



Department
of Health

Health Equity Alliance of Long Island

New York Medicaid 1115 Waiver: Addressing the Health Disparities Exacerbated by the COVID-19 Pandemic

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Agenda

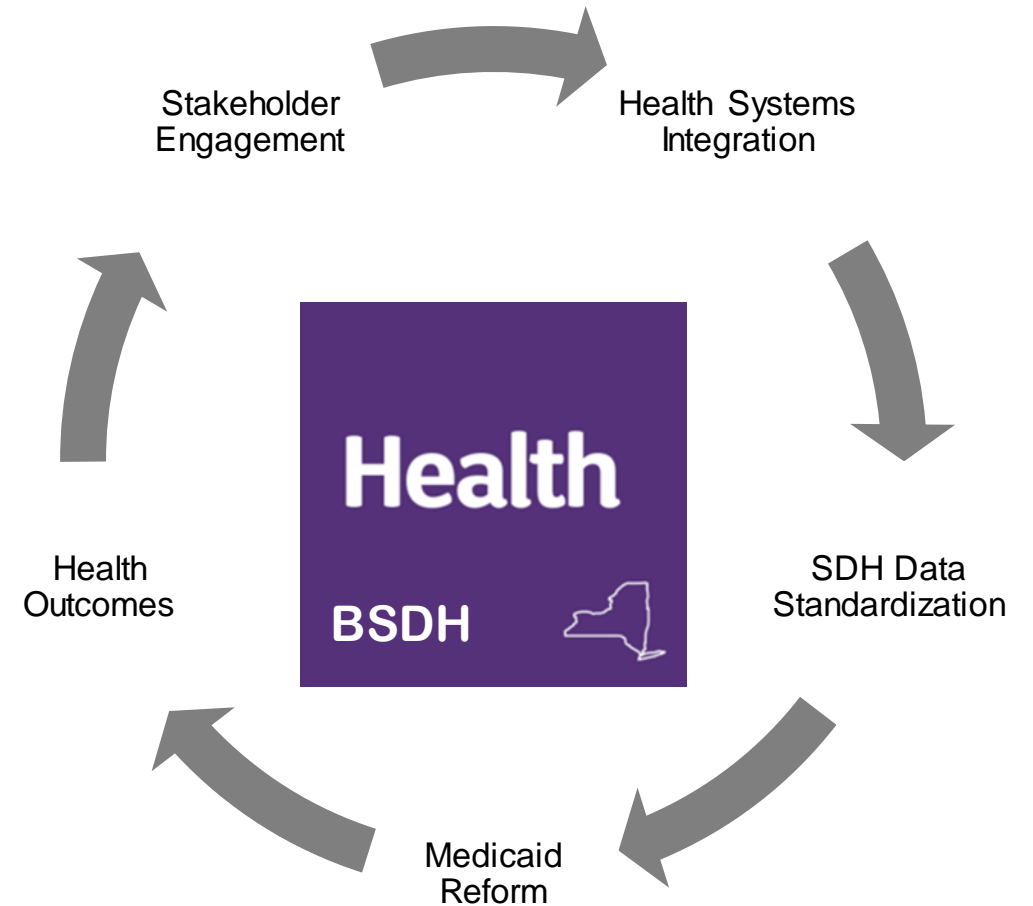
1. VBP Requirements and Outcomes

2. 1115 Waiver Concept Paper
 - a. Status and Process Overview
 - b. Overview & Themes

Bureau of Social Care and Community Supports

Purpose

Transform the New York State Healthcare delivery system by integrating health and human services. Addressing the Social Determinants of Health to improve the quality of care and health outcomes for NYS most vulnerable populations.



Value-Based Payment Arrangements

DOH has a total of **191** SDH interventions and CBO contracts:

- Mainstream Managed Care – 131 contracts
- Managed Long Term Care – 49 contracts
- Programs of All-Inclusive Care for the Elderly – 11 contracts

A list of approved interventions are posted on the SDH CBO website: www.health.ny.gov/mrt/sdh

Current approved interventions:

- Food security – 47
- Housing – 24
- Transportation – 4
- Children – 5
- Social isolation – 10
- Primary care engagement – 14
- Self-management of chronic conditions – 32
- Health literacy and education – 25

Note: some interventions address multiple factors and are counted more than once in the above.

**MMC/PACE Roadmap requirement started 1/1/18 and MLTC started 4/1/19*

VBP- Long Island

Total of 29 SDH contracts on Long Island:

1. Engagement and asthma self-management for pediatric asthma patients
2. Medically Tailored Meals
3. Providing psychoeducation for individuals and families dealing with substance use disorder

Lessons Learned

- Screening and standardized data is essential
- Social needs are multi-layer and need multiple community partners to address needs
- Geography matters
- CBO led interventions and funding

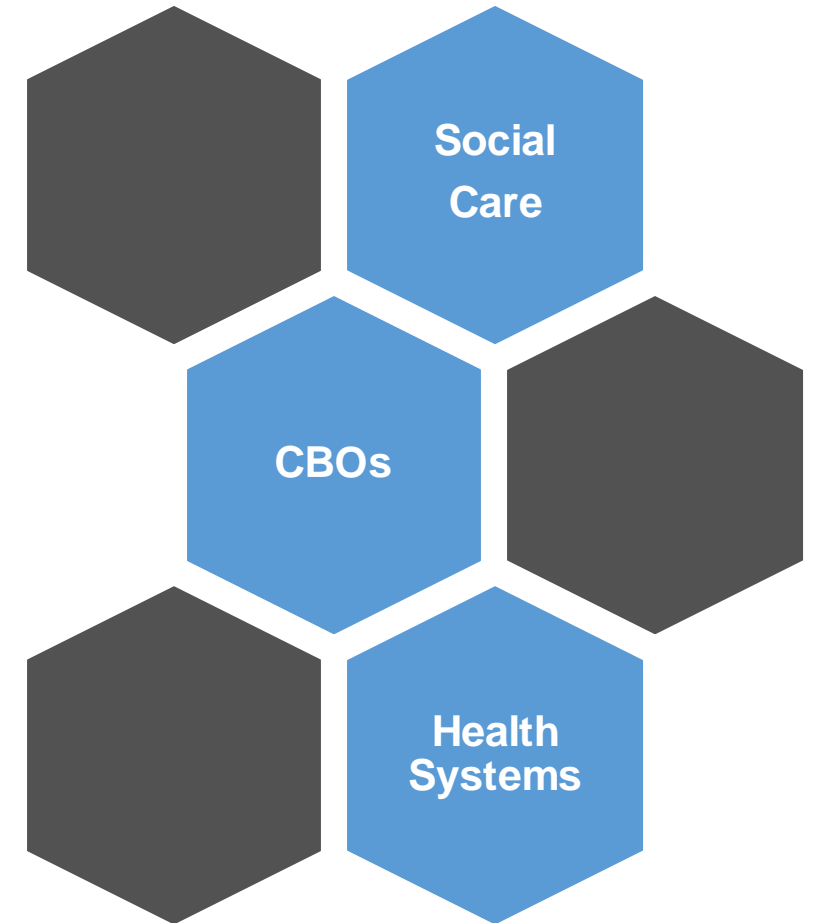
MRT II: Social Determinant of Health Pilots

The SFY 2020-21 budget included the authority to create three SDH pilots to improve health outcomes and generate Medicaid savings:

- **Medical Respite-** is low intensity care that includes **temporary room and board** that allows individuals the opportunity to recuperate in a safe environment while accessing **medical care and other supportive services**
- **Medically Tailored Meals-** tailored meals delivered to individuals living with severe illness through a referral from a medical professional or healthcare plan. **Meal plans are tailored** to the medical needs of the recipient by a Registered Dietitian Nutritionist (RDN), and are designed to **improve health outcomes**, lower cost of care, and increase patient satisfaction
- **Street Medicine-** enables providers to deliver minimally invasive treatments and medical assessments at locations **outside of medical centers**, including drop-in centers, shelters, transitional housing sites, and on the streets.

MRT II Pilot Goals

- Remove barriers to allow for social care interventions
- Encourage partnerships between community-based organizations, hospitals and Managed Care Organizations
- Target Medicaid members that are frequent utilizers of inpatient and the emergency department
- Evaluate health outcomes and savings



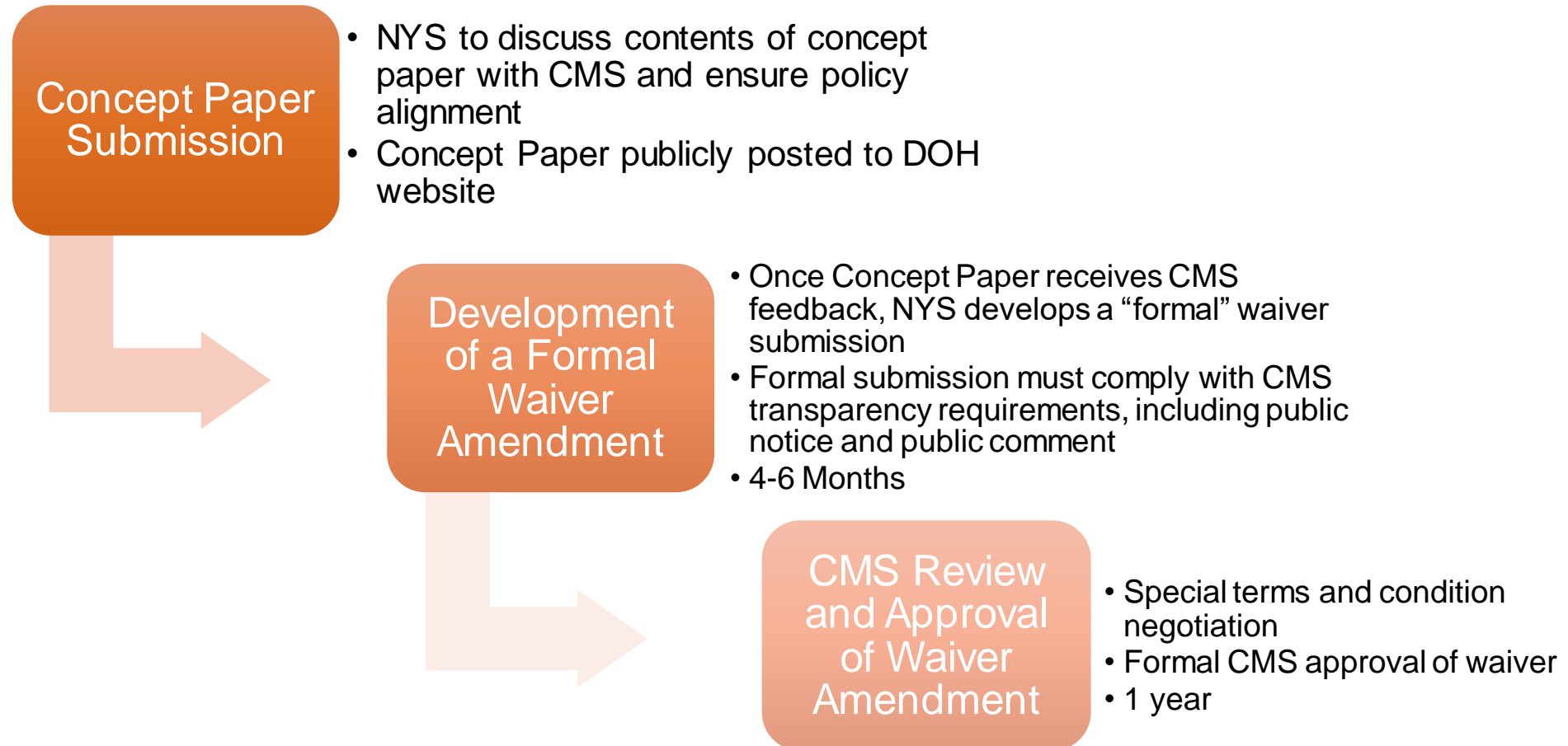
Medically Tailored Meals- In Lieu of Service

MTM are delivered to individuals living with severe illness through a referral from a medical professional or healthcare plan. Meal plans are tailored to the medical needs of the recipient by a Registered Dietitian Nutritionist (RDN), and are designed to improve health outcomes, lower cost of care, and increase patient satisfaction. Medically Tailored Meals will substitute for one of the following:

1. Personal Care Aide (PCA) service – PCA hours allotted for meal preparation and food shopping may be substituted for delivery of Medically Tailored Meals (MTM). Members who opt in to receive MTM in lieu of meal preparation and food shopping hours will incur a reduction in the number of PCA hours they receive.
2. Hospital Inpatient stays and/or Emergency Department visits – high service utilizers with hospital inpatient stays and emergency department visits related to cancer, diabetes, heart failure, and/or HIV/AIDS. High service utilization being defined as:
 - Two or more Hospital Inpatient stays related to cancer, diabetes, heart failure, and/or HIV/AIDS within the last 12 months; **or**
 - Five or more Emergency Department visits related to cancer, diabetes, heart failure, and/or HIV/AIDS within the last 12 months; **or**
 - One Hospital Inpatient stay AND four Emergency Department visits related to cancer, diabetes, heart failure, and/or HIV/AIDS within the last 12 months.

1115 Medicaid Waiver Concept Paper

Status and Process Overview



Concept Paper: Overview & Themes

Concept Paper – August 2021 Submission to CMS:

https://www.health.ny.gov/health_care/medicaid/redesign/2021/docs/2021-08_1115_waiver_concept_paper.pdf

Term and Amount: Comprehensive waiver amendment that would authorize new federal funding over a multi-year period.

- The waiver should be appropriately ambitious – in size and duration.
- Reflects size and scale of the pandemic in revealing gaps in our delivery system.
- Proposal is **\$17 billion over five years**, which will be subject to budget neutrality rebasing and availability of sources of financing.

1115 Waiver State Goals

#1: Health Equity-Focused System Redesign: Build a more resilient, flexible and integrated delivery system to reduce racial disparities and promote health equity, which has five sub-components.

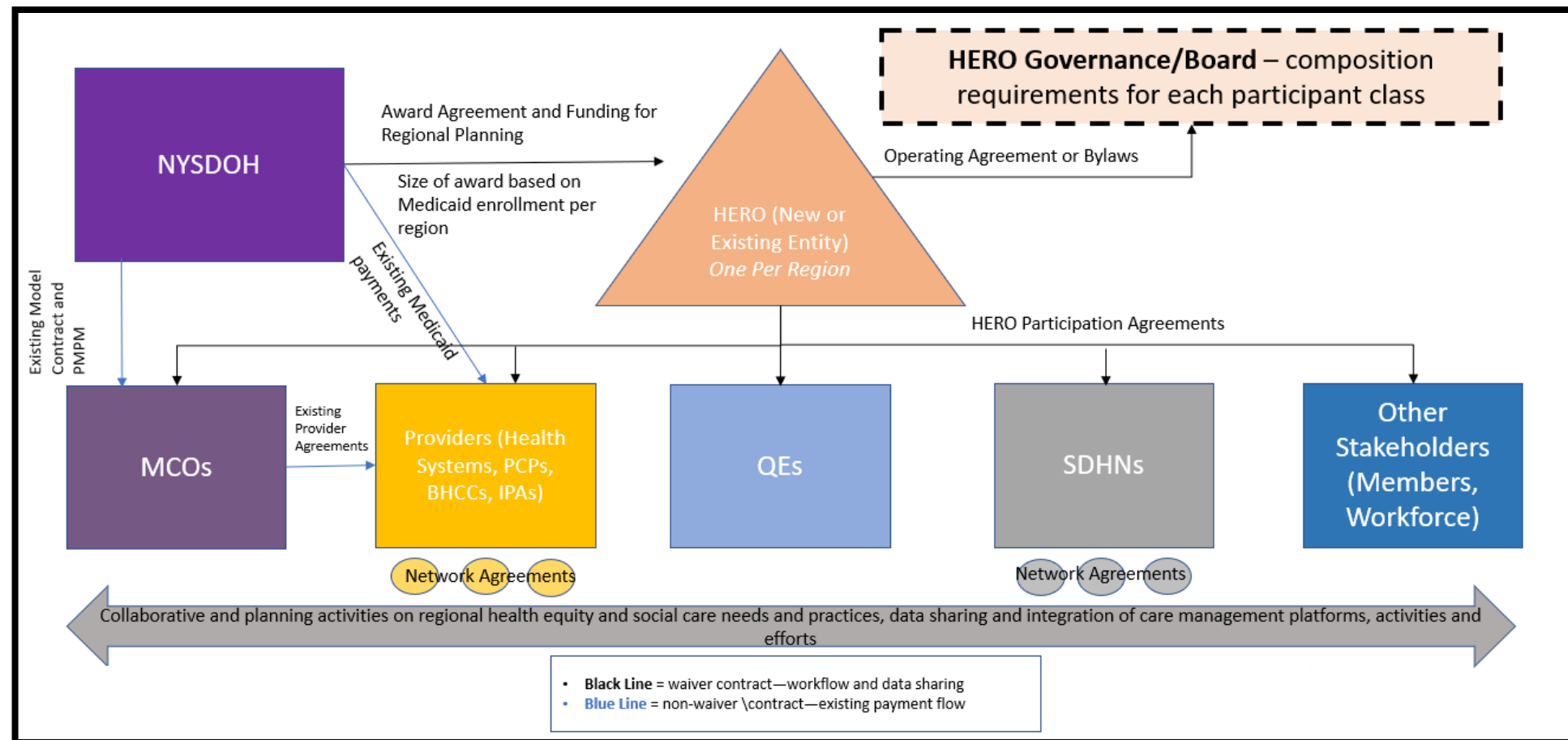
#2: Developing supportive housing and alternatives to institutions for the long-term care and behavioral health populations

#3: Redesign and strengthen health and behavioral health system capabilities to provide optimal responses to future pandemics and natural disasters

#4: Creating statewide digital health and telehealth infrastructure

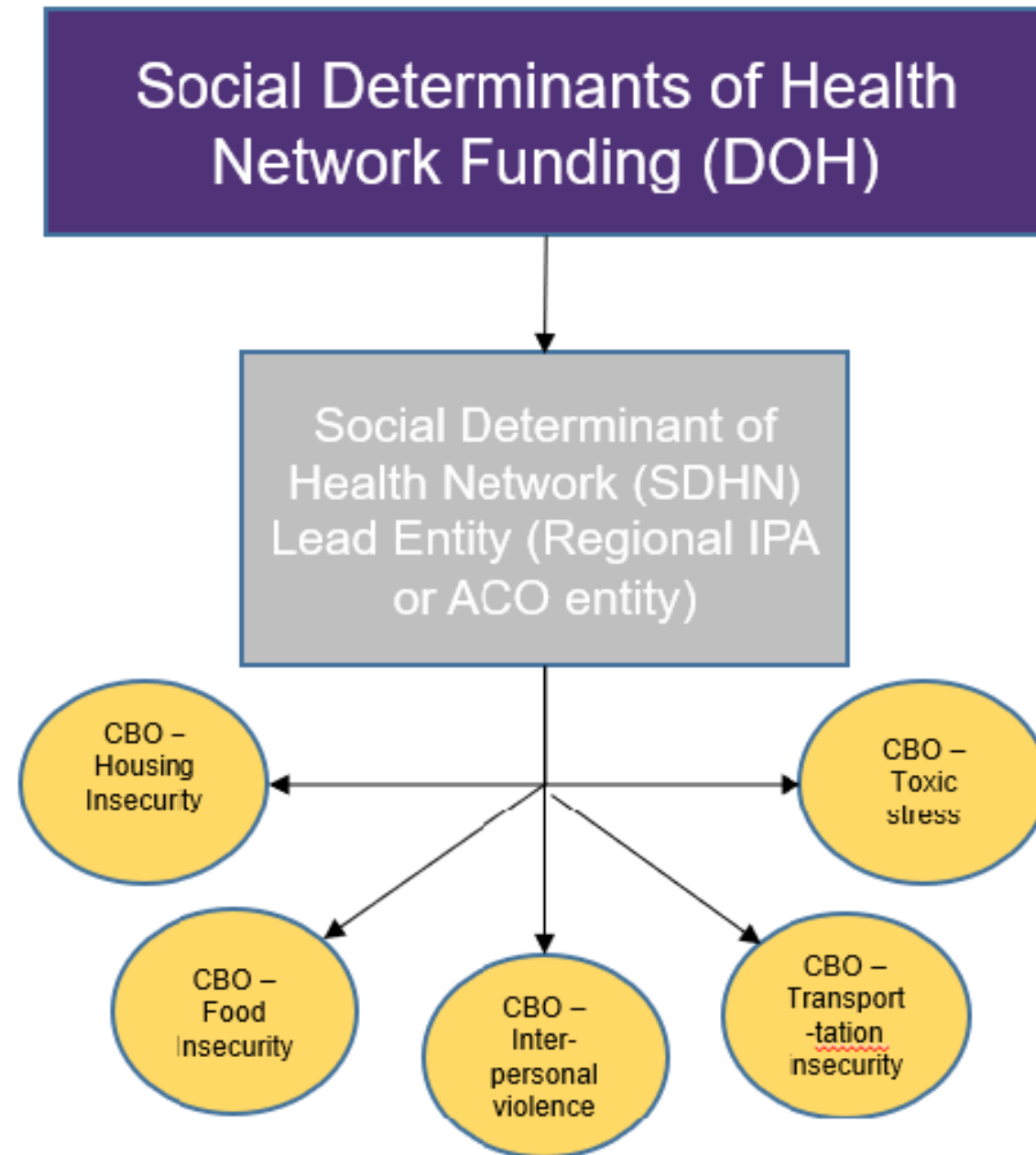
Health Equity-Focused System Redesign

1. Establish Regional Organizations to Coordinate, Facilitate Activities



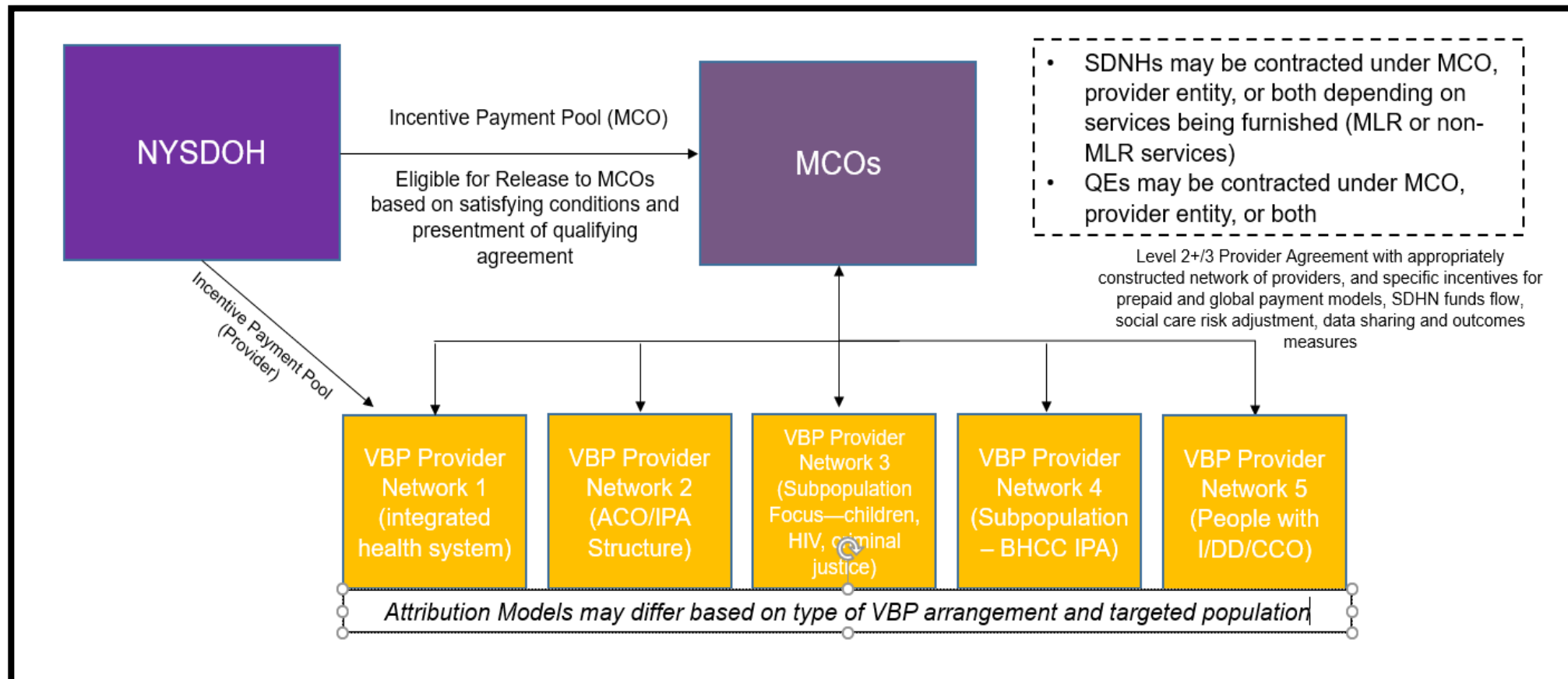
Health Equity-Focused System Redesign

2. Fund Social Determinant of Health Networks



Health Equity-Focused System Redesign

3. Advanced Value Based Payment Models



Health Equity-Focused System Redesign

4. Build Training Capacity: Expand the number of community health workers, care navigators and peer support workers to support regional collaboration under HEROs, SDHNs, and the move to advanced VBP models, as well as create and expand career pathways, apprenticeship programs, and cohort training programs

5. Ensuring Access for Criminal Justice-Involved Populations:

- *Description:* Reinstate Medicaid enrollment for incarcerated individuals 30 days prior to release for targeted services, including in-reach care management and discharge planning, clinical consultant services, and medication management plan development to assist with the successful transition to community life. This proposal reflects a prior 1115 waiver amendment that was rejected during the Trump Administration.
- *Eligibility:* Individuals incarcerated in county and state facilities with two or more chronic physical/behavioral health conditions, a serious mental illness, HIV or an opioid use disorder.

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