



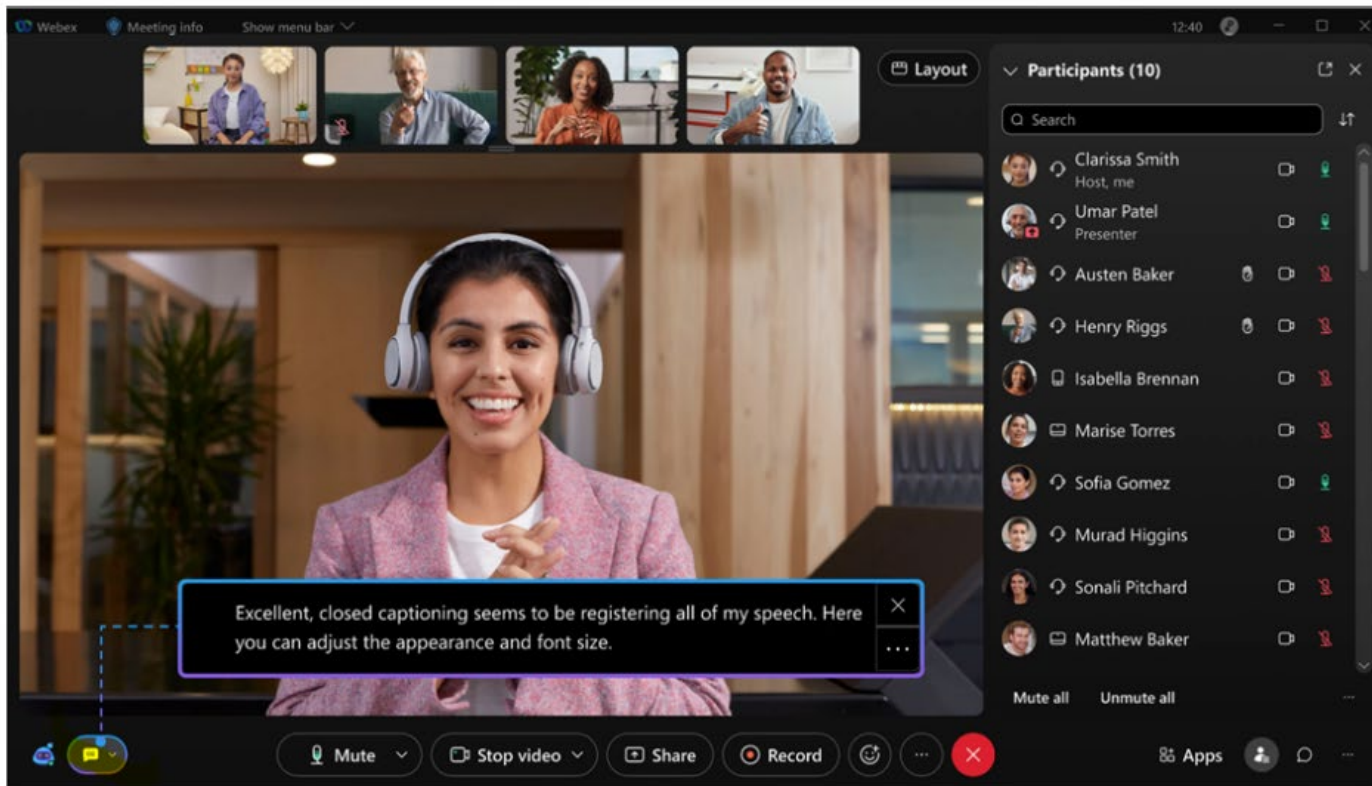
Department  
of Health

# **PUBLIC HEARING: 1115 WAIVER AMENDMENT**


**Making Evidence-Based Investments to Address the Health Disparities Exacerbated by the COVID-19 Pandemic**

May 2022

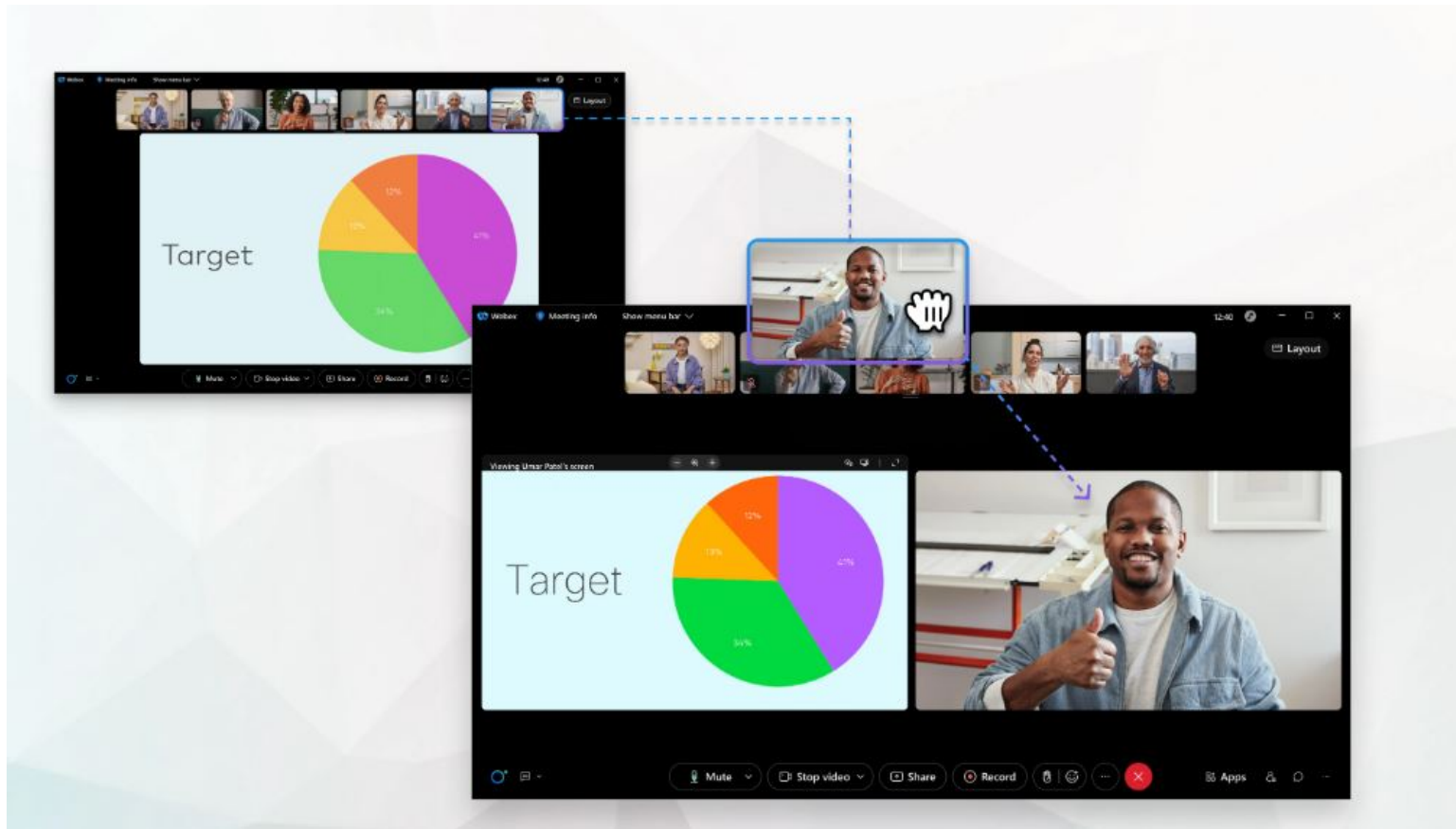
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1. Right click on the Interpreter’s video icon.
2. Select **“Move to Stage”**.

# Agenda

## 1115 Amendment Public Hearing

- Virtual Public Hearing Format
- 1115 Waiver Demonstration Background and Status
- Overview of Proposed 1115 Waiver Amendment
  - *Goal #1: Health Equity-Focused System Redesign*
  - *Goal #2: Developing and Strengthening Supportive Housing Services*
  - *Goal #3: System Redesign and Workforce Capacity*
  - *Goal #4: Digital Health and Telehealth Infrastructure*
- Estimate of Annual Amendment Expenditures
- Next Steps
- Guidelines for Public Comment
- Contact Information & Resources
- Public Comment

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# Virtual Public Hearing Format

In compliance with social distancing guidelines due to COVID-19 and alignment with approved CMS exceptions to satisfy the public hearing requirements in 42 CFR § 431.408, the State is holding two virtual (rather than in-person) public hearings in connection with this waiver amendment request.

- **Public Hearings** are required for 1115 waiver amendments in order to afford the public the opportunity to provide comments regarding the State's waiver amendment application.
- Comments made during a public hearing may supplant, supplement, or reiterate written comments submitted through alternative comment channels, as described later in this presentation.
- A recording and transcription of this hearing will be available on the MRT Waiver website 3-5 days after the hearing. Language translation is available upon request.

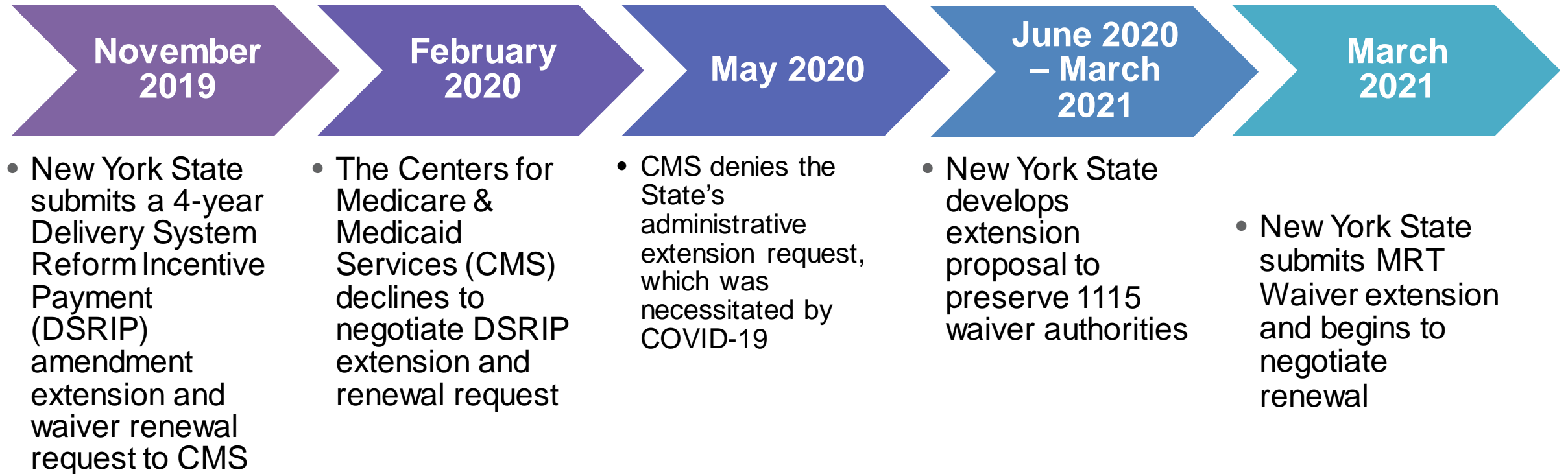
# 1115 Demonstration Waiver Background

- Section 1115 Demonstration Waivers grant flexibility to states for innovative projects that promote the objectives of the Medicaid program.
- **Authorized under Section 1115 of the Social Security Act, these waivers:**
  1. Give the Secretary of Health and Human Services the authority to waive certain provisions and regulations for Medicaid programs, and
  2. Allow Medicaid funds to be used in ways that are not otherwise allowed (i.e., “matchable”) under federal rules.
- Typically, 1115 waivers are approved for 3-5 years, although recently CMS has approved some waivers for longer terms.

# New York State's 1115 Waiver

- The **NYS Medicaid Redesign Team (MRT) Waiver** (formerly the Partnership Plan) has been in effect since 1997.
- New York's 1115 MRT Waiver was last renewed on April 1, 2022 and is effective through March 31, 2027.
- ***The goals of the larger MRT Waiver are as follows:***
  - ✓ Improve access to health care for the Medicaid population;
  - ✓ Improve the quality of health services delivered; and
  - ✓ Expand coverage to additional low-income New Yorkers with resources generated through managed care efficiencies.

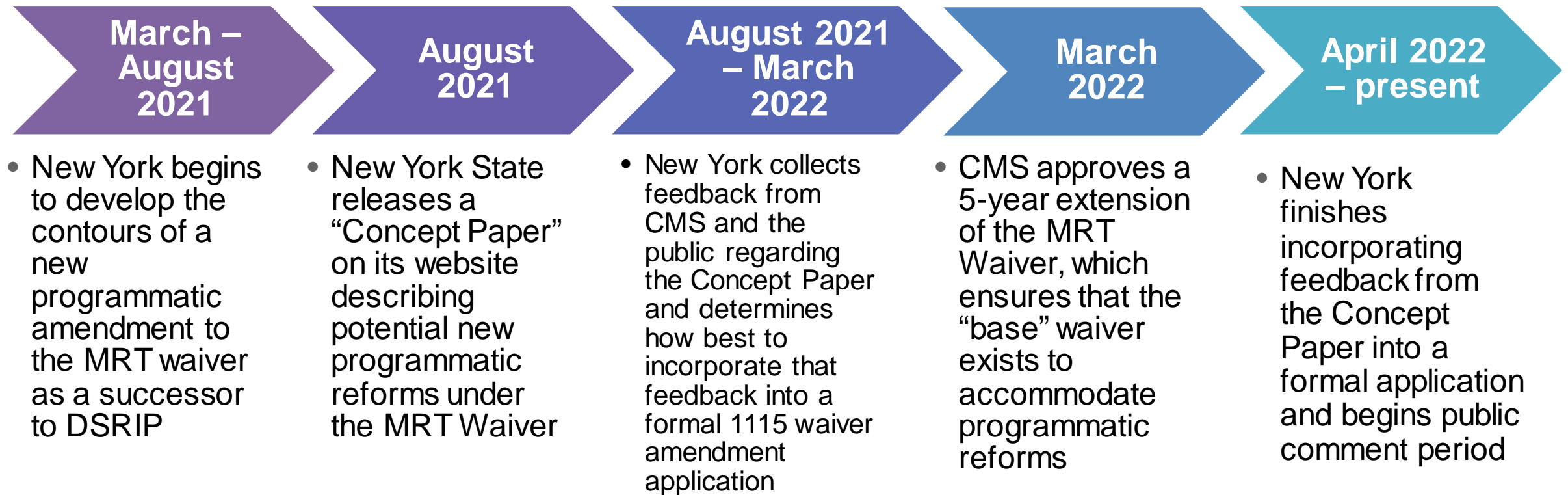
# Status of Waiver Activities (2019 to the present)



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# Status of Waiver Activities (2019 to the present) – Cont’d.



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# Where to Find Public Notice & 1115 Amendment Application Draft

## MISCELLANEOUS NOTICES/HEARINGS

### Notice of Abandoned Property Received by the State Comptroller

Pursuant to provisions of the Abandoned Property Law and related laws, the Office of the State Comptroller receives unclaimed monies and other property deemed abandoned. A list of the names and last known addresses of the entitled owners of this abandoned property is maintained by the office in accordance with Section 1401 of the Abandoned Property Law. Interested parties may inquire if they appear on the Abandoned Property Listing by contacting the Office of Unclaimed Funds, Monday through Friday from 8:00 a.m. to 4:30 p.m., at:

1-800-221-9311  
or visit our web site at:  
[www.osc.state.ny.us](http://www.osc.state.ny.us)

Claims for abandoned property must be filed with the New York State Comptroller's Office of Unclaimed Funds as provided in Section 1406 of the Abandoned Property Law. For further information contact: Office of the State Comptroller, Office of Unclaimed Funds, 110 State St., Albany, NY 12246.

### PUBLIC NOTICE

Department of Agriculture and Markets

IN THE MATTER OF ISSUANCE OF AN ORDER TO POULTRY SHOWS AND EXHIBITIONS AND TO THOSE DISPLAYING POULTRY THEREAT

NOTICE OF ORDER FOR THE CONDUCT OF POULTRY SHOWS AND EXHIBITIONS

WHEREAS, there has recently been several outbreaks of highly pathogenic avian influenza detected in the State;

WHEREAS, avian influenza is typically spread by an uninfected bird coming into contact with an infected bird or that bird's bodily fluids and/or secretions, and

WHEREAS, poultry shows and exhibitions (that is, venues where people and/or firms bring poultry owned or controlled by them to be displayed to paying or non-paying audiences) typically allow for poultry from different farms and premises to be displayed in close proximity with each other, and in a way that permits contact with each other and with each other's bodily fluids and secretions;

NOW, THEREFORE, BASED UPON THE FOREGOING, I, RICHARD A. BALL, COMMISSIONER OF AGRICULTURE AND MARKETS OF THE STATE OF NEW YORK, hereby find that to prevent the spread of avian influenza to the State's poultry population it is necessary that poultry not be displayed at poultry shows and exhibits; and

I HEREBY ORDER, pursuant to subdivisions (1) and (2) of Agriculture and Markets Law section 72, that: (1) no person or firm owning or operating a poultry show or an exhibition shall conduct such a show or exposition or permit or allow poultry to be displayed thereat; and/or (2) that no person or firm shall display poultry or cause poultry to be displayed at a show or an exhibition, until this Notice of Order is repealed.

### PUBLIC NOTICE

Department of Health

Strategic Health Equity Reform Payment Arrangements

In compliance with 42 CFR 431.408(a)(1), the New York State Department of Health is pleased to announce that it will conduct two virtual public hearings, to provide an overview of the State's proposed 1115 waiver amendment request, "Strategic Health Equity Reform Payment Arrangements: Making Targeted, Evidence-Based Investments to Address the Health Disparities Exacerbated by the COVID-19 Pandemic" (SHERPA), and allow members of the public to provide comments. This notice further serves to open the 30-day public comment period which will close on May 13, 2022. In addition to this 30-day comment period where the public will be afforded the opportunity to provide written comments, the Department of Health will be hosting two virtual public hearings during which the public may provide oral comments. Any updates related to the public hearings will be sent via the MRT ListServ.

The New York State Department of Health (the State) requests \$13.5 billion over five (5) years to fund a new 1115 Waiver Demonstration that addresses the inextricably linked health disparities and systemic health care delivery issues that have been both highlighted and intensified by the COVID-19 pandemic. If approved, this 1115 Waiver Demonstration would utilize an array of multi-faceted and linked initiatives in order to change the way the Medicaid program integrates and pay for social care and health care in New York State (NYS). It would also lay the groundwork for reducing long-standing racial, disability-related, and socioeconomic health disparities, increase health equity through measurable improvement of clinical quality and outcomes, and keep the overall Medicaid program expenditures budget neutral to the federal government.

To achieve this overall goal of fully integrating social care and health care into the fabric of the NYS Medicaid program, while recognizing the complexity of addressing varying levels of social care needs impacting the Medicaid population, this waiver proposal is structured around four subsidiary goals:

1. Building a more resilient, flexible, and integrated delivery system that reduces health disparities, promotes health equity, and supports the delivery of social care;
2. Developing and strengthening supportive housing services and alternatives for the homeless and long-term institutional populations;
3. Redesigning and strengthening system capabilities to improve quality, advance health equity, and address workforce shortages; and
4. Creating statewide digital health and telehealth infrastructure.

For the last decade, through its current 1115 waiver, NYS has engaged in efforts to redesign Medicaid using managed care and its recently ended DSRIP program. DSRIP had an overall goal of reducing avoidable hospitalizations by 25 percent and achieving savings while transforming the health system to use VBP. NYS achieved many of its goals with DSRIP, including a 26 percent reduction in Potentially Preventable Admissions (PPAs) and an 18 percent reduction in Potentially Preventable Readmissions (PPRs) through Measurement Year 5. Facilitated a significant increase in Patient-Centered Medical Home (PCMH) certification, made major progress in integrating physical and behavioral health care; and improved care transitions that directly reduced readmissions. The DSRIP program also incorporated

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## Public Notice in State Register (pages 75-80)

<https://dos.ny.gov/system/files/documents/2022/04/041322.pdf>

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You are Here: [Home Page](#) > [Redesigning New York's Medicaid Program](#) > [New York 1115 Medicaid Waiver Information Page](#)

## New York 1115 Medicaid Waiver Information Page

Please Note: We have updated our webpage index, just click on the plus (+) sign for each subject's content.

New York State's Medicaid Section 1115 Medicaid Redesign Team (MRT) Waiver (formerly known as the Partnership Plan) has coordinated health care to Medicaid recipients, thereby improving their overall health coverage. This webpage provides resources and information for the public.

Please email questions, comments, or concerns to: [1115waivers@health.state.ny.us](mailto:1115waivers@health.state.ny.us)

New York State is well-positioned to lead the nation in Medicaid reform. Governor Cuomo's [Medicaid Redesign Team \(MRT\)](#) has been working through New York's MRT process and substantial savings will also accrue as part of this action plan.

Additional information can be found on the [MRT website](#)

Expand All Collapse All

- + Email Listserv for Notifications Related to the MRT Plan
- + MRT Plan Current STCs - Effective October 5, 2021
- + MRT 1115 Waiver Extension Request
- + MRT 1115 Waiver Amendments
  - Strategic Health Equity Reform Payment Arrangements: Making Targeted, Evidence-Based Investments to Address Health Disparities
    - o Concept Paper - ([Web](#)) - ([PDF](#)) - submitted to CMS August 24, 2021
    - o Draft Amendment Request - ([PDF](#))
    - o Full Public Notice - ([PDF](#)) - published in the NYS Register April 13, 2022
    - o Abbreviated Public Notice - ([PDF](#)) - published in the NYS Register April 13, 2022
    - o Tribal Consultation - ([PDF](#))
  - MRT II Amendment Waiver Amendment Proposals

## 1115 Amendment Application:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/2022/docs/2022-04\\_1115\\_waiver\\_draft\\_amendment.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/2022/docs/2022-04_1115_waiver_draft_amendment.pdf)



# Overview of the 1115 Waiver Amendment

# Overview of New 1115 Waiver Amendment

New York State is seeking **\$13.52 billion over five years** to fund a new 1115 Waiver amendment that addresses health disparities and systemic health care delivery issues that have been both highlighted and intensified by the COVID-19 pandemic.

***The goals of this waiver amendment are as follows:***

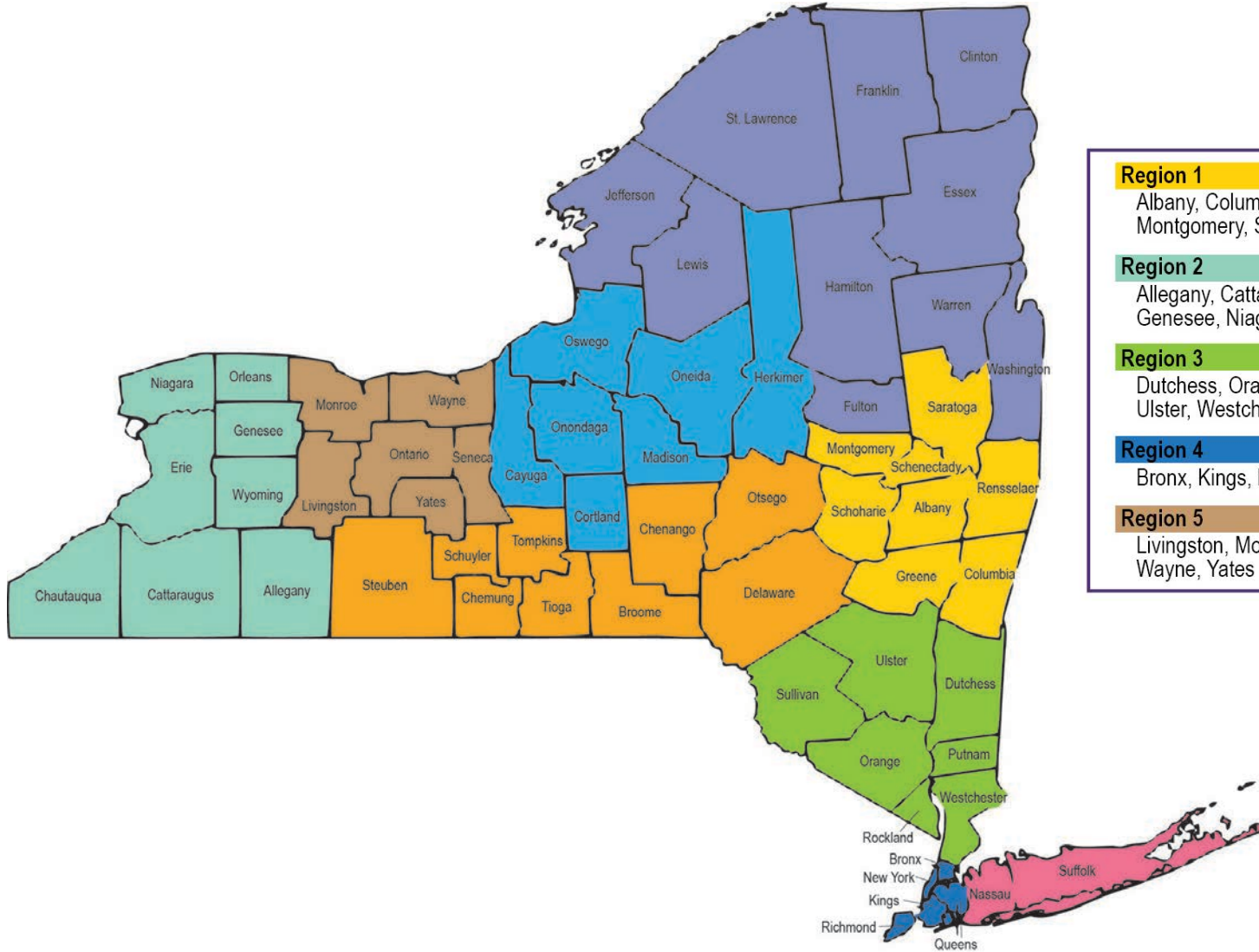
1. Building a more resilient, flexible, and integrated delivery system that reduces health disparities, promotes health equity, and supports the delivery of social care;
2. Developing and strengthening supportive housing services and alternatives for the homeless and long-term institutional populations;
3. Redesigning and strengthening system capabilities to improve quality, advance health equity, and address workforce shortages; and
4. Creating statewide digital health and telehealth infrastructure.

# Goal #1: Health Equity-Focused System Redesign

## Health Equity Regional Organizations (HEROs) – \$325 million

- HEROs are regional, mission-based entities composed of a coalition of stakeholders in each region.
- HEROs have two critical roles that are central to the waiver amendment design:
  - Develop **Annual Regional Plans** that evaluate and address the physical and behavioral health and social care needs of vulnerable populations in each region through VBP interventions that enable holistic, clinically integrated, and value-driven care.
    - As part of the Regional Plans, HEROs will assess regional need for housing and telehealth to identify and address gaps in services, which are related to Goals 2 and 4, respectively.
  - Serve as hubs for **regional collaboration, coordination, decision-making, and data infrastructure** to address additional areas of need, including regional data capabilities assessment and technical support.
- DOH will contract with a **single HERO per region**, with nine regions in total, although sub-stratification by region may be necessary, especially in more densely populated areas.
- A HERO may be an expansion of an existing entity (e.g., Integrated Health Network or Local Public Health Department), or a new corporate entity formed by regional participants.

# Proposed HEROs Regions



- Region 1**  
Albany, Columbia, Greene, Rensselaer, Montgomery, Saratoga, Schoharie
- Region 2**  
Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming
- Region 3**  
Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
- Region 4**  
Bronx, Kings, New York, Queens, Richmond
- Region 5**  
Livingston, Monroe, Ontario, Seneca, Wayne, Yates
- Region 6**  
Broome, Chemung, Chenango, Delaware, Otsego, Schuyler, Steuben, Tioga, Tompkins
- Region 7**  
Cayuga, Cortland, Herkimer, Madison, Oneida, Onondaga, Oswego
- Region 8**  
Nassau, Suffolk
- Region 9**  
Clinton, Essex, Franklin, Fulton, Hamilton, Jefferson, Lewis, St. Lawrence, Warren, Washington

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# HERO Goals

- Guide the development of a delivery system built for “**well care**” and that **accounts for the whole-person** by:
  - ✓ Integrating physical and behavioral health and social care need services;
  - ✓ Meeting patients where they are; and
  - ✓ Improving outcomes for all patients, particularly the most vulnerable and underserved.
- Facilitate the movement to more **advanced VBP models** that promote health equity and provide cash flow stability during health crises.
- Build on the successes of DSRIP, while incorporating changes informed by challenges and lessons learned.
- Rebuild from the COVID-19 pandemic with a more flexible, resilient healthcare system.

# HERO Role Clarification

## HEROs are:

- ✓ Intended to work with existing regional and local health systems.
- ✓ Hubs for regional planning, consensus building, collaboration, coordination, and decision-making.
- ✓ Composed of and governed by a broad range of providers, CBOs, MCOs, and other stakeholders.
- ✓ Built to inform future advanced VBP arrangements targeted at social care needs & health equity.

## HEROs are NOT:

- ✗ Performing Provider Systems (PPS) or another form of intermediary entity.
- ✗ Responsible for receiving or distributing waiver funds.
- ✗ Duplicating any existing public health activities.
- ✗ Controlled by any single entity or provider type.



# HERO Composition

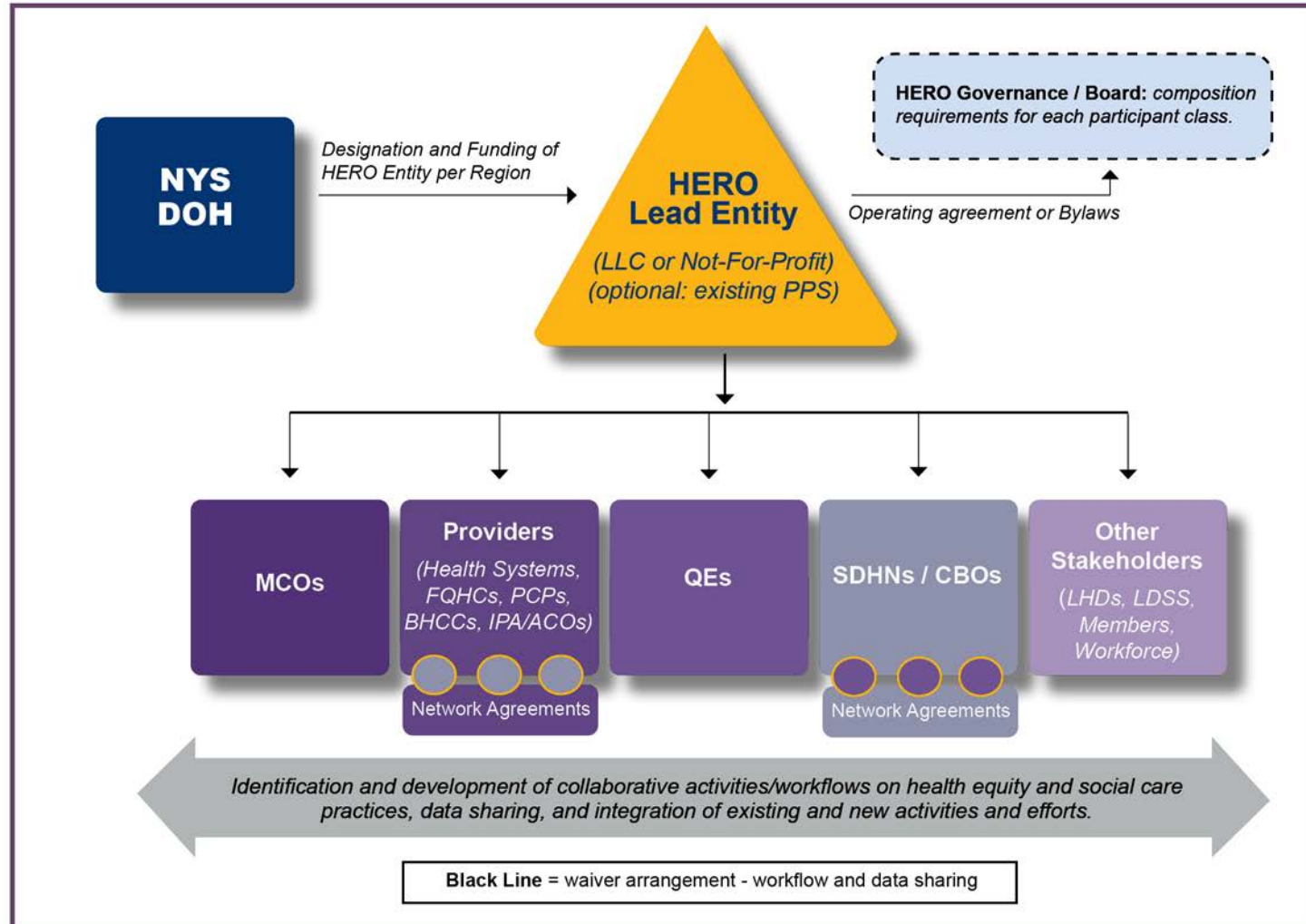
## *HERO membership could include:*

- Local Health Departments
- Managed Care Organizations (MCO)
- Hospitals and Health Systems\*
- Primary Care Providers and FQHCs \*
- Community Providers \*
- Specialty Providers \*
- Behavioral Health Providers \*
- Consumer Representatives
- Providers of Long-term Services and Supports (LTSS)\*
- Providers serving individuals with Intellectual and Developmental Disorders (I/DD) \*
- Community Based Organizations (CBO) \*
- Qualified Entities (QE) / Health Information Exchanges (HIE) / Regional Health Information Organizations (RHIO)
- Members of the Health Care Workforce
- Other Stakeholders

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\*Participation may be direct or through network entities, such as IPAs, ACOs, SDHNs, or BHCCs, as applicable

# HERO Structural Diagram



## Cont. Goal #1: Health Equity-Focused System Redesign

### Social Determinants of Health Networks (SDHNs) – \$585 million

- Coordinated networks of physical and behavioral health and social care Community Based Organizations (CBOs).
- A major component of SDHN work will be coordinating a regional referral network of providers of physical and behavioral health and social services.
- Waiver investments will support a statewide IT social needs referral and data platform to support SDHNs in the collection of data, the referral network, and to inform future targeted interventions.

# Cont. Goal #1: Health Equity-Focused System Redesign

## Advanced VBP Arrangements – \$7 billion

- Based on input from HERO and SDHN regional plans and data collection, DOH will enter into advanced VBP arrangements with various stakeholders via MCOs, targeted at health equity-related measures.
- The VBP Roadmap will be updated to address health equity and regional social care needs.

## Ensuring Access for Criminal Justice-Involved Populations – \$745 million

- **Targeted in-reach services** for incarcerated individuals **30 days prior to release** to ensure engagement in services upon release and assist with the successful transition to community life.
- *These services include –*
  - Care management and discharge planning,
  - Clinical consultant and peer services, and
  - Medication management plan development and delivery of certain high priority medications.

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## Goal #2: Strengthen Supportive Housing Services

### Investing in Supportive Housing Services – \$1.57 billion

- HEROs will develop an **inventory of available housing resources and regional need** to identify and address gaps in services.

### SDHNs and Supportive Housing Stakeholders will implement the Enhanced Supportive Housing Initiative

- The initiative will encourage coordinated and targeted effort among MCOs, SDHNs, CBOs, and VBP contractors to connect high Medicaid utilizers with housing and services.
- *These services include –*
  - **Medical respite** for recently discharged patients at risk of imminent homelessness and too sick to return to the street,
  - **Community transitional services** for those living in institutional settings or experiencing homelessness,
  - **Tenancy supports** to ensure that individuals can stay safely housed in the community, and
  - **Referral** to and **coordination** of related services and benefits.

## Goal #3: System Redesign and Workforce Capacity

### COVID-19 Unwind Quality Restoration Pool – \$1.5 billion

- A VBP Quality Incentive pool available to financially distressed safety net hospitals and nursing homes to engage in VBP arrangements, with a focus on ***quality improvement, advancing health equity, and expanding workforce capacity.***

### Develop a Strong and Well-Trained Workforce – \$1.5 billion

- Funding to address long-standing workforce shortages that were exacerbated by the COVID-19 pandemic to make the field more attractive to workers and provide opportunities for advancement.
- *Funds will be used to support the following activities –*
  - Recruitment and retention activities,
  - Development and strengthening of career pathways,
  - Workforce training initiatives,
  - Expansion of the community health workforce, and
  - Standardization of occupations and job training.

## Goal #4: Creating Statewide Digital Health and Telehealth Infrastructure

### Equitable Access to Telehealth Services for Members and Providers – \$300 million

- An initiative to expand access to Digital and Telehealth Services by provisioning IT and training support to providers, as well as investments in infrastructure to improve patient access.
- *Activities include* –
  - Telehealth kiosks in homeless shelters,
  - Community health worker training to assist members in utilizing telehealth services, and
  - Tablets for providers and enrollees who lack access to technology necessary to participate in telehealth.

# Estimate of Annual Amendment Expenditures

1115 Waiver Application Funding Estimates						
Proposal	DY 1	DY 2	DY 3	DY 4	DY 5	Total
<b>Goal #1: Health Equity-Focused System Redesign</b>	<b>\$205</b>	<b>\$852</b>	<b>\$2,526</b>	<b>\$2,533</b>	<b>\$2,540</b>	<b>\$8,655</b>
<i>HEROs</i>	\$65	\$65	\$65	\$65	\$65	\$325
<i>SDHNs</i>	\$121	\$116	\$116	\$116	\$116	\$585
<i>Advanced VBP Models</i>	\$0	\$500	\$2,167	\$2,167	\$2,167	\$7,000
<i>Criminal Justice-Involved Populations</i>	\$19	\$171	\$178	\$185	\$192	\$745
<b>Goal #2: Supportive Housing</b>	<b>\$63</b>	<b>\$101</b>	<b>\$301</b>	<b>\$501</b>	<b>\$601</b>	<b>\$1,565</b>
<b>Goal #3: System Redesign and Workforce</b>	<b>\$600</b>	<b>\$600</b>	<b>\$600</b>	<b>\$600</b>	<b>\$600</b>	<b>\$3,000</b>
<i>System Redesign</i>	\$300	\$300	\$300	\$300	\$300	\$1,500
<i>Workforce Training</i>	\$300	\$300	\$300	\$300	\$300	\$1,500
<b>Goal #4: Digital Health &amp; Telehealth</b>	<b>\$60</b>	<b>\$60</b>	<b>\$60</b>	<b>\$60</b>	<b>\$60</b>	<b>\$300</b>
<b>Total Ask:</b>	<b>\$928</b>	<b>\$1,613</b>	<b>\$3,486</b>	<b>\$3,693</b>	<b>\$3,800</b>	<b>\$13,520</b>

Dollars in Millions

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# Next Steps

Activity	Date
Public Notice posted to State Register/Public Comment Period Begins	April 13, 2022
Tribal Comment Period Begins	April 13, 2022
Public Hearings 1 & 2	May 3, 2022 and May 10, 2022
Public Comment Period Ends	May 20, 2022
Tribal Comment Period Ends	May 20, 2022
Target Date to Incorporate Public Comments and Finalize Amendment	July 1, 2022
Target Date for Formal Submission of Amendment Application to CMS	July 25, 2022
Federal Public Comment Period	July 30, 2022 – August 29, 2022
CMS & New York Negotiate Terms of Amendment	Potentially Beginning Summer 2022
Target Implementation Date	January 1, 2023

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# Public Comment

# Guidelines for Public Comments

- A list of the pre-registered commenters will indicate the order in which you will be called on to speak.
- A member of the DOH team will call your name and manually unmute your line to allow you to provide your comment.
- Comments will be timed, please limit your comment to five minutes.

**Written comments** will be accepted through **May 20, 2022**, by email at [1115waivers@health.ny.gov](mailto:1115waivers@health.ny.gov) or by mail at:

Department of Health  
Office of Health Insurance Programs  
Waiver Management Unit  
99 Washington Ave., 12<sup>th</sup> fl. (Suite 1208)  
Albany, NY 12210

**Questions or  
Comments?**

**For further information,  
please contact us at:  
[1115waivers@health.ny.gov](mailto:1115waivers@health.ny.gov)**

# 1115 MRT Waiver Resources

## 1115 MRT Waiver Website

[http://www.health.ny.gov/health\\_care/medicaid/redesign/medicaid\\_waiver\\_1115.htm](http://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm)

## MRT II

[https://www.health.ny.gov/health\\_care/medicaid/redesign/mrt2/](https://www.health.ny.gov/health_care/medicaid/redesign/mrt2/)

## 1115 Amendment Application

[https://www.health.ny.gov/health\\_care/medicaid/redesign/2022/docs/2022-04\\_1115\\_waiver\\_draft\\_amendment.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/2022/docs/2022-04_1115_waiver_draft_amendment.pdf)

## Public Notice in State Register (pages 75-80)

<https://dos.ny.gov/system/files/documents/2022/04/041322.pdf>

## Original Concept Paper

[https://health.ny.gov/health\\_care/medicaid/redesign/2021/docs/2021-08\\_1115\\_waiver\\_concept\\_paper.pdf](https://health.ny.gov/health_care/medicaid/redesign/2021/docs/2021-08_1115_waiver_concept_paper.pdf)

## Quality Strategy

[https://www.health.ny.gov/health\\_care/medicaid/redesign/docs/rev\\_quality\\_strategy\\_program\\_sept2015.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/docs/rev_quality_strategy_program_sept2015.pdf)



**ONE MINUTE REMAINING**

**TIME IS UP**