CENTER for HEALTH LAW and POLICY INNOVATION
HARVARD LAW SCHOOL

New York Health Equity Reform (NYHER): New York's 1115 Medicaid Waiver Amendment Approval

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Live Well Kingston
Eat Well and Heal Well Focus Teams

Objectives

Big Picture

- Food is Medicine Defined
- Why waivers?

Learn

- 1115 Waivers, National Landscape, and Federal Framework
- New York's 1115 Waiver Amendment

Engage

- Opportunities for advocacy and engagement

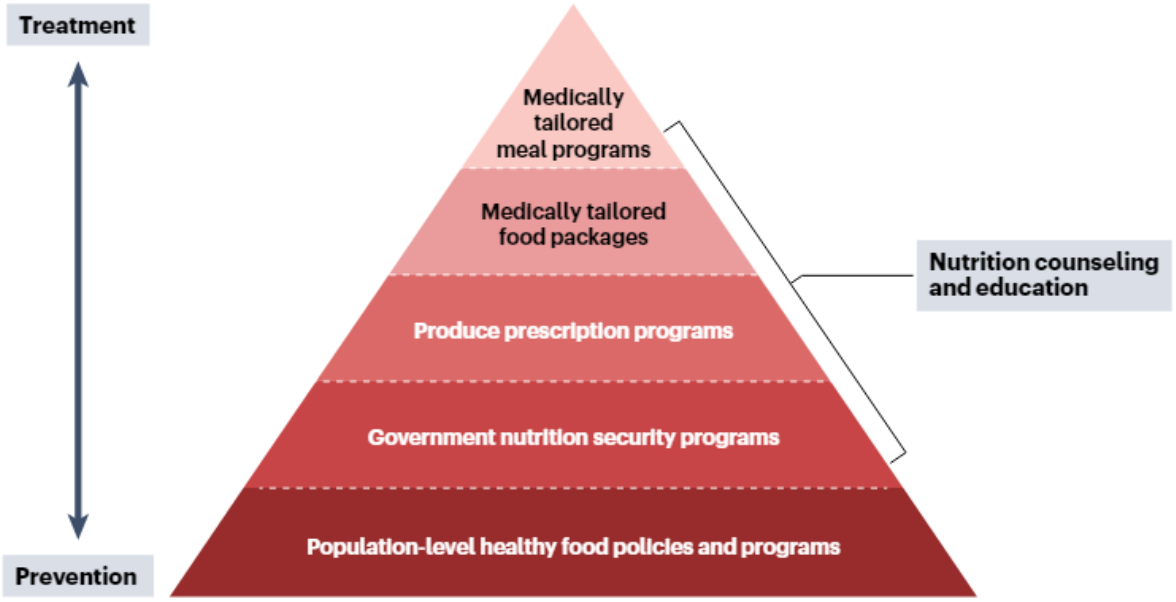
Food is Medicine Defined

Food is Medicine (FIM) interventions are tailored to respond to the connection between food and health by helping to prevent and treat diet-related disease

(1) the provision of food that supports health

(2) a nexus to the health care system

Aspen Institute and Center for Health Law and Policy Innovation, Food is Medicine Research Action Plan (Jan. 2022)



Dariush Mozaffarian et al., A Food is Medicine approach to achieve nutrition security and improve health, 28 Nature Medicine 2238 (Nov. 2022), https://doi.org/10.1038/s41591-022-02027-3.

Table 1 | Example interventions from the Food is Medicine pyramid

	Target population	Intervention	Examples of efficacy
Medically tailored meals[a]	Patients with severe, complex chronic conditions that limit activities of daily living and cause high burdens of disability, illness and healthcare utilization, such as poorly controlled diabetes, heart failure, cancer, kidney failure and HIV.	Prepared, medically tailored meals delivered to individuals living with severe illness through a referral from a medical professional or healthcare plan. Meal plans are tailored to the medical needs of the recipient by a registered dietitian nutritionist. Often provided as 10 (and up to 21) weekly meals, in combination with nutrition and culinary education.	Lower hospital, emergency room and nursing home admissions and net healthcare costs; increased medication adherence.
Medically tailored groceries[a]	Patients with one or more major diet-related health risks or conditions but who can still prepare and cook their own meals. Often, but not always, prioritizing people on low incomes and/or those who are food insecure.	Healthy food items that are preselected, often by a registered dietitian nutritionist or other qualified professional, and provided to eligible patients in combination with nutrition and culinary education.	Improved food security; inconsistent associations with health outcomes.
Produce prescriptions[a]	Patients with at least one diet-sensitive health risk or chronic condition, such as diabetes, prediabetes, hypertension, obesity or heart disease, as well as people on low incomes and/or who are food insecure.	Discounted or free produce such as fruits and vegetables (and sometimes also nuts, seeds, beans, whole grains, dairy and eggs) are provided by electronic benefit cards or paper vouchers redeemable at grocery stores or farmers' markets, picked up in the healthcare setting or home delivered, in combination with nutrition and culinary education.	Improved food security; lower hemoglobin A1c, blood pressure and body mass index.
Government nutrition security programs	Patients from low-income or other marginalized households with food and/or nutrition insecurity. Children from households with lower incomes.	Healthcare system screening, connecting and supporting enrollment of appropriate patients into government nutrition programs, such as the US Supplemental Nutrition Assistance Program and Special Supplemental Nutrition Program for Women, Infants, and Children; school breakfast and lunch programs; and nutrition programs for older adults.	Increased awareness and enrollment among eligible patients who were not familiar with or had not been enrolled in such programs; improved food security.
Population-level healthy food programs and policies	Children and adults within the general population at risk for poor metabolic health.	Programs and policies to address systems and environmental barriers to equitable healthy food in communities. Examples include consumer education strategies such as package, menu and warning labels; nutrition standards for institutional procurement, including charitable food; employer-based wellness programs with education and incentives for healthier eating; fiscal approaches or incentives to support the affordability of healthful foods; disincentives such as taxes for unhealthful foods or beverages; and regulatory approaches to food additives and marketing.	Increased health literacy, increased community availability of healthier foods and beverages, industry reformulation of packaged foods and restaurant items, improved nutritional habits of consumers.

[a]For medically tailored meals, medically tailored groceries and produce prescriptions, clinicians or other health system staff including registered dietitian nutritionists, social workers and community health workers screen and refer eligible patients to appropriate services as part of their treatment plan.

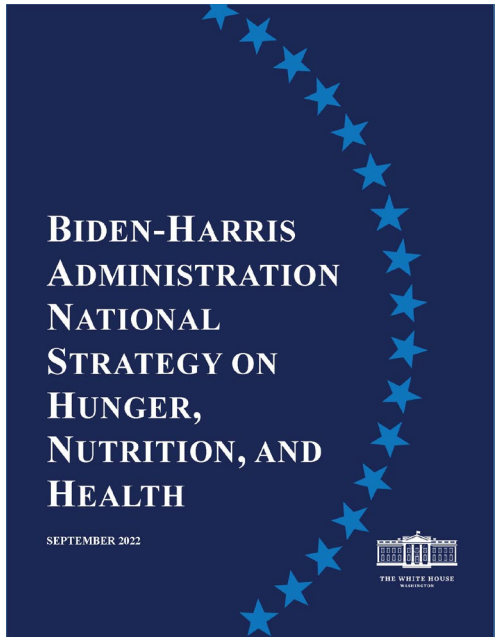
FIM interventions address specific health needs of different focus populations based on acuity and other factors

Dariush Mozaffarian et al., A Food is Medicine approach to achieve nutrition security and improve health, 28 Nature Medicine 2238 (Nov. 2022), https://doi.org/10.1038/s41591-022-02027-3.

Section 1115 Medicaid Waivers

- With **CMS approval**, states can implement experimental, pilot, or demonstration projects
- Can cover **services** and **populations** not included under federal law
- Requirements:
  - ✓ Must **promote the objectives** of the Medicaid program
  - ✓ Must be **budget neutral** (but flexibility for certain HRSN services)
  - ✓ Initial **5-year approvals**, can be renewed for 3–5-year periods
  - ✓ States must contract with **independent evaluators** to conduct periodic evaluations and **provide CMS with reports** on the waiver's outcomes
- Pros: can establish statewide access; infrastructure funding
- Cons: cost neutrality; must be renewed every 3-5 years

National Landscape



https://www.whitehouse.gov/wp-content/uploads/2022/09/White-House-National-Strategy-on-Hunger-Nutrition-and-Health-FINAL.pdf

https://www.medicaid.gov/medicaid/downloads/addrss-hlth-soc-needs-1115-demo-all-st-call-12062022.pdf

CHLPI Analysis: https://www.healthlawlab.org/wp-content/uploads/2023/11/Summary-of-CMS-HRSN-Guidance_CHLPI-11-16-2023.pdf
CMS Guidance: https://www.medicaid.gov/sites/default/files/2023-11/cib11162023.pdf

National Momentum

- 20 states have approved or pending 1115 waivers that include nutrition services
- 7 approved and 4 pending include the direct provision of food
  - ✓ California, Massachusetts, North Carolina, New Jersey, **New York**, Oregon, Washington
  - ✓ Delaware, **Hawaii**, Illinois, New Mexico
- Majority include other services such as **housing** supports (CA, MA, NC, NJ, NY, OR, WA, HI*, IL*), **transportation** to access HRSN (NC, NY), **interpersonal violence** supports (NC, IL*), and more

Erika Hanson et al., The Evolution and Scope of Medicaid Section 1115 Demonstrations to Address Nutrition: A U.S. Survey, Health Affairs Scholar, qxae013, https://doi.org/10.1093/haschl/qxae013

New York's 1115 Waiver Amendment

CMS approved amendment on January 9, 2024

- **New York's Section 1115 "Medicaid Redesign Team" (MRT) Waiver**: operated since 1997, extended several times
- **Several initiatives**: (1) HRSN, (2) HERO, (3) Medicaid Hospital Global Budget Initiative, and (4) Strengthen the Workforce
- **Key components**: (1) services, (2) target populations, (3) implementation, (4) monitoring and evaluation
- The state must submit its **Implementation Plan** for CMS approval by **October 9, 2024**

Waiver Services: Nutrition Supports

Intervention	Description
Nutrition counseling and education	Including on healthy meal preparation and connecting the individual with grocery budget resources
Prepared meals approved by an RDN	Up to 3 meals per day, delivered to the home or private residence, for up to 6 months
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
Fresh produce and nonperishable groceries	Limited to pregnant persons and children
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

Waiver Services: Nutrition Supports

- Beneficiaries **cannot** receive **more than one** direct food support
    - E.g., a beneficiary who receives a food prescription cannot also receive meals
- Additional nutritional support for the **household** of high-risk pregnant individuals or high-risk children is permitted
    - Household size is defined in line with the state's SNAP household definition
- Nutritional interventions **may be renewed for additional 6-month periods** if the state determines the beneficiary still meets the clinical and needs-based criteria
- Individuals with **high-risk pregnancies** can receive nutrition interventions for up to the length of the pregnancy and up to two months postpartum, for a total of **11 months**

Target Populations

Level 1 services: referral to existing state, federal, and local programs and case management

- All Medicaid beneficiaries

Level 2 services

- Enrolled in Medicaid managed care, ***AND***
- Meet certain criteria, as defined in in the post-approval Protocol(s) for HRSN Services and Infrastructure, subject to CMS review and approval, ***MAY*** include:
- (1) Medicaid high utilizers, (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 HUD 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

IMPLEMENTATION

- Includes up to **$500 million in infrastructure funding** to support availability and quality of HRSN services
- The state will contract with a single, statewide, independent **Health Regional Organization (HERO)** that will conduct:
    - Data aggregation, analytics, and reporting
    - Regional needs assessment and planning
    - Regional stakeholder engagement sessions
    - Value-based payment design
    - Program analysis
- The state will award one **Social Care Network (SCN)** per region (up to five in New York City) to be a designated Medicaid provider and lead entity for CBOs providing HRSN services, and provide HRSN screening and referral services
- The state will set HRSN **service rates**
- The state must submit its **Implementation Plan** for CMS approval by **October 9, 2024**

Monitoring and Evaluation

- Section 1115 demonstrations require an independent evaluator
- The state must track and report on:
  - Beneficiary HRSN data
  - Information technology infrastructure to support data
  - Percent of Medicaid beneficiaries enrolled in other public benefit programs (e.g., SNAP or WIC)

New Engagement Opportunities

New York Health Equity Reform: Social Care Networks RFA

- "Lead entities that will be responsible for the coordination of social care service delivery in each region"
- Applications Due: **March 27, 2024 at 04:00 PM ET**

NYSDOH Office of Health Insurance Programs Stakeholder Webinar Recording for NYHER Waiver Amendment

- Shared by Friday**, February 16, 2024** via the MRT Listserv and posted to the New York 1115 Medicaid Waiver Information webpage

Action

Provider Education	• Lessons from California • White House Conference American College of Lifestyle Medicine Continuing Education
Coalition Partnerships	• NY FAM Coalition • Western NY FAM Coalition • Consider a variety of stakeholders
Medicaid Partnerships	• In Lieu of Services (currently only MTMs in NYS) • Value-Added Services • Pilots
Infrastructure	• 2024 Budget included Medicaid coverage expansions (e.g., nutritionists/dietitians, CHWs) • May need to develop new expertise or meet new requirements (e.g., HIPAA)

Action Takeaways

1. **Engage in HERO, Social Care Networks (SCNs), evaluations**
2. **Engage decisionmakers (DOH) and stakeholders (providers, plans, community members)**
3. Educate providers
4. Activate coalitions
5. Engage Medicaid partnerships
6. Continue to build infrastructure

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QUESTIONS?