



**Department  
of Health**

## **NYAPRS 2022 Executive Session**

**Updates from NYS Office of Health Insurance Programs  
Department of Health – Vision, 1115 waiver and IMD waiver**

April 27, 2022

# Agenda

- Introduction
- OHIP Vision
- Overview of 1115 - Strategic Health Equity Reform Payment Arrangements (SHERPA) Amendment
  - Background
  - Goals
  - Initiatives
  - Next Steps

# Introduction

# Getting to know you – Getting to know me

- Currently Director of DPDM – OHIP – NYS DOH
- Previously Counsel at OASAS - worked in counsel's office over 13 years
- Wife and Mother to two 20 something years olds, 1 dog and 3 cats

# Vision

# OHIP Vision

- OHIP structure
- DPDM organization
  - Bureau of Adult Specialized Services
  - Maternal Health and Children's Services
- Managed Care
  - Budget Part PP

# 1115 Waiver

# 1115 Demonstration Waivers - Background

- These are optional – states may, but do not have to, use this authority
- They are intended to grant flexibility to states to innovate in ways that advance the objectives of the Medicaid program.
- **Authorized under Section 1115 of the Social Security Act**, these waivers:
  1. Gives the federal Secretary of Health and Human Services the authority to waive certain provisions and regulations for Medicaid programs, and
  2. Allows Medicaid funds be used in ways that are not otherwise allowed (i.e., “matchable”) under federal rules.
- Typically, 1115 waivers are approved for 3-5 years, although is recently waivers have been approved for longer terms. They may also be extended.



# New York State's 1115 Waiver

- The **NYS Medicaid Redesign Team (MRT) Waiver** (formerly the Partnership Plan) has been in effect since 1997.
- General Goals for the waiver are to:
  - Improve access to health care for the Medicaid population;
  - Improve the quality of health services delivered;
  - Expand access to family planning services; and
  - Expand coverage to additional low-income New Yorkers with resources generated through managed care efficiencies.
- New York's 1115 MRT Waiver was last renewed on April 1, 2022, effective through March 31, 2027.

# Overview of Strategic Health Equity Reform Payment Arrangements Amendment

# Strategic Health Equity Reform Payment Arrangements Amendment

New York State is seeking \$13.52 billion over five years to fund a new amendment to its 1115 Waiver that addresses health disparities and systemic health care delivery issues that have been both highlighted and intensified by the COVID-19 pandemic.

***The goals of this waiver amendment are as follows:***

1. Building a more resilient, flexible, and integrated delivery system that reduces health disparities, promotes health equity, and supports the delivery of social care;
2. Developing and strengthening supportive housing services and alternatives for the homeless and long-term institutional populations;
3. Redesigning and strengthening system capabilities to improve quality, advance health equity, and address workforce shortages; and
4. Creating statewide digital health and telehealth infrastructure.

# Submission Timeline

Activity	Date
Public Notice posted to State Register/Public Comment Period Begins	April 13, 2022
Tribal Comment Period Begins	April 13, 2022
Public Hearing 1 & 2	April 28, 2022 and May 3, 2022
Public Comment Period Ends	May 13, 2022
Tribal Comment Period Ends	May 20, 2022
Incorporate Public Comments and Finalize Amendment	July 1, 2022
Formal Submission of Amendment Application to CMS	July 25, 2022
Target Implementation Date	January 1, 2023

# Goal #1: Health Equity-Focused System Redesign

## Health Equity Regional Organizations (HEROs) - \$325 million

- HEROs are the core construct at the center of the waiver's design and will develop annual regional plans to outline a pathway to improving health outcomes and health equity in their respective region.
- Regional, mission-based organizations composed of a coalition of stakeholders.
- Hubs for regional collaboration, coordination, decision-making, and data infrastructure and will inform future advanced VBP arrangements targeted at health equity.

## Social Determinants of Health Networks (SDHNs) - \$585 million

- Coordinated networks of health and social care Community Based Organizations (CBO).
- A major component of SDHN work will be coordinating a regional referral network of providers of health and social services.
- DOH will procure statewide IT social needs referral and data platform infrastructure in support of SDHNs to collect data in support of the referral network and to inform future targeted interventions.

# Cont. Goal #1: Health Equity-Focused System Redesign

## **Advanced VBP Arrangements - \$7 billion**

- Based on input from HEROs and SDHN regional plans and data collection, DOH will enter advanced VBP arrangements with various stakeholders via MCOs targeted at health equity measures.
- Will involve updating the VBP Roadmap to address health equity and regional SDH needs.

## **Ensuring Access for Criminal Justice-Involved Populations - \$745 million**

- The State will provide a targeted set of in-reach Medicaid services for incarcerated individuals 30 days prior to release.
- Services will include care management and discharge planning, clinical consultant services, peer services, and medication management plan development and delivery of certain high priority medications to ensure engagement in services upon release and to assist with the successful transition to community life.

## Goal #2: Strengthen Supportive Housing Services

### Investing in Supportive Housing Services – \$1.57 billion

- HEROs will develop an inventory of available housing resources and regional need to identify and address gaps in services.

### SDHNs and Supportive Housing Stakeholders will implement the Enhanced Supportive Housing Initiative, which will:

- Encourage a coordinated and targeted effort in housing between MCOs, SDHNs, CBOs, and VBP contractors to connect high Medicaid utilizers with services.
- Include –
  - Medical respite for recently discharged patients at risk of imminent homelessness and too sick to return to the street,
  - Community transitional services for those living in institutional settings or experiencing homelessness, and
  - Referral to and coordination of related services and benefits.

## Goal #3: System Redesign and Workforce Capacity

### **COVID-19 Unwind Quality Restoration Pool – \$1.5 billion**

- A VBP pool available to financially distressed safety net and critical access hospitals and nursing homes to engage in VBP arrangements, with a focus on quality improvement, advancing health equity, and expanding workforce quality.

### **Develop a Strong, Representative and Well-Trained Workforce – \$1.5 billion**

- DOH is seeking funding for an initiative to address long-standing workforce shortages that were exacerbated by the COVID-19 pandemic to take steps to make the field more attractive to workers and provide opportunities for advancement.
- Funds will be used to support the following activities: recruitment and retention activities, develop and strengthen career pathways, workforce training initiatives, expand the community health workforce, and standardize occupations and job training.



## Goal #4: Creating Statewide Digital Health and Telehealth Infrastructure

### Equitable Access to Telehealth Services for Members and Providers – \$300 million

- An initiative to expand access to Digital and Telehealth Services by provisioning IT and training support to providers as well, as investments in infrastructure to improve patient access.
- Funding will support telehealth kiosks in homeless shelters, community health worker training to assist members in utilizing telehealth services, and tablets for providers and enrollees who lack access to technology necessary to participate in telehealth.

# Estimate of Annual Waiver Expenditures

1115 Waiver Application Funding Estimates							
Proposal	DY 1	DY 2	DY 3	DY 4	DY 5	Total	Percentage of Total
<b>Goal #1: Health Equity-Focused System Redesign</b>	<b>\$205</b>	<b>\$852</b>	<b>\$2,526</b>	<b>\$2,533</b>	<b>\$2,540</b>	<b>\$8,655</b>	<b>64%</b>
<i>HEROs</i>	\$65	\$65	\$65	\$65	\$65	\$325	2%
<i>SDHNs</i>	\$121	\$116	\$116	\$116	\$116	\$585	4%
<i>Advanced VBP Models</i>	\$0	\$500	\$2,167	\$2,167	\$2,167	\$7,000	52%
<i>Criminal Justice-Involved Populations</i>	\$19	\$171	\$178	\$185	\$192	\$745	6%
<b>Goal #2: Supportive Housing</b>	<b>\$63</b>	<b>\$101</b>	<b>\$301</b>	<b>\$501</b>	<b>\$601</b>	<b>\$1,565</b>	<b>12%</b>
<b>Goal #3: System Redesign and Workforce</b>	<b>\$600</b>	<b>\$600</b>	<b>\$600</b>	<b>\$600</b>	<b>\$600</b>	<b>\$3,000</b>	<b>22%</b>
<i>System Redesign</i>	\$300	\$300	\$300	\$300	\$300	\$1,500	11%
<i>Workforce Training</i>	\$300	\$300	\$300	\$300	\$300	\$1,500	11%
<b>Goal #4: Digital Health &amp; Telehealth</b>	<b>\$60</b>	<b>\$60</b>	<b>\$60</b>	<b>\$60</b>	<b>\$60</b>	<b>\$300</b>	<b>2%</b>
<b>Total Ask:</b>	<b>\$928</b>	<b>\$1,613</b>	<b>\$3,486</b>	<b>\$3,693</b>	<b>\$3,800</b>	<b>\$13,520</b>	<b>100%</b>

Dollars in Millions

# Changes from Concept Paper

## **Overall:**

- Reduced total ask from \$17 billion to \$13.52 billion, to reflect a 20% reduction.
- Expanded sections to add more detail, data, and outline funding asks.
- Tied relevant proposals back to DSRIP experience and necessary improvements.

## **Goal #1 Health Equity-Focused System Redesign:**

- *HEROs* – Updated regional breakdown to increase the number of HEROs from eight to nine and added clarifying language to emphasize how HEROs would work within existing system structures
- *SDHNs* – Provided more detail on the need for statewide IT social needs referral and data platform infrastructure.

## **Goal #2 Supportive Housing:**

- Expanded description of proposed services, which includes matching high Medicaid utilizers with appropriate services.

## **Goal #3 System Redesign and Workforce Capacity:**

- *System Redesign* – Revised program from specific investments in hospital facilities for COVID-19 response and IT infrastructure to a VBP pool targeted to help financially distressed safety net and critical access hospitals and nursing facilities for quality improvement, advancing health equity, and workforce.
- *Workforce Capacity* – Clarified that WIOs, created through DSRIP, would expand scope beyond long-term care training.

## **Goal #4 Digital and Telehealth:**

- Provided more detail on proposal and financial ask.

# Public Comment

# Transparency

- The Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended) instituted requirements for public process and transparency at both the state and federal level.

## State Requirements

- Public Notice – publication, website, ect..
- Opportunity to Comment – 30 days
- Public Hearings - at least 2

All are required in order to afford the public the opportunity to provide comments regarding the State's demonstration application.

## Federal Requirements

- Public Notice - publication
- Opportunity to Comment – 30 days
- Approval not before 45 days of submission

# Special Virtual Public Hearing Format

In compliance with social distancing guidelines due to COVID-19 and alignment with approved CMS exceptions to satisfy both the public hearing and public forum requirements in 42 CFR § 431.420(c) & 42 CFR § 431.408, the State is holding two virtual public hearing/public forum meetings in connection with this waiver request.

## **Public Hearings - 2 dates and you must preregister**

- Thursday, April 28, 2022, 1:00 pm – 4:00 pm
- Tuesday, May 3, 2022, 1:00 pm – 4:00 pm

# Guidelines for Public Comments

- A list of the pre-registered commenters will indicate the order in which you will be called on to speak.
- A member of the DOH team will call your name and manually unmute your line to allow you to provide your comment.
- Comments will be timed, please limit your comment to five minutes.

Written comments will be accepted through **May 13, 2022**, by email at

[1115waivers@health.ny.gov](mailto:1115waivers@health.ny.gov) or by mail at:

Department of Health

Office of Health Insurance Programs

Waiver Management Unit

99 Washington Ave., 12<sup>th</sup> fl. (Suite 1208)

Albany, NY 12210

# 1115 MRT Waiver Resources

## 1115 MRT Waiver Website

[http://www.health.ny.gov/health\\_care/medicaid/redesign/medicaid\\_waiver\\_1115.htm](http://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm)

## MRT II

[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt2/](https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/)

## Amendment Application

[https://www.health.ny.gov/health\\_care/medicaid/redesign/2022/docs/2022-04\\_1115\\_waiver\\_draft\\_amendment.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/2022/docs/2022-04_1115_waiver_draft_amendment.pdf)

## Original Concept Paper

[https://health.ny.gov/health\\_care/medicaid/redesign/2021/docs/2021-08\\_1115\\_waiver\\_concept\\_paper.pdf](https://health.ny.gov/health_care/medicaid/redesign/2021/docs/2021-08_1115_waiver_concept_paper.pdf)

## Quality Strategy

[https://www.health.ny.gov/health\\_care/medicaid/redesign/docs/rev\\_quality\\_strategy\\_program\\_sept2015.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/docs/rev_quality_strategy_program_sept2015.pdf)

