



# Overview of the Medicaid 1115 “New York Health Equity Reform (NYHER)” Demonstration Waiver

Prepared for HEALI  
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# Overview

- On January 9, the Centers for Medicare and Medicaid Services (CMS) approved a new amendment to NYS's Medicaid Redesign Team (MRT) 1115 Demonstration Waiver
- This new amendment will run during the **3.25-year period from January 2024 through March 2027** when NY will need to pursue an extension of the waiver
- The total funding for this waiver is up to **\$6.69 billion** in federal funding to coordinate better social care service delivery, improve health equity and health outcomes, and enhance integration with physical and behavioral health care

# Four Initiatives Totaling up to \$6.69 B in Federal Funding aimed at addressing health equity

## Health-Related Social Needs (HRSN)

- Up to **\$3.673 billion** for building HRSN infrastructure, including the creation of new Social Care Networks (SCNs)
- Reimburses for an array of HRSN services through the Medicaid program.

## Health Equity Regional Organizations (HERO)

- Up to **\$125 million** for the creation of a statewide HERO to conduct regional health and HRSN data collection and analysis
- Make recommendations on incorporating HRSN into value-based payment (VBP) arrangements in the future

## Medicaid Hospital Global Budgets

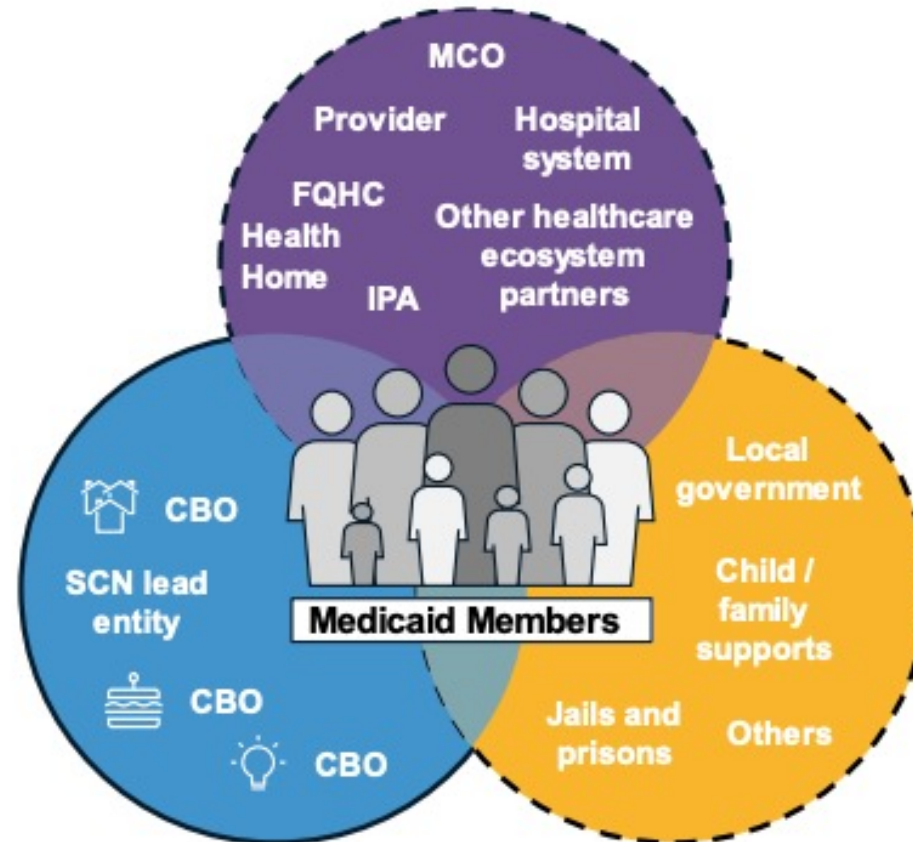
- Up to **\$2.2 billion** to support certain safety net hospitals in Brooklyn, the Bronx, Queens, and Westchester County to transition their Medicaid reimbursement to hospital global budget models
- In line with CMS's new AHEAD model

## Strengthen the Workforce

- Up to **\$694 million** for workforce recruitment and retention efforts, including student loan repayment and training and education programs for individuals who make commitments to serve high-needs populations
- Training and education will be funded through Workforce Investment Organizations (WIOs), which will recruit participants and provide ongoing support

# Social Care Networks: Regional collaboration with the health and social care ecosystem

- Responsible for building a reliable network of CBOs to address Medicaid members HRSNs, addressing access and health equity
- Convener of stakeholders across their region with a governing board that is representative of the community
- Ensure coordination of social services for special populations



- Social care network (SCN)
- Healthcare ecosystem partners<sup>1</sup>
- Other ecosystem partners<sup>1</sup>

## Impact of future state system on Medicaid members

- Scaled delivery of social care services and improved access for Medicaid members
- Reliable and timely referral of members to social care services
- Seamless tracking of members needs to streamline and close loop on referrals to social care services
- Improved and increased collaboration between social care service providers and other partners in regional ecosystem (e.g., healthcare providers, care management providers, MCOs, others)

1. Where entities above are not part of SCNs

# SCN Opportunities and Responsibilities

## Social Care Services Navigation

- Collaborating with stakeholders to conduct HRSN screening, eligibility, navigation, and referrals. Screened annually.

## CBO Network Development

- Maintaining a network of contracted CBOs that will deliver social care services to eligible Medicaid.

## CBO Capacity Building

- Providing direct investments to CBOs for technical assistance, staffing, equipment or to build CBO capabilities with respect to HRSN screening or reporting/tracking data

## Fiscal Management

- Contracting with MCOs to facilitate payments for social care services delivered by CBOs in the network.

## Data and Technology

- Regional connectivity between the SCN, NYS, and other stakeholders. Providing accessible data and IT platform to support social care service navigation, data sharing and reporting, and CBO reimburse. reimbursement. Integrate with the Statewide Health Information Network for New York (SHIN-NY).

## Performance Management

- Collaborating with CBOs, MCOs, and providers on data-driven performance reporting.

## Operations and Governance

- Establishing and maintaining a governing body and executive leadership team that reflects and understands the unique needs of the region and effectively coordinates among other stakeholders in the region.

# Populations Eligible for Navigation and Enhanced HRSN Services

- **Two levels of HRSN Services**
  - Level 1: Navigation
  - Level 2: Enhanced Services
- **Level 1 HRSN services/Navigation:** available to all Medicaid beneficiaries (FFS or managed care)
  - Screening for HRSN needs
  - Case management (referrals to existing state, federal, or local programs)

# Level 2/Enhanced Services Eligibility

- High-risk and high-needs populations

Medicaid high utilizers, including those who meet the federal definition of homeless

People with chronic conditions:

People enrolled in a NYS Health Home

Individuals with SUD or serious mental illness (SMI)

Individuals with intellectual and/or developmental disabilities (I/DD)

Post-release criminal justice population with serious chronic conditions

Pregnant people, up to 12 months postpartum

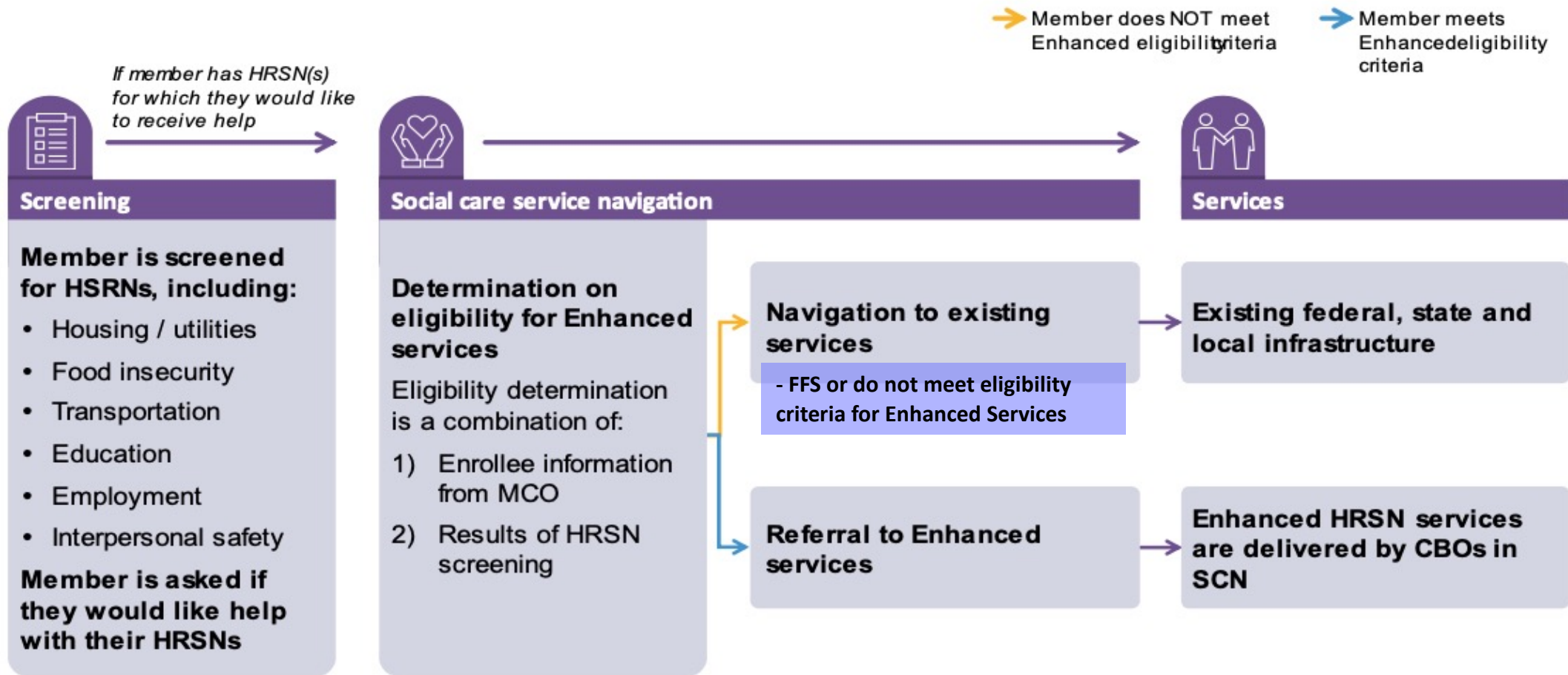
Children's populations:

- Under 6 years of age
- Under 18 years of age with a chronic condition
- Justice-involved youth
- In foster care or kinship care

- Services to be provided when “a provider, using their professional judgment, may deem the service to be clinically appropriate”



# Member Journey



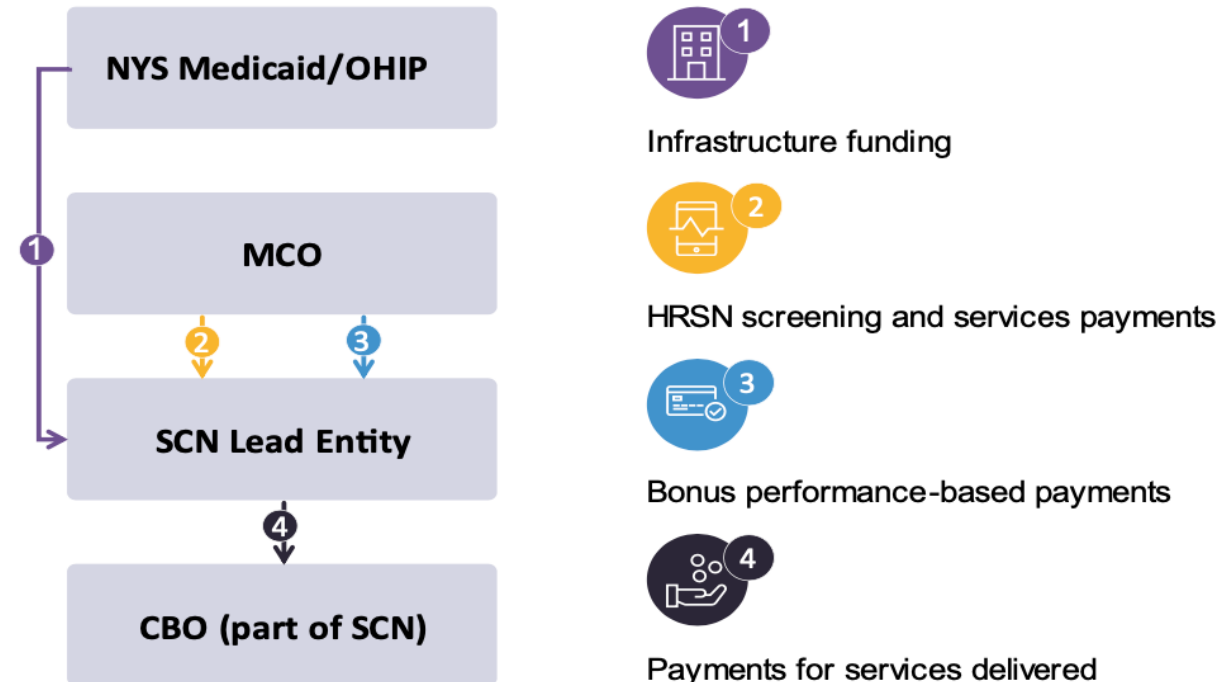


# Funding for HRSN

- Up to \$500 M in funding to establish and maintain the SCNs through March 2027 (up to 13 entities across 9 regions, with one award to be allocated for EACH of the five boroughs of New York City)
- One SCN for Long Island Region (Nassau and Suffolk), total funding of ~\$42.1M

**Funding supports include:**

- **Infrastructure funding:** technology (data and IT platform), workforce development, outreach programs
- **HRSN screening and services payments:** screening, navigation and enhanced services delivered by CBOs as well as operative costs, facilitating social care payments (comprised of per member per month, PMPM payments outside of grant funding)
- **Bonus Performance Funding :** Pay for performance (upside risk) and quarterly performance reports for meeting specific performance measures provided by the MCO (outside of grant funding)
- **CBO capacity building:** direct investments, training, scaling, and technical assistance based on need



# Role and Requirements of Community-Based Organizations (CBOs)

- CBOs are non-profits registered in the State's Charity Registry Bureau (unless exempt)
- CBOs in the SCN network can support screening, social care navigation, and delivery of HRSN services
- CBOs participating in the network must have at least one service location in the SCN's region
- Have "Social Care Service Navigators" who will screen members and validate their eligibility for Enhanced HRSN services, perform closed-loop referrals to those HRSN services and ensure HRSN services were delivered
- Demonstrate cultural and linguistic competency
- Can engage and be trained on the SCN data and IT platform
- Can accept referrals and provide services and collaborate with the SCN to deliver services

# For more information on the Waiver

- For more information, feel free to reach out or visit our website for the latest Waiver and Policy updates:
  - <http://sachspolicy.com/>
- For more information, feel free to drop us note:
  - Lori Andrade, [landrade@hwcli.com](mailto:landrade@hwcli.com)
  - Ha Nguyen, [hanguyen@sachspolicy.com](mailto:hanguyen@sachspolicy.com)
- Access our SPG Summaries below:
  - [NY NYHER Waiver Summary](#)
  - [NYHER SCN RFA Summary](#)
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