

HEALI Coalition Meeting
August 16, 2023

Updates:

- CMS has released a proposed rule that integrate CHW services for Medicare reimbursement
- CMS released Making Care Primary for Upstate NY, waiting for release of downstate

Emily Engel: Director, Bureau of Social Care and Community Supports, Office of Health Insurance Programs

NYS 1115 Health Equity Reform Waiver Amendment: Social Care Networks

- Overall Goal: “To advance health equity, reduce health disparities, and support the delivery of social care.”
- Ongoing Waiver Negotiations
 - SCN and HRSN – on the same page with CMS
 - Strengthening the workforce and primary care delivery system model – same page with CMS
 - One statewide HERO
 - On hold – in-reach services for criminal justice-involved population and digital health and telehealth infrastructure
- Social Care Networks
 - One per region (with up to 5 awards in NYC)
 - Each SCN will be responsible for:
 - Fiscal Administration, Contracting, Data Collection, Referral Management, CBO Capacity Building
 - There will be infrastructure dollars to go towards staffing, capacity building, data requirements
 - Social Care Networks HRSN Services
 - Case Management – outreach, referral management, education, linkages to other state and federal benefit program application assistance
 - Transportation – reimbursement for HRSN public and private transportation to connect to HRSN services
 - Nutrition – nutritional counseling and classes
 - Housing – navigation, rent/utilities, home remediation and education, home accessibility and safety modification, medical respite
 - Standardized HRSN Screening – screen all Medicaid members using standardized screening tool and connect them to existing or enhanced services based on eligibility
 - CBOs will be reimbursed based on fee schedule depending on services they
 - Eligibility will come out during procurement
 - Screening & Referral for HRSN Services
 - Providers, hospitals, CBOs, plans can do screening
 - Screening goes to SHIN-NY and pulled through the IT system and eligibility will be built in
 - Initial HRSN Funds Flow

- From NYS, infrastructure funds for CBO capacity building, IT infrastructure changes
- NYS is doing a directed payment template to the MCO – dollars for SCN who will manage funds and pay for services
- SCN will pay funds for CBO capacity building so they can participate
 - Staffing, computers, training
- SCN will generate a social care claim to MCO and this will help track people screened and number of services received

Q&A

Q: Regarding the PMPM that SCN receives, can those dollars be in part passed on to CBOs participating in the Network to support infrastructure outside of the infrastructure dollars?

A: Some of that might be up to the SCN. What we're prescribing is that CBO capacity dollars are part of the grant funding. The other piece is up to the SCN. We're tracking the CBO capacity building on our side. Under the RFA, we're looking at what the CBOs are receiving, what's their annual budget, what were the capacity dollars used for. Not sure about the ability to track through PMPM, if there will be leftover. The SCN will also have their administrative costs. The infrastructure dollars will be very prescriptive and targeted.

Q: What will be the role of the Health Home? How does the Health Home intersect?

A: For the Health Home, there are two roles. They are already screening, so they can be a screening entity and refer their Medicaid members. They can also be referred to for clinical case management. The eligibility for the Health Home will be released with the RFA.

Q: If there's a hospital that does direct referrals to CBOs that address these issues, do we have to stop this and go through the SCN?

A: If there is an existing program that the hospital is paying for, it can continue. However, if they're looking to leverage waiver funds and use of SCN, the change would be to enter the information in the IT platform like Unite Us and that info is tracked by the SCN. With the screening, it will be set HRSN and demographic questions. A hospital doesn't necessarily have to change the process but may want to look into the IT platform and have a separate contract that may not use the SCN. To receive waiver funds, the hospital would have to adjust the work.

Q: Will the HRSN questions differ from the mandatory SDOH screening questions that hospitals have to screen?

A: The HRSN questions will focus on housing, food security, transportation, employment, education, and interpersonal safety. So, there will be a few additional questions outside of the mandatory hospital screening. With the SHIN-NY, it will be a portal that can be an option outside of using the IT infrastructure to cut back on the administrative burden. The data can get pulled down to the SCN.

The SCN will be Medicaid providers. We are creating a new provider type. They will be a Medicaid billing entity and once they receive their award letter, they'll go into eMedNY and register as this provider type and go through a designation process similar to the Health Home every 5 years or so.

Q: Can organizations not seeking reimbursement be put on a referral list so that people are aware of their services?

A: If the service is something outside of the core services and the organizations just want to be referred to, then yes.

Q: How is case management going to operate to ensure adequate resources and that services are paid for?

A: Case management is a paid service. When someone gets referred to the SCN and is eligible for enhanced services, they do get the more intensive case management. SCN will also be paid for those who don't get the enhanced services, but still need connection to resources.

Q: For those CBOs that are available to people with certain diagnoses, are there plans to have a list of other resources that people can pursue?

A: We're talking to other DOH folks that are in Population Health that fund programs through state funding and we have a program manual with resources spelled out from a state perspective. From a SCN perspective, there will be CBOs that will be reimbursable and CBOs that are outside of that realm to be referred to that can be built into the directory and make it streamlined.

The plan is to release the SCN procurement in September and then it takes some time to fill out the applications, score the applications, then grant awards. Once the awards are made, it'll be released to the SCN and at the point the SCN will start pulling together the CBOs that are complementary and providing these services.