

WEBINAR



Inclusive Alliance

UNPACKING THE 1115 WAIVER

Wednesday Jan. 24 | 12 PM – 1 PM

Join us for a deep dive and overview of next steps for Health & Social Care Providers in CNY & the Mohawk Valley with presenters from HMA



Logistics & Learning Objectives

- Logistics:
 - Please send your questions in by using the Q&A box in Zoom
 - Slides & recording will be shared with registrants by Friday
- Learning Objectives:
 - Identify aspects of NY's original fall 2022 NYHER proposal that were included in the approved waiver and are relevant to your agency or stakeholder group
 - Understand the timeline for components of the approved waiver to be procured and implemented
 - Know how to get involved either by submitting a Letter of Intent to be part of Inclusive Alliance's Social Care Network (SCN) application or to be part of its Community Advisory Committee



ABOUT US

Our Mission

To advance the growth and quality of cost effective and inclusive individual services for children and adults through innovation, collaboration and coordination.

Our Funders



Our Purpose

Prepare members for managed care and the transition to value-based payment (VBP)

Independent Practice Association (IPA)
of community-based organizations of
varying sizes and scopes of services.

2016
Year
Founded

501c3
Nonprofit

7
Counties

40
Members
(& Growing!)

Meet Our Inclusive Alliance Members – Jan. 2024



Meet Our Board



Inclusive Alliance



Tania Anderson
ARISE



Stefanie Savory,
AccessCNY



Paulette Purdy
LAUNCH



Elizabeth Crockett
REACH CNY



Diane Cooper-Currier
Oswego County
Opportunities



Steven Bulger, ICAN



Brian Fay
Syracuse Northeast
Community Center



Mason Kaufman
Meals on Wheels
of Syracuse



Joan Royle
Westcott
Community Center



Shari Weiss
Cayuga Community
Health Network



Kristian Peterson, Catholic
Charities of Onondaga County



Lisa Alford
ACR Health



Nicole Hall
Network
Development
Manager



Salina Fasulo,
Administrative
Coordinator



Lauren Wetterhahn
Executive Director

Meet Our Staff



Inclusive Alliance

Central New York's Guide To New York Health Equity Reform (NYHER)

Lead
Partners:



Visit our
1115 Waiver
Resource Center



inclusivealliance.org/1115

- Information about the waiver amendment request
- Recordings of our 1115 waiver monthly webinar series
- Link to sign up for our waiver resource newsletter
- Additional waiver-related resources based on community interest
- 1115 Medicaid waiver acronym & definitions list – COMING SOON

Supporting Partner:



A nonprofit independent licensee of the Blue Cross Blue Shield Association



**Overview of the Approved NYS
Section 1115 MRT Waiver
Amendment: Objectives and
Provisions**

**Presented To The Inclusive
Alliance
January 24, 2024**

A grayscale photograph of a person with curly hair and glasses, wearing a dark jacket, sitting at a desk and looking down. In the background, a sign on a wall reads "HEALTH MANAGEMENT ASSOCIATES".

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AGENDA

1. History and Overview of NY's Waiver Amendment
2. Approved Health Related Social Needs
3. Plan for Social Care Networks
4. Other Waiver Components
5. Questions & Discussion

HISTORY OF NY'S WAIVER AMENDMENT REQUEST

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HISTORY OF NY'S WAIVER AMENDMENT REQUEST

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

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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

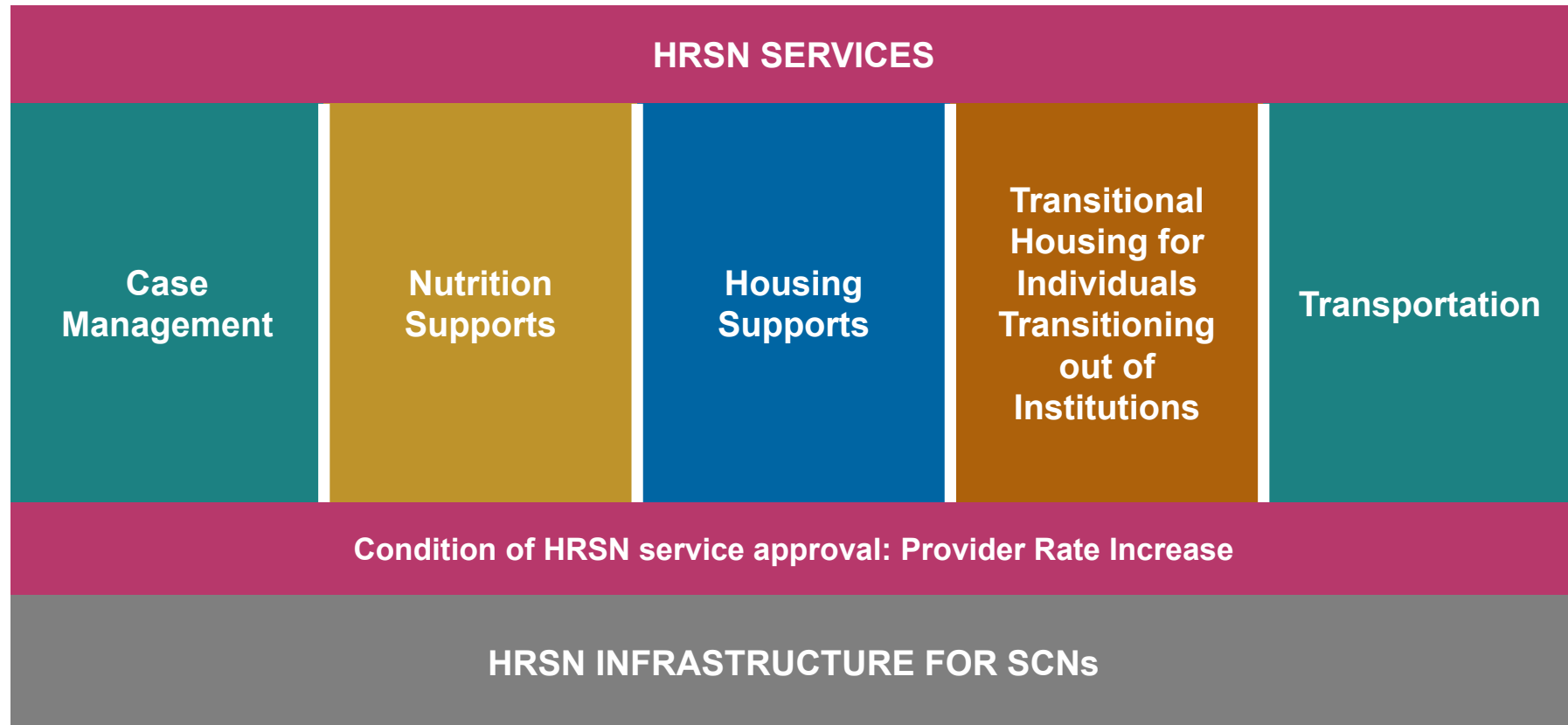
April 1, 2027 –
March 31, 2028

- 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)

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COMPONENTS OF THE HRSN INVESTMENT



COMPONENTS OF THE HRSN SERVICES INVESTMENT

- New HRSN benefits are available at two eligibility levels:

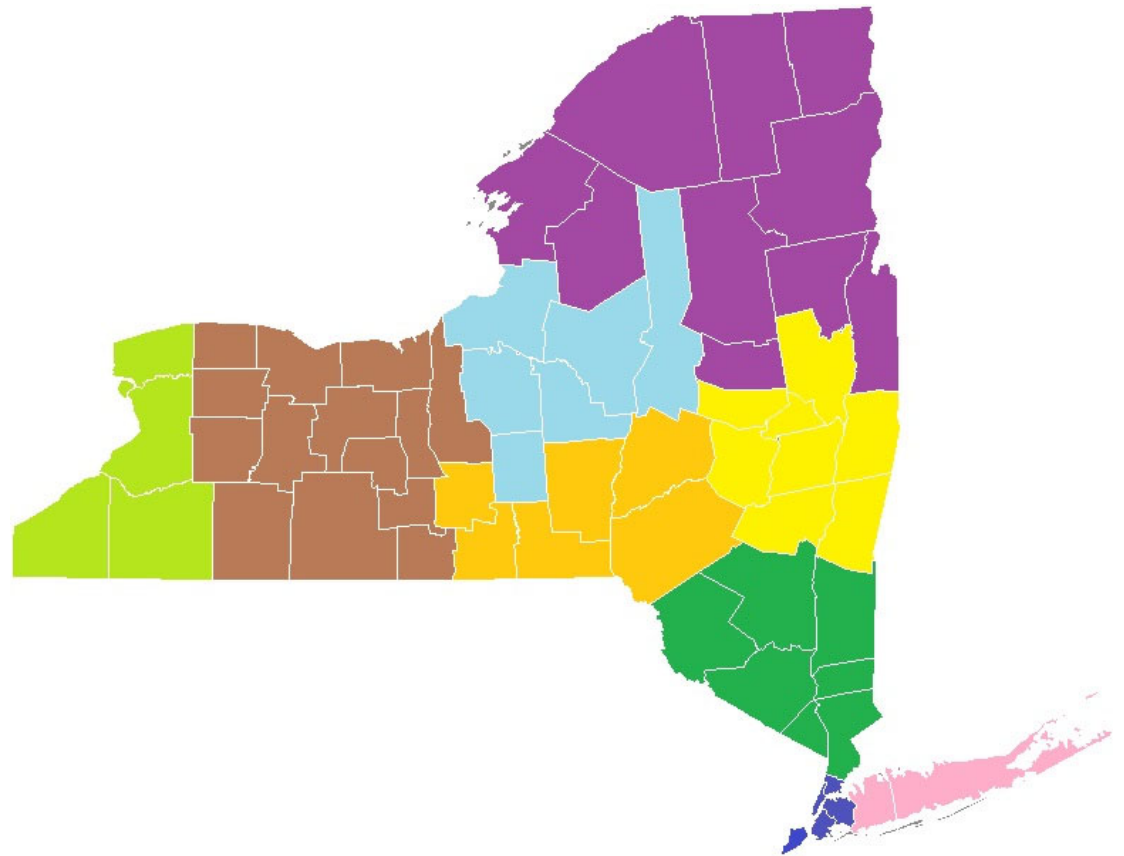
Level 1	Navigation and linkage to existing State and Federal Social Services. Available to any Medicaid beneficiary who does not qualify for Level 2 services.
Level 2	Enhanced HRSN services including case management, nutrition supports, housing supports, and limited transportation. Level 2 services are 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.

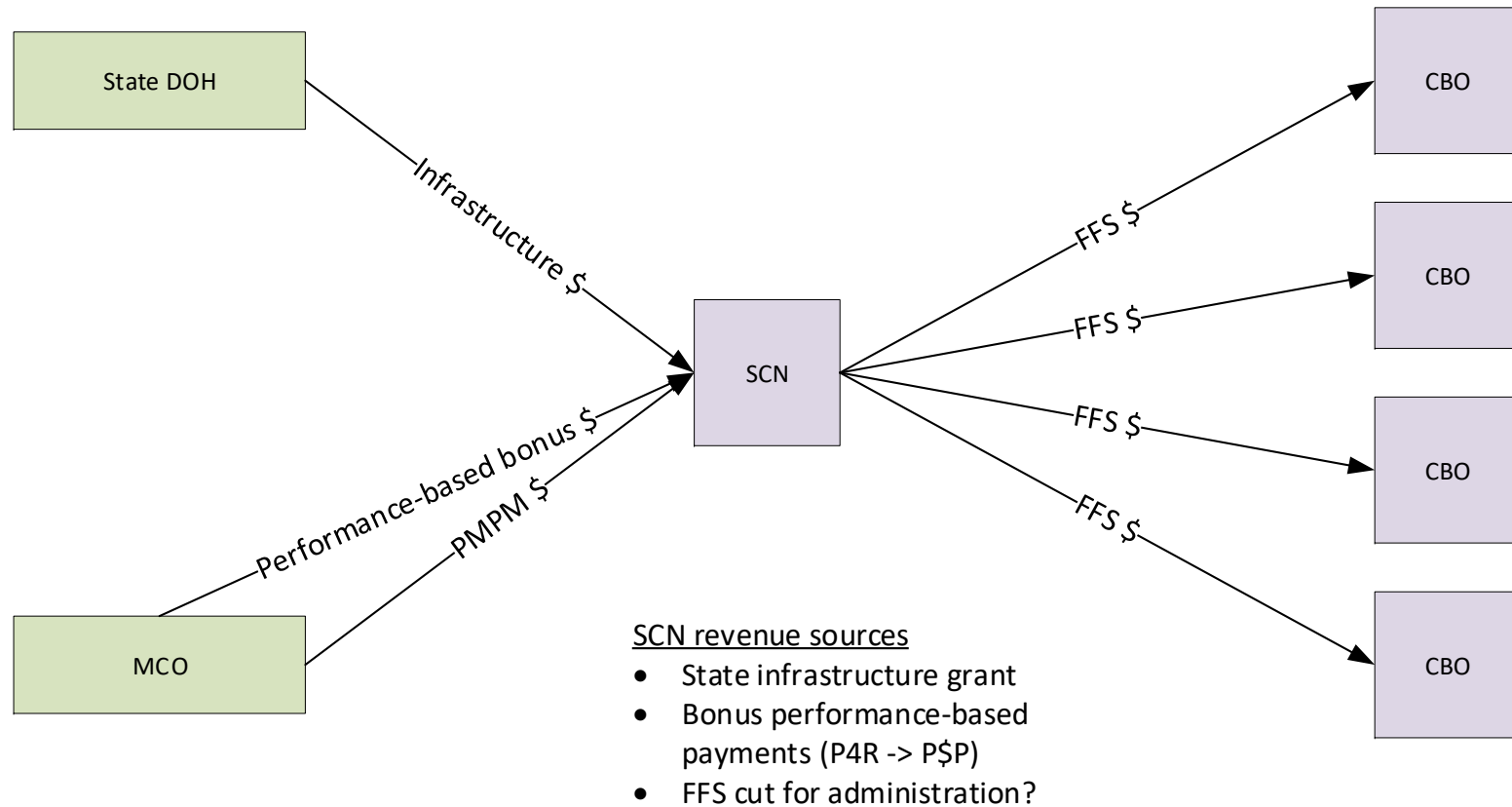
Medicaid Beneficiaries Eligible for Level 2 HRSN Services:

- 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 - HRSN INFRASTRUCTURE AND SPENDING

- » NY will implement SCNs in nine regions.
- » SCNs will establish networks of community-based organizations (CBOs) that provide approved HRSN services.
- » \$500 million approved for infrastructure investments to support the development and implementation of HRSN services.
- » \$3.173 billion approved for HRSN services
 - » HRSN Spending begins as a pass-through for MCOs before getting rolled into the capitation rate by 2027
 - » Will be included in MLR calculations once it is in the capitation rate

Regions	Counties	Infrastructure Investment	Estimated HRSN Service Funding*
North Country	Clinton, Essex, Franklin, Fulton, Hamilton, Jefferson, St. Lawrence, Lewis, Warren, and Washington	\$24,773,317	\$75,231,893
Capital Region	Albany, Columbia, Greene, Rensselaer, Montgomery, Saratoga, Schenectady, and Schoharie	\$29,240,628	\$119,363,906
Central	Cortland, Herkimer, Madison, Oneida, Onondaga, and Oswego	\$31,414,924	\$132,419,992
Southern Tier	Broome, Chenango, Delaware, Otsego, Tioga, Tompkins	\$22,639,240	\$59,800,059
Finger Lakes	Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates	\$38,604,750	\$193,964,386
Western	Cattaraugus, Chautauqua, Erie, Niagara	\$31,449,829	\$177,266,010
Hudson Valley	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester	\$48,389,444	\$307,079,409
Long Island	Nassau, Suffolk	\$42,179,889	\$314,879,363
NYC	Bronx	\$54,541,802	\$415,210,027
	Kings	\$65,676,397	\$585,422,712
	Queens	\$34,602,335	\$497,512,177
	New York	\$52,080,677	\$216,327,310
	Richmond	\$22,509,718	\$78,522,756

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*Estimates based on Medicaid members by region.

HRSN BENEFITS – CARE MANAGEMENT

SCN Level One Case Management	BENEFIT: Linkages to existing local, state, and federal benefits and programs, outside of the 1115 demonstration HRSN services, to address their HRSN needs. Beneficiaries may be in either fee-for-service or managed care and receive this service. ELIGIBLE 1115 POPULATIONS: All state plan eligibles impacted by the demonstration and 1115(a)(2) expenditure authorized populations who meet defined criteria for HRSN services but who do not meet the criteria for Level Two HRSN services.
SCN Level Two Case Management	BENEFIT: • Case management, outreach, and education including linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees. • Connections to providers, MCOs, crisis services, and behavioral health services. • Connections to employment, education, childcare, legal assistance, and interpersonal violence resources. • Follow up after services and linkages which includes follow-up after services which includes linkages to additional services that are existing state/federal/local-funded services, if needed. ELIGIBLE 1115 POPULATIONS: Beneficiaries enrolled in Medicaid Managed Care who meet one or more of the following criteria: 1. Medicaid “high utilizers”, including those who meet the Department of Housing and Urban Development’s definition of homeless as defined by 24 CFR 91.5 2. Individuals enrolled in a New York state designated Health Home 3. Individuals with SUD 4. Individuals with serious mental illness 5. Individuals with intellectual and developmental disabilities 6. Individuals who meet the Department of Housing and Urban Development’s definition of “homeless” 7. Pregnant persons, up to 12 months postpartum 8. Post-release criminal justice-involved population with serious chronic conditions, SUD, or chronic Hepatitis-C 9. Juvenile justice involved youth, foster care youth, and those under kinship care 10. Children under the age of 6 11. Children under the age of 18 with one or more chronic conditions.

HRSN BENEFITS – NUTRITION SUPPORT

General Nutrition Supports		Nutrition Supports for Certain Eligibles who meet Specific Criteria
Nutrition Services	Related Nutrition Needs	
- Nutrition counseling and education for members, including on healthy meal preparation and connecting the individual with grocery budget resources. - Up to 3 prepared meals a day, delivered to the home or private residence, for up to 6 months. Meals are either medically tailored or clinically appropriate depending on the individual needs of the beneficiary. - 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. - Beneficiaries who receive delivered food prescriptions cannot also receive pantry stocking or meals.	- 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). - Private and public transportation to transport members to covered HRSN services and case management activities.	- Fresh produce and nonperishable groceries, for up to 6 months – eligibility limited to pregnant persons and children. - Beneficiaries who receive delivered food prescriptions cannot also receive pantry stocking or meals. High-risk pregnant individuals are eligible for up to 11-months to receive: - Up to 3 prepared meals a day, delivered to the home or private residence. - Medically tailored or nutritionally-appropriate food prescriptions. <i>Additional support</i> is permitted when provided to the household of a child identified as high risk or pregnant individual (risk and needs-based criteria to be defined by NY).

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HRSN BENEFITS – HOUSING SUPPORT

General Housing Supports			Housing Supports for Certain Eligibles who meet Specific Criteria
General Housing Services	Pre-tenancy Services	Tenancy Sustaining Services	
• Medically necessary air conditioners, humidifiers, air filtration devices and asthma remediation, and refrigeration units as needed for medical treatment. • Medically necessary home modifications and remediation services such as accessibility ramps, handrails, grab bars, repairing or improving ventilation systems, and mold/pest remediation. • One-time transition and moving costs (e.g., security deposit, first month's rent, brokerage fees, utility activation fees, movers, relocation expenses, pest eradication, inspection fees, pantry stocking, and the purchase of household goods and furniture). • Assistance with the set-up of the new housing unit. • Connecting the individual to resources aiding with housing costs and other expenses. • Reviewing the living environment to ensure that it meets the clinical needs of the individual and is ready for move-in.	• Assistance with housing application process through the progression of prospective tenant to tenant (such as completing rental applications, negotiating lease agreements, and preparing for and attending tenant interviews). • Assistance with the housing search and application process, including contacting prospective housing options for availability and information, as well as researching the availability of rental assistance.	• Assistance with linkages to free or affordable legal services for housing-related issues. • Connecting beneficiary to resources to establish bank account and bill paying. • Assistance with social services to complete applications and appropriate to obtain sources of income necessary for community living, establishing credit, and in understanding and meeting the obligations of tenancy. • Assistance addressing circumstances and/or behaviors that may jeopardize housing. • Assistance resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action. • Assistance with housing recertification processes, including lease renewals and housing subsidy renewals.	• Rent/ temporary housing for up to 6 months for the demonstration period. • Utility costs for individuals receiving rent/temporary housing, for up to 6 months for the demonstration period, including activation expenses and back payments to secure utilities • Eligibility for above services limited to: • Individuals transitioning out of institutional care /congregate settings or individuals who are homeless. • Individuals who are Medicaid "high utilizers" and who are homeless as defined by 24 CFR 91.5. • Youth transitioning out of the child welfare system including foster care.

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HRSN BENEFITS – TRANSITIONING FROM INSTITUTIONS

Eligible Individuals	Recuperative Care Services	Period of Eligibility
Individuals transitioning out of institutions, and who are at risk of incurring other Medicaid state plan services, such as inpatient hospitalizations or emergency department visits to receive treatment on a short-term basis.	- Pre-procedure housing is for individuals that are experiencing homelessness and are scheduled for surgery that has been indicated as needing preparation or pre-surgical care by a medical professional. - Short-term pre-procedure and post hospitalization housing settings must also offer transitional supports to help enrollees secure stable housing and avoid future readmissions. - Eligible settings for recuperative care and short-term pre-procedure and post hospitalization housing must have clinicians who can provide appropriate medical and/or behavioral health care.	- Recuperative care may be offered for up to 90 days in duration once every 12 months (assessed on a rolling basis). - The combination of pre-procedure and post-hospitalization housing may not exceed 6 months, once every 12 months.

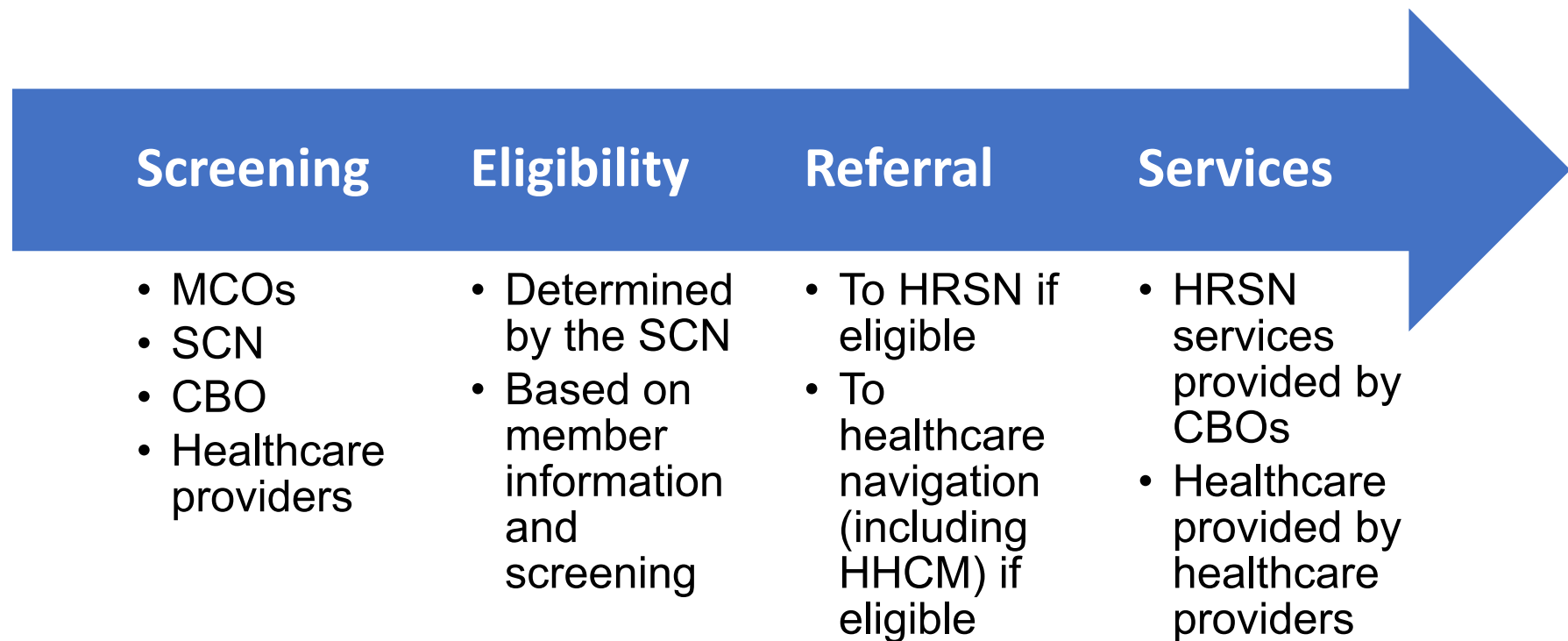
SOCIAL CARE NETWORK (SCN)

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SOCIAL CARE NETWORK FUNCTIONS

- Convene a network of CBOs within each region
- Formally organize CBOs to screen for and address Health Related Social Needs
- Coordinate a referral network to CBOs addressing Health Related Social Needs
- Create a single point of contracting for approved HRSN services
- Screen Medicaid enrollees for key SDH social care issues and make referrals
- Wrap a social service provider network around existing MCO clinical provider networks

SCN RESPONSIBILITIES



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

INCLUSIVE ALLIANCE MEETS ELIGIBILITY REQUIREMENTS

- » 1. 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.
- » 2. 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
- » 3. Applicant must be prequalified in the New York State Grants Gateway or Statewide Financial System

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 PERMITTED INFRASTRUCTURE INVESTMENTS

Administrative Category	Description of Infrastructure investments
Technology	Electronic referral systems, shared data platforms, EHR modifications or integrations, screening tool and/or case management systems, databases/data warehouses, interoperability with the State Health Information Network for New York, information security, data analytics and reporting, data protections and privacy, accounting and billing systems.
Development of business or operational practices (including Social Care Network administration)	Procurement and planning, screening and referral processes, capacity building for social service providers and network development, developing policies and workflows for referral management, privacy, quality improvement, trauma-informed practices, evaluation, member navigation.
Workforce Development	Cultural competency training, trauma-informed training, traditional health worker certification, training staff on new policies and procedures.
Outreach, Education, and Stakeholder Convening	Design and production of outreach and education materials, translation, obtaining community input, investments in stakeholder convening.

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HRSN-RELATED PROVIDER PAYMENT RATE INCREASE

- » Consistent with other HRSN waivers around the country, NY DOH is required to invest at least \$199 million in increasing providers' rates in the Medicaid system (both FFS and managed care).
- » NY will report to CMS the average Medicaid to Medicare fee-for-service provider rate ratio.
 - » If the Medicaid rate is less than 80% of the Medicare rate, NYS will be required to increase rates by at least two percentage points in the ratio of Medicaid to Medicare provider rates for each of the services in each service category in both the managed care and fee-for-service delivery systems.
- » CMS expects NY to prioritize the three core service domains, but the state may increase other specialty rates if the three service domains are already within 20% of the Medicare rate.

The approval identifies three service domains to be prioritized for rate increases:

- » Primary care
- » Obstetrics
- » Behavioral health

OTHER WAIVER COMPONENTS

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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.

HERO

State Assurances

- No funding may supplant any existing state-only funding.
- No funding may be used to support or duplicate any services by the New York eHealth Collaborative (NYeC) or SHIN-NY.
- The HERO must be independent from the state or other government entities.
- HERO funding must not be factored into managed care capitation payments.
- No duplication of federal funds.

Accountability

State must report on HERO activities in the quarterly and annual monitoring reports and include recommendations and conclusions based on the HERO's data aggregation and assessment for future VBP arrangements that will support the delivery of HRSN services to be enacted in the NY 1115 extension request due to CMS by March 31, 2026.

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 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

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

QUESTIONS?

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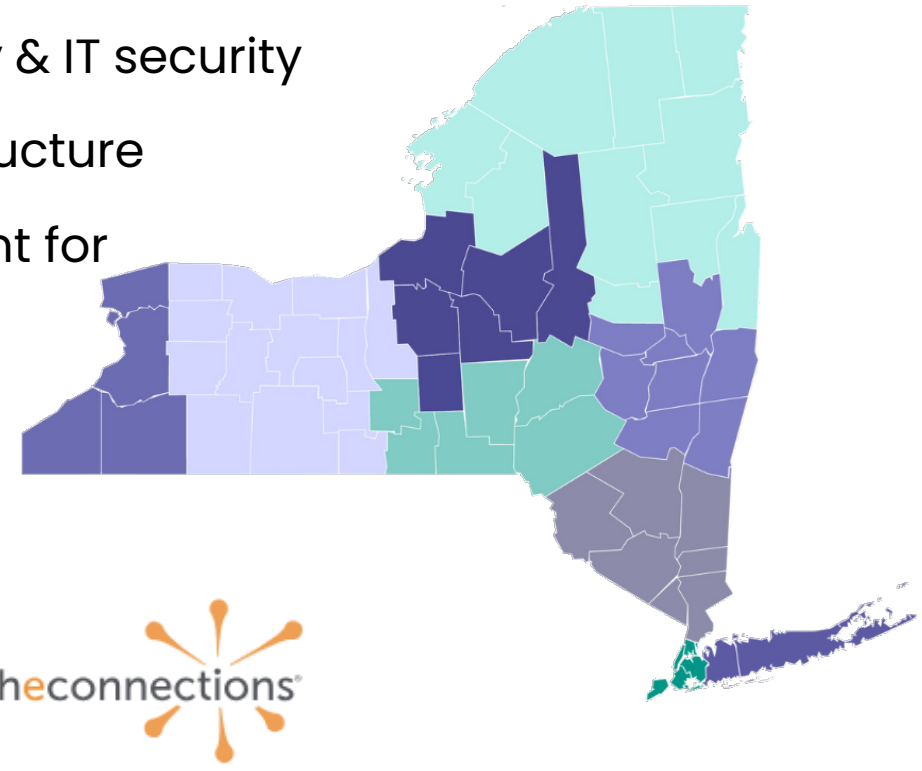


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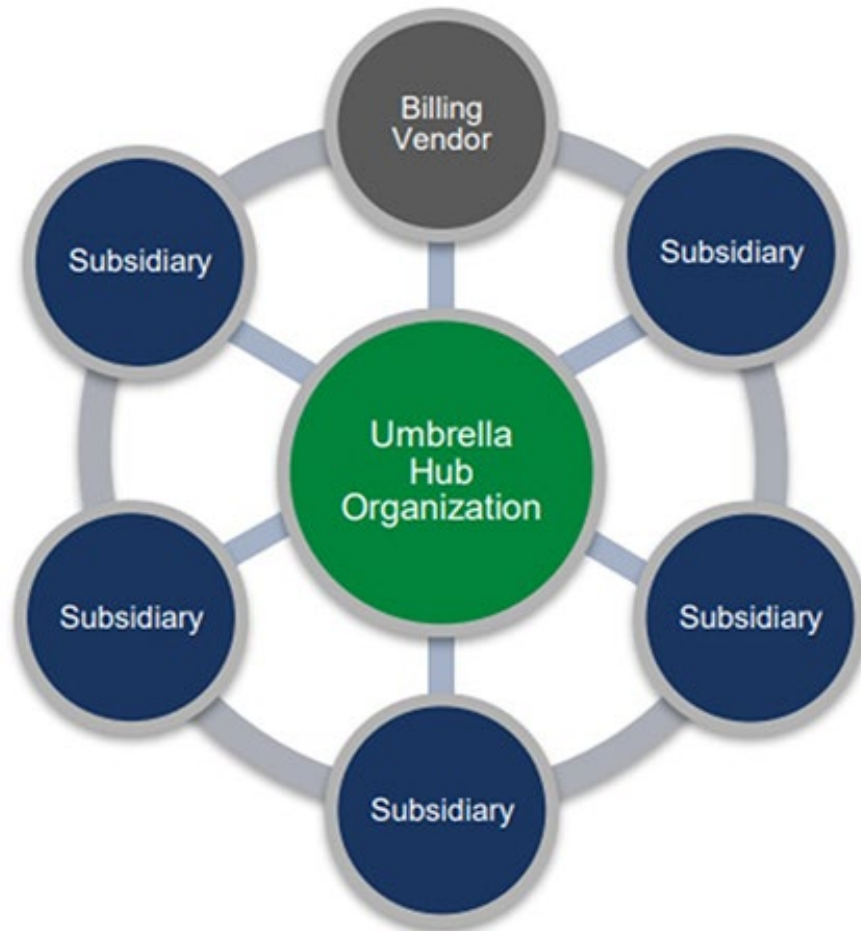
Inclusive Alliance's Qualifications to lead a Social Care Network

- Non-profit IPA network covering all Region 7 counties & HRSNs (food, housing, & transportation)
- 2.5 years' experience co-managing a regional referral network (Unite Us)
- Data warehouse & experience assessing CBO data capacity & IT security
- Local CBO-lead, representative, democratic governance structure
- Central administrative hub for contracting, billing, & payment for evidence-based interventions delivered by CBOs
 - National Diabetes Prevention Program Umbrella Hub
 - Pathways Community HUB
- Key Partners:



What Is a National Diabetes Prevention Program Umbrella Hub?

Evidence-based lifestyle change program for individuals with prediabetes and at-risk for type 2 diabetes. Decreases risk of type 2 diabetes by 58% and by 71% for those over age 60.



Umbrella HUB Functions:

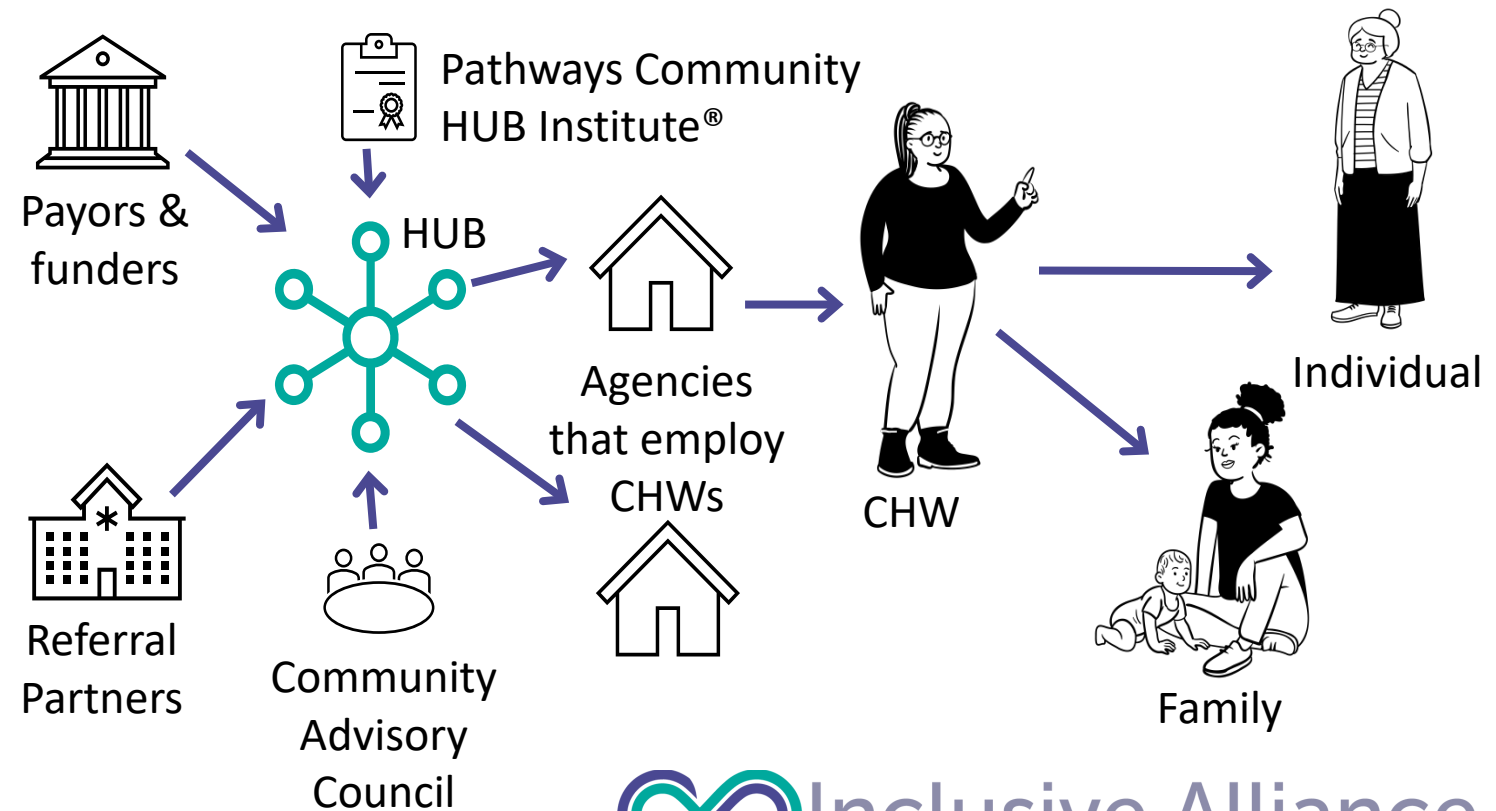
- Serve as the sponsoring hub for a group of community-based organizations (subsidiaries) that have CDC pending, preliminary, or full DPRP recognition
- Provides administrative services, coordinates stakeholders, and holds CDC recognition
- Mission driven organizations with reach and resources to convene Community Based Organizations (CBO) while assuming fiscal responsibility

What Is a Pathways Community HUB (PCH)?

Both a standardized, evidence-based approach to community health work (pathways) AND the central administrative infrastructure (HUB) that supports CHWs to ensure services have measurable impact, are financially sustainable, & respond to community need

HUB Functions:

- Based in the community served
- Develops a care coordination agency & referral partner network
- Does NOT employ community health workers (neutral & accountable)
- Uses outcome-based contracting with funders and providers
- Facilitates the Community Advisory Council
- Uses PCHI® Model data collection tools, Pathways, data model
- Becomes PCHI Certified to ensure it follows PCHI Model to fidelity



Who is Planning to Apply as the SCN Lead in CNY?



- IPA formed in CNY in 2016, fully virtual with CNY employees
 - 501c3 nonprofit IPA
 - CNY Board of Directors
 - ~50 CNY CBO IPA members
- <https://www.inclusivealliance.org>

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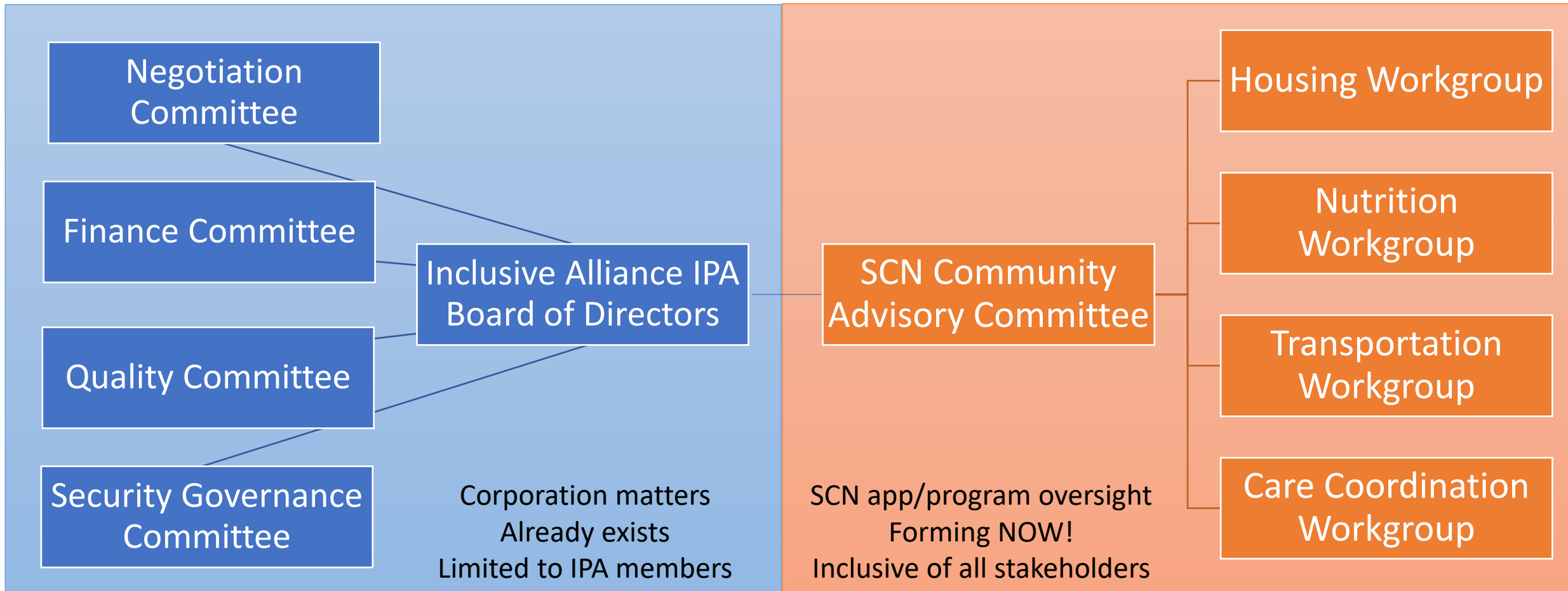
- IPA formed in the Capital Region in 2018, with CNY office & employees
 - 3 LLCs, nonprofit foundation
 - Capital Region Board
 - Local membership unclear
- <https://healthyalliance.us>

(and maybe others?!)

Inclusive Alliance's Approach to Preparing for the SCN RFP



Community



How to Get Involved

- Community Advisory Committee & Workgroups
 - Time commitment – est. 1-2 hrs. per month in meetings, 2-4 hrs. per month of work outside of meetings
 - Expectations – represent perspective of sector/community, seeking input from others you represent, flag issues, help identify others who need to be engaged
 - Seeking diversity/representation by race, ethnicity, nationality, geography, etc.
 - Interest Form: https://share.hsforms.com/13Vr8KTilRGi2_xf9sR_8Uwgcggh8
- Letter of Intent – Stay Tuned!
 - Definition of CBO: “For the purposes of this RFA, a CBO is defined as a not-for-profit charitable organization that works at the local level to meet community needs and is registered as a 501(c)(3).”
 - Eligible CBOs must provide at least one HRSN service (housing, nutrition, transportation, HRSN screening & navigation)
 - CBOs MAY provide letters of intent for multiple SCN lead entity applicants in a region

Coming Attractions – Upcoming Webinars

Subject to change:

- **February 21, 12-1:** Inclusive Alliance SCN Design Team Presentation #1
- **March 20, 12-1:** Inclusive Alliance SCN Design Team Presentation #2
- **April 17, 12-1:** Inclusive Alliance's NDPP (National Diabetes Prevention Program) Umbrella Hub: Benefits of Joining & Partnering with a Hub
- **May 15, 12-1:** Inclusive Alliance's CCH (Community Care Hub): What Is a Community Care Hub & Benefits of Joining & Partnering with a CCH

Stay Involved & Get in Touch!

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∞ Visit our website: inclusivealliance.org