HEALI

Health Equity Alliance of Long Island

A Project of the HWCLI

HEALI's Collective Mission:
Client Focused Service Delivery Model
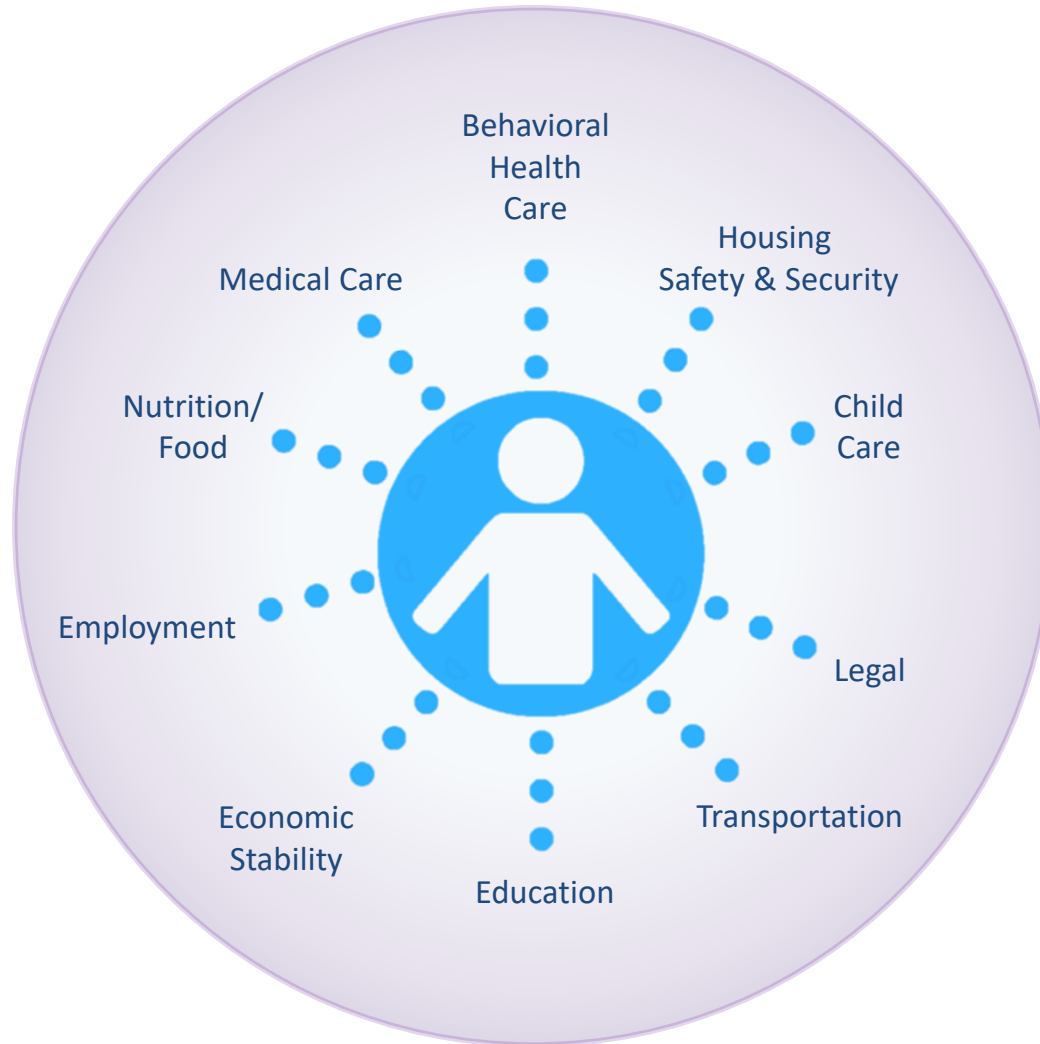
NYHER: New York Health Equity Reform
1115 Medicaid Waiver

HEALI as Long Island's Social Care Network will collectively:

- Screen Medicaid members using questions from the CMS Accountable Care 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.

SCN Services on NYS Determined Fee Schedule

All Long Island Medicaid members:

- Standardized HRSN screening
- Referral and navigation

Subset of Medicaid members based on NYS determined eligibility:

- Enhanced health-related nutrition services
- Enhanced health-related housing supports
- Enhanced case management
- Transportation to and from these supports

Social Care Network (SCN) Lead NYS Waiver Expectations

- Referral Management: Coordinating a regional uniform referral system and network with multiple CBOs and partners

- 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

- Data collection: Sending and receiving screening and referral data to and from Health Information Exchanges (HIEs) and SHIN-NY

- 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

Current Collective Waiver Preparation

All HEALI agencies can be ready to:

- Standardized HRSN screening
- Referral and navigation

HWCLI will work with all HEALI agencies on:

- Referral Management: Coordinating a regional uniform referral system and network with multiple CBOs and partners
- 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

HEALI Referral Management: Medicaid Waiver History

- Worked with Intrepid Ascent starting in 2018 to assess technology capacity of HEALI CBOs to determine:
  - Data CBOs already collect, how they do it, and how that information is shared
  - How referrals and clients are presently tracked and identify gaps in existing systems
  - If CBOs would be able to access and use an integrated platform for sharing data and tracking referrals, based on their individual technological resources and capacity
- During CBO Planning Grant: subgrants to CBOs and technical assistance.
- Unite Us Partnership: weekly meetings

HEALI Referral Management: Current CBO Technical Assistance and Capacity Building

- Onboarding process with HWCLI and Unite Us includes:
  - Individualized demos
  - Program Configuration assistance
  - Platform training
  - Workflow change management assistance
- Assessment and leveraging of existing CBO referral relationships to inform CBOs network expansion plan
- Frequent 1:1 CBO check to review programs, referrals and need for other technical assistance around technology and workflows
- Monthly Unite Long Island Network Convening to welcome new CBOs, troubleshoot challenges, share new Unite Us features
- Coordination Center daily referral workflows & processing

HEALI Referral Management on Unite Us

643	# of referrals received
43	Increase from last month
608	# of referrals closed
288	# of internal cases created
94.56%	Successful closure rate for network
44	# of onboarded agencies
93	# of programs available in network
234	# of users in network

621 Referrals Sent and Closed

HEALI Referrals by Service Type
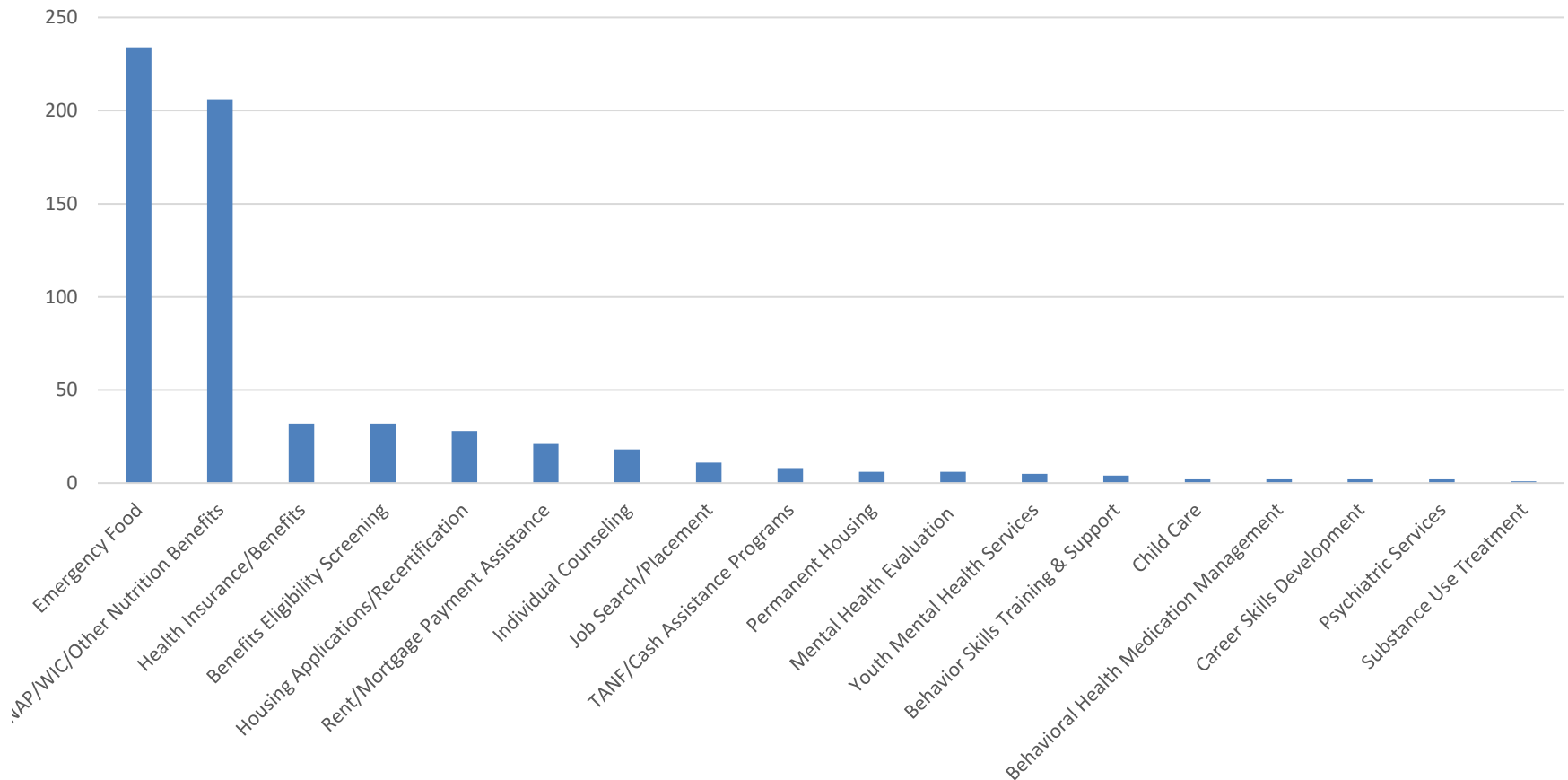
How to Join the Unite Long Island Network

- Email tgmelito@hwcli.com & isa.dresser@uniteus.com to schedule:
    - Schedule a demo with organizational stakeholders (1 hour)
    - 1:1 Conversation about programs and personnel you would like to add (30 minutes)
- Complete a Partner Registration Form (PRF) (less than 1 hour)
- End users will receive Unite Us platform training and 1:1 support from HWCLI/UU (1 hour for training, additional support as needed)
- 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.

HEALI Collective Next Steps

- Build Capacity to send and receive referrals for the full range of social care, behavioral health and healthcare services.
  - On board all HEALI CBOs and others to Unite Us.
  - Technical assistance and support for workflow changes.
  - Increase referrals sent, received and closed using HEALI network standards.
- Screening- technical assistance.
- Memorandum of Agreement for future contracting and payment for screening, referral and navigation.

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Data Collection

- CBO Capacity Building: Screening tool and consent training and technical assistance to ensure screening and consent are client-centric, culturally competent and trauma-informed.
- NYS requirements for sending and receiving data.
- Long Island Data and Referral Eco-system: conversations with FQHCs, Health Homes, AHN-RHS IPA, Catholic Health, Northwell, Stony Brook, NYU Langone, Mt Sinai, MCOs.
- Conversations with New York eHealth Collaborative and Healthix.
- In-kind consulting from Intrepid Ascent on technology needs.
- Data warehouse for data ingesting, analyzing and interoperability.
- Client management system.
- Exploring partnership with PHS on technology vendor contracting.
- HWCLI internal staffing and data capacity expansion.

SCN Contracting and Fiscal Administration

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: Advancing All-Payer Health Equity Approaches and Development Model.
- Conversations with Healthfirst, Fidelis, United Health.
- Conversations with other SCNs Leads in Statewide SCN Coalition.

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Enhanced Nutrition Services

- Nutrition counseling and classes

- Home-delivered meals

- Medically tailored meals
  - God's Love We Deliver

- Fruit and vegetable prescription
  - Fresh Connect

- Pantry stocking

Enhanced Health-Related Housing Supports

- Rent/Utility
  - Emergency Food and Shelter Program.
- Navigation.
- Community transitional services.
- Pre-tenancy and tenancy sustaining services.
- Home remediation and education.
- Home accessibility and safety modifications.
- Medical respite.
  - CalAIM presentation.

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.

Community Health Workers (CHWs)

- 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