



Medicaid 1115 Demonstration Waiver Overview

October 2024

Agenda

- **1115 Waiver Overview and Funding Timeline**
- **Four Key Components**
 - Health Related Social Needs (HRSN) Initiative
 - Health Equity Regional Organization (HERO)
 - Medicaid Hospital Global Budget Initiative
 - Strengthening the Workforce
- **Other Components**

1115 Demonstration Waiver Overview

- On January 9th, CMS approved a new amendment to New York's Medicaid Redesign Team (MRT) 1115 Demonstration Waiver
- 3.25-year period from January 2024 through March 2027

Four initiatives with a total of up to \$6.69 billion in federal funding:

Health-Related Social
Needs (HRSN)

\$3.673 billion

Health Equity Regional
Organization (HERO)

\$125 million

Medicaid Hospital
Global Budgets

\$2.2 billion

Strengthening the
Workforce

\$694 million

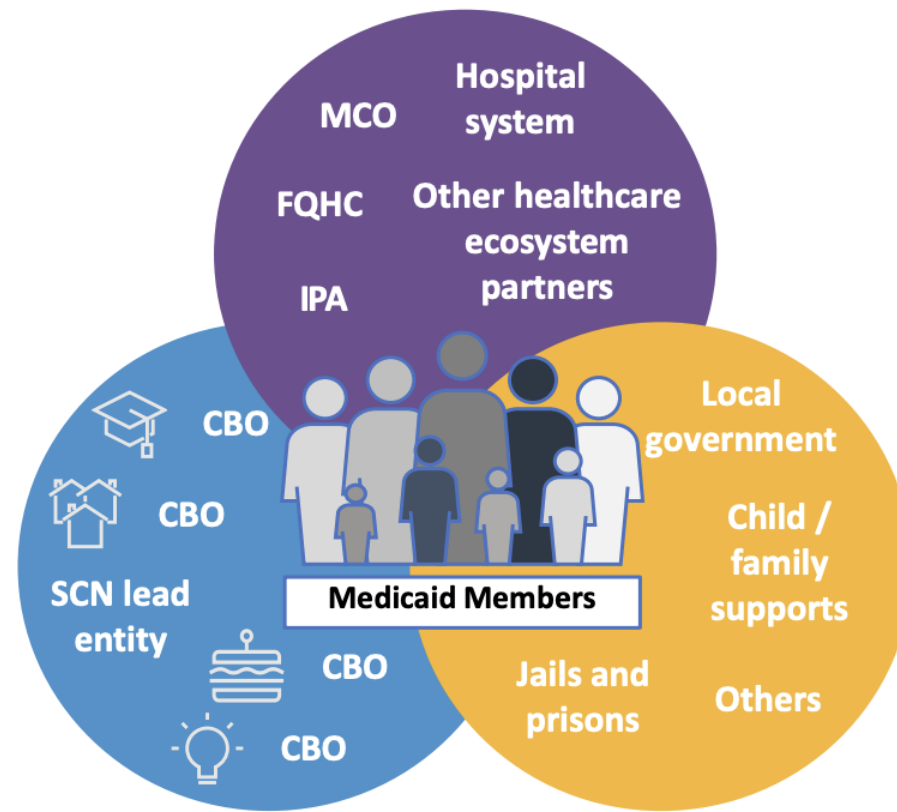
Updated Waiver Funding Timeline

	DY 0	DY 1	DY 2	DY 3	Total
STRATEGY	<i>04/1/2023-03/31/2024</i>	<i>04/01/2024 - 03/31/2025</i>	<i>04/01/2025 - 03/31/2026</i>	<i>04/01/2026 - 03/31/2027</i>	
HRSN: Infrastructure	SCN RFA due 3/27/2024	\$260,000,000	\$190,000,000	\$50,000,000	\$500,000,000
HRSN Services		\$695,000,000	\$1,250,000,000	\$1,420,000,000	\$3,365,000,000
HERO		\$50,000,000	\$40,000,000	\$35,000,000	\$125,000,000
Medicaid Hospital Global Budget	\$550,000,000	\$550,000,000	\$550,000,000	\$550,000,000	\$2,200,000,000
Primary Care Delivery System Model		\$147,000,000	\$147,000,000	\$197,000,000	\$492,000,000
Workforce: Student Loan Repayment		\$12,080,000	\$24,150,000	\$12,080,000	\$48,300,000
Workforce: Career Pathways Training		\$175,770,000	\$310,480,000	\$159,500,000	\$645,750,000
Continuous Eligibility for Children 0 to age 6		\$23,000,000	\$45,000,000	\$45,000,000	\$112,000,000
	\$550,000,000	\$1,912,850,000	\$2,556,630,000	\$2,468,580,000	\$7,488,050,000

Health Related Social Need (HRSN) Initiative



HRSN Infrastructure: Social Care Networks as the Regional Coordinator of HRSNs

- Responsible for building a reliable network of CBOs to address Medicaid members health related social needs, addressing access and health equity
- Convener of stakeholders across their region with a governing board that is representative of the community
- Ensure coordination of social services for special populations



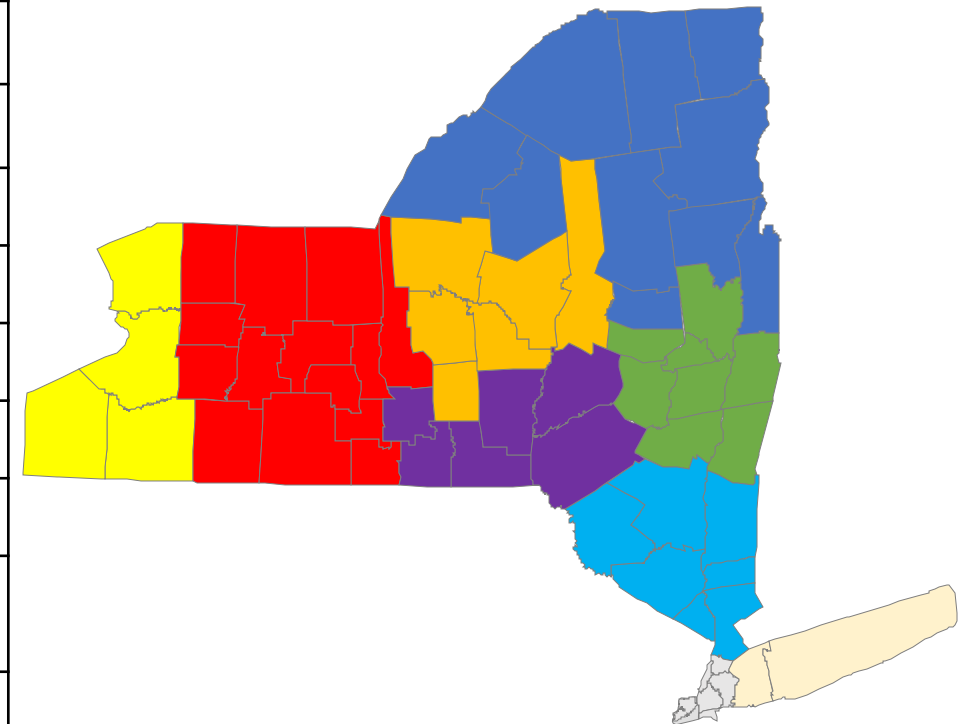
- Social care network (SCN)
- Healthcare ecosystem partners
- Other ecosystem partners

Impact of future state system on Medicaid members

- 
Scaled delivery of social care services and **improved access** for Medicaid members
- 
Reliable and timely referral of members to social care services
- 
Seamless tracking of members needs to streamline and close loop on referrals to social care services
- 
Improved and increased collaboration between social care services and other partners in regional ecosystem (e.g., healthcare providers, care management providers, MCOs, others)

Map of Social Care Networks (SCN) NYS

SCN Region	Counties	Funding
Healthy Alliance (Capital Region)	Albany, Columbia, Greene, Rensselaer, Montgomery, Saratoga, Schenectady, and Schoharie	\$29,230,628
Western NY Integrative Care Collaborative (Western NY)	Cattaraugus, Chautauqua, Erie, Niagara	\$36,859,552
Hudson Valley Care Collaborative (Hudson Valley)	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester	\$44,886,771
Somos IPA (NYC)	Bronx	\$54,541,802
Public Health Solutions (NYC)	Kings	\$65,676,397
Public Health Solutions (NYC)	Queens	\$34,602,335
Public Health Solutions (NYC)	New York	\$52,080,677
Staten Island PPS (NYC)	Richmond	\$22,509,718
Finger Lakes IPA (Finger Lakes Region)	Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates	\$38,604,750
Care Compass Collaborative (Southern Tier)	Broome, Chenango, Delaware, Otsego, Tioga, Tompkins	\$22,639,240
Healthy Alliance (Central New York)	Cortland, Herkimer, Madison, Oneida, Onondaga, and Oswego	\$31,414,924
HEALI/HWCLI (Long Island)	Nassau, Suffolk	\$42,179,889
Healthy Alliance (North Country)	Clinton, Essex, Franklin, Fulton, Hamilton, Jefferson, St. Lawrence, Lewis, Warren, and Washington	\$24,773,317



Powered by Bing
© GeoNames, Microsoft, TomTom

Health Related Social Need (HRSN) Infrastructure: SCN Lead's Role and Responsibilities

Social Care Services Navigation

- Collaborating with stakeholders to conduct HRSN screening, eligibility, navigation, and referrals. Screened annually.

CBO Network Development

- Maintaining a network of contracted CBOs that will deliver social care services to eligible Medicaid.

CBO Capacity Building

- Providing direct investments to CBOs for technical assistance, staffing, equipment or to build CBO capabilities with respect to HRSN screening or reporting/tracking data

Fiscal Management

- Contracting with MCOs to facilitate payments for social care services delivered by CBOs in the network.

Data and Technology

- Regional connectivity between the SCN, NYS, and other stakeholders. Providing accessible data and IT platform to support social care service navigation, data sharing and reporting, and CBO reimburse.

Performance Management

- Collaborating with CBOs, MCOs, and providers on data-driven performance reporting.

Operations and Governance

- Establishing and maintaining a governing body and executive leadership team that reflects and understands the unique needs of the region and effectively coordinates among other stakeholders in the region.

Two Levels of HRSN Services

Level 1: Screening and Navigation

- Available to all Medicaid beneficiaries (FFS or managed care)
- Screening for Health Related Social Needs
- Case management (referrals to existing state, federal, or local programs)

Level 2: Enhanced Services

- Available to all Medicaid Managed care members that are high-risk, and high-need
- Service intensity, duration, and scope vary based on the individual's risk criteria
- Includes case management, nutrition supports, housing supports, and limited transportation

Level 2: Eligible Populations for Enhanced Services

Medicaid high utilizers, including those who meet the federal definition of homeless

People enrolled in a NYS Health Home (i.e., people with chronic conditions)

Individuals with SUD or serious mental illness (SMI)

Individuals with intellectual and/or developmental disabilities (I/DD)

Post-release criminal justice population with serious chronic conditions

Pregnant people, up to 12 months postpartum

Children's populations:

- Under 6 years of age
- Under 18 years of age with a chronic condition
- Justice-involved youth
- In foster care or kinship care

Services to be provided when “a provider, using their professional judgment, may deem the service to be clinically appropriate”

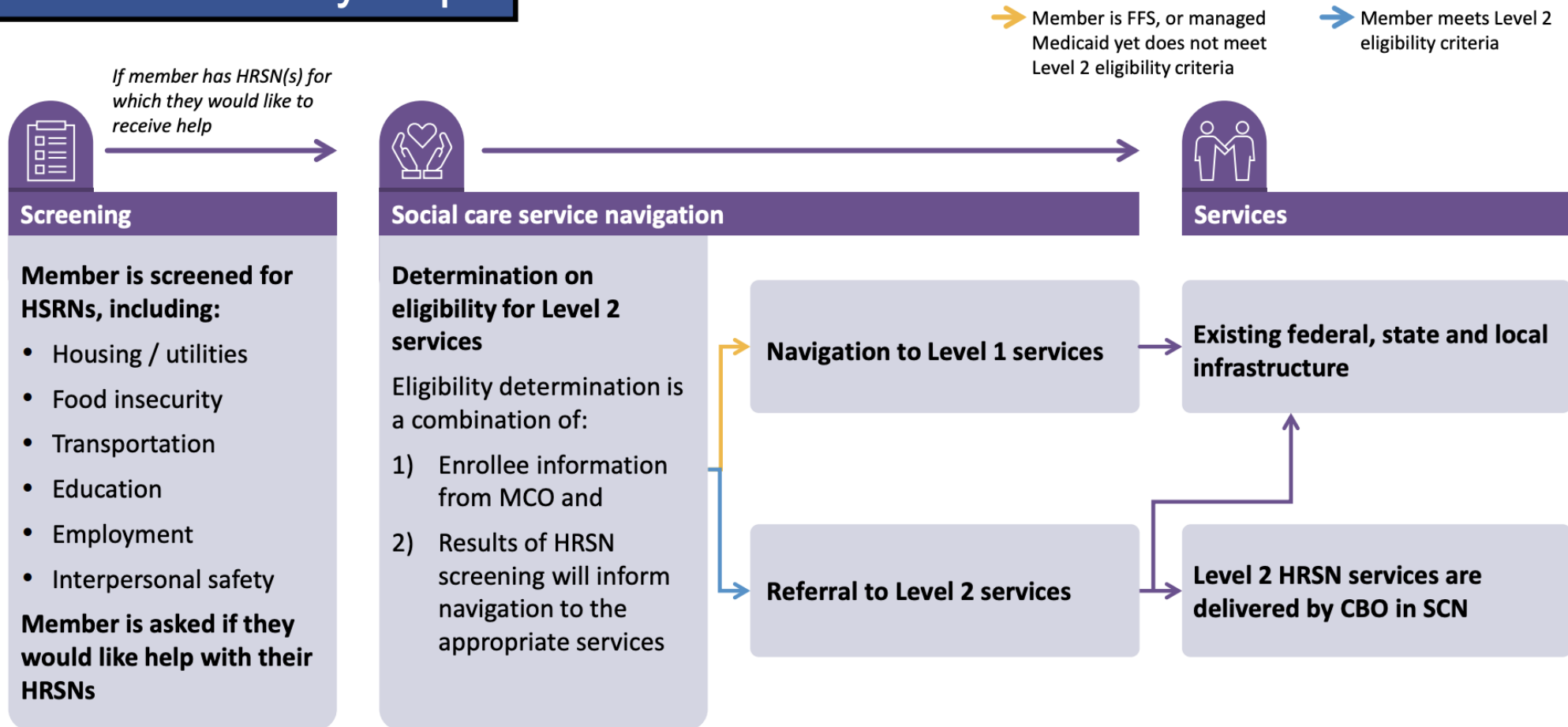
Level 2 Enhanced Services: Details

Category	Service Name	Description
Screening	Screening	Social needs screening of Medicaid member using the CMS AHC HRSN screening tool
Multi Domain	Navigation Case Management	Linkages to other local, state, and federal benefits and programs
Multi Domain	HRSN 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.
Housing	Navigation	Housing navigation services.
Housing	Community Transitional Supports	One-time transition and moving costs (e.g., security deposit, first month's rent, brokers fees, utility activation fees, movers, relocation expenses, pest eradication, inspection fees, pantry stocking, and the purchase of household goods and furniture).
Housing	Utility Set up / Assistance	Utility costs including activation expenses and back payments to secure/keep utilities. Service is limited to individuals receiving rent/temporary housing.
Housing	Rent/temporary housing for up to 6 months	Rent/temporary housing (+/-utilities) for up to 6 months. Limited to individuals transitioning out of institutional care/congregate settings or individuals who are homeless, such as nursing facilities, large group homes, congregate residential settings, IMDs, correctional facilities, and acute care hospitals; individuals who are Medicaid high utilizers who are homeless as defined by 24 CFR 91.5; and youth transitioning out of the child welfare system including foster care.
Housing	Pre-tenancy and tenancy sustaining services	Pre-tenancy and tenancy sustaining services, including tenant rights education and eviction prevention.

Level 2 Enhanced Services: Details

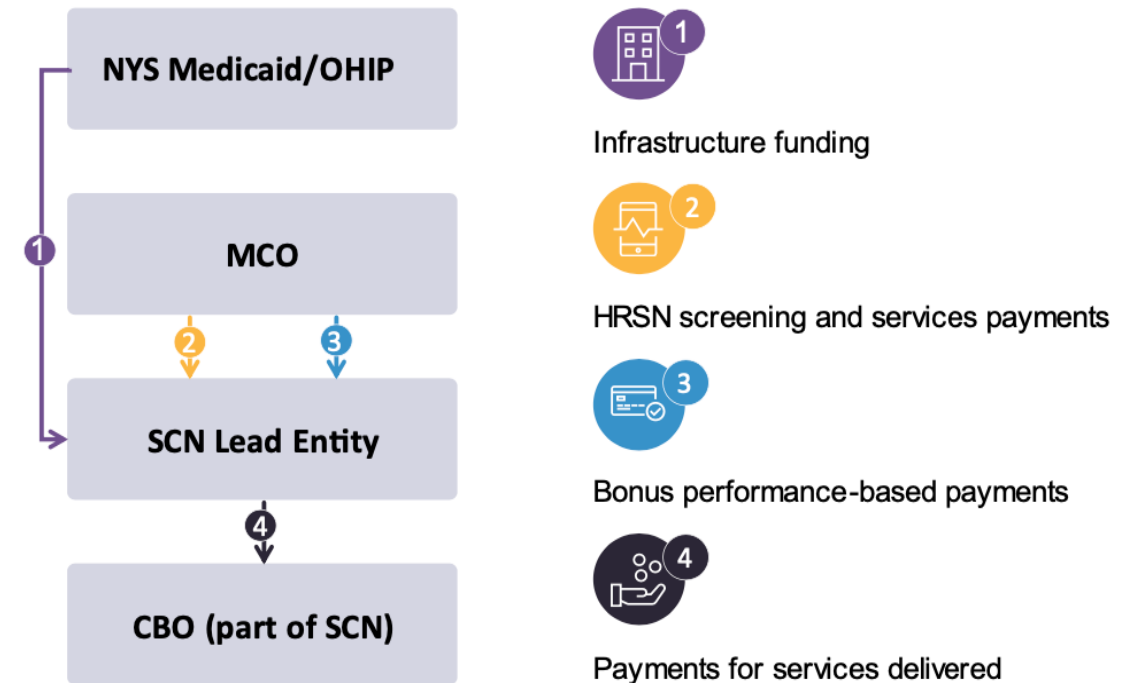
Category	Service Name	Description
Housing	Home remediation	Repairs or remediation for issues such as mold or pest infestation if repair or remediation provides a cost-effective method of addressing occupant's health condition, as documented by a health care professional, and remediation is not covered under any other provision such as tenancy law.
Housing	Home accessibility and safety modifications	Medically necessary air conditioners, humidifiers, air filtration devices, and refrigeration units as needed for medical treatment and prevention. Minor medically necessary home accessibility modifications.
Housing	Medical respite	Medical respite is a temporary setting for homeless individuals that will provide lower-intensity care setting for individuals who would otherwise lack a safe option for discharge and recovery or would require a hospital stay.
Nutrition	Nutritional counseling and classes	Nutrition counseling and education, including on healthy meal preparation.
Nutrition	Medically Tailored Meal (MTM)	Up to 3 prepared meals a day, delivered to the home or private residence, for up to 6 months. Meals approved by a Registered Dietician Nutritionist (RDN).
Nutrition	Fruit and vegetable prescription	Medically tailored or nutritionally-appropriate food prescriptions (e.g., fruit and vegetable prescriptions, protein box), delivered in various forms such as nutrition vouchers and food boxes, for up to 6 months.
Nutrition	Pantry Stocking	Pantry stocking, fresh produce and nonperishable groceries for up to 6 months. For children and Pre/Postpartum populations.
Nutrition	Cooking supplies	Cooking supplies that are necessary for meal preparation and nutritional welfare of a beneficiary when not available through other programs (e.g., pots and pans, utensils, microwave, refrigerator).
Transportation	HRSN Public and Private Transportation	Reimbursement for HRSN Public and Private Transportation to connect to HRSN services and HRSN case management activities listed above. *A final list of services and definitions will be listed in the CMS 1115 NYHER Waiver Approval and in the SCN program manual.

Member Journey Map



Funding for Health-Related Social Needs (HRSN)

- Up to \$500 M in funding to establish and maintain the SCNs through March 2027
 - **Infrastructure funding:** technology (data and IT platform), workforce development, outreach programs
 - **CBO capacity building:** direct investments, training, scaling, and technical assistance based on need
- **HRSN screening and services payments:** screening, navigation and enhanced services delivered by CBOs as well as operative costs, facilitating social care payments (comprised of per member per month payments outside of grant funding)
- **Bonus Performance Funding :** Pay for performance (upside risk) and quarterly performance reports for meeting specific performance measures provided by the MCO (outside of grant funding)



Role and Requirements of Community-Based Organizations (CBOs)

- CBOs are non-profits registered in the Federal EIN
- Defined as not-for profit charitable organizations that works at the local level to meet community needs and is registered as a 501 (c) (3)
- CBOs in the SCN network can support screening, social care navigation, and delivery of HRSN services
- CBOs participating in the network must have at least one service location in the SCN's region
- Have “Social Care Service Navigators” who will screen members and validate their eligibility for Enhanced HRSN services, perform closed-loop referrals to those HRSN services and ensure HRSN services were delivered
- Demonstrates cultural and linguistic competency
- Can engage and be trained on the SCN data and IT platform
- Can accept referrals and provide services and collaborate with the SCN to deliver services

Timeline Considerations

- Tight Timeline
 - Payments expected to flow January 2025
 - Pushed back, most recently from October 2024
 - Waiver period ends March 31, 2027
 - Extension likely of interest
 - Politics TBD – Trump administration rejected last extension request
- Challenging performance metrics (see next slide)
- Stated goals of:
 - Incorporating HRSN into capitation rates post-waiver
 - Risk adjustment based on HRSN

Performance Metrics for SCNs

Draft Screening Metrics

- **75%** of Medicaid population screened in between service start and 3/31/2026
 - **100%** of Medicaid population screened in between 4/1/2026 – 3/31/2027
- SCNs should aim to meet the initial 75% threshold early in the performance period.*

Draft Case Management Metrics

- Required minimum **85%** of Members with a positive HRSN screen² are successfully contacted¹ within **5 business days**
- Required minimum **85%** of eligible Members with a positive HRSN screen² are provided information for Navigation services **within 7 business days**
- Required minimum **85%** of eligible Members with a positive HRSN screen² are referred to HRSN Enhanced Services **within 7 business days**

Health Equity Regional Organization (HERO)

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

- A single, statewide organization
- Mission is to support regionally-focused approaches to promote health equity and facilitate HRSN delivery
- Will develop recommendations for incorporating HRSN services into value based payment arrangements by end of demonstration period

Data Aggregation

- Aggregating and analyzing regional health care and HRSN data from the demonstration

Needs Assessment and Planning

- Using collected data to create, and annually update, regional needs assessments and a statewide health equity plan

Stakeholder Engagement

- Conducting regional sessions to engage stakeholders

VBP Recommendations

- Develop recommendations on how NYS should further pursue advanced VBP arrangements

Program Analysis

- Publishing program data, such as initial health equity reports and baseline data on Medicaid populations


Strengthening the Workforce


Student Loan Repayment - \$48.3 million


Loan repayment subsidies for the following Providers:


Psychiatrists with a priority on Child/Adolescent Psychiatrists	Primary Care Physicians and Dentists	Nurse Practitioners and Pediatric Clinical Nurse Specialists
Up to \$300,000 per provider	Up to \$100,000 per provider	Up to \$50,000, per provider
Estimate loan repayment for 50 psychiatrists	Estimate loan repayment for 50 primary care physicians and 50 dentists	Estimate loan repayment for 40 nurse practitioners and 40 pediatric clinical nurse specialists


Competitive application process that includes:

-  Geographic distribution of applicants

-  Regional need

-  Linguistic and cultural competency

-  4-year commitment to serving high-need population (30%+ Medicaid/uninsured)

-  Payments will be made directly to student loan servicers

Career Pathways Training - \$645.8 million

- Training and education programs for non-physician professionals
 - Nurses, physician extenders, social workers, community health workers, and other allied health professionals
 - 3-year commitment to serving high-need population (30%+ Medicaid/uninsured)
- NYS will contract with Workforce Investment Organizations (WIOs) in three regions to implement and oversee this program.
 - Region 1 (New York City, Hudson Valley, and Long Island): **1199SEIU Training and Employment Funds**
 - Region 2 (Capital Region, Central New York, North Country, and Southern Tier): **Iroquois Healthcare Association**
 - Region 3 (Finger Lakes and Western New York): **The Finger Lakes Performing Provider System**

WIO's Roles

Conduct outreach to recruit prospective students and providers

Form partnerships with educational institutions, SCNs, and providers

Coordinate educational programs for new and current healthcare workers

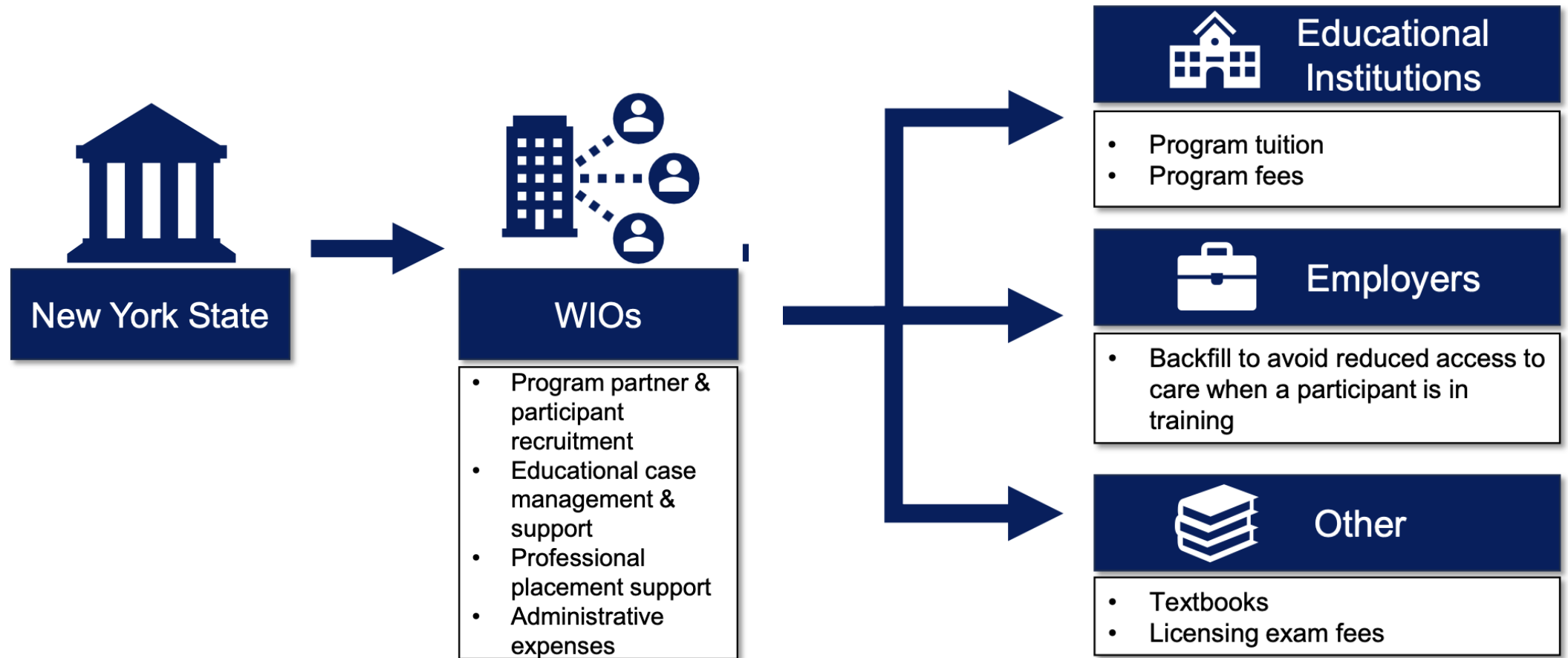
Provide meaningful support for participants to assure successful completion of programs, including case management, tutoring, and other academic support (e.g., apprenticeship and mentorship programs)

Make payments for books, academic fees, and backfill for current employees' time spent in training programs

Aid in job placement to meet service commitments

Perform data collection and reporting on performance metrics, spending, and other information

Work with the Health Equity Regional Organization (HERO) to evaluate regional workforce need related to health equity and gaps in access



Workforce Funding Flow

Other Components

Other Components

- Medicaid Hospital Global Budget Initiative - \$2.2 B
 - NYS commits to establishing a Medicaid Global Budget model for hospitals, aligned with AHEAD
 - NYS will target financially distressed voluntary hospitals (ex. Medicaid-dependent safety net hospitals) in specific regions with funds to incentivize participation in and transition to global budget model
 - Global budget will set a prospective annual amount of Medicaid reimbursement for each participating hospital
 - Budget will include inpatient and outpatient hospital services, based on historical trend
 - Incentive funding of \$2.2B (\$550M in each of 4 waiver years) available to targeted safety nets
- Commitment to new investments and rate increases:
 - \$350 million of new state funds as matching funds (designated state health programs)
 - \$200 million of new state funds to increase Medicaid rates
 - Medicaid FFS and managed care rates to be benchmarked to at least 80% of Medicare for primary care, OB/GYN, and BH providers
- SUD services in IMD settings - \$22 M in annual State savings
 - Similar SMI proposal still under negotiation
- Continuous eligibility for children up to age six to be submitted separately – \$112 M
 - Spring 2024, SPA will be submitted to enable children to remain continuously enrolled in Medicaid and Child Health Plus up to age six