



Department  
of Health

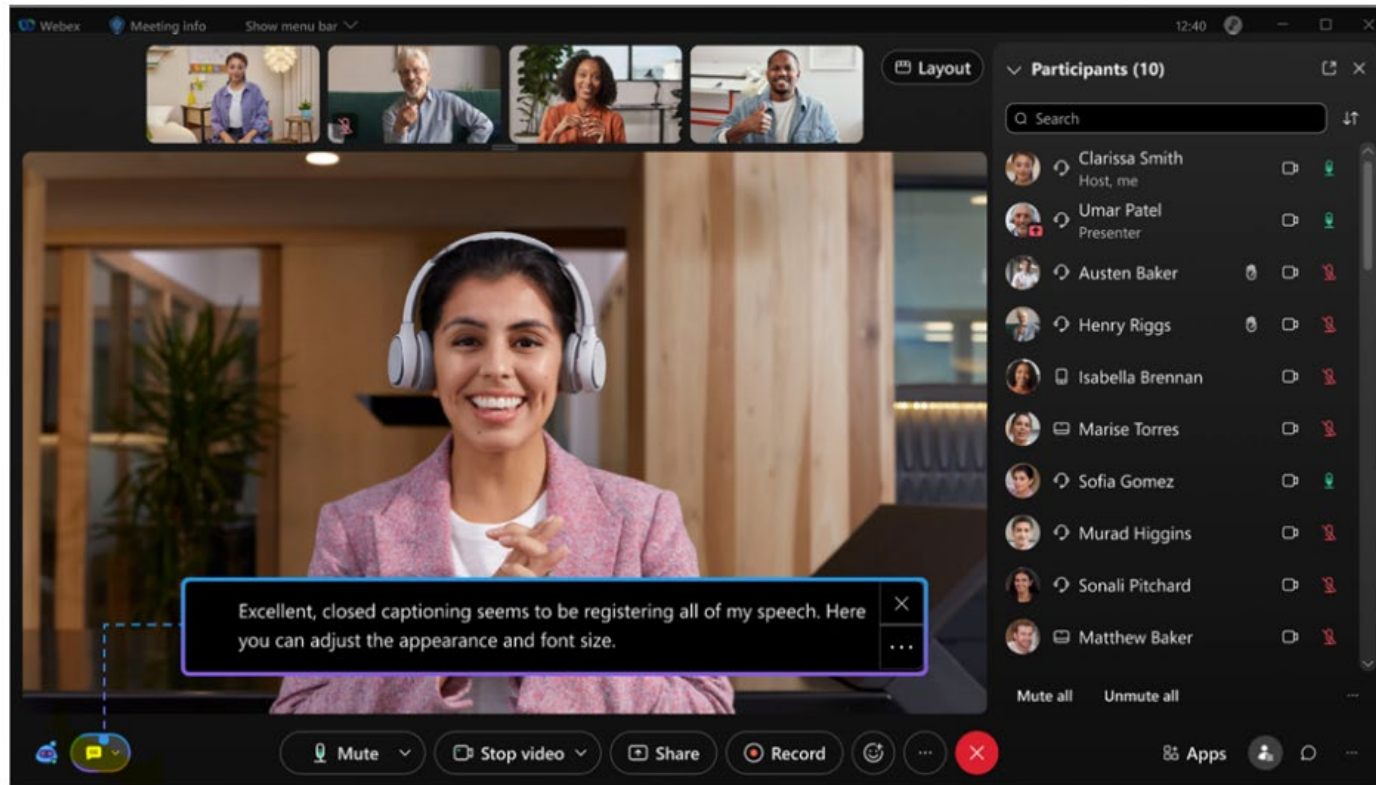
## **1115 Medicaid Redesign Team Waiver:**

**1115 Waiver Annual Public Forum  
&**


**Continuous Medicaid and Child Health Plus Eligibility for  
Children up to Age Six 1115 Amendment Public Hearing**

February 2024

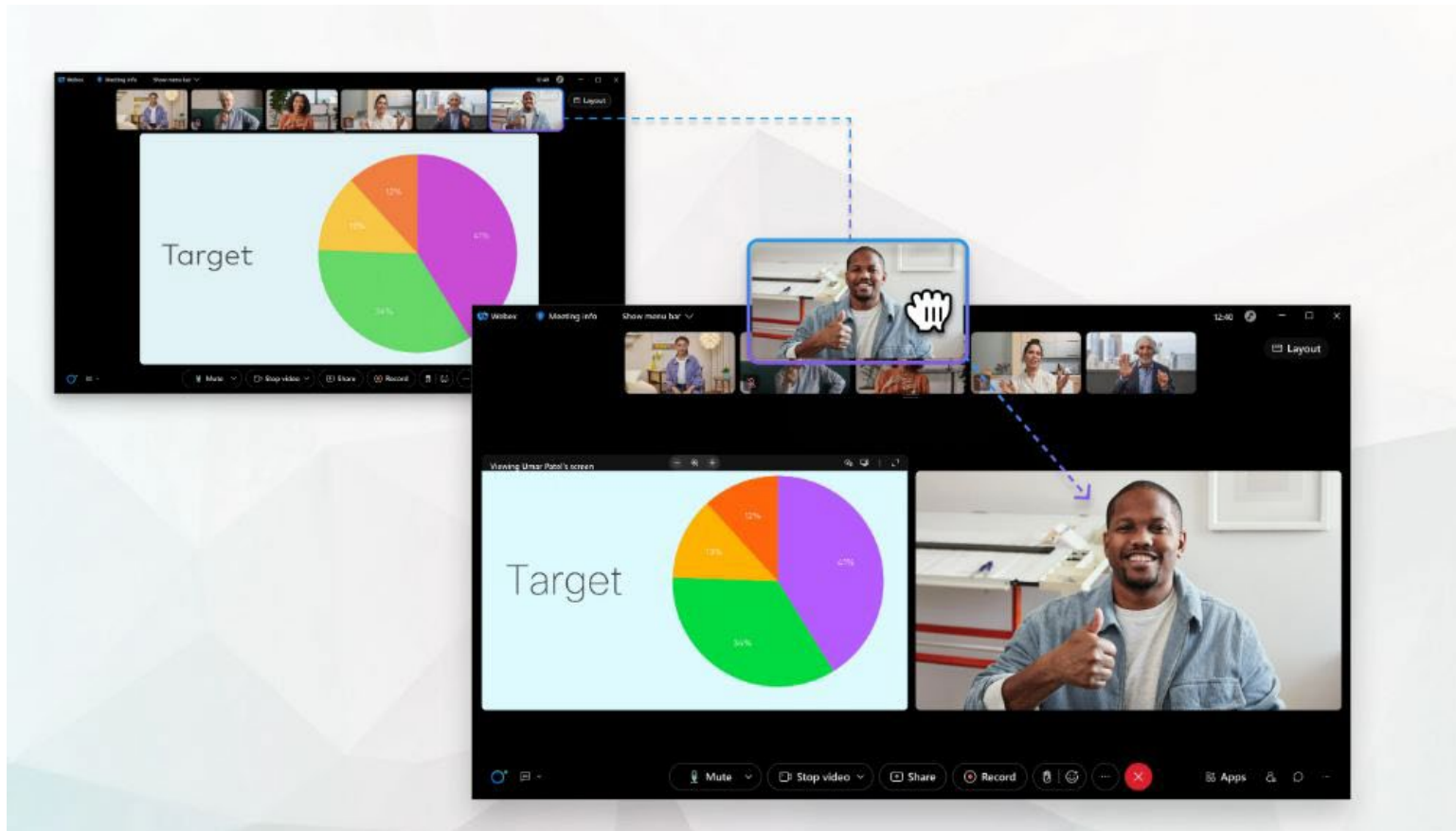
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## Agenda

# 1115 MRT Waiver Amendment Public Forum

- Public Hearing Format
- 1115 Demonstration Waiver Overview
- New York's 1115 Waiver and Amendment Update
- 1115 Amendment Overview: Continuous Eligibility for Children Ages 0-6
- Milestones
- Public Comment

## Public Hearing Format

The State is hosting this meeting to comply with the public forum requirements detailed in 42 CFR § 431.420(c) and in the Special Terms and Conditions (STC) for the Medicaid Redesign Team 1115 Demonstration Waiver.

### The Purpose of today's public forum is to:

1. Provide information about the proposed Continuous Eligibility for Children up to Age 6 1115 Amendment.
2. Afford the public an opportunity to provide comments on the proposed amendment and New York's 1115 MRT Waiver Demonstration.



A **recording** and **transcription** of this forum will be available on the MRT Waiver website 7-10 days after the forum. **Language translation** is available upon request.


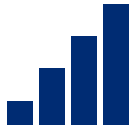
## 1115 Demonstration Waiver Overview

- Section 1115 Demonstration Waivers grant flexibility to states for **innovative projects that advance 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 be used in ways that are not otherwise allowed under federal rules (e.g., making certain investments eligible for federal match).
- Typically, 1115 waivers are approved for 3-5 years.



## Cont. 1115 Demonstration Waiver Overview

**Special Terms and Conditions (STCs)** outline the basis of an agreement between the State and the Centers for Medicare & Medicaid Services (CMS), including waiver and expenditure authorities.





-  STCs specify the State's obligation to CMS during the life of the demonstration, including general and financial reporting requirements and the timetable of State deliverables.
-  Quarterly and annual reports to CMS are required, and an Independent Evaluation is completed at the end of a Demonstration program.

**Budget Neutrality:** Federal Medicaid expenditures with the Waiver cannot be greater than federal expenditures without the Waiver during the course of the 1115 Demonstration Waiver.

## New York'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 proposed Continuous Eligibility amendment is an amendment to New York's existing 1115 Demonstration Waiver.

### *The goals of the MRT Waiver are as follows:*

- ✓  Improve access to health care for the Medicaid population;
- ✓  Improve the quality of health services delivered;
- ✓  Expand coverage to additional low-income New Yorkers with resources generated through managed care efficiencies; and
- ✓  **NEW:** Advance health equity, reduce health disparities, and support the delivery of health-related social need (HRSN) services.



# New York's 1115 MRT Waiver Programs

The **1115 MRT Waiver** authorizes **Medicaid Managed Care** in New York.



**Managed Care** refers to when a health insurance plan or health care system **coordinates the provision, quality and cost of care** for its enrolled members.

## 1115 Managed Care Programs include:

- Mainstream Medicaid Managed Care (MMMC)
- Managed Long Term Care (MLTC) and Institution to Community Long Term Services and Supports (LTSS)
- Home and Community Based Services (HCBS)
- Health and Recovery Plans (HARPs) and HIV Special Needs Plans (HIV SNP)

# New York Health Equity Reform (NYHER) Amendment Summary

On January 9, 2024, CMS approved a \$7.5 billion package for the New York Health Equity Reform (NYHER) 1115 Waiver Amendment that includes nearly \$6 billion of federal funding.

The NYHER Amendment will be effective until March 31, 2027.

**Overall Goal:** *“To advance health equity, reduce health disparities, and support the delivery of social care.”*

- New York seeks to build on the investments, achievements, and lessons learned from the Delivery System Reform Incentive Payment (DSRIP) 1115 waiver program to scale delivery system transformation, improve population health and quality, deepen integration across the delivery system, and advance health-related social need (HRSN) services.
- This would be achieved through targeted and interconnected investments that will augment each other, be directionally aligned, and be tied to accountability. ***These investments focus on:***



Social Care Networks



Strengthening the Workforce



Population Health

# Social Care Network (SCN) Infrastructure (\$500 million)



DOH will award one Social Care Network (SCN) per region (with up to five awards in New York City), with up to 13 SCNs statewide. Each SCN will be a designated Medicaid provider and serve as the lead entity in their region for:

- Fiscal Administration
- Contracting
- Data Collection
- Referral Management
- CBO Capacity Building

**HRSN Screening and Navigation Services:** *All Medicaid members* will be screened for HRSNs and eligible for navigation to existing federal, state, and local social programs

## Targeted High-Need Populations Eligible for Enhanced HRSN Services

- Medicaid High Utilizers
- Individuals with serious chronic conditions (e.g., two or more chronic conditions, HIV/AIDS) and enrolled in a Health Home
- Individuals with Substance Use Disorder, Serious Mental Illness, or Intellectual and Developmental Disabilities
- Pregnant persons, up to 12 months postpartum
- Children aged 0-6
- Children under 18 with chronic conditions
- Foster care youth, juvenile justice-involved, and those under kinship care
- Post-release criminal justice-involved individuals with serious chronic conditions

	
<b>Housing Supports</b>	<b>Nutrition</b>
	
<b>HRSN Transportation</b>	<b>HRSN Case Management</b>

# Health Related Social Needs (HRSN) Services (\$3.4 billion)

## Standardized HRSN Screening

- Screening Medicaid Members using questions from the CMS Accountable Health Communities HRSN Screening Tool and collecting key demographic data



## Housing Supports

- Navigation
- Community transitional services
- Rent/utilities
- Pre-tenancy and tenancy sustaining services
- Home remediation
- Home accessibility and safety modifications
- Medical respite



## Nutrition

- Nutritional counseling and classes
- Medically tailored or clinically appropriate home-delivered meals
- Food prescriptions
- Fresh produce and nonperishable groceries
- Cooking supplies, such as pots, pans, utensils, microwaves, etc.



## Transportation

- Reimbursement for HRSN public and private transportation to connect to HRSN services and HRSN case management activities



## 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

# Strengthen the Workforce (\$692 million)



## Career Pathways Training (CPT) Program (\$646 million)

The CPT program will support: educational programs, professional placement support, and participant support services for new and current healthcare professionals.

- **Service Commitment:** Three-year commitment of service to Medicaid providers that serve at least 30 percent Medicaid members and/or uninsured individuals.
- Three high-performing Workforce Investment Organizations (WIOs) will manage the CPT program, with one WIO per region. WIOs will recruit students and providers, coordinate educational programs, and provide educational and job placement support to participants.

### Job Titles Eligible for Career Pathways Training Program:

- **Nursing:** Licensed Practical Nurse, Associate Registered Nurse, Registered Nurse to BS in Nursing, Nurse Practitioner
- **Professional Technical:** Physician Assistant, Licensed Mental Health Counselor, Master of Social Work, Credentialed Alcoholism and Substance Abuse Counselor, Certified Pharmacy Technician, Certified Medical Assistant, Respiratory Therapist
- **Frontline Public Health Workers:** Community Health Workers, Patient Care Managers



## Student Loan Repayment (\$48 million)

The NYHER amendment includes student loan repayment for healthcare professionals to support recruitment and retention.

- **Service Commitment:** Four-year commitment to maintain a personal practice panel or work at an organization that includes at least 30 percent Medicaid and/or uninsured members.
- Award process will take criteria into account, including geographic distribution of applicants, regional need, commitment to working in underserved communities, and linguistic and cultural competency.

### Job Titles Eligible for Student Loan Repayment Program:

- Psychiatrists, with a priority for Child/Adolescent Psychiatrists
- Primary Care Physicians
- Dentists
- Nurse Practitioners
- Pediatric Clinical Nurse Specialists

# Population Health and Health Equity



## Medicaid Hospital Global Budget (up to \$2.2 billion)

**Goal:** Stabilize and transform targeted financially distressed voluntary hospitals to advance health equity and improve population health in communities with the most evidence of health disparities. Aligns with the CMMI States Advancing All-Payer Health Equity Approaches and Development (AHEAD) model.

**Structure:** Incentive funding to stabilize Medicaid dependent financially distressed safety net hospitals and develop necessary capabilities to:

- Advance health equity; participate in advanced VBP arrangements; and deepen integration with primary care, behavioral health, and HRSN services

Incentive payments would be tied to transformational activities and quality improvement measures, including those related to health equity.

AHEAD is a total cost of care model that seeks to drive state and regional health care transformation and **multi-payer alignment**, with the goal of improving the total health of a state population and lowering costs.



## Primary Care Delivery System (\$492 million)

**Goal:** Statewide approach to advancing primary care and enable providers to move toward advanced value-based payment (VBP) arrangements. Aligns with the CMMI Making Care Primary (MCP) and primary care investments through the AHEAD model.

This will have a special focus on care for children and moving further towards VBP

- This initiative will be authorized outside of the 1115 Waiver

**Structure:** Enhanced monthly payments for all Patient-Centered Medical Home (PCMH) primary care practices for their Medicaid Managed Care members for two years

- In subsequent years, payments will transition to bonus payments, linking payments to quality and efficiency, and then to a value-based payment model.

MCP is a voluntary **Medicare** primary care model. Through MCP, investments in primary care are increased so patients can access more seamless, high-quality, whole-person care.

# Population Health and Health Equity



## Health Equity Regional Organization (\$125 million)

An independent statewide entity that will convene and collaborate with a diverse and comprehensive range of stakeholders to inform the State's plan to advance health equity and reduce health disparities across the state.

### Activities include:

- Data Aggregation
- Regional Needs Assessment & Planning
- VBP Design & Development
- Program Evaluation



## Substance Use Disorder (SUD) (\$22 million in annual State savings)

Through the 1115 Waiver, NYS will offer beneficiaries access to high quality, evidence-based Opioid Use Disorder (OUD) and Substance Use Disorder (SUD) treatment services across a comprehensive continuum of care, ranging from residential and inpatient treatment to ongoing chronic care for these conditions in cost-effective community-based settings.

This will include services provided in residential and inpatient treatment settings that qualify as an institution for mental diseases (IMD).

**1115 Amendment Overview:**  
**Continuous Eligibility**  
**for Children Ages 0-6**



## Continuous Eligibility for Children up to Age Six



New York State is seeking to amend the 1115 MRT Waiver to authorize continuous eligibility for children in the Medicaid and Child Health Plus (CHP) Programs, up to their sixth birthday.

- **Goals:** Prevent gaps in coverage, improve continuity of care, and promote health equity in the state.
- New York would be the fourth state to offer continuous eligibility for children under six, along with Oregon, Washington, and New Mexico.
- We received strong support for continuous eligibility for children during the NYHER Public Comment period in 2022.

# New York's Current Continuous Eligibility Policy

## 12-Months Continuous Eligibility:

- Since 1999, the New York has had **continuous 12-month eligibility for all members**
- While the current policy is effective in maintaining coverage during the 12 months between redeterminations, coverage losses at redetermination continue to be an issue for children in Medicaid and Child Health Plus.

## Income Eligibility for Children up to Age 6:

Current Income Eligibility Criteria	
Eligibility Group	Income Level
Children in Medicaid 0–1–Year–Old	223% FPL
Children in Medicaid 1 up to 6 Years Old	154% FPL
Children in Child Health Plus 0 up to 6 Years Old	400% FPL

**This proposal will not change income eligibility limits for Medicaid or Child Health Plus for the initial eligibility determination.**

# Impact of Continuous Eligibility Change



**Continuous eligibility for children up to age six** would allow a child to **remain enrolled in Medicaid or CHP** regardless of changes in household information, until their sixth birthday.

## Under this 1115 Amendment:

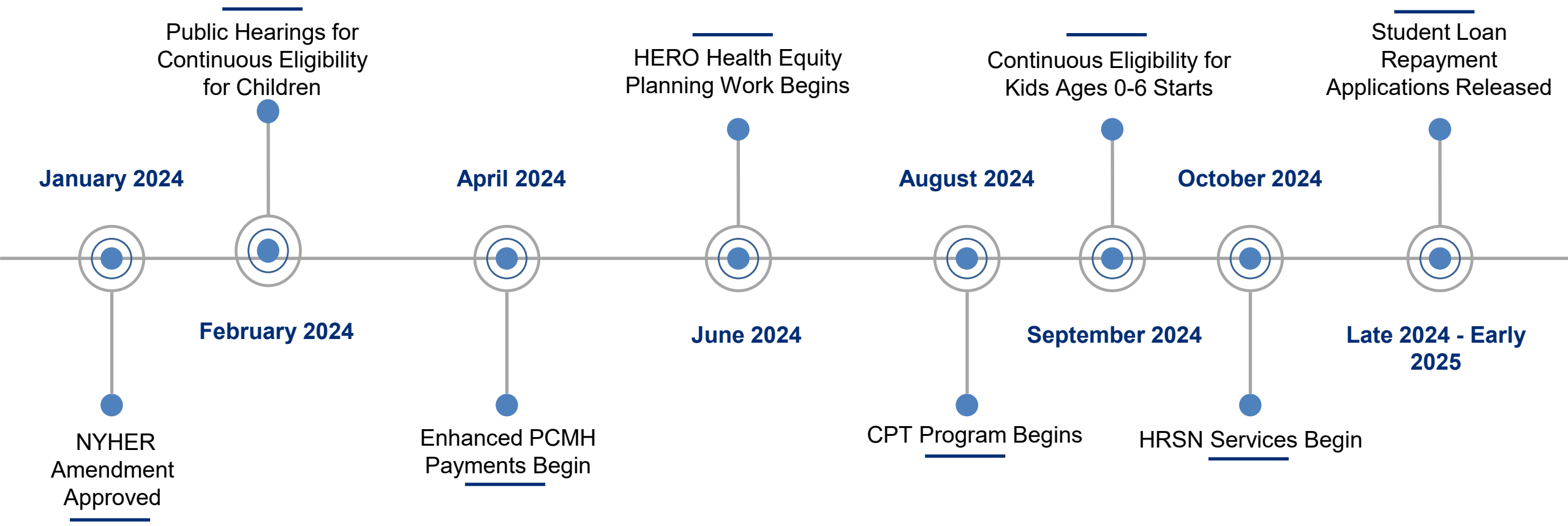
- The State will continue to make renewal determinations each year.
- Children under age six will remain eligible for Medicaid or CHP, regardless of changes to household information at redetermination (e.g., changes in household income).
- Certain exceptions will apply (e.g., child moves out of state or was enrolled in error).
- It is still important to keep household information up-to-date.

## Benefits to Members:

- Easier to develop care plans for health, behavioral health, and health-related services
- Avoid costly and disruptive changes in coverage
- Improve short- and long-term health outcomes

# Projected Milestones for 2024

*\*Milestones subject to change*



# 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 **March 8, 2024**, 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., 8<sup>th</sup> fl. (Suite 826)  
Albany, NY 12210

**Questions or  
Comments?**

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

## Resources



**New York 1115 Waiver Website**



**Current Special Terms and  
Conditions**



**Continuous Eligibility for  
Children Ages 0-6 1115  
Amendment Application**



**New York Health Equity Reform  
1115 Waiver Amendment  
Overview Webinar**



If you have questions regarding New York's 1115 Waiver or the proposed Continuous Eligibility amendment, please contact us at:

[1115waivers@health.ny.gov](mailto:1115waivers@health.ny.gov)

If you have any questions regarding the NYHER amendment, please contact us at:

[NYHER@health.ny.gov](mailto:NYHER@health.ny.gov)



# ONE MINUTE REMAINING

# TIME IS UP