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# Medicaid waiver funds up for grabs



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With \$8 billion as the carrot, the state Department of Health is enticing community health-care providers to work together as never before.

The funds come through federal savings generated by reforms to the Medicaid system in New York. And everyone wants a piece of it.

About \$1.08 billion of the total will be set aside for Medicaid redesign purposes to support the development of health home initiatives as well as investments in long-term care, workforce and enhanced behavioral health services. Another \$500 million will be used to create an interim access assurance fund to help Medicaid safety net providers participate in the program.

Gov. Andrew Cuomo in mid-April announced the state had finalized terms and conditions with the federal government on how it would reinvest the funds.

The remaining \$6.42 billion will be available for providers in the form of Delivery System Reform Incentive Payments (DSRIP), with funds supporting planning grants, incentive payments and administrative costs.

Turn-around time is quick: Letters of intent from providers are due today — May 15. Final planning grant applications are due by mid-June, with grant decisions expected in December.

The overall goal of the program is to achieve a 25 percent reduction in avoidable hospital use over five years through community-level collaborations focused on system reform. Projects must focus on system transformation, clinical improvement and population health improvement. And providers must collaborate: single providers are ineligible to apply.

Providers have spent the past few weeks creating performing providers systems (PPS) and strategizing to pick the project areas that are both attainable and will bring in the most dollars, said Ann Monroe, president of the Health Foundation for Western and Central New York.

Most of the region's safety net providers have agreed to work together on a single proposal. And some hospitals have agreed to participate in that effort, though are also planning to create their own individual proposals.

"The challenge is if there's more than one PPS approved for a geography and they don't have common projects," Monroe said. "The people at the end of the bullwhip — the primary care providers and the health centers, have to manage all these projects."

The foundation is sponsoring a meeting May 22 at WNET in tandem with state officials to take a first look at the applicants, who their partners are and what projects they hope to tackle. Participants include Jason Helgerson, state Medicaid director; and a representative of the Center for Health Care Strategies Inc., who will discuss similar efforts in other states.

The event is open to all Medicaid providers, including health care, behavioral health and developmental disabilities providers, independent providers, hospitals of all sizes, home-health agencies and long-term care facilities. Applicants may also have the opportunity to discuss their proposals.

For information, go to [hfwcny.org](http://hfwcny.org).

James Fink covers real estate, commercial development and government