

To: New York State Department of Health, Office of Health Insurance Programs
Sent via email to: 1115waivers@health.ny.gov

From: Schuyler Center for Analysis and Advocacy
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Re: New York State's new amendment to its 1115 Waiver Demonstration (SHERPA)

Date: May 20, 2022

Schuyler Center for Analysis and Advocacy appreciates the opportunity to submit comments on New York State's new amendment to its 1115 Waiver Demonstration. We applaud the State for seeking to address inextricably linked health disparities and systemic health care delivery issues and fully integrate social care and health care into the fabric of NYS Medicaid.

The State proposes using Medicaid to help address social determinants of health and identifies the importance of organizing community-based organizations towards the development of social determinants of health networks. There is an emphasis on building community-based and technical/IT infrastructure related to connections to social care. The waiver identifies a key role for the Statewide Health Information Network of New York and its qualified entities (QEs). The waiver document proposes statewide standards for data collection and availability as well as statewide and regionally-specific sets of health equity-specific quality improvement measures. However, it does not identify who/what entities determine what those measures are or how they would be prioritized. The proposal does not present a plan for collecting data related to race and ethnicity.

Covering more than seven million people, Medicaid is the largest single payer for health care services in New York State. More than two million of those covered by Medicaid are children,ⁱ meaning Medicaid provides critically important health coverage for more than half of the state's children.ⁱⁱ Medicaid also covers 48.4% (110,653) of births in the state.ⁱⁱⁱ

The data are clear that children, especially young children, are the poorest and most diverse segment of our communities. And in the early years – when our children's brains and bodies are developing at a breakneck pace – strong and coordinated systems can be most effective in nurturing a lifelong healthy trajectory. Healthy growth and development of children today will bring long-term value to Medicaid and other public systems, including but not limited to education, child welfare, and juvenile justice. Despite the millions of children who are covered by Medicaid and the massive opportunity associated with better-serving them, resources for system improvements and payment and care delivery models often focus on adults. This is the case, once again, with this waiver proposal. We urge the State to utilize the waiver amendment as an opportunity for Medicaid to achieve lasting, long-term outcomes and savings by building and strengthening social care, health care, and education systems with a focus on primary prevention and healthy development.

Overarching and Serious Concerns With Funding Methodology

The waiver request includes funding allocations that are likely to exacerbate disparities, not improve them. The investments, as described in the funding allocations, are not allocated based on populations of people in poverty, race and ethnicity, morbidity, or

other relevant factors. The State should revise funding allocations on a population basis (attentive to poverty, race, ethnicity, morbidity, and other equity-relevant factors), rather than a county or regional basis.

Recommendations

To meet its goals of addressing disparities and systemic health and social care delivery issues, the waiver needs an intentional focus on children, families, and individuals covered by Medicaid and the communities they live in. We recommend the State implement statewide and explicit expectations, for every region of the state that:

1. Include a requirement/expectation that HEROs **assess and identify local needs and inequities among children and youth**, including evaluating and including in their plan: race and ethnicity, service needs, disability, income, and data about the child-serving workforce.
2. Policy and payment need to support preventing, identifying, and treating **children's behavioral health needs younger, earlier, and more effectively**. Recognizing that youth mental health is a severe crisis, create an expectation in all areas of the state of stronger partnerships among health providers and payers, schools and child care settings. This should include expanding primary care and mental health clinics in schools, funding school-based mental health providers, and providing universal screening for anxiety and depression to school-age children.
3. Address the **child- and youth-serving mental health workforce** emergency. Develop and implement a plan for expanding and strengthening the mental health workforce.
4. Promote and pay for **two-generation and family-focused** approaches: Place behavioral health specialists in pediatric and primary care practices to address emerging mental health needs of both mothers and young children.
5. Develop **system integration and connectivity that are multi-directional** with connections to community-based non-medical resources and education systems, in addition to health.
6. Focus on **maternal health and disparities**: early screening and treatment of maternal anxiety and depression, post-partum long-acting reversible contraception to reduce short inter-pregnancy intervals, and increased connection to and payment for parent support programs, including home visitation.
7. Guarantee **continuous and free coverage** for children and their mothers from birth to age six years.
8. Make **home visitation** universally available for parents/caregivers of all newborns to reduce maternal and infant mortality and morbidity.
9. Pay for comprehensive **early childhood developmental and social-emotional screenings** in partnership with community partners and provided in community settings.
10. Cover/provide **Internet service and equipment** for households to facilitate parents' access to telehealth, especially for families with young children.
11. Ensure intentionality about **racial equity**, including developing consistent and statewide process and outcome measures stratified by race and ethnicity.
12. **Resource community-based organizations** for participation and infrastructure development, not just for outcomes.

Oversight and Accountability

Public accountability for outcomes and expenditures of this magnitude is crucial. The State should engage a group similar to the Delivery System Reform Incentive Payment (DSRIP) program called the Project Approval and Oversight Panel (PAOP). However, this time, the group should include several individuals who have personal experience with Medicaid (are presently covered by Medicaid, have family members covered by Medicaid, were previously covered by Medicaid). The group also should include representatives of community-based organizations of the type envisioned in the waiver amendment as having a role in meeting social care needs. The State Education Department and representatives from schools and community schools should be actively engaged. Schuyler Center's CEO served during the full course (5+ years) of the DSRIP Waiver on the PAOP. During that time, the following concerns were raised by individuals, advocates, and PAOP members and should be addressed going forward:

- Clarity and transparency about how the funds flowed from the State, to whom, and for what purpose;
- CBO empowerment (having a seat at the table did not necessarily result in having influence or being resourced);
- Resources to support CBO staff time for being engaged;
- Resources that went to hospitals incentivized them to build infrastructure, rather than contract out in the community;
- How resources were or were not used to building community-focused infrastructure;
- Timeliness of getting data to the PAOP. By the time the PAOP saw data, it was often too late to make change.

ⁱ Kaiser Family Foundation, [Medicaid Enrollees by Enrollment Group](#).

ⁱⁱ Kaiser Family Foundation, [Medicaid Enrollees by Enrollment Group](#) (2,159,700) and Annie E. Casey Foundation, Kids Count Data Center, [Child Population by Age Group in New York](#) (3,988,354).

ⁱⁱⁱ MACPAC, [Medicaid's Role in Financing Maternity Care](#), January 2020.