

New York 1115 Medicaid Redesign Team Waiver Amendment: Continuous Medicaid and Child Health Plus Eligibility for Children up to Age 6 Virtual Public Hearing Transcript
February 21, 2024

Welcome everyone and thank you for joining us for the public hearing on the continuous Medicaid and Child Health Plus eligibility for children up to age six, 1115 amendment. Before we begin, I will turn it over to my colleague, Georgia, to describe how to turn on the closed captioning feature and how to make the two ASL interpreters easier to see. Go ahead Georgia.

Alright, Good morning. Thanks Selena. To enable close captioning during today's webinar you can locate the CC icon in the lower left-hand side of the screen. Once you click on that you'll be able to enable the show closed caption feature. Additionally, we do have two ASL interpreters with us today, Hannah and Michelle whose videos should be visible to you at the top of your dashboard in the video panel of speakers. If you'd like to move those ASL interpreters down to your dashboard you can use this image here to guide you on how to do that. You just right click on the interpreters' video and pull them down into your dashboard that way they will be next to the presentation throughout the entire webinar. It would also be advisable to pull both of our ASL interpreters down into the dashboard as they'll be switching on and off today.

Okay, great. Thank you, Georgia, and thanks to our two ASL interpreters Michelle and Hannah. My name is Selena Hajiani. I am the Director of Strategic Operations and Planning at the Office of Health Insurance Programs at the Department of Health. Thanks again for joining us today. Just to walk through the agenda; First, we'll provide some background on the public hearing format and an overview of 1115 demonstration waivers generally, then we'll provide an overview of this specific amendment related to continuous eligibility for children up to age six and we'll end with time for public comments.

So, on the next slide we have the public hearing information. In today's hearing we are intending to provide background, like I mentioned, on the 1115 amendment and an opportunity for individuals to provide public comment on this amendment. This is required by federal regulations and New York's 1115 waiver special terms and conditions, which is the agreement between the federal government, the Centers for Medicaid and Medicare Services (CMS) with the state.

So, the public forums, they provide the state with the opportunity to get feedback on the demonstration projects that we're proposing and it's also a valuable opportunity for us to learn and hear different perspectives. The recording and the transcript will be available on the website about seven to ten days after the hearing. Language translation is also available upon request and the slides will also be posted to the website.

So, on the next slide, we have an overview of 1115 waivers. So, section 1115 demonstration waivers allow states the flexibility to implement innovative projects that promote the objective of the Medicaid program under section 1115 of the Social Security Act. These waivers authorize the Secretary of Health and Human Services to waive certain Medicaid program provisions and regulations and allow the use of Medicaid funds in ways that are not otherwise allowed under federal rules i.e., making them eligible for federal matching funds. Typically, 1115 waivers are approved for about three-to-five-year terms.

On the next slide we have information related to New York's 1115 demonstration waiver, which is called the Medicaid Redesign Team Waiver (MRT), formerly known as the Partnership Plan.

This Waiver has been in effect since 1997, the waiver was renewed on April 1st, 2022, most recently and will be effective through March 31st, 2027.

The amendment that we're discussing today will be an amendment to New York's existing 1115 demonstration waiver, the MRT waiver. The goals of the MRT waiver are to improve access to health care for Medicaid populations, to improve quality of health care services delivered, to expand coverage to additional low-income New Yorkers with resources generated through managed care efficiencies. Our new goal, which was added with the approval of the New York Health Equity reform (NYHER) 1115 amendment that was approved on January 9th, 2024, is to advance health equity, reduce health disparities and support the delivery of health-related social need services.

Next slide please. We are seeking an amendment, like I mentioned, to our 1115 waiver to allow continuous eligibility in Medicaid and Child Health Plus (CHP) for children up to their sixth birthday. The goals of this amendment are to prevent gaps in coverage, improve continuity of care and promote health equity. We would be the fourth state to have this policy in place. CMS has already authorized this for Oregon, Washington, and New Mexico and there are a number of states with pending 1115 amendment applications for this policy as well. Additionally, we received strong support for continuous eligibility for children during our public comment period for the NYHER 1115 amendment as well.

On the next slide we have some information on New York's current continuous eligibility policy. We've had a 12-month continuous eligibility policy in place since 1999, this policy has allowed members to maintain coverage for the 12-months between redeterminations. However, despite this policy coverage, losses can occur at the time of redetermination, and this has been an issue for children in Medicaid and CHP with some children moving in and out of coverage. It can cause disruptions in care and prevent long term care planning for children at critical developmental stages.

The chart on the slide here shows the current income eligibility limits for children up to age six. The income eligibility limit for children up to age one in Medicaid is 223% of the federal poverty level (FPL). For our children ages one to six, it's 154% of FPL and for children ages zero to six in CHP, it's 400% of FPL. The changes proposed through this amendment will not change the eligibility limits for Medicaid or CHP at the time of the initial eligibility determination.

So, on the next slide we have some information on the impact of the continuous eligibility change that we're proposing. As I mentioned earlier, this amendment would authorize continuous eligibility for children up to age six, which would allow a child to remain enrolled in Medicaid or CHP until their sixth birthday regardless of changes in household information. So, under this amendment the state would continue to do annual eligibility redeterminations however, children under the age of six would continue to be eligible for Medicaid or CHP, despite any changes to household information; this includes things like income.

There are certain exceptions which could result in disenrollment such as if the child moves out of state or was enrolled in the relevant program in error. Despite changes to the continuous eligibility policy, it is still important to keep your household information up to date. We believe that this policy could have significant benefits for our members under the age of six. This would include making it easier to develop long term care plans for a child's health, behavioral health and health related needs. Could also avoid costly and disruptive coverage changes and would improve or could improve short- and long-term health outcomes.

So, this brings us to the end of our overview. It's a very short amendment, so a short presentation. I will now pass it over to my colleague, Phil Alotta for the public comment portion of the hearing. Thank you.

Thank you, Selena and good afternoon, everyone. Once again, my name is Phil Alotta of the Department of Health. We can shift to the next slide just to provide the audience with some guidelines around public comments. There was a list of preregistered commenters, and these folks will be called in the order in which they registered to speak this afternoon. If you haven't preregistered and would like to speak, please raise your hand, or indicate so in the chat and we'll add you to our list. I will call your name and manually unmute your line to allow you to provide your comment and comments will be timed, so please limit your comments to five minutes just keep the public hearing on track for this afternoon. Written comments will be accepted through March 8th, 2024, by email 1115waivers@health.ny.gov or by mail at the address below: Department of Health, Office of Health Insurance Programs, Waiver Management Unit. 99 Washington Avenue, 12th floor Suite 1208, Albany, New York 12210.

Next slide please. If you have any questions or comments or want any additional information, you can contact us contact us at 1115waivers@health.ny.gov and we'll be happy to respond.

Okay, next slide. This is just a resource page for your information. Some great information here on New York's 1115 waiver website, information about our current special terms and conditions as well as the continuous eligibility for children zero to six and our 1115 amendment application. And again, we are sharing our email address here if you have any additional questions or need any additional information.

Okay next slide. This slide is just to alert the speaker that there's one minute remaining of their five minutes presentation time and the next slide is just simply to let the speaker know that their time is up.

Okay, with that being said we have a couple of folks that are preregistered to speak this afternoon and as I mentioned earlier, please raise your hand or put your information into our chat box, and we can add you to our list. With that being said our first speaker is Rachel Holtzman. And Georgia if you could unmute the line for Rachel.

Are we unmuted?

Yes, it looks like Rachel should be unmuted.

Okay, please go-ahead Rachel.

It looks like Rachel is trying to speak. She sent a message in the chat, but we are not able to hear you, Rachel.

Okay, can you hear me, okay?

Yes, thank you.

Okay, sorry about that. Thanks so much for bearing with the technical difficulties. Hello, my name is Rachel Holtzman. I'm an Equal Justice Works Fellow with the New York Legal Assistance Group, which we call NYLAG. NYLAG is one of New York City's leading civil legal services organizations serving low-income New Yorkers in pursuit of economic, racial, and

social justice. At NYLAG, I work on healthcare access representing the families of medically fragile children who, despite being Medicaid eligible, are often denied lifesaving medically necessary Medicaid services. And I'm here to speak in support of the 1115 waiver amendment to include continuous coverage for children in Medicaid and CHP from birth to age six so that no child loses their healthcare because of a paperwork error. Losing Medicaid for medically fragile children is a life-or-death situation. Many of these children are dependent on around the clock care from nurses, personal care aides and technology like ventilators and trachs; care that is costly and care that these children and their families cannot afford if the children lose Medicaid coverage. And that's why these children qualify for Medicaid in the first place and it's why any disruption in coverage has an exacerbated impact on these families, most of whom are already navigating economic hardship and an inequitable health care system. Yet all too often, medically fragile children are at risk of losing their Medicaid coverage because of a paperwork issue. Sometimes their parents may have forgotten to fill out the complicated re-enrollment paperwork, something which is entirely understandable for parents amidst their busy lives of raising a medically fragile child. And other times a parent fills out the re-enrollment paperwork, but the child's Medicaid is closed regardless. And this may be because the parents have gotten something wrong, for example, they may have checked the wrong box or filled in the wrong bubble, left off some secret language that they should have included when deciding whether, for supporting that the child is Medicaid eligible, or it may be that the child's Medicaid case is closed because the paperwork was mishandled even when the parents found the time and information to fill it all correctly and submit it correctly. And these seemingly trivial matters are of consequential importance when it comes to maintaining healthcare coverage. And, in fact, in all three scenarios I just mentioned, a medically fragile child who is still eligible for Medicaid, loses their coverage and that means they lose their access to the medically necessary care that keeps them alive, safe at home with their families. And for some people losing access to health insurance for a few days, or even weeks, isn't a big deal but for these kids losing access to their Medicaid insurance for even a few hours can lead to catastrophic regressions and unsafe conditions that could be lethal; and even for children who are not medically fragile, continuous coverage is vital. The American Academy of Pediatrics recommends that children ages zero to six get 15 well child visits for routine care, including vaccinations and assessments to ensure kids are staying safe and reaching all of their developmental milestones. And then on top of that, we know that even otherwise healthy children often get sick and need to visit the doctor. Here in New York, we are already among the top five states nationwide that have kept children enrolled into Medicaid and we were able to achieve that because we've taken advantage of previous opportunities CMS has had to offer to make coverage easier for our children. So, taking this step of continuous coverage for kids through age six would bring us closer to being number one, closer to being in a world in which parents can spend their time taking care of their children instead of worrying about how to fill out the correct bubbles in a packet of paperwork and closer to making sure that every single Medicaid eligible child through age six gets to keep their insurance and their care. Lastly, we urge New York to use this draft waiver amendment to create a universal benefit package for all children ages zero to six in Medicaid and Child Health Plus, just like Oregon did with their continuous coverage 1115 waiver. More information and detail about these recommendations were submitted in the Children's Health Group written comments as well as NYLAG's written comments, both which were submitted by email on February 15th. To conclude, we support this 1115 waiver amendment proposal and greatly appreciate the opportunity to provide testimony. Thank you so much.

Oh, thank you Rachel for your comment. Okay, speaker number two, Joe Telano.

Joe, are you on? Georgia can we please unmute Joe?

Joe should be unmuted.

Can you hear me? Yes.

Great, thank you for the opportunity to provide testimony on New York's 1115 waiver amendment request that would ensure continuous health care coverage for (audio cut out) up to six. My name is Joe Telano, I'm the senior policy manager at the primary care development corporation or PCDC (audio cut out) capital financing, expertise and advocacy to expand primary care access and advance health equity and communities that need it most. PCDC focuses specifically on the role of primary care and advancing health equity and improving community and individual health outcomes and we strongly support this proposal because we know that expanding access to coverage for children will mean more children having access to primary care at a critical time in their lives. As of October 2023, over 87 million Americans were covered through Medicaid and CHP, including over half of all children in the United States. In New York almost seven and a half Million people or 28% of the population are covered by Medicaid or CHP, 65% of which are people of color. This includes over two million children. Medicaid and CHP are therefore significant sources of pediatric primary care access for children across the state and ensuring continuous enrollment of these plans will (audio cut out) significant (audio cut out) every child needs consistent access to primary care to (audio cut out). According to the American Academy of Pediatrics, pediatric primary care covers children's physical, mental and social health from birth to young adulthood. Both consistent coverage and access to the same provider matter. When children see the same person for their health, as it's known as usual source of care throughout their childhood and adolescence, they feel more comfortable with their provider. Because of the relationship, pediatricians established with their patients, they build more trust, increase the likelihood that the child will seek care and are uniquely able to monitor normal health and development and diagnose any concerns with benefits extending well into adult. In addition, the first five years of a child's life are recognized as a critical time for brain growth and are key to optimal emotional regulation and learning. Children with health insurance are more likely to experience this necessary healthy, physical and emotional growth and various other benefits, including less likelihood of having gone more than two years without seeing the doctor, better preparedness for learning and greater school attendance, greater likelihood of graduating high school and college and higher wages as an adult. Even a temporary loss in coverage for a child with Medicaid or CHP can reduce those benefits and lead to long term problems. Unfortunately, temporary losses in Medicaid coverage are extremely common for beneficiaries who are frequently forced to disenrollment then reenroll within a short period of time, known as churn. Churn disrupts the continuity of primary and preventative care for already underserved populations. A serious problem for young children who are recommended to receive frequent screenings and checkups. Unfortunately, the rates of churn are higher for children than adults, and greatest for children of color. For example, before the National Medicaid continuous coverage requirement instituted during the covid public health emergency, about 8% of children covered by Medicaid or CHP churned off and back on within a given year. As the health emergency came to a close and states began redetermining eligibility and removing children from their roles, experts estimated that three out of every four children that would likely lose coverage during the unwinding would still be eligible but would be disenrolled due to procedural reasons. It is critical for children to stay covered by insurance, especially in their early years. This amendment will significantly prevent churn, keeping children eligible for and enrolled in Medicaid/CHP through age six despite any fluctuations in their family's income. It is important to note, however, that although this policy will increase access to coverage may not be sufficient to ensure that covered children experience all the benefits of continuous access to primary and preventative care.

Primary care including Pediatric care has been severely underfunded for years. Nationally primary care accounts for approximately 35% of all healthcare visits annually yet about only 5-7% of all health care expenditures are for primary care. This underfunding leads to work force shortages among many other problems. In conjunction with this amendment, we urge New York state to increase investment in primary care to improve access and achieve sustainable health benefits for all children. PCDC applauds any effort to increase access to care and to ensure that patients, especially children do not lose their coverage. Therefore, PCDC strongly supports DOH's important proposed amendment to expand and ensure health coverage for all children under six. We will urge CMS to approve the proposal. This amendment would help ensure that all New Yorkers under six have access to the care they need to lead healthy lives, healthy and productive lives. Once again, we thank DOH for the opportunity to comment on this wave waiver amendment request. We'd be happy to discuss any recommendations or answer any questions.

Thank you, Joe, for your comment.

That's the only two folks that I have on the list that have preregistered; if anyone else would like to speak, please raise your hand or place a note in the chat.

Georgia, are you seeing anyone raising their hands?

Looks like we have one attendee with their hands raised, Bob. So, I'm going to go ahead and unmute Bob and see if they'd like to speak.

Okay.

Hi, Bob, you should be unmuted.

Can you hear me? Yes. Okay.

I was happy to hear the first person bringing up medically fragile children. With a lot of the confusion currently around medically fragile children, I wanted to make a statement in regard to the fact that right now medically fragile children are in the Children's Health Home which is a program primarily focused more around The Office of Mental Health. I do want to make sure that the, not only the importance of having this, Medicaid but that it's continued to get the full service of the services that are supported through the Children's Health Home and that includes care management and the HCBS supports. So, in making this move, I think it's critical that we do maintain these kids into, at first what used to be called the Care at Home Program and is now the Children's Health Home for the kids that are medically fragile. If anybody has any questions or wants to reach me, I can in the chat leave my information on that, thank you very much.

Okay well, thank you Bob for your comment.

Anyone else Georgia that has their hand raised, or has sent a chat to provide comment?

I don't see anybody at this time.

Okay, I am happy to turn this back over to Selena to close out our public hearing today. There she is.

Okay, thank you very much Phil. Bob, to address your comment a little bit. This amendment will not change access to services for any children enrolled in Medicaid or Child Health Plus. So, this will have no impact on that but just want to say, thank you all so much for your very thoughtful comments. It's very heartening to hear that you all care about this issue as deeply as we do, and just want to thank you for your time today. So, thanks and hope you have a great day.