



Department
of Health

New York Health Equity Reform (NYHER) 1115 Waiver Amendment Update

January 2024

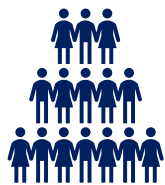
Waiver Amendment Overview

On January 9, 2024, CMS approved a \$7.5 billion package for the New York Health Equity Reform (NYHER) 1115 Waiver Amendment that includes nearly \$6 billion of federal funding.

The NYHER Amendment will be effective until March 31, 2027, which aligns with the expiration of New York's underlying 1115 Waiver.

Overall Goal: *“To advance health equity, reduce health disparities, and support the delivery of social care.”*

- New York seeks to build on the investments, achievements, and lessons learned from the Delivery System Reform Incentive Payment (DSRIP) 1115 waiver program to scale delivery system transformation, improve population health and quality, deepen integration across the delivery system, and advance health-related social need (HRSN) services.
- This would be achieved through targeted and interconnected investments that will augment each other, be directionally aligned, and be tied to accountability. These investments focus on:



Population Health



Social Care Networks



Strengthening the Workforce



Population Health & Health Equity Improvement Overview



Stabilizing Safety Net Providers & Advancing Accountability (\$2.2B)

Goal: Stabilize and transform targeted financially distressed voluntary hospitals to advance health equity and improve population health in communities with the most evidence of health disparities. Aligns with the CMMI States Advancing All-Payer Health Equity Approaches and Development (AHEAD) model.

Structure: Incentive funding to stabilize Medicaid dependent financially distressed safety net hospitals and develop necessary capabilities to:

- Advance health equity; participate in advanced VBP arrangements; and deepen integration with primary care, behavioral health, and HRSN services

Incentive payments will be tied to transformational activities and quality improvement measures, including those related to health equity

AHEAD is a total cost of care model that seeks to drive state and regional health care transformation and **multi-payer alignment**, with the goal of improving the total health of a state population and lowering costs.



Primary Care Delivery System Model (\$492M)

Goal: Statewide approach to advancing primary care and enable providers to move toward advanced value-based payment (VBP) arrangements. Aligns with the CMMI Making Care Primary (MCP) and primary care investments through the AHEAD model.

- This will have a special focus on care for children and moving further towards VBP
- This initiative will be authorized outside of the 1115 Waiver

Structure: Enhanced monthly payments for all Patient-Centered Medical Home (PCMH) primary care practices for their Medicaid Managed Care members for two years

- In subsequent years, payments will transition to a bonus payment structure, linking payments to quality and efficiency, and then to a value-based payment model to align with the CMMI MCP model

MCP is a voluntary **Medicare** primary care model. Through MCP, investments in primary care are increased so patients can access more seamless, high-quality, whole-person care.



Social Care Networks

(\$3.4B Services; \$500M Infrastructure)

DOH will award one Social Care Network (SCN) per region (with up to five awards in New York City), with up to 13 SCNs statewide. Each SCN will be a designated Medicaid provider and serve as the lead entity in their region for:

Fiscal Administration

Contracting

Data Collection

Referral Management

CBO Capacity Building

HRSN Screening and Navigation Services: *All Medicaid members* will be screened for HRSNs and eligible for navigation to existing federal, state, and local social programs

Targeted High-Need Populations Eligible for Enhanced HRSN Services

- Medicaid High Utilizers
- Individuals with serious chronic conditions (e.g., two or more chronic conditions, HIV/AIDS) and enrolled in a Health Home
- Individuals with Substance Use Disorder, Serious Mental Illness, or Intellectual and Developmental Disabilities
- Pregnant persons, up to 12 months postpartum
- Children aged 0-6
- Children under 18 with chronic conditions
- Foster care youth, juvenile justice-involved, and those under kinship care
- Post-release criminal justice-involved individuals with serious chronic conditions



**Housing
Supports**



Nutrition



**HRSN
Transportation**



**HRSN Case
Management**

The SCN Request for Applications is available here: [IntelliGrants - Grant Opportunity Portal \(ny.gov\)](https://intelligrants.ny.gov)



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Strengthen the Workforce (\$694M)

The NYHER amendment will invest in workforce initiatives to support advancing health equity and addressing high demand workforce shortages to improve access to and quality of services

Elements:



Career Pathways Training Programs (\$646M)

Development of training programs to support recruitment and career pathways for new and existing health care workers who commit to work for Medicaid-enrolled providers that serve at least 30% Medicaid and/or uninsured individuals for three years



Workforce Investment Organizations (WIOs)

High-performing Workforce Investment Organizations (WIOs) will manage training programs for incumbent workers and workers newly entering the workforce, with a focus on high-demand direct care titles that provide health, behavioral health, and social care



Student Loan Repayment (\$48M)

Loan forgiveness for primary care physicians, psychiatrists, nurse practitioners, pediatric clinical nurse specialists, and dentists who make a four-year commitment to work for Medicaid-enrolled providers that serve at least 30% Medicaid and/or uninsured individuals

Other Initiatives



Health Equity Regional Organization (HERO) (\$125M)

A single statewide independent entity that will convene and collaborate with a diverse and comprehensive range of stakeholders to inform the State's plan to reduce health disparities, advance health equity, and support the delivery of HRSN services.

Activities include:

- Data Aggregation
- Regional Needs Assessment & Planning
- VBP Design & Development
- Program Evaluation



1115 Amendment: Continuous Eligibility for Children Ages Zero to Six

In Spring 2024, New York will submit a new 1115 amendment to request that children can remain continuously enrolled in Medicaid and Child Health Plus up to age six.

Goals:

- Prevent gaps in coverage during important developmental years
- Improve outcomes for long-term health and well being

Questions

Appendix



Social Care Networks HRSN Services

Standardized HRSN Screening

- Screening Medicaid Members using questions from the CMS Accountable Health Communities HRSN Screening Tool and key demographic data



Housing Supports

- Navigation
- Community transitional services
- Rent/utilities
- Pre-tenancy and tenancy sustaining services
- Home remediation
- Home accessibility and safety modifications
- Medical respite



Nutrition

- Nutritional counseling and classes
- Home-delivered meals
- Medically tailored meals
- Fruit and vegetable prescription
- Pantry stocking



Transportation

- Reimbursement for HRSN public and private transportation to connect to HRSN services and HRSN case management activities



Case Management

- Case management, outreach, referral management, and education, including linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees
- Connection to clinical case management
- Connection to employment, education, childcare, and interpersonal violence resources
- Follow-up after services and linkages