

Alliance for Rights and Recovery Seminar 2024

**NYS 1115 Waiver Demonstration Waiver: New
York Health Equity reform (NYHER) :
Opportunities to Improve Access to Mental
Health Services and Supports**



Agenda

- Waiver Background
- Waiver – Goals
- Waiver - Questions Answered
- What is next?



Background

- New York State's Medicaid program has operated for years under an 1115 Medicaid Waiver. The NYS 1115 waiver is called the NYS Medicaid Redesign Team (MRT) Waiver, (formerly called the Partnership Plan). This Waiver was most recently renewed on April 1, 2022.
- Periodically, NYS seeks waiver demonstration amendments. The most recent of these was called DSRIP.
- The State submitted an application for a 5-year \$13.5 billion Medicaid 1115 Waiver ([The New York Health Equity Reform \(NYHER\) waiver](#)) to CMS on September 2, 2022.
- NYS Department of Health, Office of Health Insurance Programs (OHIP) and Centers for Medicare and Medicaid Services (CMS) negotiated the terms of the waiver.
- Final Approval with Standard Terms and Conditions issued for January 9, 2024 for \$7.5 B, effective until March 2027. Additional protocols and terms and conditions to follow.

Waiver Goals



Goal: Advance health equity and reduce disparities.




Improve population health



Improve access to health-related social need (HRSN) services



Strengthen the workforce



Final Waiver Includes:

Social Care Networks/Health
Related Social Needs Benefit

Health Equity Reform
Organization (HERO) - modified

Population Health

Workforce

IMD Exclusion



Social Care Networks Quals:

Non-profit organizations including:

- CBOS
- IPAs
- Health Homes
- Behavioral Health Collaborations
- FQHCs
- PPSs

3- yrs experience:

- Contracting or fiscal administration with or on behalf of CBO (s)
- Leading CBOs in a network, coalition, or other organized groups
- Leading care management teams, including CBOs

Pre-Qualified in Grants Gateway or State Fiscal System

SCN Responsibilities:

- Fiscal management
- Contracting
- Data Collection
- Referral Management
- CBO Network

What are HRSNs Services?

Health Related Social Needs (aka Social Determinants of Health)

All members get a screening and appropriate referrals

All HRSNs must be clinically appropriate and expected to improve member health

Members have the right to opt-out

Members who do not qualify for Level II services get referrals/links to existing programs and services.

Who is Eligible for HRSN Services Level II Services ?

- High utilizers
- Health home enrollees
- People with SUD
- People with serious mental illness (SMI)
- People with intellectual and developmental disabilities (IDD)
- People who are homeless
- Pregnant persons, up to 12 months postpartum
- Post-release criminal justice involved w/serious chronic conditions
- Youth involved in the juvenile justice system, foster care system, or kinship care
- Children under the age of 6
- Children under 18 w/ one or more chronic conditions

Health Equity Regional Organization (HERO) (\$125 M)

- Single Statewide HERO to convene stakeholders to inform the State's Plan to reduce disparities and advance health equity:
- Data Aggregation
- Regional Needs Assessment and Planning
- VBP Design and Development
- Evaluation

Population Health

Stabilize Safety Net Providers

Invest in Primary Care

➤ **Stabilize Safety Net Providers (\$2.2B)**

- Support financially distressed hospitals to advance health equity and improve population health
- Align with CMMI States Advancing All-Payer Health Equity Approaches and Development (AHEAD) model. Medicaid Hospital Global Budget Initiative

➤ **Advance Primary Care (\$492M)**

- Help providers move towards VBP
- Align with CMS AHEAD and CMS Making Primary Care Primary (MCP)
- Enhance PCMH payments
- Special focus on children

Building Workforce Capacity

Loan Repayment (\$48 M)

- Loan forgiveness for:
 - Psychiatrists, with priority on child/adolescent psychiatrists – up to \$300,000 per provider
 - Primary care and dentists – up to \$100,000 per provider
 - Nurse practitioners and pediatric nurse specialists – up to \$50,000 per provider
- Four (4) year commitment to serve at least 30% Medicaid/uninsured

Career Pathways Training (\$646 M)

- Develop training programs through Workforce Investment Organizations (WIOs)
- Support recruitment and retention
- Must serve 30% Medicaid/uninsured for three (3) yrs.

What is still to come?



VBP Payments



In-reach for populations impact by criminal justice (coming later in a separate waiver)



Expanded HCBS



Digital and telehealth

Thank You

