



2/10/24

Note: During the presentation Director Bassiri mentioned DoH/OHIP will be holding a Webinar during the coming week (no date announced yet) to provide specific details re: the Health-Related Social Needs (HRSN) services to be offered through this new Waiver Amendment. *We will monitor announcements and send the Webinar information as soon as it becomes available.*

Rough Notes from SMD Bassiri presentation (no slide deck used):

1115 Waiver Amendment approved Jan. 9, 2024

\$7.5B over 3 years with about 80% being federally funded.

Goal:

- 1) Fundamentally change how we pay for benefits and integrate social care services to address disparities and inequities across the state.
- 2) Integrate HRSN benefits into Medicaid Program

Three (3) Waiver Amendment Pillars

Pillar 1: Development and Funding of Social Care Networks and Integration of HRSNs (\$4B)

Core Research Question: Will funding of these Health-Related Social Needs (HRSN) services through Medicaid improve overall population health?

Social Care Networks (SCN) are the core focus of the Waiver amendment. SCNs are a kind of evolution from PPSs (under DSRIP) and are intended to be contracting entities taking on fiscal responsibility, taking on coordination of benefits and HIT/HIE coordination for regions across the state and serve as the basis for bringing Community-Based Organizations (CBO) into the patient flow and reimbursement model of the Medicaid Program.

One SCN per region with NYC having up to 5 depending on what comes in from the application process

Goal: Have SCNs stood up and funding flowing to these new entities by August 2024.

Service delivery begins through a standardized screening and referral tool. Every Medicaid member (MMC, FFS) will go through SCN assessment ---> info flows out to networks and SHINY and triggers assignment and delivery of benefits.

Level 1 services – generally, case management services that provide linkages. More vulnerable care recipients (HH recipients, pregnant people, New Yorkers leaving carceral setting) will be eligible for Level 2 HRSN

services to include: nutrition, groceries, pantry stocking, home delivered meals, cooking classes, transitional housing supportive services, tenancy supports, rent and board for a period of time, medical respite and other linkage and coordination services to get people into transitional or permanent housing. Whole suite of services with **DETAILED WEBINAR REGARDING THIS COMING NEXT WEEK BUT NO DATE PROVIDED.**

Intention is to make SCN entities permanent.

HRSN services that are new: Transportation to connect to social benefits and social care providers

Pillar 2: Pop Health Improvement, Health Equity, and Primary Care Focus

Create statewide Health Equity Regional Organization (HERO) to do regional planning and engagement of stakeholders to identify regional-specific needs. HERO will support aggregation of new social care data along with some other medical data in the Medicaid Data Warehouse and other census data to enrich the info NYS has re: Medicaid members, who they are, are they getting what they need, etc.

HERO will also support and develop new VBP arrangements that could be funded through Managed Care AFTER the waiver period.

Primary Care Focus:

Align (where appropriate) and also just catch up in terms of the percentage of primary care in the healthcare dollar. PCMH Program

Align Medicare and Medicaid transformation and PCMH is the link here w/ enhanced PMPM to focus on increasing investment in PC to align w/ Medicare transformation in some of their new models

Also, a downstate investment of up to 2.2B for **distressed hospitals** that will serve as a bridge to a new way of financing hospitals under a Global Budgeting demo that is voluntary. This relates to a **Medicare Demo Program** that will start in 2027. Goal? Re-balance care from inpatient to ambulatory settings with total cost of care accountability and pop health outcomes we hope to improve upon.

Pillar 3 Workforce

NYS is unique when it comes to having secured workforce funding in this Waiver Amendment.

Two primary Workforce Programs:

Career Advancement Pathways Program: to leverage existing infrastructure established under DSRIP. State will work with WHIOs that have expanded beyond supporting Long Term Care (LTC) advancements to now include MH practitioners, peer support navigators, etc.

Goal: Train/Retrain 18,000 titles and work closely with some WHIOs to define best practices and explore and refine their capabilities.

Loan Forgiveness: Targeted to titles for which there is a dearth of availability in the Medicaid Program and widespread access issues. Psychiatrists, Dentists, PC Physicians, Recipients must commit to work in a service area requirement, must work at a Medicaid enrolled provider that serves at least 40% Medicaid or uninsured clients for 4 years.

Related approvals:

Continuous eligibility through Medicaid and CHP for New Yorkers age 0-6. Upcoming Public Forums.

Role of Health Plans in the Waiver Amendment

Must have health plans integral to delivery of care (lesson learned from DSRIP) to support networks, ensure the state can adequately measure data from screenings, measure outcomes, and health plans will be very involved with all aspects of the Waiver Amendment with exception of work of the WHIOs.

Other Notes:

\$500M - Capacity building for administrative infrastructure costs.

CDPHP (insurance) worried about unfunded mandates for health plans and unreimbursed costs to health plans who are 'already doing the work'.

QUESTION: As an example, how does money flow to a Medicaid beneficiary for (just an example) transportation to get a particular service?

*ANSWER: State will establish a PMPM for Social Care services. \$ goes to the health plan and is then directed to the social care network through a **directed payment**. Locally, the social care network has already established a fee schedule for the service and the SCN would coordinate the referral to a transportation provider. Provider is paid by SCN for the service delivered.*