

**HEALI Meeting
10/18/2023**

HEALI's Collective Mission:

- Client focused service delivery model that serves all technology
- Using shared technology with common screening and referral platforms that can share information easily and securely

NYHER: New York Health Equity Reform 1115 Medicaid Waiver

- NYSDOH submitted final amendment in September 2022 and has been negotiating with CMS.
- HWCLI will respond to the RFA for Social Care Networks
- Funds expected to flow beginning late spring/early summer 2024
- Time to prepare now to build out capacity with Medicaid dollars and bring dollars to CBOs in the maximum way possible.

HEALI as Long Island's Social Care Network

- Screen Medicaid members using the state selected screening tool and key demographic data
- Refer to navigation and social care services using a shared technology platform
- Navigate to existing health related social needs (HRSN) services

SCN Services on NYS Determined Fee Schedule

- Standardized HRSN screening
- Referral and navigation
- Enhanced care management services
 - o Enhanced health-related nutrition services
 - Nutrition counseling and classes
 - Home-delivered meals
 - Medically tailored meals
 - Fruit and vegetable prescription
 - Pantry stocking
 - o Enhanced health-related housing supports
 - Rent/utility
 - Navigation
 - Community transitional services
 - Pre-tenancy and tenancy sustaining services
 - Home remediation and education
 - Home accessibility and safety modifications
 - Medical respite
 - o Enhanced case management
 - Outreach, referral management, and education including linkages to other state and federal benefit programs, application assistance and benefit program application
 - Connection to clinical case management
 - Connection to employment, education, childcare, and interpersonal violence resources
 - Follow-up after services and linkages
 - → Discussing ways to avoid duplication of case management work and added administrative burden/bureaucracy

- Transportation to and from these supports

Social Care Network Lead NYS Waiver Expectations

- Referral Management: coordinating a regional uniform referral system and network with multiple CBOs and partners
 - HEALI Referral Management history: Worked with Intrepid Ascent starting in 2018 to assess technology capacity to determine CBOs' data collection capacity, referral tracking
 - HEALI Referral management Today: Onboarding process with HWCLI and Unite Us includes individualized training and capacity building
- CBO Capacity Building: Providing support to CBOs around capacity building. Adopting and utilizing technology, service delivery integration, creating and adapting workflows and other business practices
 - Screening tool and consent training and technical assistance to ensure screening and consent are client-centric, culturally competent, and trauma-informed
- Data Collection: sending and receiving screening and referral data to and from the Health Information (HIEs) and SHIN-NY
 - Long Island Data and Referral Ecosystem: conversations with FQHCs, Health Homes, AHN-RHS IPA, Catholic Health, Northwell, Stony Brook, NYU Langone, Mt Sinai, MCOs, New York eHealth Collaborative and Healthix
 - Data warehouse for data ingesting, analyzing, and interoperability
 - Exploring partnership with PHS on technology vendor contracting
- Contracting: creating a single point of contracting for screening and health-related social need (HRSN) services
- Fiscal Administration: generating, submitting, and processing social care claims for payments per delivered service to CBOs for screening and delivering HRSN services paid on a fee schedule
 - Exploring partnership with Public Health Solutions
 - HEALI Steering Committee reviewed PHS capacity
 - Aligning CBO MOUs and CBO contracting arrangement requirements
 - Increase HWCLI capacity through PHS technical assistance
 - Examining latest CMS and NYS payment strategies
 - Fee for service vs VBP arrangements
 - CHW State Plan Amendment
 - Medicare Physician Payment Rule
 - AHEAD Model: Advancing All-Payer Health Equity Approaches and Development Model
 - Conversations with Healthfirst, Fidelis, United Health
 - conversations with other SCNs Leads in Statewide SCN Coalition

Community Health Workers (CHW)

- sustainable funding: State Plan Amendment, Medicare Physician Payment Rule, AHEAD multi-payer model
- conversations with health homes, MCOs, health systems, and other potential CHW employers to avoid duplication and added bureaucracy

CHW Next Steps

- NY Health Foundation Grant:
 - Based on work of HEALI CHW subcommittee and CHW workforce landscape assessment
 - CHW employer support and technical assistance for CBOs, FQHCs, and primary care
 - Advocacy

How to Join the Unite Long Island Network

- Email tgmelito@hwcli.com & isa.dresser@uniteus.com to schedule:
 - o A demo with organizational stakeholders
 - o 1:1 conversation about programs and personnel you would like to add
- Complete a Partner Registration Form (PRF)
- End users will receive Unite Us platform training and 1:1 support from HWCLI/Unite Us
- Your program will be live within 10 days of completing the PRF, and we are available for the level of support you need to begin sending and receiving referrals on the network

Discussion

Q: A big part of the strategy includes the HIE and SHIN-NY. Many New Yorkers haven't consented to be on this. How do you plan to fix the gap of approved consent for patients' medical data to be on the HIE and SHIN-NY?

A: There may need to be a separation between medical information and social care information. When CBOs onboard clients on Unite Us, there is a consent process to connect people to services and share that information.

Comment: If the data is going to be shared with behavioral health providers, there is more to be addressed with consent. To support care coordination health and have a closed loop referral, consent is an important discussion topic.