HEALI Meeting – Sept. 28th

Medicaid Waiver Changes:

* Call for more funding for SDHN
	+ 860 million for the 5 years – needed bump and great change that did not impact overall total funding request
* 9 regions and Long Island will be its own region
* Clarified populations to include children
* There will not be a statewide IT infrastructure due to existing investment by agencies in their own IT platform
	+ The State will optimize the SHIN-NY to be data repository of all social determinants of health data and allow each SDHN to contract or utilize their own IT platform and that platform will have to be able to feed into the statewide SHIN-NY platform
* Standardized assessment tool
	+ Core required questions that will be the same across the state but will allow for flexibility for CBOs to ask questions to ensure that they are helping the individuals
* CBOs will be paid for services
	+ CBOs will not have to take on risk to be in VBP contracts
* HERO role
	+ Planning entity for the five years of the waiver
	+ Clarified that it is not like a PPS where they have money that they are distributing to the region
	+ The HERO will have a yearly regional plan and the State is expecting for the SDHN to be part of that planning, MCOs, behavioral health providers, local governments
	+ Regional plan will influence the VBP arrangements for that region
* SDHN role
	+ Sustainable entity that will continue past the waiver
	+ SDHN will be connected to CBOs that are doing the social service work but also connecting to Medicaid billing services
* Screenings
	+ Any agency that is engaging consumers will do screenings
	+ CBOs are positioned to screen disengaged individuals that may not have access to health care providers or lost to care

**Q: Concerns with the SHIN-NY in terms of distribution of data due to not having a unified platform. There have been concerns due to a lack of data sharing that have been an impediment for behavioral healthcare providers such as total cost of care data and outcome data. Different RHIOs that do not transmit a lot of data due to the way its scored by different hospitals that make it difficult for behavioral health providers to make timely interventions. Have there been conversations within the department to rectify the log jams within SHIN-NY so the data begins to flow in a way that is usable?**

A: The department meets once a week to discuss the data flow with the Medicaid waiver and VBP contracts. The State will be building out the interoperability of the SHIN-NY so that it can be the centralized data function. We are aware that we need live, accurate data and it needs to be shared across all entities.

**Q:What does the state see as the role of the RHIOs?**

A: The idea is that the referral tracking and screening data (Unite Us or Well Connected) is pushed through the RHIO to the SHIN-NY. The state is going to work on the RHIO and SHIN-NY piece but the SDHN will be responsible for ensuring the IT platform will push through the data and possibly receive data.

**Q: Will there be a cost to SDHN for that?**

A: Not sure how that is going to look yet whether that will be on the state side or not. The state anticipates funding available for the platform for data connection. The State will provide guidance on what the interoperability needs to look like.

**Q: Will there be standardized consent for the screening tool?**

A: That is the hope that there will be standardized consent across the state. Standardization would remove barriers and would be best practice.

**Q: On the housing issue, there’s been concerns about starting to put housing costs into Medicaid funds flow, its going to rollback into rate increases in plans. Has this been discussed?**

A: Medicaid will fund services. The Housing Unit, the Medicaid Redesign Team Supportive Housing Initiative, found that there is a cost savings, especially when targeting homeless high utilizers, associated with providing these types of services and putting someone in a home. Housing is a huge issue on Long Island, there are barriers to getting into housing (driver’s license, birth certificate). The waiver will provide transitional services that will be paid through Medicaid, not the rental subsidy (this would use federal or state funds), so individuals are ready to get into housing. The MRT will provide support services so there is a retention of housing and continued cost savings. The Waiver is going to be paying for the transition initiative.

**Q: Zoning laws are a huge problem on Long Island when creating affording housing. Is there some mechanism that the State can use to enforce or free up zoning laws to make it easier to use capital dollars to expand housing units available?**

A: Part of the HEROs is that planning and the hope is that the local government is involved. Empire State Supportive Housing Initiative which is creating new capital buildings. There’s a challenge on Long Island finding buildings to be changed into housing, land, there’s a lot of NIMBY (not in my backyard). Fair market rent is something the State is always battling against.

**Q:What work is currently being done regarding social determination screening as it relates to energy insecurity?**

A: There are screening questions on utilities within the AHC CMS tool and that is something that Health Homes is doing using the AHC CHMS screening tool. We have a Healthy Home pilot that is working with NYSERDA for children with asthma. So children with asthma who have a high ED or inpatient utilization due to their home not being conducive to their health are paired with a community health worker who does a SDoH screening and they go into the apartment or home and look at the asthma triggers as well as someone that’s contracted by NYSERDA to look at the energy and weatherization of the apartment. They then work together to remediate those issues and connect them to any other social services they may need. That pilot just started about 6 months ago. We are very excited about it and NYC has done a similar pilot. So we’re looking at ways to make this pilot sustainable and statewide. We do envision it as being part of the SDHN and we’re looking at in lieu of services. We’re seeing if it’s viable to say this person has asthma and a high ED/inpatient utilization, let’s make these changes to their living situations so this doesn’t keep happening.

**Q: In the 1115 Waiver, a key critical component is transportation for people who live in poverty. Where does that fit within the planning of the HEROs?**

A: Transportation is a question on the screening tool. I do envision that the SDHN will have a transportation function. We have Medicaid transportation of course, but what about transportation to court hearings, pharmacies, or childcare? There’s a lot of social transportation needs. I know on Long Island it is an issue with certain neighborhoods being very far from a bus line. We have to take into consideration when doing the HERO mapping of the bus line. That will be something connected to the SDHN.

**Q: Linking into the federal funding that just passed, is there going to be an opportunity for this proposal to CMS to partner with other opportunities that are going to come down?**

A: We are always looking into braiding funding. We wouldn’t call it out in the waiver but we are always looking to braid funding.

**Q: To elaborate on the CHW workforce development training, where do you stand with the training and workforce development?**

A: The Waiver does mention training and capacity building for CHWs, having a fair rate adds to that ability to stand on their own feet. CHWs are going to be so essential in the networks, that outreach and navigation piece, peers, are the bread and butter of SDHNs. Having someone that is able to talk to the people in the neighborhood and they’re from that neighborhood, that’s how you get people engaged. I know there is a lot going on in the training realm. They’ve talked about making CHWs a Medicaid billable service by having some standardization of the definition of CHW, that is still in progress and will take some time for the State to look at. People are on to the vital role of CHWs so I think we will see it develop either through this Waiver but in other paths as well. There’s been a lot of focus on CHWs outside of the agency as well. I think it is up and coming and we will build between the Waiver and the pandemic. We saw the role of CHWs was essential in getting vaccinations. So we need to build upon that and the State is aware in trying to capitalize and make the payment side more established and standardized training.

**Q: The Waiver mentions CHWs, peer advocates, care navigators, is there going to be a specific title, qualification, certification, training requirement that will theoretically be reimbursed?**

A: It’s being looked at.

**Q: What is being made available in language services or translation services? Where do you stand on immigration support because some individuals may not qualify? And is there anything in place for post incarcerated individuals for reentry into society?**

A: There is a huge criminal justice piece in the Waiver and they are also part of the housing transition services piece because we know it is very difficult for that population to get housing. Language is why CBOs niched within small neighborhoods is key but language will be considered with the tool and services provided. Immigration is a huge issue politically right now and will be considered. The SDHNs will be built through this waiver and contracting with MCOs and VBP contractors and it has that Medicaid side. But I think a key piece to the Networks is allowing for other funding. Medicaid can fund so much but you have to braid funding. An important part of the Networks is that they are not limited to who they are getting money from. They are getting money from MCO contracts, health departments, state agencies, local governments. An important point of sustainability is that they have other sources of funding. Medicaid funding alone won’t solve all of our problems.

**Q: Will there be minimum standards required for the MCOs in terms of funding for SDoH services?**

A: In the Waiver, it was broadly written because that will be something we work out with CMS. We want to have thresholds set that certain percentage of VBP dollars will go to social services.

**Q: In terms of the regional planning entity, what would be the State’s intention if no entity arises on Long Island?**

A: That’s a good question and will have to be figured out within the procurement. Right now, we are saying that the HERO cannot be the SDHN because the SDHN will be part of the governance of the HERO. Every region has a different makeup and players. We’ll have to have a game plan if that were to happen.