New York Health Equity Reform (NYHER): Making Targeted, Evidence-Based Investments to Address Health Disparities Exacerbated by the COVID-19 Pandemic

1115 Research & Demonstration Waiver Amendment

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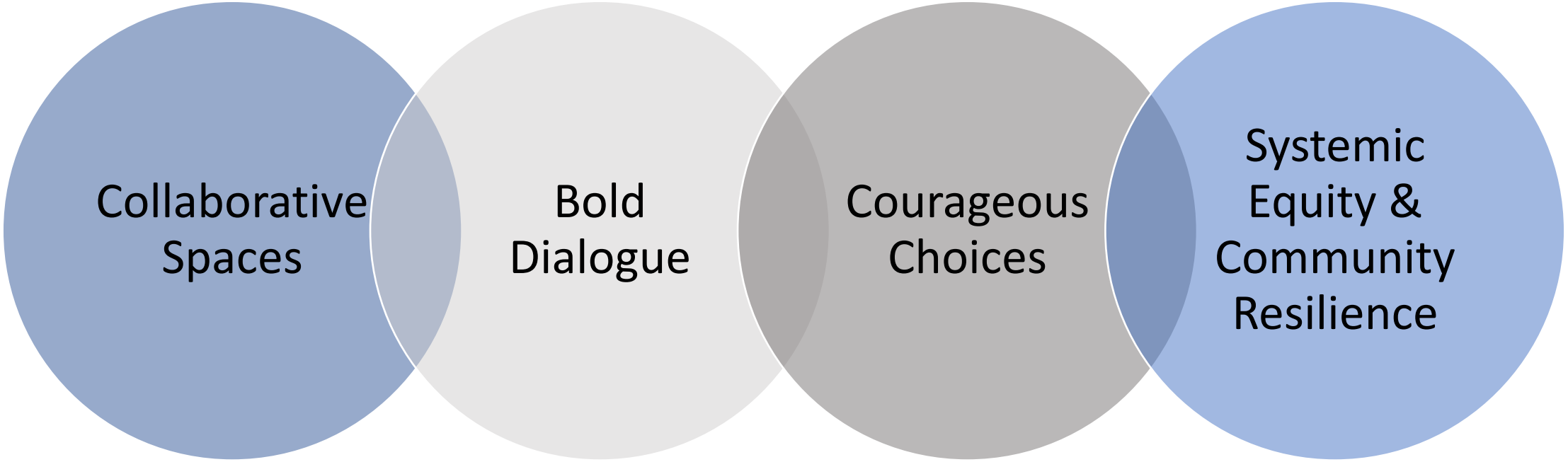
- M.S. Hall + Associates is a data, finance, and strategic transformation consulting firm committed not only to the well-being of our clients, but to the health and growth of the communities they serve.

- Strategy + Transformation Team
  - We work with organizations across the public and social sectors: health and equity, community-based, philanthropic, governmental, and educational organizations are our clients.

STRATEGY + TRANSFORMATION TEAM: PRAXIS



STRATEGY + TRANSFORMATION TEAM: PORTFOLIO

Housing Trust Fund

- How might we design a housing strategy aimed at those most vulnerable for displacement?
- Sector: Governmental, Housing CBOs

Women's Wellness Center

- How might we co-design a women's wellness center in an urban neighborhood primarily comprised of resettled refugees?
- Sector: Healthcare, nonprofit CBOs, economic development

NYS DSRIP

- How might we design a performing provider system that best serves its region's Medicaid patients?
- Sector: Healthcare

Social Impact Agenda

- How might we design an adaptable, multi-county social impact agenda for an historic foundation?
- Sector: Philanthropy

Food Security Council

- How might we create an independent food council that serves as a network and a catalyst for collaboration across diverse partners?
- Sector: Food security CBOs, private

No Wrong Door

- How might we create a collaboration of PC, BH, and HH providers aimed at both clinical and SDOH gaps?
- Sector: Healthcare, CBOs

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Why?

Lessons Learned from DSRIP

- Regional alignment on objectives
- More direct investments to Community Based Organizations (CBOs) addressing health related social needs (HRSN)
- Developing Medicaid value-based payment (VBP) arrangements that promote whole person care by involving behavioral health, family & children's services, and I/DD providers in governance and design of arrangements
- Promoting regional coordination of workforce initiatives
- Achieve deeper equity for populations most impacted by health inequities

A few caveats:

- This is ***not DSRIP 2.0*** (or 3.0)
- It is the State showing its ***health equity*** cards and its determination to go in this direction.
- ***Community-based organizations*** will play a central role.
- Success will be found where ***networks of trust*** are made visible and expanded.

This is not just a continuation of previous efforts. It is a recalibration, and a significant next step for New York's march toward health equity.

It is the creation of a new status quo.

The takeaways

NYS requested $13.52 billion over a five (5) year waiver

Overall goal: fully integrating social care and health care into the fabric of the NYS Medicaid Program

- Building a more resilient, flexible, and integrated delivery system that reduces health disparities, promotes health equity, and supports the delivery of social care
- Developing and strengthening transitional housing services and alternatives for the homeless and long-term institutional populations, and those at risk for institutionalization
- Redesigning and strengthening system capabilities to improve quality, advance health equity, and address workforce shortages
- Creating statewide digital and telehealth infrastructure

Health Equity:

The idea that everyone has a fair and just opportunity to be as healthy as possible, which requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

(*Robert Wood Johnson Foundation definition*)

Building a more resilient, flexible, and integrated delivery system that reduces health disparities, promotes health equity, and supports the delivery of social care

Health Equity Regional Organizations (HEROs)

Mission-based organizations with a state-designated lead entity that:

builds a coalition of a variety of organizations

that will be regionally focused

in order to align with the health equity needs that differ by community and develop future value-based payment contracting structures.

Structure and Responsibilities of Health Equity Regional Organizations (HEROs)

Representation and Governance w/in HERO

- Medicaid managed care organizations (MCOs)
- hospitals and health systems
- community-based providers
- Accountable Care Organizations (ACOs) and Independent Practice Associations (IPAs)
- behavioral health networks
- Tribal Nation representatives
- Providers serving complex children and families
- LTSS including those who serve individuals with I/DD
- community-based organizations (CBOs) organized through SDHNs
- Qualified Entities (QEs) and Regional Health Information Organizations (RHIOs)
- Consumers including those with lived experience of SMI, SUD, physical, intellectual, & developmental disabilities, as well as those who serve those populations and other stakeholders
- and other stakeholders

Funding and Capabilities

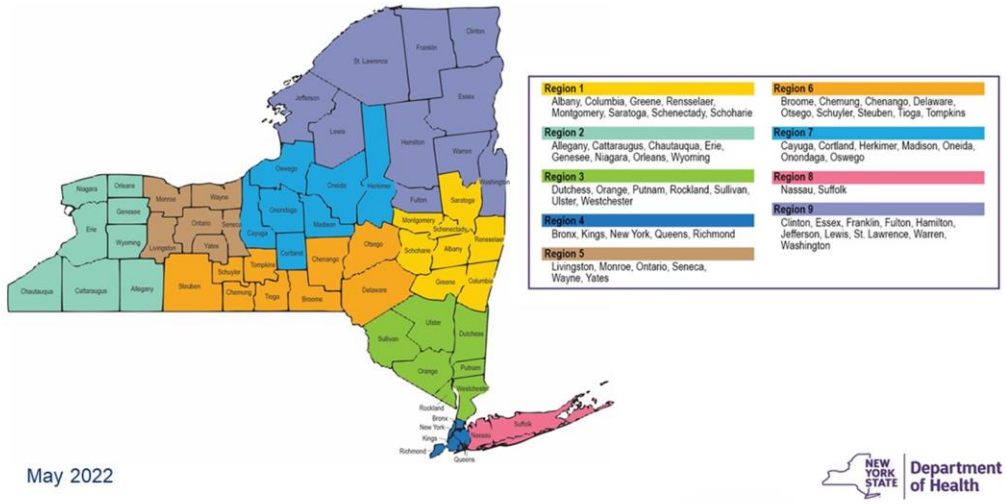
- $293M over 5 years; $33M in DY1, $65M/DY2-5; 2% of overall funds
- Receive limited planning grants
- Receive and ingest data from national, State, local and proprietary data sources, and
- Assume a necessary regional planning focus in order to create collaborations,
- Develop a range of VBP models or other targeted interventions

Responsibilities

- Develop annual Regional Plans
- Utilization of data from State-developed Uniform Social Care Assessment
- Measure Selection including measures stratified by race and ethnicity & optional measures for entire populations & subpopulations
- Targeted value-based payment (VBP) Interventions
- ***The ultimate objective of the HEROs is to inform the continued movement to more advanced VBP models***

Regional Breakout To Be Determined Later

Announced in Public Hearing on May 3:



May 2022

NEW YORK STATE | Department of Health

Response to Public Comments on 9/2:

There were multiple comments around the HERO and SDHN regions and commenters expressed the desire for more than nine regions and the need to have them be carefully defined and reflect natural referral patterns and existing networks. Several commenters also suggested that CBOs operating in more than one region be allowed to contract with multiple SDHNs.

NYS appreciates these comments and has decided not to finalize the regions at this time. We will take more time to consider the best way to define the regions and will share further information closer to implementation. We do agree that CBOs who operate in more than one geographic area will not be limited to participation in only one SDHN.

Social Determinants of Health Networks (SDHNs)

SDHNs will consist of a state-designated lead and a network of CBOs within each region of the State

that will collectively use evidence-based interventions, or other DOH-approved interventions on a pilot basis,

to coordinate and deliver services to address a range of HRSNs that will improve health outcomes, such as housing instability, food insecurity, transportation, and interpersonal safety.

Structure & Responsibilities of Social Determinants of Health Networks (SDHNs)

Representation and Governance w/in SDHN

- Network of CBOs with a State-designated lead

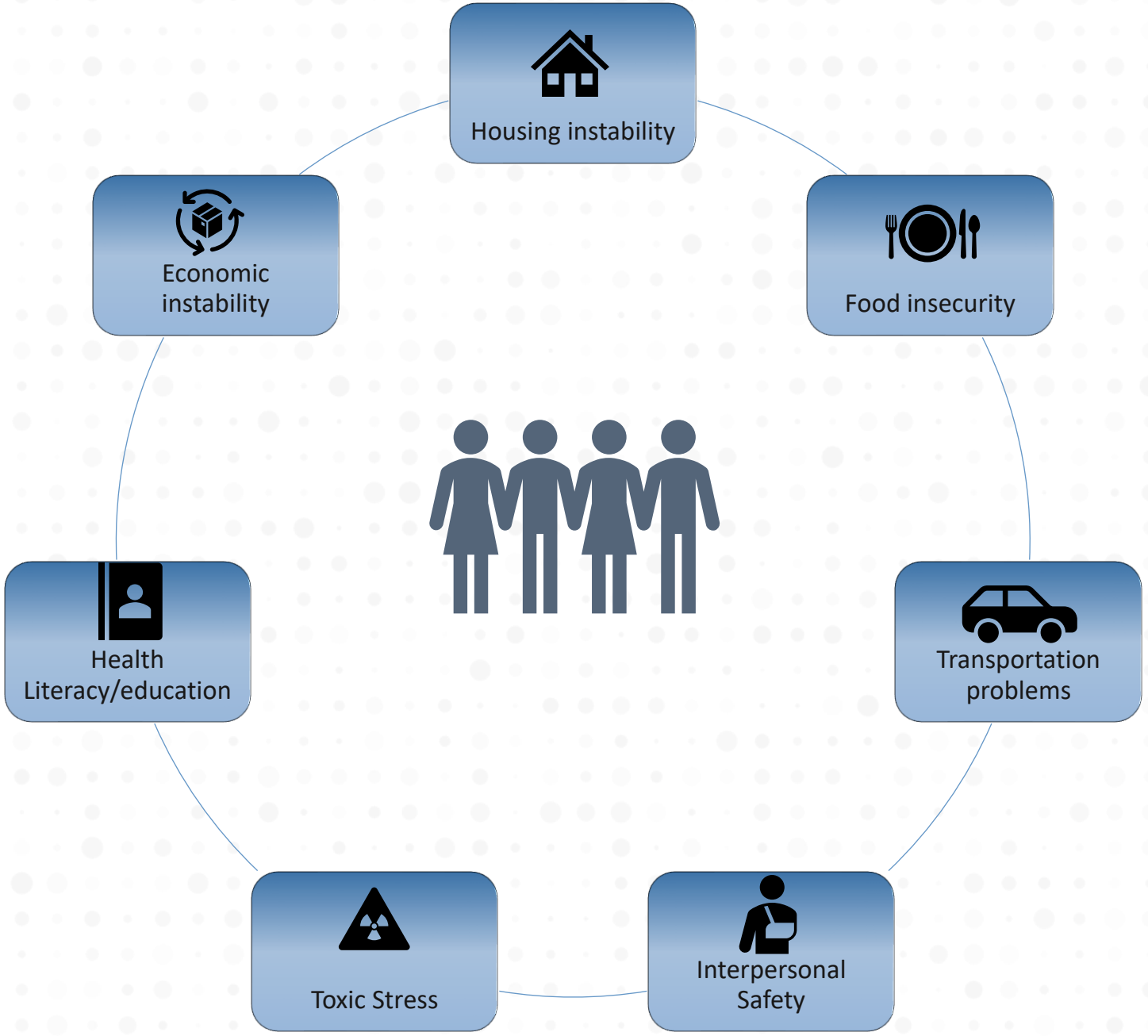
Funding and Capabilities

- $860M over 5 years; $100M in DY1, $190M/DY2-5; 6% of overall funding
- Receive direct investments to develop the infrastructure necessary to support this network of care
  - Including development of IT and business processes and other capabilities necessary
- CBOs will also receive funding necessary to integrate into this network, provide services, and develop infrastructure
- CBO funding will be tied to specific deliverables of the populations served

Responsibilities

- Formally organize CBOs to perform health-related social need (HRSN) interventions
  - SDHNs may also pilot HRSN interventions for their region with DOH approval.
- Coordinate a regional referral network with multiple CBOs, health systems, and other healthcare providers
- Create a single point of contracting for HRSN intervention in VBP arrangements or with other providers
- Advise on the best structure for screening Medicaid enrollees for the key HRSN issues and make appropriate referrals based on need

Health-Related Social Needs Areas



Social Care Data Interoperability Exchange

SHIN-NY

- NYS will leverage existing infrastructure of the SHIN-NY

Referrals

- NYS will ensure referral and SCN data will feed into this statewide data repository

Interoperability

- Referral platforms & data systems that support screening and referral processes will be qualified and approved by NYS

Investments in Advanced VBP Models

Global Prepayment Model	Redesign the VBP Roadmap to address health equity & SCN	Advanced VBP Contract Requirements & Funds Flow
• Support the mid- to long-term transformation and integration of the entire NYS health care and social care delivery system by funding the services needed to address SCN at scale	• NYS will develop a comprehensive range of VBP arrangements for the HEROs, SDHNs, and MCOs to consider adopting based on the specific populations and needs within each region	• VBP incentive pool will use an established fee schedule to pay CBOs for interventions on a per service basis or similar methodology

Investments in Advanced VBP Models

Funding:

- $6.755B over the 5 years
- 50% of overall funding

Staggered approach:

- DY1 $500M
- DY2 $1B
- DY3-5 $1.752B

Ensuring Access for Criminal Justice-Involved Populations

- **Seeking to build and strengthen:**
  - the relationship between the care provided inside its prisons and the care offered by Medicaid providers upon release,
  - ensuring appropriate transition and supports prior to re-entry to ensure particularly vulnerable patients with comorbidities have the housing and other supports they need to stabilize in a community setting

- **Provision of Targeted Medicaid Services to Incarcerated Individuals 30 Days Prior to Release**
  - care management and discharge planning
  - clinical consultant services
  - peer services
  - medication management plan development and delivery of certain high priority medications

- **Services would be phased-in over two years**
  - State facilities in the first year and adding services in local jails in the second year

- **Funding: $748M over the 5 years**
  - 6% of overall funding

Developing and strengthening transitional housing services and alternatives for the homeless and long-term institutional populations

Investing in Transitional Housing Services and Alternatives for the Homeless and Long-Term Institutional Populations

- **Planning and coordinating through HEROs**
  - Conduct an inventory of transitional housing programs in each region and identify the gaps that exist, mapping existing efforts and any gaps by area and vulnerable population
  - Match Medicaid and homeless data in order to identify eligible high utilizers that need enhanced engagement

- **5 Core Task to target the NYS housing gap**
  - Identify accessible and affordable housing options in each region for homeless and transitional populations.
  - Identify high utilizer members and those who can transition safely to the community.
  - Provide enhanced housing services and coordination of all needed services to identified members.
  - Ensure the availability of sufficient long-term services and supports and accessible health care capacity to enable aging in place.
  - Measure costs savings and health outcomes

- **Enhanced Transitional Housing Pool**
  - Informed by a comprehensive and unified transitional housing and respite services menu for Medicaid members developed by HEROs and include MCO and VBP arrangement funding with matching 1115 waiver dollars

Enhanced Transitional Housing Initiative

- **Enhanced Transitional Housing Pool**
  - Informed by a comprehensive and unified transitional housing and respite services menu for Medicaid members developed by HEROs and include MCO and VBP arrangement funding with matching 1115 waiver dollars

- **Targeting:**
  - Identified high utilizers or for those living in an institutional setting for 90 days or more using the regional data match mentioned above
  - Utilize the HERO's housing inventory and mapping to find appropriate housing

- **Funds will then be paid to the SDHN for CBOs to engage Medicaid members and provide**:
  - medical respite
  - Referral and coordination of related services and benefits
  - community transitional services
  - coordinate care and services
  - tenancy supports

- **Funding: $1.565B over 5 years**
  - $63M in DY1, $101M in DY2, $301M in DY3, $501M in DY4, $601M in DY5
  - 12% of overall funding

Redesign and strengthen system capabilities to improve quality, advance health equity, and address workforce shortages

COVID-19 Unwind Quality Restoration Pool for Financially Distressed Hospitals and Nursing Homes

- **VBP Pool**
  - Available to financially distressed safety net and critical access hospitals and nursing homes
    - State will flow VBP funds through the MCOs to support VBP proposals consistent with waiver priorities.

- **Targeting:**
  - High Medicaid payor mix to engage in VBP arrangements and facilitate post-pandemic quality improvement and meaningful contribution to the health equity goals of this waiver

- **Funds will be available to these entities for the following activities:**
  - Further move toward VBP with a focus on quality improvement and promoting health equity, consistent with the goals of this proposed amendment;
  - Develop workforce training, in collaboration with Workforce Investment Organizations (WIOs), to support quality improvement initiatives and pandemic-related needs
  - Implement interventions focused on health equity and population health improvement goals and work of HEROs described in Goal #1.

- **Funding: $1.5B over 5 years**
  - 11% of overall funding

Develop a Strong, Representative and Well-Trained Workforce

- **Reinvestment in Workforce Investment Organizations (WIOs)**
  - Focus on the needs of their respective regions and coordinate with the other WIOs across NYS to facilitate a cohesive approach to workforce development and share best practices
  - Planning efforts will involve a variety of stakeholders, including local government entities, labor organizations, provider organizations, and CBOs

- **Funds will target:**
  - Recruitment and Retention Initiatives
    - recruit greater participation by people of color and people identifying as LGBTQ+ in medical professions, and workers that reflect the communities they serve.
  - Develop and Strengthen Career Pathways
  - Training Initiatives
  - Expanding the Community Health Worker and Related Workforce
  - Standardize Occupations and Job Training

- **Funding: $1.5B over 5 years**
  - 11% of overall funding

Creating statewide digital and telehealth infrastructure

Equitable Virtual Care Access Fund

- **Targeting**:
  - Assist providers with these human capital investments, resources, and support

- **Statewide collaborative group:**
  - Identify local strategies/solutions for mutual assistance
  - Inform statewide standardization of technical requirements, workflows, training, and technical assistance

- **Funds may bolster telehealth modalities such as:**
  - 'At scale' remote patient monitoring programs and other advanced care management and coordination solutions for high-prevalence chronic conditions
  - Predictive analytics and other data platforms to support the delivery of comprehensive and integrated physical and virtual care
  - Patient-facing tools and devices to support the delivery of comprehensive and integrated physical and virtual care
  - Remote or digital-only day habilitation or social day care services for individuals with long-term care needs
  - Infrastructure and virtual care models that increase access to novel treatments and/or clinical trials for underserved populations

- **Funding: $300M over 5 years**
  - 2% of overall funding

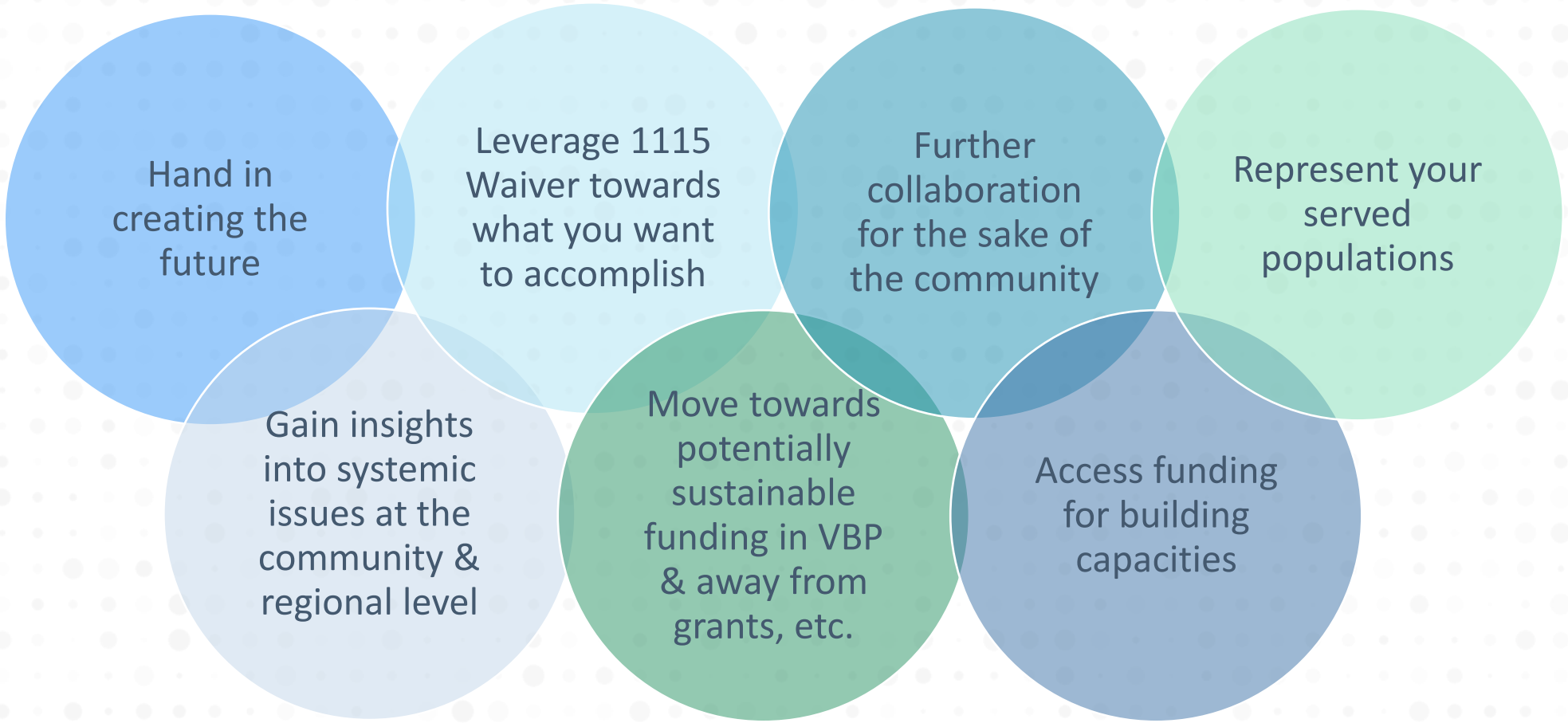
Summary

Health equity	$13.52B over 5 years	HEROs & SDHNs
Focus on Regions	Transitional Housing	VBP Models
Health-Related Social Needs	Telehealth	Workforce

Where We Are Now

Federal Public Comment Period	CMS & NY negotiate terms of the Amendment	Target Waiver Implementation Date
• September 19, 2022 through October 19, 2022	• Late October 2022	• January 1, 2023 (has not been met)

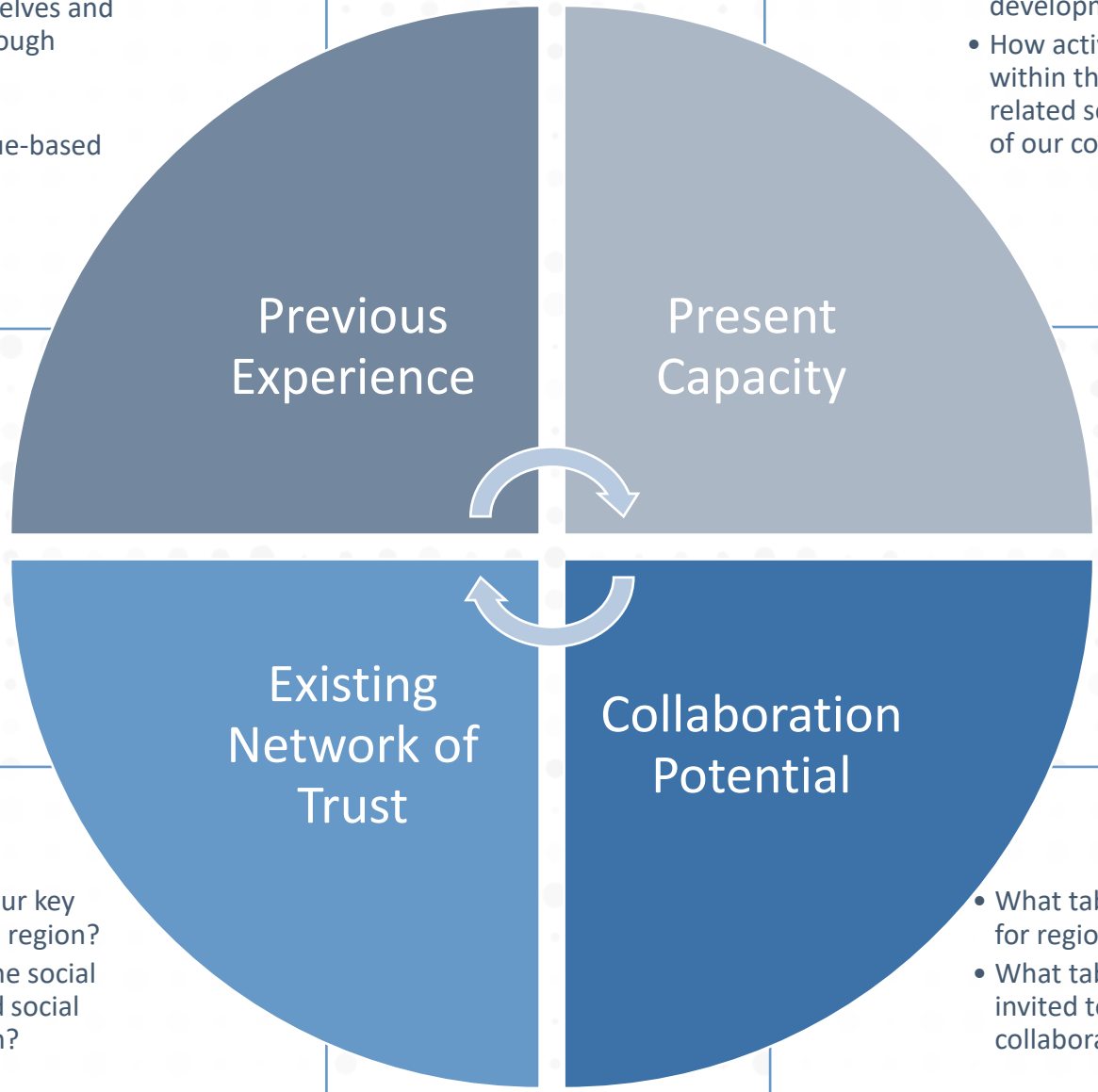
Why Should We Care?



Key Questions

- How and what have we learned about ourselves and those we serve through COVID?
- What has been our involvement in value-based payments (VBP)?

- Who will stay on top of these developments?
- How active are we already within the social care/health-related social needs realities of our community?



- Have we mapped our key partners across the region?
- Who is capturing the social care/health-related social needs of our region?

- What tables are we setting for regional collaboration?
- What tables are we being invited to for regional collaboration?

Key actions:

Dream	of the futures your community needs.
Strengthen	your organizational strategic vision and aspirations.
Make	visible your networks of trust.
Dive	deeper into the specifics of the 1115 Waiver.

Questions?

Thank you!

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