

## Lessons Learned from California and What's Ahead in New York: *Answers to Questions Received during COPE Health Solutions and Bond's 1115 Medicaid Waiver Webinar of October 7, 2024*

**Question:** Can anyone provide more information on Enhanced Case Management and how this will interface with the current NYS Health Home Care Management services?

**Answer:** There was no "enhanced case management" defined in the New York 1115 Medicaid Waiver or the New York State Department of Health Social Care Networks (SCN) Request for Applications (RFA). However, there are designated case management services for health-related social needs (HRSN). This includes:

- Case management, outreach, referral management and education, including linkages to other state and federal benefit programs, benefit program application assistance, benefit program application fees;
- Connection to clinical case management;
- Connection to employment, education, childcare, and interpersonal violence resources; and
- Follow-up after services and linkages.

It appears that individuals enrolled in New York state designated Health Homes are eligible for enhanced HRSN services because health homes are called out as key partners within the SCN ecosystem for screening and service navigation.

**Question:** Are CBOs in NY limited to those organizations that do not bill CMS for Medicare services?

**Answer:** CBO eligibility to contract with an SCN is not contingent upon billing CMS for Medicare services. Relatedly, please note that if a CBO is not enrolled in Medicaid, it may develop relationships with SCNs and also participate in the Waiver's service delivery activities.

**Question:** The categories of eligible people do not take into consideration communication barriers ie. ASL users - ASL is a language and not a mere accommodation. 70% of seniors who are ASL users live with type 2 diabetes because as they grew up there was no health literacy that met their needs.

**Answer:** CMS and New York State negotiated the categories for enhanced services that will be reimbursable by SCNs -- we cannot comment on the specifics behind those determinations, although we appreciate your observations.

**Question:** Are there funds for building in which to provide services? Or are these funds just for service provided?

**Answer:** Yes, there are funds for capacity-building in addition to payments for services provided. The NY 1115 Waiver includes \$500 million for infrastructure funding for the operational set up of the program to help CBOs provide services. This support may take the form of training, technical assistance, or direct investments in CBO infrastructure or workforce.

**Question:** How will the SCNs ensure that the services are accessible to people with disabilities?

**Answer:** To our best understanding, SCNs will work to fulfill the expectations of the approved demonstration, including but not limited to focus on those enhanced services that are targeted for individuals living with disabilities. For further perspective, we recommend you review NYSDOH and CMS resources.

**Question:** Every SCN is charged to provide coordinated services to marginalized underserved (deaf ASL users) people, what can NY learn from California to ensure we meet the critical needs of all deaf people in NY?

**Answer:** To our best understanding, SCNs will work to fulfill the expectations of the approved demonstration, including but not limited to focus on those enhanced services that are targeted for individuals who may be marginalized or underserved. For further perspective, we recommend you review NYSDOH and CMS resources.

**Question:** Over the last 5 years, I have tried to get a sense of how much funding individual nonprofits might expect as a result of the 1115 Waiver. I have never been able to get that question answered. Is there a way to now estimate revenue?

**Answer:** There are two types of funds potentially available to CBOs through the SCNs:

1. \$500 million in Infrastructure Funding: NYS envisions that CBOs of varying sizes and types will participate in SCNs. To help achieve this vision, NYS will award this funding to SCN lead entities to deliver capacity-building support to CBOs. This support may take the form of training, technical assistance, or direct investments in CBO infrastructure or workforce.
2. HRSN Screening and Services Payments (\$3.173 billion): CBOs will be reimbursed for HRSN screenings and enhanced services delivered. SCN lead entities will reimburse CBOs for social care services delivered through FFS payments. These FFS payments will follow regional fee schedules, yet to be announced.

**Question:** Why should CBOs participate with the SCN in their region?

**Answer:** CBOs have an opportunity to contract and be paid for screening, service navigation, and delivery of HRSN enhanced services for the eligible Medicaid population in New York. SCNs will also distribute some capacity-building funding to CBOs based on the assessed needs of CBOs within the network. Aside from contracted rates participating offers the possibility to invest in data and IT capabilities to better manage and track patient data. In parallel, SCNs are expected to support CBOs with ongoing needs through technical assistance, which may entail support with data-sharing and reporting, IT, or filing for reimbursement.

**Question:** This could be an overwhelming process to navigate for CBOs, what advice would you give as we navigate this new and exciting time for New York State?

**Answer:** CBOs should get familiar with their region's SCNs and contact their lead SCN entities, including to determine:

- How to send a Member to SCN for screening;
- Processes for sharing HRSN screening information with SCNs; and
- Details on how to be considered for inclusion in the SCN's service delivery network

#### **Additional Resources:**

Bond, Schoeneck and King, PLLC:

- Bond actively supports clients navigating health care reform, including new care delivery models, value-based purchasing, and transitions managed care. Our attorneys help healthcare and human services providers navigate the complexities of regulation and compliance, including 1115 Medicaid Waiver demonstrations. Bond attorneys bring applied experience to their representation: team members have served as in-house counsel to hospitals, health systems, as governmental regulators as senior policy makers, and as trade association executives. For more information, please see [www.bsk.com](http://www.bsk.com), or contact any Bond attorney in the firm's healthcare and long-term care and its government and regulatory affairs practice groups.

COPE Health Solutions (CHS):

- CHS is a national tech-enabled services firm powering success in risk arrangements for payers and providers of all types. CHS has built a web-based tool to help SCNs assess network capacity for HRSN services and determine how to distribute capacity-building funds. The tool helps CBOs to model their potential revenue and expenses with the new fee for service funding instead of traditional grant-based funding and articulate their requests for capacity-building funds including utilization of the funding, projected growth in HRSN service volume and ROI of the funding dollars. To learn more about the CBO Capacity and Infrastructure Tool and how we can provide technical assistance to your CBO or SCN, please visit <https://copehealthsolutions.com/cbo-capacity-infrastructure-funding-tool/>

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