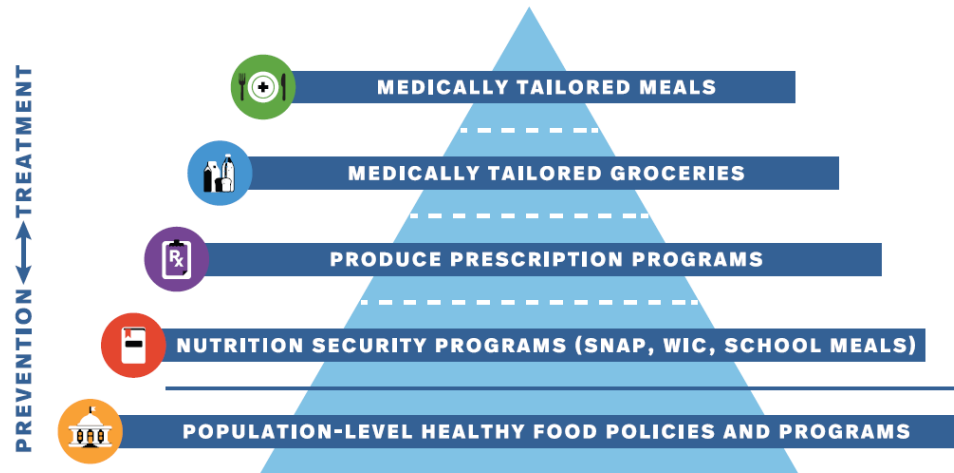


**HEALI Coalition Meeting
5/17/23**

Updates:

- 1115 Waiver
 - Expecting approval from CMS between June 1 and July 1. We've been told they are in final stages of negotiating with CMS
 - There will be 30 days after approval to finalize the RFP and 60 days to respond. Then the selection process will likely take a few months and contracts may happen by the end of the year.
 - HERO will be removed from the Waiver and unsure where those responsibilities will fall.
 - There is still a strong Social Determinant of Health Network that may be called Health Related Social Care Network.
 - Please expect outreach for requests for assistance with the RFP
 - Nutrition, Housing, and Transportation and care management will be major components of the Waiver
- State Plan Amendment
 - The SPA for Community Health Workers was submitted on March 31st with effective date of April 1st if approved
 - CHW services for pregnant and postpartum care
 - Health advocacy, education, and navigation may be included for CHW services
 - Reimbursement rates may be determined at a later date
 - Qualifications require CHW to have 20 hours of training or minimum 1400 hours work experience in the past 3 years and HIPAA requirements
 - CHW and Dietitian and Nutrition services must be recommended by a physician or a practitioner of healing arts
 - Governor's budget may expand CHW services to wider population for FY 2024 and beyond
 - First CHW Subcommittee meeting on May 1st
- Food and Nutrition Security
 - Food security - defined as an economic and social condition of limited or uncertain access to adequate food.
 - Nutrition security - consistent access, availability, and affordability of foods and beverages that promote well-being and prevent and if needed, treat disease



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Arielle Burlett, Director of Healthcare-Community Partnerships at Public Health Solutions

Please review slides for more information.

- WholeYouNYC (Community Resource Network)
 - Reaches across all five boroughs that includes 450 healthcare and human services organizations, served 28,000 unique New Yorkers, has had 42,000 referrals, and 45-70% of referrals result in enrollment.
- Food and Nutrition Services Bundle Overview:
 - Purpose: a coordinated network of food and nutrition services aimed at providing food navigation services to low-income patients at Health + Hospitals facilities
 - Resources: food pantries, congregate meal programs (pre-pandemic), home-delivered and medically tailored home-delivered meals (MTM), SNAP, WIC, fresh foods through the DOHMH Health Bucs program, and Diabetes Self-Management Program (DSMP) when funding is provided
 - Who: Food security specialists (now called Community Resource Network Specialists) trained in SNAP enrollment assistance and Cash Assistance screening
 - Since January 2021, the Bundle has been funded directly by NYC Health + Hospitals
- Collaborative Design with CBOs/MCOs/Hospital Systems
- Food Navigation Assessment Tool
 - Developed in 2019 in collaboration with God’s Love We Deliver and other partners
 - Configured and updated in Unite NYC
 - Screener question categories
 - Starter questions
 - SNAP/WIC Eligibility
 - Emergency Food/HDM/Chronic Disease Management
 - Nutrition Education
- Role of PHS Navigators
 - Knowledge of range of services
 - Knowledge of tech platforms used by PHS, including Unite NYC
 - Conduct outreach to a range of different clients
 - Screen clients for eligibility for a range of services
- Lessons Learned
 - Include all collaboration partners AND early in development, design, decision-making, quality improvement, and evaluation of the network

- Focus on SDOH assessment, referrals to services, and ability to monitor referral outcomes
- Ensure CBO partners are clear on the services requested to be offered and that they have the capacity; define outcomes and turnaround time (both for initial outreach and follow-up) from the start
- Reduce duplication of screening/assessment across settings
- Bring access as close as possible to point of clinical service, to make it easy for healthcare partners
- Importance of strong, trusted backbone organization to support capacity and infrastructure of CBOs to participate
- Ensure technology can both incorporate critical assessment data and outcomes necessary to measure success
- Looking to the Future
 - FNS model can be scaled/replicate for Waiver network
 - Anticipate a unique payment point tied to screening and CBOs are best suited to serve in screening role and reaching “hard to reach” populations
 - Must incorporate a blended and braided model so that clients not eligible for Medicaid AND clients not eligible for services such as MTM are still supported
 - Also, how to support clients receiving MTM services after six months of meals end
 - Incentivized food pantries is critical to active network engagement and utilizing technology platforms
 - Increased interest from clients in healthy good home delivery from local food pantries

Q&A

- **Q:** This is a question related to the subset of the population that is Healthfirst population, you mentioned that Primary Care utilization was looked at along with some other things. Were you looking at biometrics after they’ve gone through getting assistance or any self-report in terms of feeling better with healthier food, less eating out, any habit change?
 - **A:** It’s a great question. We haven’t been able to dive deeper into that piece of it although we are four years into this work. Now we know so much more that we would love to look more into behavior change. We do client satisfaction surveys which haven’t been so focused on habit change, but services received. The surveys focus on whether the client is satisfied with the connection for service in terms of referral time, needs being addressed in a timely manner. Every 6-12 months we add questions and shift the focus.