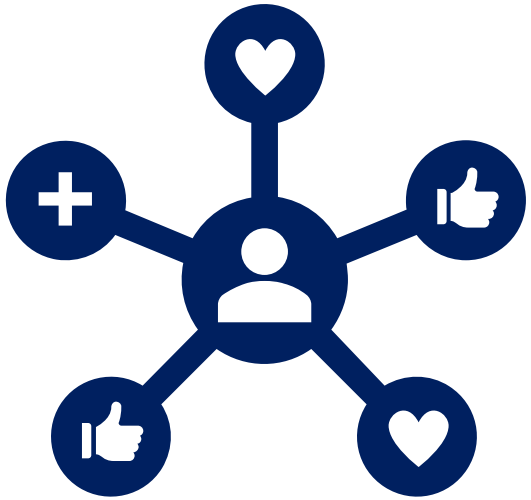
Primary Care Delivery System Model
Enhanced payments for Patient-Centered Medical Home (PCMH) primary care practices

Health Equity Regional Organization
An independent statewide entity that will work with stakeholders to advance health equity.

Substance Use Disorder Programs
Substance Use Disorder treatment services, including services provided in Institutions of Mental Disease.

Continuous Eligibility for Children 0-6
Eligible children will be able to remain continuously enrolled in Medicaid and Child Health Plus up to age 6.

Social Care Networks (SCNs) & Health Related Social Need (HRSN) Services



Social Care Networks (SCNs) ($500 million)

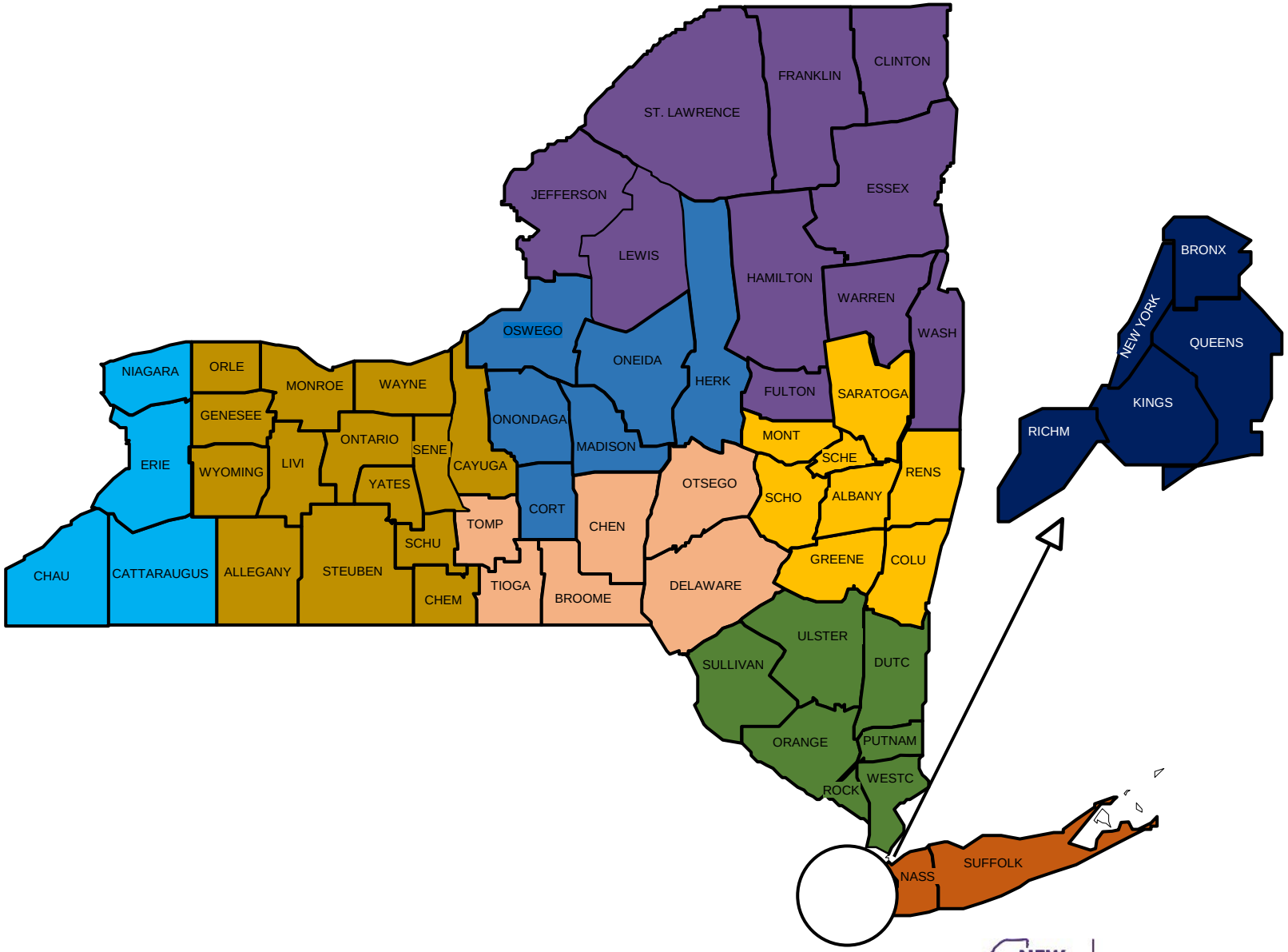
DOH will award one Social Care Network (SCN) per region (with up to five awards in New York City), with up to 13 SCNs statewide. Each SCN will be a designated Medicaid provider and serve as the lead entity in their region for:

Organization	• Establish and maintain a governing body and executive leadership team that reflects and understands the unique needs of the region.
Contracting	• Contract with Managed Care Organizations in each region to facilitate payments and validate member eligibility.
Fiscal Administration	• Receive and manage monthly payments per Medicaid Managed Care Member. • Submit fee-for-service claims for members that are in fee-for-service. • Pay CBOs for services rendered in a timely manner.
IT Platform/Data and Reporting	• Contract with Social Care IT platform to manage referrals and ensure connectivity. • Enable HRSN data sharing through the Statewide Health Information Network for New York.
CBO Network and Capacity Building	• Formally organize and coordinate contracted network of CBOs to deliver social care services. • Ensure network adequacy and build CBO capacity to participate in the network.
Regional Partnerships	• Collaborate with partners within the regional ecosystem to screen members for HRSNs. • Validate eligibility, navigate to appropriate services, manage and close the loop on referrals.

The **Social Care Networks RFA** was released on January 16, 2024. Applications are due Wednesday, March 27, 2024, with contracts awards expected by August 2024. The RFA is posted on the New York State Grants Gateway site: https://grantsgateway.ny.gov/intelligrants_NYSGG/module/nysgg/goportal.aspx?NavItem1=4&ngoID=5002575

SCN Coverage Areas

Social Care Network (SCN) Regions	Counties
Region 1: Capital Region	Albany, Columbia, Greene, Rensselaer, Montgomery, Saratoga, Schenectady, and Schoharie
Region 2: Western NY	Cattaraugus, Chautauqua, Erie, Niagara
Region 3: Hudson Valley	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
Region 4: New York City	Bronx, Kings, Queens, New York, Richmond
Region 5: Finger Lakes Region	Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates
Region 6: Southern Tier	Broome, Chenango, Delaware, Otsego, Tioga, Tompkins
Region 7: Central New York	Cortland, Herkimer, Madison, Oneida, Onondaga, and Oswego
Region 8: Long Island	Nassau, Suffolk
Region 9: North Country	Clinton, Essex, Franklin, Fulton, Hamilton, Jefferson, St. Lawrence, Lewis, Warren, and Washington



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HRSN Services Overview ($3.4 billion)

HRSN Screening and Navigation Services: *All Medicaid members* will be screened for HRSNs and eligible for navigation to existing federal, state, and local social programs

HRSN Screening

- SCN lead entities will coordinate with CBOs in their network and other partners in the region to screen Medicaid members for HRSNs annually.
- Members will be assessed for HRSNs using a NYS-standardized version of the Accountable Health Communities (AHC) screening tool.
- SCN lead entities will be accountable for ensuring sufficient capacity to screen all Medicaid members and for tracking results.

Service Navigation

- Following screening, Medicaid members will be navigated to social care services that most appropriately meet their needs.
- SCN lead entities will be responsible for ensuring eligible members are navigated to appropriate social care services delivered by CBOs in their network and "close the loop" on social care services covered by the 1115 waiver.
- Screening and referral data will flow through the SCN's data and IT platform, supported by the SHIN-NY; social care encounter data will flow through the SCNs to the MCOs

Targeted High-Need Populations Eligible for Enhanced HRSN Services

- Medicaid High Utilizers
- Individuals with serious chronic conditions (e.g., two or more chronic conditions, HIV/AIDS) and enrolled in a Health Home
- Individuals with Substance Use Disorder, Serious Mental Illness, or Intellectual and Developmental Disabilities
- Pregnant persons, up to 12 months postpartum
- Children aged 0-6
- Children under 18 with a chronic condition
- Foster care youth, juvenile justice-involved, and those under kinship care
- Post-release criminal justice-involved individuals with serious chronic conditions

Social Care Network HRSN Services

Standardized HRSN Screening

- Screening Medicaid Members using questions from the CMS Accountable Health Communities HRSN Screening Tool and collecting key demographic data

Housing Supports

- Navigation
- Community transitional services
- Rent/utilities
- Pre-tenancy and tenancy sustaining services
- Home remediation
- Home accessibility and safety modifications
- Medical respite

Nutrition

- Nutritional counseling and classes
- Medically tailored or clinically appropriate home-delivered meals
- Food prescriptions
- Fresh produce and nonperishable groceries
- Cooking supplies, such as pots, pans, utensils, microwaves, etc.

Transportation

- Reimbursement for HRSN public and private transportation to connect to HRSN services and HRSN case management activities

Case Management

- Case management, outreach, referral management, and education, including linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees
- Connection to clinical case management
- Connection to employment, education, childcare, and interpersonal violence resources
- Follow-up after services and linkages

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Role of Entities in Social Care Network (SCN) Ecosystem

Community Based Organizations (CBOs):

- Contracted as part of the SCN and may also participate in the screening of Medicaid members for HRSN and service navigation, and care management upon meeting screening criteria.
- Connect to the SCN technology platform.

Managed Care Organizations (MCOs):

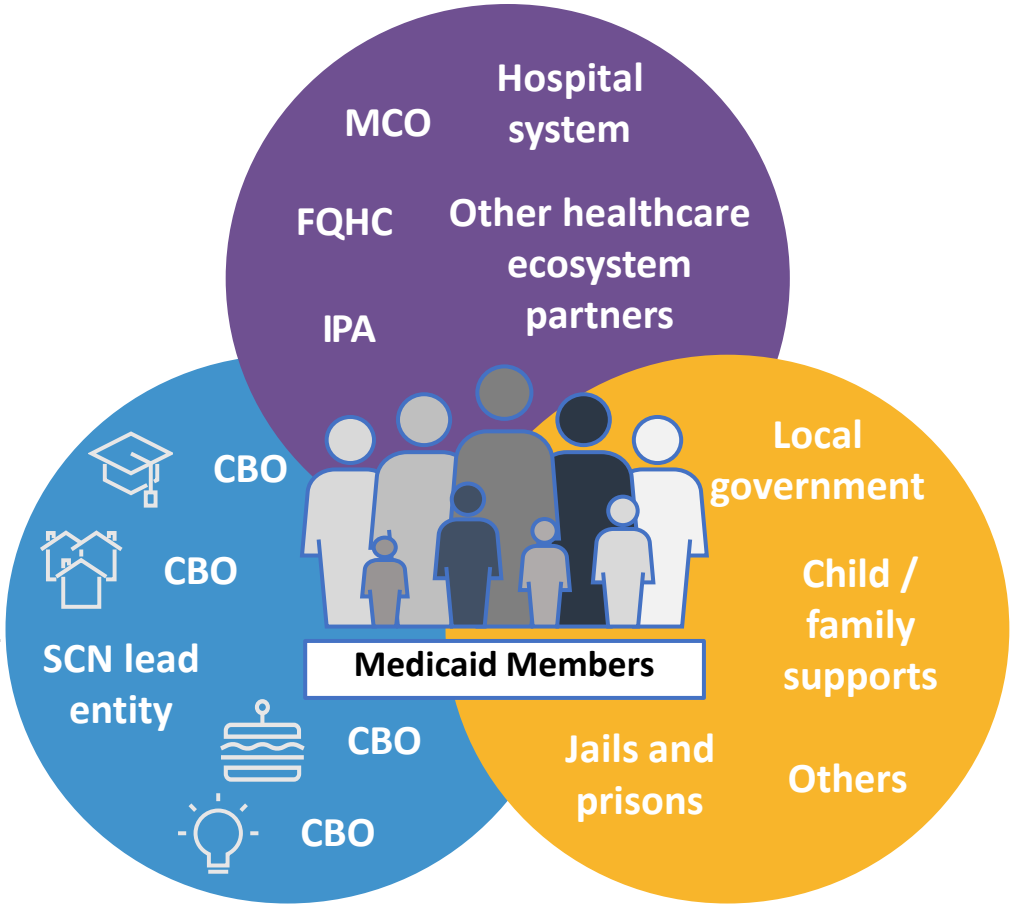
- Contract with SCNs and will be responsible for the allocation of per-member-per month (PMPM) payments to SCN lead entities.
- Responsible for providing information that will help validate member eligibility for social care services delivered by the SCN.
- Receives social care claims from SCN technology platform; submits social care encounters to State.

Providers(Health, Behavioral Health, & Other Care Management):

- Continue to deliver healthcare to Medicaid members in their region.
- Providers with access to the SCN data and IT platform may also support with social care service navigation (screening members for HRSNs, validating member eligibility, and referring to services).

Social Care Network Lead Entities (SCNs):

- Establish a technology platform to send and receives member information and eligibility for Level 2 services, screening, referral, social case management, and member consent/attestation.
- Via the Qualified Entities (QEs), connect to SHIN-NY for seamless information sharing.



Social care network (SCN)
Healthcare ecosystem partners
Other ecosystem partners

Impact of future state system on Medicaid members

Scaled delivery of social care services and **improved access** for Medicaid members

Reliable and timely referral of members to social care services

Seamless tracking of members needs to streamline and close loop on referrals to social care services

Improved and increased **collaboration between social care services and other partners in regional ecosystem** (e.g., healthcare providers, care management providers, MCOs, others)

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Member Journey Map

Member is FFS, or managed Medicaid yet does not meet Level 2 eligibility criteria

Member meets Level 2 eligibility criteria

If member has HRSN(s) for which they would like to receive help

Screening

Member is screened for HSRNs, including:

- Housing / utilities
- Food insecurity
- Transportation
- Education
- Employment
- Interpersonal safety

Member is asked if they would like help with their HRSNs

Social care service navigation

Determination on eligibility for Level 2 services

Eligibility determination is a combination of:

1) Enrollee information from MCO and
2) Results of HRSN screening will inform navigation to the appropriate services

Navigation to Level 1 services

Referral to Level 2 services

Services

Existing federal, state and local infrastructure

Level 2 HRSN services are delivered by CBO in SCN

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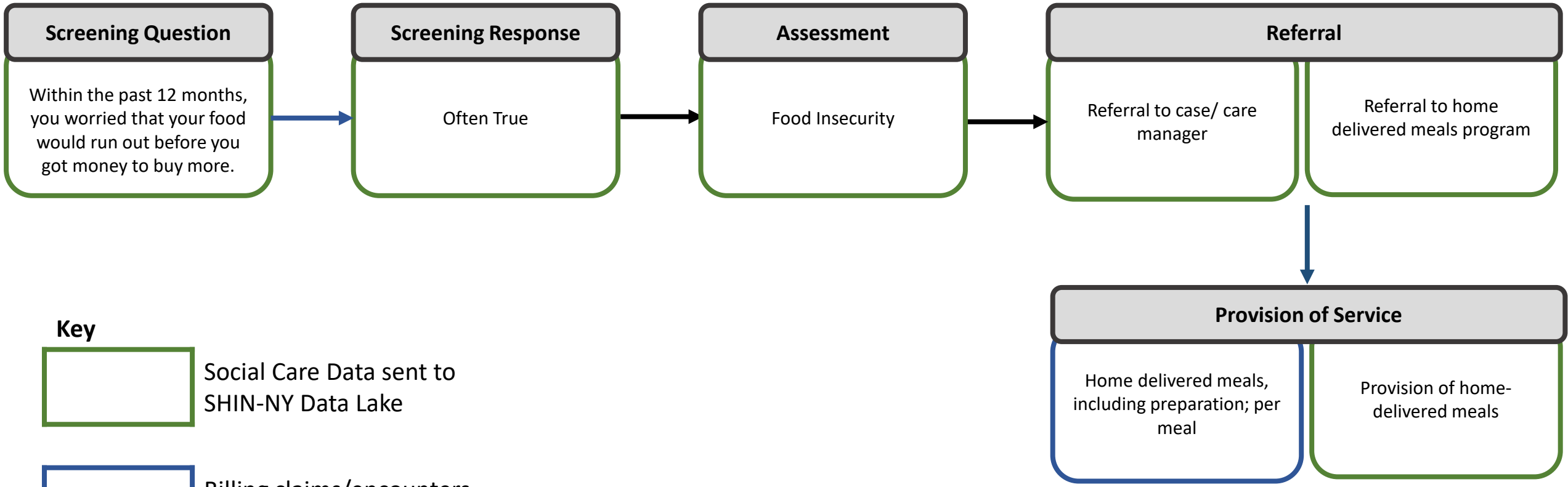
Example Mapping: Screening to HRSN Service

Food Insecurity



Key

Social Care Data sent to SHIN-NY Data Lake

Billing claims/encounters sent to MCOs and eMedNY

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HRSN Funds Flow Overview

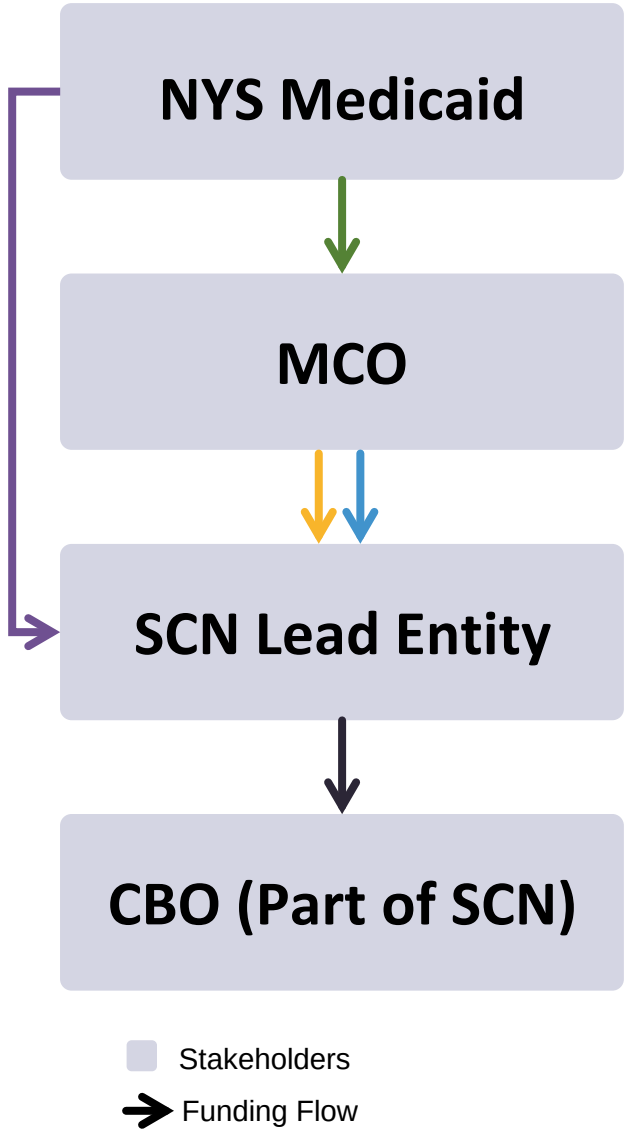
MCO Payments: State pays standard managed care PMPM plus HRSN PMPM to MCOs.

Infrastructure Funds: State pays infrastructure funds to SCN per terms of the SCN RFA.

HRSN Screening and Services Payments: MCOs pay PMPM to SCNs for HRSN services, according to State Directed Payment (SDP) terms.

Bonus Performance-Based Payments: MCOs make bonus payments to SCNs based on performance metrics according to the terms of the SDP.

Payments for Services Delivered: SCNs make fee-for-service (FFS) payments to CBOs for HRSN services delivered by CBOs, according to State fee schedule.



HRSN Funds Flow Evolution

- HRSN PMPM will be fully reconciled to the services delivered in the early stages; over time, this will transition to risk based for the MCO-SCN transactions while the CBO continues to be reimbursed on a FFS basis
- As HRSN screening data is collected on all Medicaid members, social care risk adjustment will be incorporated
- This infrastructure is expected to remain after the end of the waiver period with HRSN payments being incorporated into VBP arrangements

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Strengthen the Workforce

Career Pathways Training (CPT) Program ($646 million)

To address statewide workforce shortages, the CPT program will fund education and participant support services to provide holistic educational and professional placement supports for those newly entering the workforce and those seeking to advance in their careers.

Participants will make a three-year commitment of service, in the new professional title, to Medicaid providers that serve at least 30 percent Medicaid members and/or uninsured individuals.

Career training will be organized to support two career pipelines:

- New Careers in Healthcare Pipeline
- Healthcare Career Advancement Pipeline

Estimated number of slots are subject to change based on factors, such as regional vacancy rates and participant interest.

Eligible Healthcare Titles

Nursing	Professional Technical	Frontline Public Health Workers
• Licensed Practical Nurse (3,600 slots) • Associate Registered Nurse (1,500 slots) • Registered Nurse to Bachelor of Science in Nursing (1,500 slots) • Nurse Practitioner (250 slots)	• Physician Assistant (300 slots) • Licensed Mental Health Counselor (750 slots) • Master of Social Work (1,250 slots) • Credentialed Alcoholism and Substance Abuse Counselor (1,300 slots) • Certified Pharmacy Technician (500 slots) • Certified Medical Assistant (4,000 slots) • Respiratory Therapist (300 slots)	• Community Health Workers (3,000 slots) • Patient Care Managers (250 slots)

Workforce Investment Organizations (WIOs)

Three high-performing WIOs will manage the CPT program, with one WIO per region. WIOs were created as part of the 2018 Managed Long Term Care Workforce Investment Program (MLTC WIP).

These WIOs were selected based on criteria, including their:

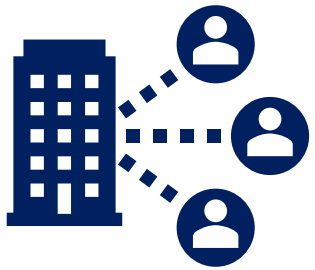
- Deep connections to their respective regions,
- Demonstrated success in operationalizing workforce training programs,
- Expansion beyond the MLTC WIP titles, and
- Capacity to rapidly and effectively stand up the CPT program in their region.

The WIOs will:

- Conduct outreach to recruit prospective students and providers
- Form partnerships with educational institutions, SCNs, and providers
- Coordinate educational programs for new and current healthcare workers
- Provide meaningful support for participants to assure successful completion of programs, including case management, tutoring, and other academic support (e.g., apprenticeship and mentorship programs)
- Make payments for books, academic fees, and backfill for current employees' time spent in training programs
- Aid in job placement to meet service commitments
- Perform data collection and reporting on performance metrics, spending, and other information
    - WIOs will also work with the Health Equity Regional Organization (HERO) to evaluate regional workforce needs related to health equity and gaps in access

Workforce Funding Flow

New York State



WIOs

- Program partner & participant recruitment
- Educational case management & support
- Professional placement support
- Administrative expenses

Educational Institutions

- Program tuition
- Program fees

Employers

- Backfill to avoid reduced access to care when a participant is in training

Other

- Textbooks
- Licensing exam fees

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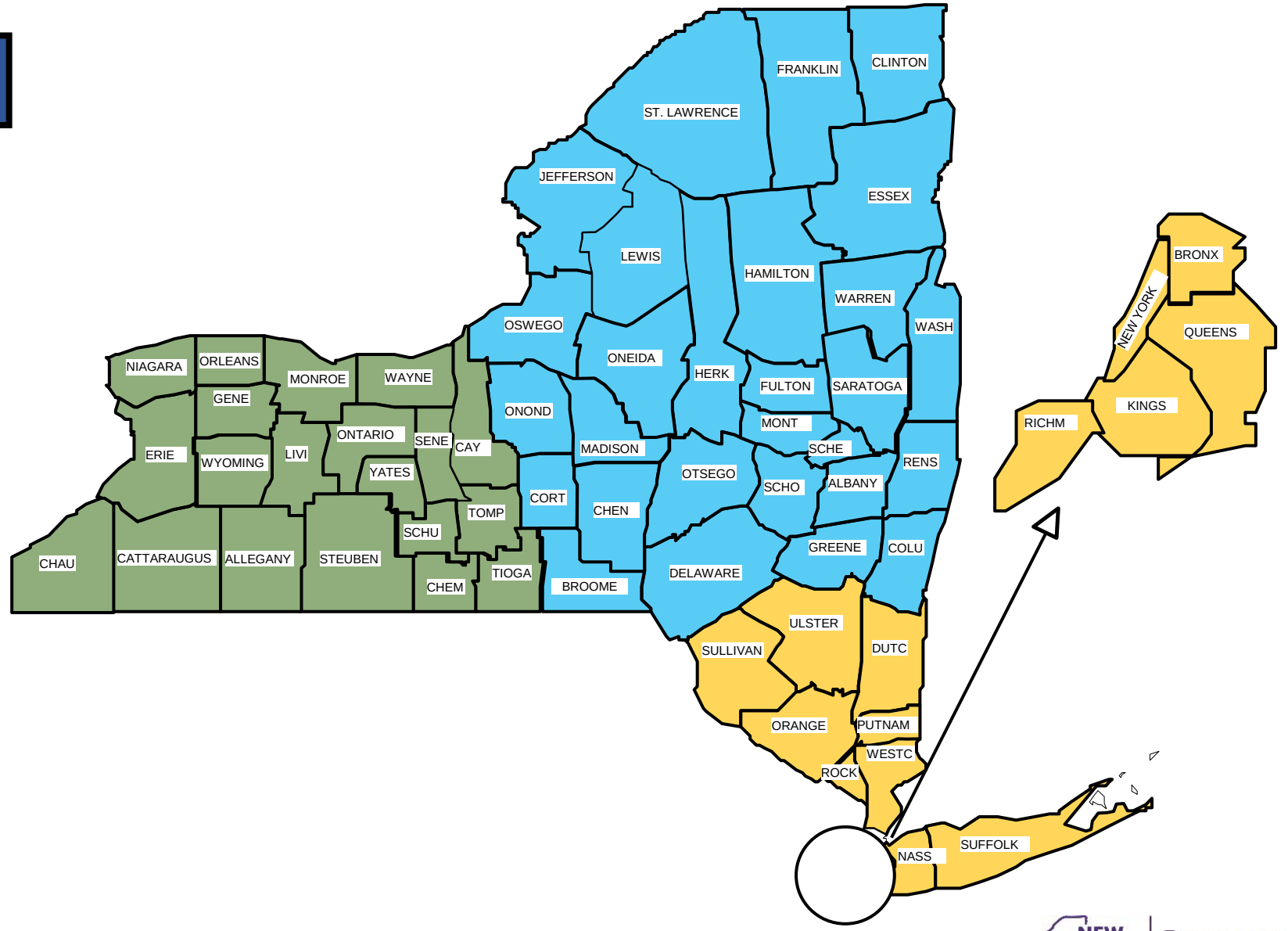
CPT Program Regions

Workforce Investment Organization (WIO) Regions	Counties
Region 1: • **Hudson Valley** • **New York City** • **Long Island**	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester, Bronx, Kings, Queens, New York, Richmond, Nassau, Suffolk
Region 2: • **North Country** • **Capital Region** • **Southern Tier** • **Central New York**	Clinton, Essex, Franklin, Fulton, Hamilton, Jefferson, St. Lawrence, Lewis, Warren, Washington, Albany, Columbia, Greene, Rensselaer, Montgomery, Saratoga, Schenectady, Schoharie, Broome, Chenango, Delaware, Otsego, Tioga, Tompkins, Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego
Region 3: • **Finger Lakes** • **Western New York**	Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuler, Seneca, Steuben, Wayne, Wyoming Yates, Cattaraugus, Chautauqua, Erie, Niagara



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Student Loan Repayment ($48 million)

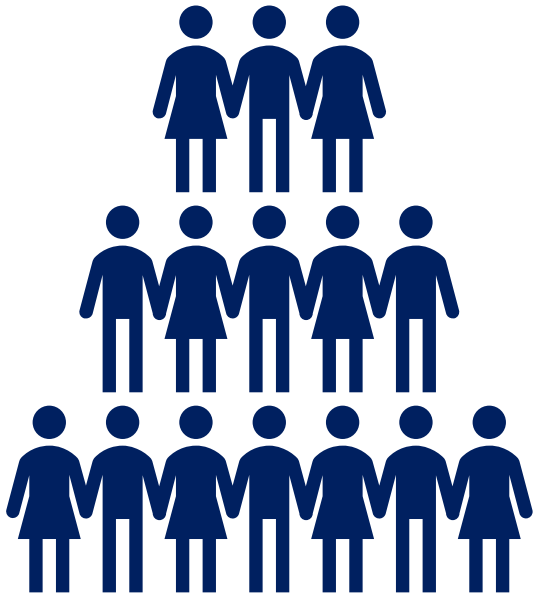
To support recruitment and retention of high-demand practitioners, the NYHER amendment includes student loan repayment for healthcare professionals who will make a four-year commitment to maintain a personal practice panel or work at an organization that includes at least 30 percent Medicaid and/or uninsured members.

- Award process will take criteria into account, including geographic distribution of applicants, regional need, commitment to working in underserved communities, and linguistic and cultural competency.
- Payments will be made to directly to student loan servicers.

Eligible Healthcare Titles

Psychiatrists, with a Priority on Child/Adolescent Psychiatrists	Primary Care Physicians and Dentists	Nurse Practitioners and Pediatric Clinical Nurse Specialists
• Up to $300,000, per provider • Estimate loan repayment for 50 psychiatrists	• Up to $100,000, per provider • Estimate loan repayment for 50 primary care physicians and 50 dentists	• Up to $50,000, per provider • Estimate loan repayment for 40 nurse practitioners and 40 pediatric clinical nurse specialists

Population Health & Health Equity Improvement



Medicaid Hospital Global Budgeting ($2.2 billion)

Goal: Stabilize and transform targeted financially distressed voluntary hospitals to advance health equity and improve population health in communities with the most evidence of health disparities. Aligns with the CMMI States Advancing All-Payer Health Equity Approaches and Development (AHEAD) model.

Structure: Incentive funding to stabilize Medicaid-dependent financially distressed safety net hospitals and develop necessary capabilities to:

- *Advance health equity; participate in advanced VBP arrangements; and deepen integration with primary care, behavioral health, and HRSN services.*

Incentive payments will be tied to transformational activities and quality improvement measures, specifically targeted towards measuring and improving those related to health equity.

Only private hospitals in downstate regions who meet certain financial criteria are eligible for this funding.

AHEAD is a total cost of care model that seeks to drive state and regional health care transformation and **multi-payer alignment**, with the goal of improving the total health of a state population and lowering costs through investments in primary care. Hospital participation is voluntary for downstate regions.

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1115 Medicaid Hospital Incentive Funds: 2024 - 2027

Eligible Hospitals

Not-For-Profit Hospitals who meet each of the following financial requirements:

- Located in Bronx, Kings, Queens, and Westchester Counties with a Medicaid and Uninsured Payor Mix of at least 45%;
- Have an average operating margin that is less than or equal to 0% between 2019-2022 (excluding COVID relief funding and state-only subsidy);
- Received state-only subsidies due to financial distress in State Fiscal Years 2023 and/or 2024.

Hospital Requirements

Participating hospitals will be required to:

- Submit **hospital health equity plans** that align with statewide priorities
- Participate in **quality improvement activities** that address community specific health disparities in alignment with health equity plan
- Create **a roadmap** outlining activities required to transition to a global budget and support community wide population health.

Primary Care Delivery System Model ($492 million)

Goal: Statewide investment to advance primary care and enable providers to move toward advanced value-based payment (VBP) arrangements. Aligns with the CMMI Making Care Primary (MCP) and primary care investments through the AHEAD model.

- This will have a special focus on care for children and advancing primary care further towards VBP
- This initiative will be authorized outside of the 1115 Waiver through a State Directed Payment (SDP)

Structure: Enhanced monthly payments for all Patient-Centered Medical Home (PCMH) primary care practices for their Medicaid Managed Care members over the next two years

- In subsequent years, payments will transition to a bonus payment structure, linking payments to quality and efficiency, and then to a VBP model to align with the CMMI MCP model
- These enhanced payments are in addition to the monthly PCMH payments that PCMH-recognized practices currently receive. These existing payments **will not** transition to a bonus payment structure or VBP model along with the enhanced payments.

MCP is a voluntary **Medicare** primary care model. Through MCP, investments in primary care are increased so patients can access more seamless, high-quality, whole-person care. Only upstate practices are eligible for MCP.

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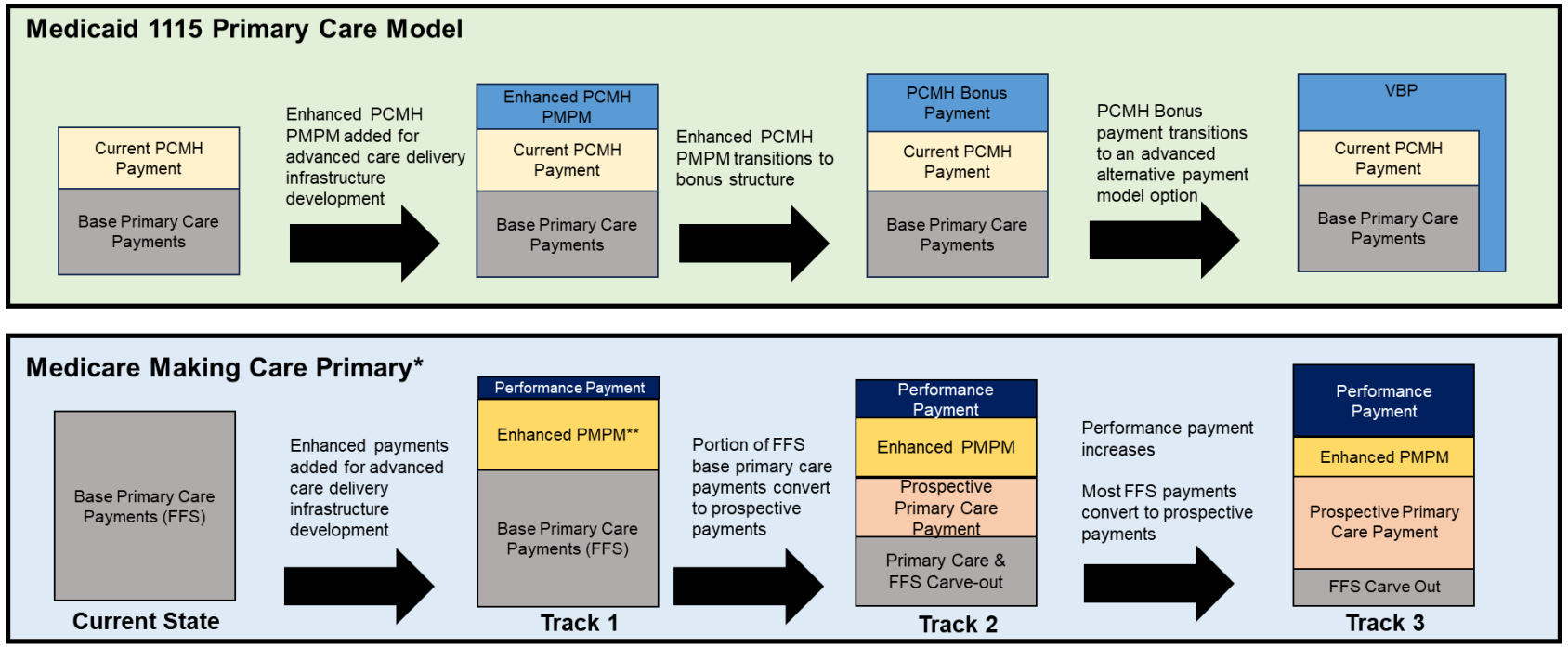
Primary Care Models Summary

Both Models:

- Promote population health improvement
- Provide increased funding
- Increasingly incorporate prospective payments tied to performance metrics

Model Differences:

- Making Care Primary can be entered into at any track, while the 1115 Primary Care timing is dictated by the State
- The 1115 Primary Care Model initially focuses on the new enhanced PCMH PMPM



*Medicaid and Medicare tracks will not necessarily align in timing; practices can start MCP participation at any of the three tracks
**Payments adjusted for social and clinical risk factors

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Health Equity Regional Organization (HERO) ($125 million)

An independent statewide entity that will convene and collaborate with a diverse and comprehensive range of stakeholders to inform the State's plan to advance health equity and reduce health disparities across the state.

Activities include:

Data Aggregation	Regional Needs Assessment & Planning	VBP Design & Development	Program Evaluation
Bring together and distribute information on health outcomes, health care utilization and social care needs to support population health improvement activities under the 1115 waiver. HEROs will work with SCNs and WIOs to collect data on HRSN service access and regional workforce needs	Work with regional partners to identify health equity priorities, service delivery and workforce-related gaps contributing to health disparities, and target physical health, behavioral health, and HRSN-related interventions that address regional needs	Work with newly aggregated data and feedback from regional partners to identify VBP goals and models that address the health and social needs of the region and address the most impactful health equity priorities	Perform an ongoing review of waiver programs and access to new services to support continuous improvement in program design and implementation and quantify the impact on underlying regional health equity priorities

Additional Programs

Substance Use Disorder (SUD) Program ($22 million in annual State savings)

Through the 1115 Waiver, NYS will offer beneficiaries access to high quality, evidence-based Opioid Use Disorder (OUD) and Substance Use Disorder (SUD) treatment services across a comprehensive continuum of care, ranging from residential and inpatient treatment to ongoing chronic care for these conditions in cost-effective community-based settings.

This will include services provided in residential and inpatient treatment settings that qualify as an institution for mental diseases (IMD).

The 1115 will allow for enhanced federal funding for existing SUD services.

1115 Amendment: Continuous Eligibility for Children Ages Zero Up to Six ($112 million)

In Spring 2024, New York will submit a new 1115 Amendment Application to enable children to remain continuously enrolled in Medicaid and Child Health Plus up to age six.

Goals:

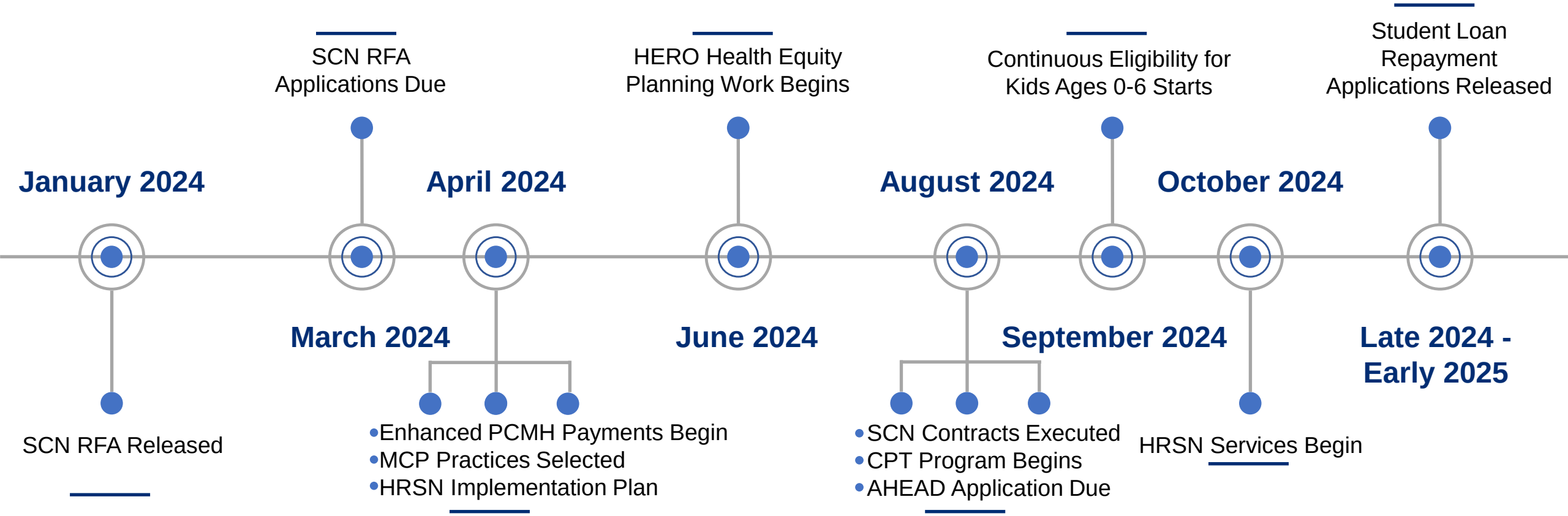
- Prevent gaps in coverage during important developmental years
- Improve outcomes for long-term health and well-being

Public Hearings:

- Wednesday, February 21, 2024
- Wednesday, February 28, 2024

Milestones & Resources

Projected Milestones for 2024



2024

Questions & Answers

Resources

- New York 1115 Waiver Website
- Current Special Terms and Conditions
- Continuous Eligibility for Children Ages 0-6 1115 Amendment Application
- Social Care Network RFA (due March 27, 2024)

If you have questions regarding New York Health Equity Reform Amendment programs, please contact us at: NYHER@health.ny.gov

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Appendix

NYHER Funding By Demonstration Year

Strategy	DY 0 04/01/2023 to 03/31/2024	DY 1 04/01/2024 to 03/31/2025	DY 2 04/01/2025 to 03/31/2026	DY 3 04/01/2026 to 03/31/2027	Total ($ in Millions)
Health Equity Regional Organization (HERO)	**$0**	**$50**	**$40**	**$35**	**$125**
Social Care Networks (SCNs) and HRSN Infrastructure	**$0**	**$260**	**$190**	**$50**	**$500**
Health Related Social Needs Services	**$0**	**$695**	**$1,250**	**$1,420**	**$3,365**
Medicaid Hospital Global Budget Initiative	**$550**	**$550**	**$550**	**$550**	**$2,200**
Primary Care Delivery System Model	**$0**	**$147**	**$147**	**$197**	**$492**
Strengthen the Workforce	**$0**	**$188**	**$335**	**$172**	**$694**
Student Loan Repayment	$0	$12	$24	$12	$48
Career Pathways Training Program	$0	$176	$310	$160	$646
Continuous Eligibility for Children from 0 Up to Age 6	**$0**	**$23**	**$45**	**$45**	**$112**
Total	**$550**	**$1,913**	**$2,557**	**$2,468**	**$7,488**

Dollars in Millions