

HMA

**New York's Section
1115 Medicaid
Redesign Team Waiver
Amendment**

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TODAY'S AGENDA & LEARNING OBJECTIVES

- **History of NY's Waiver Amendment Request**
- **Overview of Major Waiver Amendment Components**
- **Deep Dive with National Subject Matter Experts:**
 - HRSN Expenditure Authority
 - CMMI AHEAD Model
 - IMD Waiver
- **Questions & Discussion**

HISTORY OF NY'S WAIVER AMENDMENT REQUEST

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The NYS Medicaid Redesign Team (MRT) Waiver has been in operation since 1997.

- NY commenced its MRT waiver amendment request process in Spring of 2022, following the **wind down of several significant components** of the Delivery System Reform Incentive Payment (DSRIP) Program, which ended April 1, 2020
- CMS' January 9th approval amends New York's current 1115(a) waiver, which **includes NY's Medicaid Care Management programming**, including:
 - Medicaid Managed Care for Children & Adults
 - Health and Recovery Plans (HARPs)
 - Home and Community Based Services (HCBS)
 - Community Oriented Recovery and Empowerment (CORE) Services
 - Managed Long Term Care (MLTC)
 - Long Term Services and Supports (LTSS)
- This current waiver was previously **extended through March 31, 2027**; the amendment **does not** include investments or extensions related to NY's legacy DSRIP programming or infrastructure

AMENDMENT COMPARED WITH ORIGINAL REQUEST

This amendment approves \$6.7B in investment vs. NY's original \$13.5B ask, with some significant modifications to the State's programming and service requests.

What Is Included from Original Ask?

- Social Care Networks (SCNs)
- Health Related Social Needs (HRSN) benefits
- Health Equity Regional Organization (HERO)
- Workforce Investments
- Safety net hospital funding

What is Missing?

- Broad VBP investments for diverse array of providers
- In-reach Medicaid services for correctional populations (*being pursued separately*)
- Expanded HCBS investments
- Digital health and telehealth infrastructure investments

What is New?

- IMD Exclusion Waiver for SUD
- Formal linkage to CMMI's AHEAD and Making Care Primary models

OVERVIEW OF WAIVER AMENDMENT COMPONENTS

COMPONENTS OF THE FINAL 1115 WAIVER AMENDMENT

Health Related Social
Needs (HRSN)
Services & Social Care
Networks (SCNs)

Health Equity
Regional Organization
(HERO)

Medicaid Hospital
Global Budget
Initiative

Workforce
Investments

SUD IMD Exclusion
Waiver

WAIVER INVESTMENT TIMELINE

	DY 25 (ends 3/31/24)	DY 26 (ends 3/31/25)	DY 27 (ends 3/31/26)	DY 28 (ends 3/31/27)	Total
HRSN Infrastructure	\$0	\$260,000,000	\$190,000,000	\$50,000,000	\$500,000,000
HRSN Services					\$3,173,000,000
HERO		\$50,000,000	\$40,000,000	\$35,000,000	\$125,000,000
Workforce: Student Loan Repayment		\$12,080,000	\$24,150,000	\$12,080,000	\$48,310,000
Workforce: Career Pathways Training		\$175,770,000	\$310,480,000	\$159,500,000	\$645,750,000
Medicaid Hospital Global Budget Initiative	\$550,000,000	\$550,000,000	\$550,000,000	\$550,000,000	\$2,200,000,000
					\$6,692,060,000

WAIVER IMPLEMENTATION TIMELINE (MAJOR MILESTONES)

April 1, 2023 –
March 31, 2024

DY25

- MHGBI investments begin
- Expected release of waiver related RFAs

April 1, 2024 –
March 31, 2025

DY26

- Funding for HRSN/SCN, HERO, and Workforce begin
- DOH must apply to CMMI's State AHEAD model

April 1, 2025 –
March 31, 2026

DY27

- Waiver interim evaluation due

April 1, 2026 –
March 31, 2027

DY28

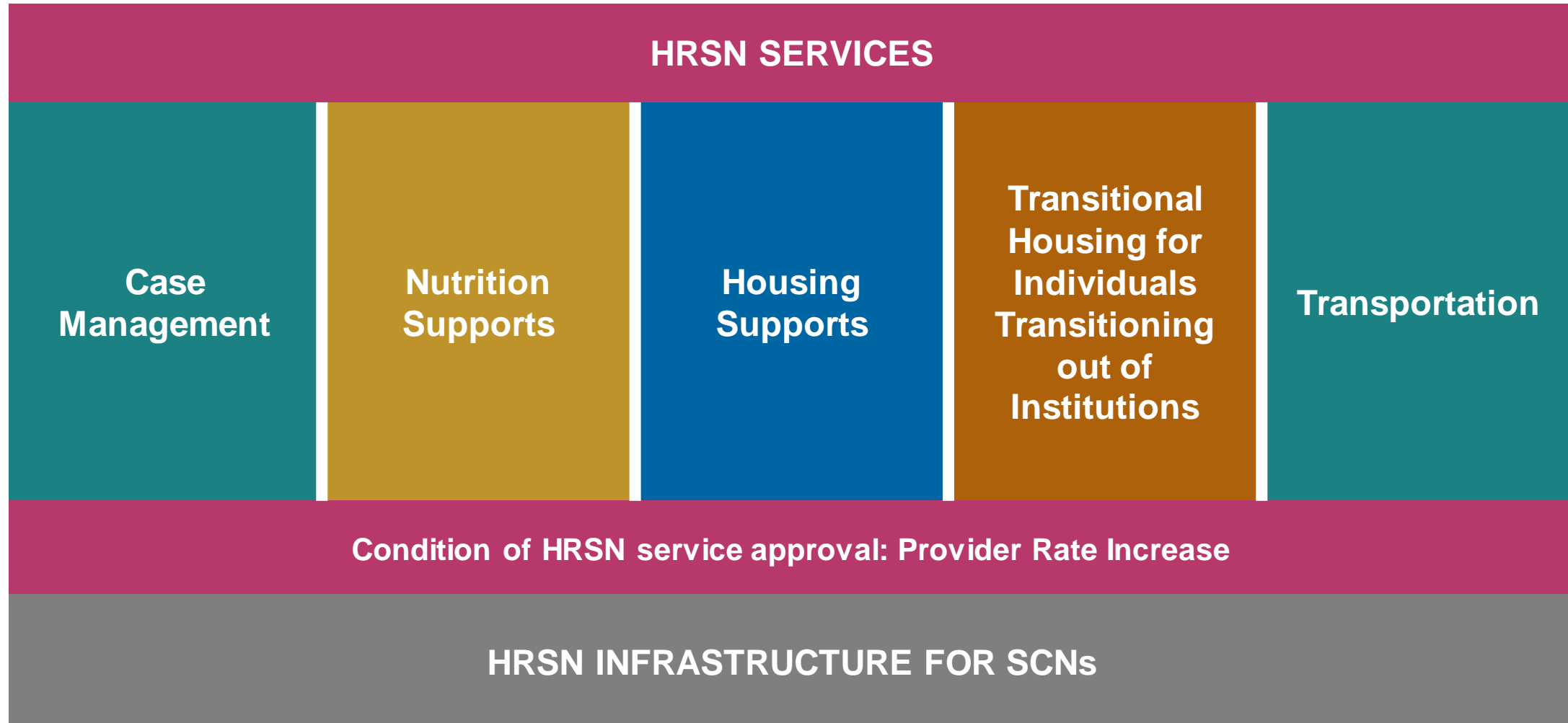
- Final year of waiver amendment
- NYS DOH to submit 1115(a) waiver renewal

April 1, 2027 –
March 31, 2028

- Waiver amendment transitions to larger 1115(a) waiver renewal
- Waiver investments shift to risk-based programs under Medicaid managed care

HEALTH RELATED SOCIAL NEEDS (HRSN)

COMPONENTS OF THE HRSN INVESTMENT



COMPONENTS OF THE HRSN SERVICES INVESTMENT

- New HRSN benefits are available at two eligibility levels:

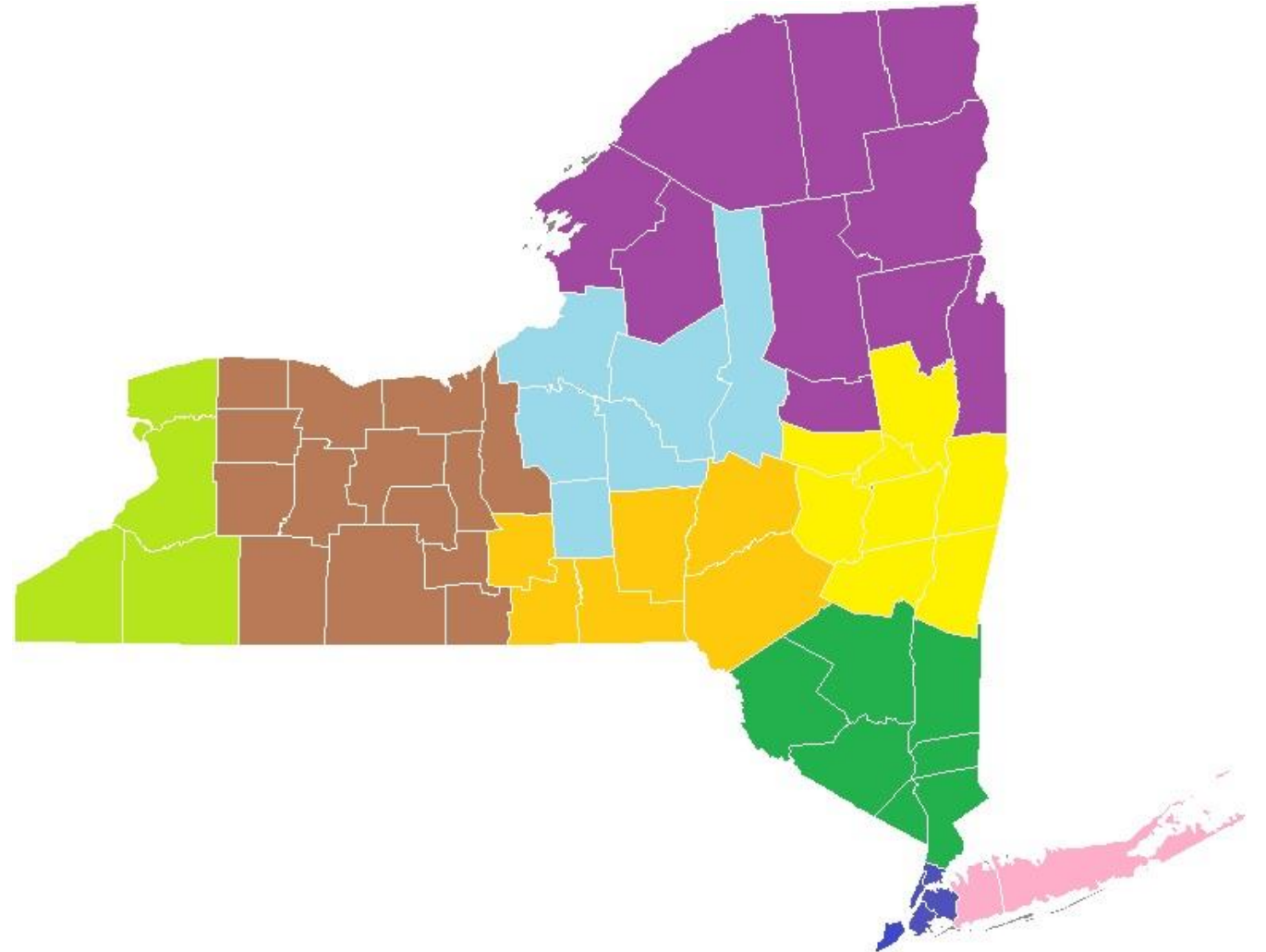
Level 1	Navigation and linkage to existing State and Federal Social Services. Available to any Medicaid beneficiary who does not qualify for Level 2 services.
Level 2	Enhanced HRSN services including case management, nutrition supports, housing supports, and limited transportation. Level 2 services are available to eligible populations meeting criteria tied to their level of risk. Service intensity, duration, and scope vary based on the individual's risk criteria.

- All HRSN services must be clinically appropriate and have a reasonable expectation of improving or maintaining the beneficiary's health.
- Beneficiaries have the right to opt-out of any HRSN services, and other healthcare services cannot be made contingent on their acceptance of HRSN services.

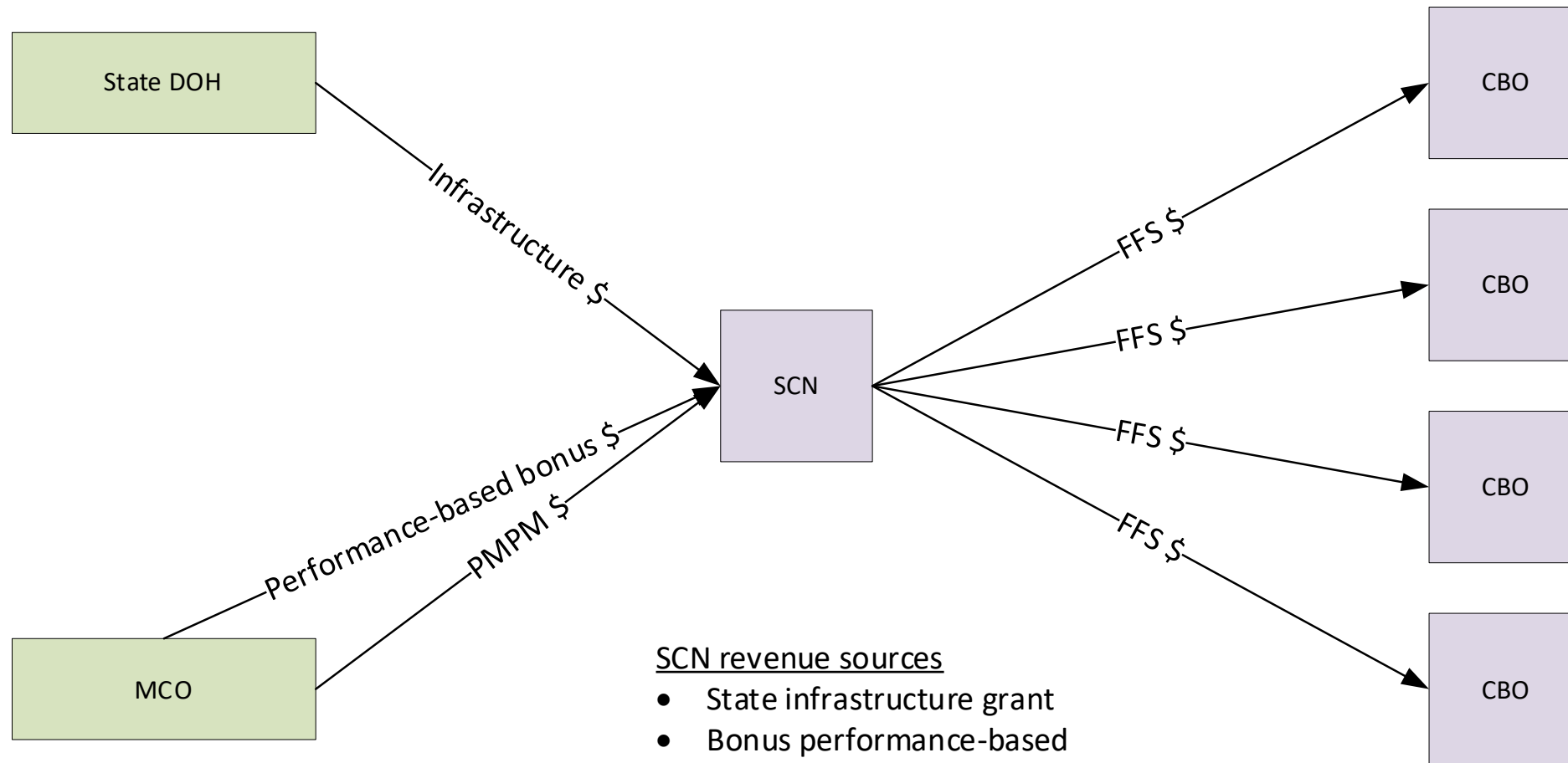
Medicaid Beneficiaries Eligible for Level 2 HRSN Services:

- High utilizers
- Health home enrollees
- People with SUD
- People with serious mental illness (SMI)
- People with intellectual and developmental disabilities (IDD)
- People who are homeless
- Pregnant persons, up to 12 months postpartum
- Post-release criminal justice-involved people with serious chronic conditions
- Youth involved in the juvenile justice system, foster care system, or kinship care
- Children under the age of 6
- Children under 18 with one or more chronic conditions

SCN REGIONS



HRSN FUNDS FLOW



SCN revenue sources

- State infrastructure grant
- Bonus performance-based payments (P4R -> P\$P)
- FFS cut for administration?

SCN REQUIRED FUNCTIONS

Screening and Referral

SCNs will provide HRSN screening and referral services to eligible Medicaid beneficiaries

Service Delivery

- SCNs will be contracted providers with managed care organizations (MCOs) when HRSN services are provided to beneficiaries enrolled in Medicaid managed care.
- SCNs must establish a network of providers and ensure the CBOs have sufficient experience and training in the provision of the HRSN services being offered.
- SCNs must use rates set by the state for the provision of applicable HRSN services.

Accountability

SCNs will work with the HERO to submit provider data that supports the HERO's implementation activities and responsibility to submit quarterly and annual monitoring progress reports to CMS.

SCN REQUEST FOR APPLICATIONS

- Staffing Plan
- Regional Assessment
- Approach to Network Development
- Data and IT Platform Features and Functionalities, including Data Exchange and Interoperability
- Proposed Infrastructure Needs
- Organizational Overview and Experience: Including experience serving Medicaid population in the selected region
- Organizational Infrastructure & Operations
- Work Plan & Budget
- HRSN Screening and Navigation to Services: Including approach to outreach, approach to identifying CBOs, approach to outreach, relevant experience; approach to service navigation
- Network Administration, Capacity Building, and Partnerships: Including CBO capacity building and SCN partnerships
- Payments and Performance Evaluations

[Link to RFA: IntelliGrants - Grant Opportunity Portal \(ny.gov\)](#)

RFA Released	1/16/24
Applicant Conference Registration Deadline	1/22/24 by 4:00 PM
Applicant Conference	1/24/24 at 12:00 PM
Questions Due	1/31/24
Questions, Answers, and Updates Posted (on or about)	2/9/24
Applications Due	3/27/24 by 4:00 PM

SCN REQUEST FOR APPLICATIONS - ELIGIBILITY

- Applicant must be a 501(c)(3) non-profit organization including, community-based organizations, Independent Practice Associations (IPAs), Health Homes, Behavioral Health Collaboratives, Federally Qualified Health Centers (FQHCs), or Performing Provider Systems.
- Applicant must have at least three (3) years of experience working with community-based organizations in the region that they are applying for. Applicants are instructed to complete and upload Attachment N in the Pre-Submission Uploads section of the Grants Gateway online application. Experience must include one of the following:
 - Contracting or fiscal administration with or on behalf of CBO
 - Leading CBOs within a network, consortium, coalition, or other organized group with the goal of coordination or planning
 - Leading care management with partners, including CBOs
- Applicant must be prequalified in the New York State Grants Gateway or Statewide Financial System

HEALTH EQUITY REGIONAL ORGANIZATION (HERO)

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HERO

Data Aggregation

Data aggregation, analytics, and reporting on statewide demonstration implementation.

Regional Needs Assessment and Planning

Complete a regional needs assessment, perform data-driven annual regional planning, and draft and publish a statewide health equity plan.

Stakeholder Engagement

Convene regional stakeholder engagement sessions.

Value Based Payment Assessment and Planning

Make recommendations to support VBP arrangements and develop options for incorporating HRSN into VBP methodologies for the state to use by the end of the 1115 period.

Publish Health Equity Data

Conduct program analysis, such as publishing initial health equity plans and health factor baseline data on Medicaid populations.

MEDICAID HOSPITAL GLOBAL BUDGET INITIATIVE (MHGBI)

Incentive payments for certain hospitals for completing required activities:

- Collecting and reporting data
- Meeting milestones for transitioning to alternative payment methodologies
- Demonstrating improvement in health care quality and equity

Available to Safety-Net Hospitals meeting the following requirements:

- Private not-for-profit hospital
- Serve a population that is at least 45% Medicaid covered or uninsured;
- Within Bronx, Kings, Queens or Westchester County
- Average annual operating margin from 2019 to 2022 of less than or equal to zero; and
- Received state-funded subsidies due to financial distress in state fiscal year 2023 and/or 2024

As condition of the MHGBI, NY DOH and participating hospitals commit to applying to CMMI's **Advancing All-Payer Health Equity Approaches and Development (AHEAD)**. If not selected NY will implement a model consistent with AHEAD for its Medicaid program.

ADDITIONAL LINKAGE TO CMMI'S MAKING CARE PRIMARY MODEL

- During waiver negotiations, the state requested to direct its managed care plans to make Medicaid **Patient Centered Medical Home** (PCMH) payments to align with PCMH payments available to Medicare providers under the Making Care Primary Model.
- No section 1115 authority is needed for the state to direct its managed care plans to make these payments since **primary care is a Medicaid state plan benefit**.
- CMS apprised the state of alternative options for establishing this model, including a **state-directed payment** (SDP). Other states have established PCMH payments under SDP authority.
- New York has indicated that it intends to **pursue SDP authority** for these payments.

WORKFORCE

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WORKFORCE INVESTMENTS

Student Loan Repayment (SLR)

- Repays student loans for certain healthcare workforce shortage professions:
 - Psychiatrists, with a priority on child/adolescent psychiatrists - Up to \$300,000 per provider
 - Primary care physicians and dentists - Up to \$100,000 per provider
 - Nurse practitioners and pediatric clinical nurse specialists - Up to \$50,000 per provider
- To be eligible, professionals must commit to four years of full-time service working with a population that is more than 30% Medicaid and/or uninsured.

Career Pathways Training (CPT)

- CPT will be run through Workforce Investment Organizations (WIO) in up to three regions.
- The CPT will have two career pipelines:
 - One focused on recruitment into healthcare careers
 - Another to help people advance in their healthcare careers
- A broader range of professional titles are eligible for the CPT
- To be eligible, professionals must commit to three years of full-time service working with a population that is more than 30% Medicaid and/or uninsured.

Current WIOs in NYS:

- Audacia
- Iroquois Healthcare Association
- Ladders to Value
- Montefiore
- Finger Lakes Performing Provider System (FLPPS)
- PHI

SUD IMD EXCLUSION

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CMS approved an IMD waiver for SUD services.

NY will be eligible to receive federal financial participation for Medicaid beneficiaries who are short-term residents in IMDs for services that would otherwise be matchable only if the beneficiary were not residing in an IMD.

The SUD Implementation plan and SUD health information technology (HIT) plan were both submitted by New York and approved by CMS.

Within the next six months, NY will authorize and begin to reimburse for Medicaid members to receive Reintegration services provided in an IMD.

The state anticipates 50 providers will enroll within the first year

HMA

WHAT CAN WE DO FOR YOU?

Our depth and breadth of experience has helped an incredibly diverse range of healthcare industry leaders.

Questions?



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