Introduction to
NYS 1115 Medicaid Waiver

- Waiver Aims
  - Improve health outcomes and health equity by
  - Addressing health related social needs (HRSN)
  - Expand access to services while containing cost
- Social Care Networks (SCNs)
  - Required to develop bi-directional data-sharing with a regional HIE
- Health Information Exchanges (HIEs)
  - Required to exchange HSRN data and facilitate access to statewide HRSN data leveraging the SHIN-NY
  - Critical partner to ensure connects and information flow to and from the healthcare sector to SCNs

Specifics to HRSN Data Exchange

- Brief history on Health Related Social Need (HRSN) data in NYS

- What's changed for data requirements with 1115 Medicaid Waiver?

- Collaborating on HRSN data exchange with the community

Food

Some people have made the following statements about their food situation. Please answer whether the statements were OFTEN, SOMETIMES, or NEVER true for you and your household in the last 12 months.

4a. Within the past 12 months, you worried that your food would run out before you got money to buy more.

☐ Often true
☐ Sometimes true
☐ Never true

4b. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

☐ Often true
☐ Sometimes true
☐ Never true

Transportation

5. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting to things needed for daily living?

☐ Yes
☐ No

Brief history on HRSN data in NYS

2015
DSRIP program starts

2020
DSRIP Program ends

March 2023
Bronx RHIO + Civitas + Gravity collaboration

Develop state-wide Standards

Aug 2024
Social Care Networks announced

PHQ-2 & PHQ-9 become critical data

Bronx RHIO drafts FF spec

NYS 1115 Waiver announced

March 2022

January 2024

ROCHESTER RHIO   TogetherNow   Shatzkin Systems, Inc.   #Civitas2024
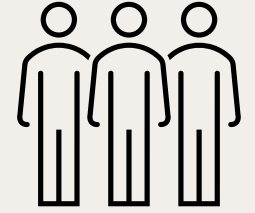
Advancing Technical Exchange

- Extend data models to support requirements

- Push for controlling the screening used in the community
  - Codified data (questions AND answers)
  - Minimum Viable Dataset per Medicaid

- Adoption of FHIR & Gravity principals for HRSN data
  - Engaging Gravity to help work through specification nuances

Collaborating with the Community

- Meeting community members where they are by supporting lower-tech options

- Discuss, evaluate and standardize where possible
  - Some agencies implement their own version of a standard screening- which instantly makes it non-standard!
  - Clinical workflow will impact the data structure and transmission to the HIE, SCN IT platforms, and beyond

Collaboration in NYS

ROCHESTER RHIO

TogetherNow

Rochester RHIO is a Health Information Exchange in NYS serving 14 counties, > 2,000 participants, and 1.5 million residents in secure data exchange, advanced data, analytic, and reporting services.

TogetherNow is a SCN comprised of Human Services, Health, Education, Workforce Development, and Government organizations serving individuals and families in Monroe County and the Finger Lakes region, implementing a person-centered service delivery system.

March 2023
Bronx RHIO + Civitas + Gravity collaboration
Develop state-wide Standards

January 2024
NYS 1115 Waiver announced

RRHIO + TogetherNow began collaboration exploration
April 2023

Social Care Networks announced
Aug 2024

ROCHESTER RHIO   TogetherNow   Shatzkin Systems, Inc.

#Civitas2024

Key Challenges

- Consent

  Different language and meanings for different sectors

- Technical Standardization

  Varying degrees of need, adoption, and use

- Extensible Workflows

  Ensuring sustainability through repeatable and standardized data-enabled care workflows

Consent

HIE

- Consent is regulated by state policy and implemented regionally
- NYS has a opt in consent model
- RRHIO is a community data steward of region's data contributors

Waiver

- NYS is developing consent regulations for the exchange of specific HRSN data

SCN

- TN's approach to consent is community developed, person-centered, and a journey of trust
- No NYS regulations on general SCN consent

Strategies

- First establish non-negotiables, such as regulatory requirements
- Then explore what are "can-live-with" requirements
- Goal: find common ground through use cases development and let consent follow

| Use anonymously or create a personal profile | Share (or revoke sharing) personal profile with service providers on Care Team | Consent (or not) to import Medicaid information into profile | Consent (or not) to share profile, screening and referral activity with NYS |

#Civitas2024

Technical Standardization

Person identification

Data standardization

 o Race, and ethnicity as an example:

Adoption and use of FHIR standards

Workflow requirements drive need for real-time data exchange, batch processing, and/or push/pull of data from each entity's platform.
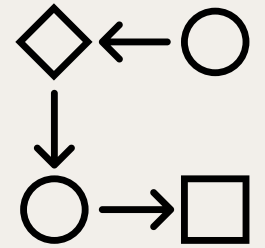
What is your race?

White | Black or African American | American Indian or Alaskan Native | Asian

Native Hawaiian or Pacific Islander | Two or More Races | Other Race

What is your gender?

Male | Female | Non-Binary | Trans Man | Trans Woman | Prefer to Self-Identify

Prefer not to Answer/ Data Not Collected

Extensible Workflows

Consider: complexity of administration, financing, and care delivery within the healthcare sector ➕ complexity of social services infrastructure, standardization, and funding

Each care workflow can require different levels of navigation, like eligibility criteria, organization capacity, community member acceptance / trust

Strategies for Data Workflows
- Need to enhance trust building, not deter it
- Need to follow the service pathway of least resistance/hand-offs
- Need to ensure close loop feedback to the original care workflow initiator

EXTENSIBLE WORKFLOWS

"Anna" has a variety of needs, some of which can be met through the 1115 Waiver (food, housing, transportation) and some that cannot (all others).

Reimbursable
- ✓ Pantry stocking
- ✓ Pest remediation

Non-reimbursable
- ❑ Employment
- ❑ Childcare

MyWayfinder can be used to help her find and connect with services for all her needs.

#Civitas2024

Stay Centered on the Value Proposition

- By navigating these challenges, our community members, neighbors, and providers benefit.

- Data exchange between the clinical and social care sector can illuminate historically unquantifiable insights, like wait times, capacity, public health surveillance and reporting on social needs by chronic condition.

- The goal is to ensure this value proposition, and our collaborative efforts live beyond this demonstration project

ROCHESTER RHIO   TogetherNow   Shatzkin Systems, Inc.

#Civitas2024

Questions?

Marlene Bessette

marlene.bessette@grrhio.org

Laura Gustin

laura.gustin@togethernowny.org

Keela Shatzkin

keela@shatzkinsystems.com