

ABBREVIATED 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, Evidenced-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 a Value-Based Payment Roadmap, which achieved its goals of at least 80% of the value of all Medicaid managed care contracts in shared savings (Level 1) or higher VBP arrangements, and 35% of contract value in upside and downside risk (Levels 2 and 3) arrangements. As a result of all

these initiatives and others in the State’s current 1115 waiver, as well as other Medicaid redesign initiatives, NYS Medicaid spending per beneficiary in 2019 was less than in 2011.

With this waiver demonstration proposal, NYS is incorporating lessons learned from its DSRIP experience, the experience of forming and collaborating with PPSs, the feedback received from stakeholders and the public throughout the demonstration, and insights uncovered during the subsequent DSRIP evaluation process. The State has identified several key practices that will be again leveraged to accomplish the health equity and system transformation goals listed in this amendment with some adjustments in implementation in response to the challenges, nuance, and opportunities experienced during previous efforts, and that recognize addition need as highlighted by COVID-19.

The following chart outlines the specific goals NYS hopes to achieve through this waiver and the objectives of each goal.

Goal	Objective(s)
1. Building a more resilient, flexible and integrated delivery system that reduces health disparities, promotes health equity, and supports the delivery of social care	a. Investments in regional planning through Health Equity Regional Organizations (HEROs) b. Investments in Social Determinant of Health Networks (SDHNs) c. Investments in Advanced VBP Models that fund the coordination and delivery of social care via an equitable, integrated health and social care delivery system d. Capacity building and training to achieve health equity goals e. Ensuring access for criminal justice-involved populations
2. Developing and strengthening supportive housing services and alternatives for the homeless and long-term institutional populations	Investments in supportive housing services, with a focus on the homeless and long-term institutional populations
3. Redesigning and strengthening system capabilities to improve quality, advance health equity, and address workforce shortages	a. Creation of a COVID-19 Unwind Quality Restoration Pool for financially distressed hospitals and nursing homes b. Investments to expand workforce capacity and develop a strong, representative and well-trained workforce
4. Creating statewide digital health and telehealth infrastructure	Ensure that the consumer-driven wave is available equitably by building digital and telehealth infrastructure and care models to

	significantly expand access to care, both in underserved areas, such as rural and other communities without convenient access to primary or specialty care, and for underserved needs, such as behavioral health and the management of chronic diseases
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The two virtual public hearing/public forum meetings will be held as follows:

1. First Public Hearing/Public Forum
 - a. **Thursday, April 28, 2022, 1:00 pm – 4:00 pm**
 - b. Pre-registration is required for anyone wishing to provide oral comment using this link:
<https://meetny.webex.com/meetny/onstage/g.php?MTID=e440388fd1bde4d353e94606bd0945ccc>
 - c. Individuals who wish to provide comment will need to register with an “SP” in front of their name (ex: SP Jane Doe) and must email 1115waivers@health.ny.gov no later than Wednesday, April 27, 2022, at 4pm to confirm registration.
 - d. Individuals will speak in their order of registration. We kindly request that all comments be limited to five minutes per presenter to ensure that all public comments may be heard.
2. Second Public Hearing/Public Forum
 - a. **Tuesday, May 3, 2022, 1:00 pm – 4:00 pm**
 - b. Pre-registration is required for anyone wishing to provide oral comment using this link:
<https://meetny.webex.com/meetny/onstage/g.php?MTID=eb8826e2d40e98858a9cc9d11aa1a3a18>
 - c. Individuals who wish to provide comment will need to register with an “SP” in front of their name (ex: SP Jane Doe) and must email 1115waivers@health.ny.gov no later than Monday, May 2, 2022, at 4pm to confirm registration.
 - d. Individuals will speak in their order of registration. We kindly request that all comments be limited to five minutes per presenter to ensure that all public comments may be heard.

The full public notice and a draft of the amendment request is available for review under the “MRT 1115 Waiver Amendments” tab at:

https://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm.

For individuals with limited online access and require special accommodation to access paper copies, please call (518) 473-0868.

Prior to finalizing the proposed MRT Waiver Strategic Health Equity Reform Payment Arrangements application, the Department of Health will consider all written and verbal comments received. These comments will be summarized and addressed in the final version that is submitted to CMS. The Department will post a transcript of the public hearings on the following website:

https://www.health.ny.gov/health_care/medicaid/redesign/medicaid_waiver_1115.htm.

Please direct all questions to 1115waivers@health.ny.gov.

Written comments will be accepted by email at 1115waivers@health.ny.gov or by mail at:

Department of Health
Office of Health Insurance Programs
Waiver Management Unit
99 Washington Ave.
12th floor (Suite 1208)
Albany, NY 12210

All comments must be postmarked or emailed by 30 days of the date of this notice.