



**Department
of Health**

New York DSRIP

1115 Quarterly Report

October 1, 2019 – December 31, 2019
Year 5, Third Quarter

**February
2020**

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**Office of Health
Insurance Programs**

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New York DSRIP

Section 1115 Quarterly Report

DSRIP Year 5, 3rd Quarter

October 1, 2019 – December 31, 2019

I. Introduction

On April 14, 2014 Governor Andrew M. Cuomo announced that New York finalized Special Terms and Conditions (STCs) with the federal government for a groundbreaking waiver to allow the New York State Department of Health (DOH) to reinvest \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms. The STCs serve as the governing agreement between DOH and the Centers for Medicare and Medicaid Services (CMS) under the 1115 Waiver, also known as the Partnership Plan. The STCs outline the implementation of MRT Waiver Amendment programs, authorized funding sources and uses, and other requirements. A comprehensive DSRIP website, launched on April 14, 2014, continues to be updated and is available at www.health.ny.gov/dsrip.

The waiver amendment programs address critical issues throughout the state and allow for comprehensive reform through a Delivery System Reform Incentive Payment (DSRIP) program. The DSRIP program promotes community-level collaborations and focuses on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. Safety net providers are required to collaborate to implement innovative projects focusing on system transformation, clinical improvement and population health improvement. All DSRIP payments are based on performance linked to achievement of project milestones. In addition, the STCs commit DOH to comprehensive payment reform and continue New York's efforts to effectively manage its Medicaid program within the confines of the Medicaid Global Spending Cap.

On December 7, 2016, CMS approved New York's request to extend its Medicaid Section 1115 waiver, the Medicaid Redesign Team (MRT) Demonstration, through March 31, 2021. The DSRIP demonstration under the April 2014 waiver amendment agreement runs through March 31, 2020.

The 1115 waiver has been renamed from the Partnership Plan to the MRT Demonstration as a reflection of the significant MRT efforts that have improved and expanded the waiver's purpose. This approval is the result of significant efforts by both the New York and CMS teams, and has been informed by extensive stakeholder input.

II. Executive Summary of Key Accomplishments for the DSRIP Year 5 Third Quarter (DY5Q3)

This report summarizes the activities from **October 1, 2019 through December 31, 2019**, the third quarter of DSRIP Year 5. This report includes details pertaining to DY5Q3 of DSRIP implementation activities including: stakeholder education and engagement, performance measurement and metrics analysis, continued progressive steps in moving to Value Based Payment (VBP), and planning and refinement of key DSRIP policies and procedures toward the wind down activities for the DSRIP program ending next quarter on March 30, 2020.

Highlights of this quarter, which are further described in this report, include:

- New York submitted a Waiver Amendment Extension and Renewal Request on November 27, 2019 to CMS for the current waiver that expires March 31, 2020.
- The NY Medicaid Population Health Symposium was held November 18-19, 2019 in New York, New York.
- Performing Provider Systems (PPS) submitted their DY5Q2 Reports on October 31, 2019 documenting the progress on their implementation efforts between July 1, 2019 – September 30, 2019.
- DOH hosted extensive stakeholder engagement activities including MRT Public Comment days following the release of the draft Waiver Amendment proposal on September 17, 2019.

III. DSRIP Program Implementation Accomplishments and Activities

Waiver Amendment Proposal for Extension and Renewal

In DY5Q2, the State submitted a draft Waiver Amendment proposal to CMS on September 17, 2019 in anticipation of the end of the authority of the DSRIP program on March 2020. The State's goals for the waiver are to sustain and build upon the "[DSRIP Promising Practices](#)" ([UHF Report](#)) from the current demonstration and to effectively partner with Managed Care Organizations (MCOs) in value-based care arrangements that would recognize and incentivize contributions of other clinical and non-clinical partners. More time is needed to meaningfully integrate these new models and partnerships with MCOs under value-based payment arrangements for sustainability. The draft proposal was issued to seek public comment regarding the concepts that would form the basis for the extension and renewal application. Public Comment events were held in NYC on October 25, 2019 and in Syracuse on October 30, 2019 followed by opportunities to submit written comments through November 4, 2019. Over 200 public comments from a breadth of stakeholder providers, PPS, pharmacies, counties, associations and advocates were received, reviewed, tracked, trended and incorporated into the development of the new waiver application. The formal waiver application requesting a one-year extension of the current program and an additional three-year renewal was then submitted November 27, 2019 to CMS. The November 27, 2019 date of submission met the federal requirements that a formal request be submitted 120 days prior to the end of the program which is March 31, 2020. The Waiver Proposal can be accessed [here](#).

DSRIP Annual Learning Symposium

As outlined in the DSRIP STCs Attachment I, the State is responsible for hosting annual DSRIP Learning Symposiums for the PPS. The last scheduled NY Medicaid Population Health Symposium under the current DSRIP program took place on November 18–19, 2019 in New York, NY. Nearly 800 leaders and stakeholders of the DSRIP program were convened for two days to acknowledge the transformational work accomplished under the DSRIP demonstration and recognize the critical roles of community providers, behavioral health providers, traditional medical providers, and payers in their efforts for population health activities as part of the transition to VBP. Participants included representatives from the 25 PPS, community-based organizations (CBOs), managed care organizations (MCOs), the New York State agency staff, as well as consumer advocates, national health care reform experts, and other public health officials from within and beyond NY. The full agenda included:

- Three keynote speakers, offering inspiration and empowerment in support of progress, change and sustainability for healthcare transformational efforts.
- 21 multidisciplinary panel presentations highlighting innovative partnerships, the lessons learned and the best practices in reforming service delivery into financially sustainable value-based arrangements.
- 16 poster presentations showcasing DSRIP program successes, promising practices, and lessons learned from presenters in their work towards more integrated, innovative, and effective approaches to address the needs of Medicaid consumers, shown in measurable improvements across a variety of health outcomes.

The symposium's program guide provides detailed information on the content of the event and can be viewed here: http://www.dsriplearning.com/documents/NYS_Symposium_Program.pdf.

Additional information on the Learning Symposium, including the full program can be found on the dedicated website established for the event: <http://www.dsriplearning.com/>.

DSRIP Project Approval and Oversight Panel (PAOP)

The DSRIP program requirements as outlined by the STCs required the Independent Assessor (IA) to convene a panel to review the DSRIP original applications scored by the IA in 2014 and early 2015 and to advise the Commissioner of Health whether to accept, reject or modify those recommendations. The PAOP fulfilled this function during public review and hearings in February 2015 and continues to play an important role as advisors and reviewers of PPS status and project performance during the 5-year DSRIP duration.

On November 18-19, 2019, available PAOP members attended the New York Medicaid Population Health Symposium. More details regarding the symposium can be found in the section above. No additional PAOP activities occurred during DY5Q3.

More information about PAOP is available at:

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

DSRIP Certificate of Public Advantage (COPA)/Accountable Care Organization (ACO) Application Process

DOH received additional information from the COPA recipient during this quarter to satisfy the state's obligation to maintain active supervision of the conditions granted through the PPS COPA. This additional information covered PPS COPA and PPS antitrust compliance training and the role of the of PPS compliance officer. DOH is now starting the interview process with the COPA recipient for the 2020 Active State Supervision Report.

Summaries of COPA applications received to date are available at:

https://www.health.ny.gov/health_care/medicaid/redesign/copa/docs/copa_application_summaries.pdf.

Information regarding ACO certificates of authority is available at:

https://www.health.ny.gov/health_care/medicaid/redesign/aco

Value Based Payments (VBP)

DY5Q3 focused on the planning and convening of the VBP Workgroup and the finalizing of 2020 VBP quality measure sets and VBP Reporting Requirements Technical Specifications Manual. Further work was done on the development of VBP dashboards for VBP contractors and on the implementation of the Prevention Agenda's Healthy Homes VBP Pilot.

VBP Workgroup

The second VBP Workgroup of 2019 was held on December 11, 2019 and covered the following topics:

- A summary of the 1115 Waiver Amendment: Moving to Value Based Care
- An update regarding the final proposed 2020 VBP measure sets
- A roundtable discussion on the key aspects of the NYS VBP model to date, which included provider and MCO participation to help facilitate the conversation around the following areas of the model:
 - Quality measurement
 - Provider network integration
 - Target budget setting & risk arrangements
 - Social determinants of health and CBO engagement

VBP MAPP/Dashboards

DOH continued to gather requirements for enhancing future VBP data runs and continued developing a data model to connect demographics, population-based performance data, and quality measure results to MCOs, providers, and contracts. DOH also initiated projects to bring the 3M CRG, pricing, and preventables data into additional data mining tools (i.e. Salient) for use in analytics.

Social Determinants of Health (SDH) & Community based Organizations (CBOs)

During DY5Q3, DOH released the SDH Intervention Status Report template to be completed by MCOs with approved Level 2 or 3 arrangements. The purpose of the status report is to obtain feedback on the implementation of SDH interventions consistent with the NYS VBP Roadmap. Submissions were due from the MCOs on November 6, 2019. Information requested on the Status Report template include:

- Performance metrics used for tracking intervention success;
- Evaluation report or analysis of intervention impact using pre and post data, cost benefit and/or comparison group;
- Level of funding investment from MCOs;
- Number of eligible Medicaid members impacted by the intervention.

Clinical Advisory Groups (CAG) and Quality Measurement

VBP Quality Measure Results for year one of the VBP Pilots (calendar year 2017) were prepared and shared with MCOs and VBP contractors during DY5Q2 as a demonstration of proposed dashboard design. During DY5Q3, using targeted feedback from the MCOs and VBP contractors, DOH further refined the results to more accurately capture attribution. Feedback and learnings from this process were used to improve the VBP reporting requirements which are slated to be published in 2020. Analysis also began for year two of the VBP Pilots (calendar year 2018).

During DY5Q3, final edits to the MY2020 VBP Measure Sets were completed based on recommendations from the CAGs and the Measure Support Taskforce, as well as the 2019 VBP Roadmap update feedback. During the December VBP Workgroup, the quality measurement discussion focused on vetting the proposed expanded requirements for Total Cost for General Population (TCGP) arrangements. The proposed new measure set for TCGP includes measures from each of 6 domains (primary care, mental health, substance use disorder, maternity, HIV/AIDS, and children) to better address the needs of the various subpopulations often included in TCGP arrangements. Additionally, the updated 2020 VBP Measure Sets for Children, Behavioral Health/HARP, HIV/AIDS, IPC, and Maternity were reviewed and approved by the VBP Workgroup. Final measure sets will be posted to the VBP Resource Library in early 2020.

Public Comment

During DY5Q3, DOH held a Public Comment period from December 4, - December 20, 2019 to collect feedback on the draft technical specifications for newly proposed quality measures for both the 2020 VBP Quality Measure Set and the 2020 Quality Assurance Reporting Requirements (QARR). Responses are currently being reviewed.

2020 VBP Reporting Requirements

The 2020 VBP Reporting Requirements Technical Specifications Manual for MY2019 was updated based on new measures, attribution requirements, and required data. DOH anticipates posting to the VBP Resource Library in early 2020.

Prevention Agenda: Healthy Homes Asthma VBP Pilot

During DY5Q3, DOH received the second pilot contract between an MCO and provider in the New York City area for review and approval for implementation. DOH also continued efforts to establish rest of state MCO and provider partnerships for the pilot. Additionally, already confirmed pilot partners worked to finalize their provider contracts and program logistics for submission to DOH for review.

Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES) & Primary Care Utilization Data for VBP Analysis and Contracting

PSYCKES is a web-based platform developed by the NYS Office of Mental Health for sharing Medicaid claims and encounter data, data and documents entered by providers and patients, and other state health administrative data. This data supports quality improvement and clinical decision-making/care coordination for Medicaid members in NYS. Stakeholders that have access to PSYCKES include:

- OMH and OASAS licensed provider agencies
- Hospitals and Emergency Rooms
- Health Homes and Care Management Agencies
- Behavioral Health Care Collaboratives (BHCC)
- DSRIP PPS
- Federally Qualified Health Centers (FQHC)
- Medicaid Managed Care Plans
- Local Government Units

During 2019, efforts were undertaken to include primary care data within the PSYCKES database to link Medicaid member primary care utilization to behavioral health care use to help improve network integration and coordination between physical and behavioral health providers who are either already in a VBP arrangement or looking to enter into a VBP arrangement together. This feature in PSYCKES was finalized during DY5Q3 and is now available for users to access.

IV. Quarterly Reporting and Performance Payments

Quarterly Reporting

PPS DSRIP Year 5, Second Quarterly Reports

The DSRIP Year 5, Second Quarter Quarterly Reports submitted by each PPS on October 31, 2019 documented their progress in accomplishing their DSRIP goals and objectives for the second quarter of the fifth DSRIP year (July 1, 2019 - September 30, 2019). Domain 1 milestones have concluded, and no PPS had Project Implementation Speed commitments due this quarter.

Upon receipt of the 25 PPS DSRIP Year 5, Second Quarter Quarterly Reports the IA conducted an in-depth review of each submission, including supporting documents. The quarterly reports were divided amongst teams of IA reviewers and involved a review process which included an initial review and quality control analysis. The review was conducted over the course of 30 days (November 1 - November 30, 2019) and remediation feedback was provided to each PPS who failed to submit supporting documentation. PPS were afforded 15 days (December 1 – December 15, 2019) to remediate the items identified and submit evidence supporting completion of those items. At the close of the 15 days the IA verified whether the remediation comments were addressed. The IA then adjudicated the results of each PPS submission on December 30, 2019. The PPS Second Quarter Reports will be posted to the DSRIP website next quarter.

DY4 Onsite Audits

The IA also conducted the DSRIP Year 4 onsite audits of each PPS between October and December 2019. The audits are a retrospective review of each PPS' activities in DSRIP Year 4. Prior to each onsite, the IA reviewed the information submitted by the PPS as part of the DY4 Quarterly Reporting cycle and prepared an IA Onsite Audit Sample Request for the areas of Patient Engagement, Funds Flow, and Workforce Spend. The IA Onsite Audit Sample Request was sent to each PPS approximately 40 days prior to their audit and the documentation was submitted by the PPS to the IA on the date of the onsite audit.

The audits provide a valuable opportunity for the IA to gain additional insights on the activities carried out by the PPS in support of DSRIP efforts and to determine whether the PPS correctly received DSRIP funds. To accomplish this objective the IA will review the documentation submitted by the PPS in response to the DY4 IA Onsite Audit Sample Request to determine whether it adequately supports DSRIP activities and funding. Full audit reports from all retroactive DY4 onsite visits are anticipated to be released in April 2020.

Performance Payments

During the period of October 1, 2019 through December 31, 2019, there were no DSRIP performance payments made. The next DSRIP performance payments are scheduled for early 2020 and will be the first biannual payment to PPS for DSRIP Year 5. The payment will combine results of the PPS adjudicated DY5Q1 and DY5Q2 reports for the six-month period (April – September 2019).

V. New York State DSRIP Program Activity

DSRIP Support

DOH continues to support 25 PPS through a wide range of activities and resources. During the period of October 1, 2019 – December 31, 2019, DOH, with assistance from its vendors, conducted the activities and provided the resources described below.

PPS Data and Performance Management

During this quarter, DOH, with support from its vendors, further defined DSRIP data and performance management policy and activities:

- Recalculated performance attribution and updated refreshed results for MY0, MY1, and MY2 and their annual improvement targets reports for each of these years and distributed them to PPS.
- Updated all interim monthly DSRIP periods from MY0 thru MY3 that were impacted by measure changes and/or attribution changes and successfully re-published them to the MAPP 2.0 Analytics Dashboards.
- Calculated monthly performance targets for Measurement Year 5 (MY5) spanning July 1, 2018 – June 30, 2019 and provided updates on MY5 performance to PPS for 7 monthly periods. The new MY5 periods reflect the new MY5 provider network composition.

Account Support Team (AST)

During this quarter, the AST continued activities with each PPS by providing tools, analysis, information sessions, and day-to-day support. Day-to-day assistance included answering DSRIP related questions, clarifying DSRIP documentation and requirements, providing subject matter support, notifying PPS of upcoming releases, providing status reports to DOH on PPS sustainability planning activities and ensuring that PPS are appropriately equipped to meet DSRIP DY5 deadlines. The AST also supported the PPS through frequent notifications on upcoming releases, such as guides, webinars, trainings, information about the November NY Medicaid Population Health Symposium and other associated communications. The AST has also been engaged with the Independent Evaluator (IE) in sharing DSRIP program background and answering IE specific research strategy questions that will involve access to PPS or their partners.

Medicaid Analytics Performance Portal (MAPP)

MAPP continues to offer other statewide capabilities to support the PPS and Health Homes, Care Management Agencies, and Managed Care Plans (MCPs). Future MAPP 2.0 functionality will allow MCOs and VBP contractors to access VBP data for their appropriate populations. Planning and security analysis for this functionality continues. Additional Health Homes data availability, new user access, and new dashboards are also being discussed.

Independent Evaluation of New York State DSRIP

The DSRIP program requirements as outlined by the STCs required DOH to acquire an independent entity to conduct a multi-method, comprehensive, statewide independent DSRIP program evaluation. The DSRIP program evaluation will employ quantitative and qualitative methods in order to achieve a robust evaluation of this demonstration program, and will achieve the following goals:

1. assess DSRIP program effectiveness on a statewide level with respect to the MRT Triple Aim;
2. obtain information on the effectiveness of specific DSRIP projects and strategies selected and the factors associated with program success; and
3. obtain feedback from stakeholders including DOH staff, PPS administrators and providers, and Medicaid beneficiaries served under DSRIP regarding the planning and implementation of the DSRIP program, and on the health care service experience under DSRIP reforms.

DSRIP Program PPS specific, Statewide, Interim and Summative Evaluation results will be reported as required to DOH, the PPS, and CMS.

The Independent Evaluator (IE), the Research Foundation at the State University of New York (SUNY) in Albany, was awarded a contract in December 2016 to evaluate the DSRIP program and has conducted these activities in DY5Q3.

CMS Interim Evaluation Report

The IE submitted the Final Interim Evaluation Report to CMS in August 2019. CMS approved the Final Interim Evaluation Report in a letter dated October 2, 2019. The report is posted on the DSRIP website here: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2019/docs/interim_eval_rpt.pdf.

Quantitative Research Methods

The IE continues to review and analyze Medicaid data for Measurements Year 0-4 as well as current monthly updates for Measurement Year 5. The quantitative team has also identified measures cadence and deep dive questions about nuances to measure changes over time in preparation for the DSRIP Preliminary Summative Evaluation report due next September 2020.

Qualitative Research Methods

During DY5Q3, the DSRIP Qualitative IE team members completed and began coding of Cycle 3 research activities conducted in the summer and fall of 2019. Those activities included: key informant interviews with PPS senior leadership, focus groups of engaged providers, web-based survey of DSRIP-associated providers and PPS Measurement Year 4 CAHPS data.

CMS Preliminary, Draft Final and Final Summative Evaluation Reports

The IE continued planning activities for strategic integration of quantitative and qualitative activities and research findings, for the first Preliminary Summative Evaluation Report due to CMS. This includes a timeline of activities, discussions with and feedback from DOH leadership and review and timing of data updates and PPS progress reports. The first Preliminary Summative Evaluation Report is due to CMS by September 30, 2020.

DSRIP Data-sharing Opt Out Mailing

During this quarter, over 92,000 additional letters were mailed. Opt out letters are mailed monthly to newly eligible and recertified Medicaid members regarding their opportunity to opt out of data sharing with the PPS and the PPS partners. The letters describe DSRIP, the benefits of data-sharing under DSRIP, and the PPS to which they may be attributed. The DSRIP opt out mailer notifications began October 2015 and to date, over 11 million letters have been sent out to eligible and recertified members in the Medicaid program. Preparations are being made to conclude DY5 opt out mailings.

Consumer Education Campaign

The DSRIP STCs require the State to conduct a consumer education campaign to inform Medicaid members and uninsured individuals about the benefits of DSRIP and the services of the PPS. The focus of the marketing research in preparation for the campaign has been on the benefits of health care transformation under DSRIP and how to prepare consumers for the new experiences they may encounter. The research was conducted by the New York Academy of Medicine who was selected through a competitive procurement process.

During this quarter, DOH proceeded with the campaign implementation plan.

- DOH is finalizing the creative design for the statewide message and the marketing collateral for print and distribution.
- The PPS outlined their plan to advance the education campaign and connect consumers to local resources such as social service providers, behavioral health resources/education, food banks or other relevant resources in their area.
- The PPS identified their consumers preferred languages and educational materials for distribution to their network partners.

The campaign materials will be available in English, Spanish, Korean, Russian, Chinese, Bangla and Haitian-Creole. Materials are expected to begin circulation and distribution next quarter DY5Q4.

Community Based Organization (CBO) Planning Grant

In an effort to further support CBO participation in DSRIP projects and PPS networks, DOH issued a Request for Applications (RFA) in May 2016 to solicit applications for three regionally-based planning grants to help the consortia assist their member CBOs in planning activities and business strategies for engagement with PPS and potentially VBP readiness and contracting. Small CBOs were encouraged to develop a consortium affording them the opportunity to collectively leverage resources and to explore a financially sustainable infrastructure to meet ongoing and longer-term engagement in system

transformation. The goal of each of the three regional grants is to prepare tier 1 CBOs (organizations that do not bill Medicaid but provide community services) with a budget of less than \$5M for contracting with PPS, providers and MCOs.

The three regionally based CBO Planning grants were awarded to Arthur Ashe Institute for Urban Health with multiple hubs in the NYC area (March 2017), the Health and Welfare Council of Long Island which oversaw consortia in Long Island and the Hudson Valley region (November 2017), and Healthy Community Alliance which served the Rest of New York State (December 2018). The consortia focused on the development of governance structures, training, IT platforms and technical assistance for their membership. These grants were awarded at different times based on procurement and vendor selection processes.

- The grant with CBO consortium under the Arthur Ashe Institute for Health in NYC concluded with a final report and continued CBO engagement and support recommendations in August 31, 2018.
- The grant with the Health and Welfare Council of Long Island organized their CBO membership to begin an electronic referral pilot focused on heating and food access and to eventually interface or integrate with a larger health system. A final report is due to DOH in January 2020.
- The Healthy Community Alliance grantee continues to work with the CBO consortium of Upstate New York in the development of a data exchange platform, projects on chronic disease and nutrition for VBP contracting and securing innovation funds. A final report is due to DOH in March 2020.

Upcoming Activities

DY5 began on April 1, 2019. Future reports will include updates on additional activities as required by the STCs and related attachments. The following list identifies some of the anticipated activities for the upcoming DY5Q4:

- **January 7, 2020:** MY5 Month 8 Data Release
- **January 21, 2020:** MY5 Month 9 Data Release
- **January 30, 2020:** PPS Year 5 Third Quarterly Report (10/1/19-12/31/19) due from PPS
- **January 31, 2020:** MY5 Month 10 Data Release
- **January 31, 2020:** DY5 first payment to PPS
- **February 14, 2020:** MY5 Month 11 Data Release
- **February 28, 2020:** MY5 Month 12 Data Release
- **March 2, 2020:** IA completes review of PPS DY5 Third Quarter report
- **March 16, 2020:** PPS Remediation of PPS DY5 Third Quarter report
- **March 31, 2020:** IA approval of PPS DY5 Third Quarter report
- **March 31, 2020:** DSRIP Demonstration Year 5 ends April 1, 2020

Additional information regarding DSRIP Year 5 key dates can be found at:

https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/timelines/year_5_timeline.htm.

Additional Resources

More information on the New York State DSRIP Program is available at: www.health.ny.gov/dsrip.

Interested parties can sign up to be notified of DSRIP program developments, release of new materials, and opportunities for public comment through the Medicaid Redesign Team listserv. Instructions are available at: http://www.health.ny.gov/health_care/medicaid/redesign/listserv.htm.

VI. Managed Long-Term Care Workforce Investment Program

The MRT Waiver Amendment, approved in April 2014 by CMS to amend the State's 1115 waiver, makes available up to \$245 million through March 2020 for initiatives to retrain, recruit and retain healthcare workers in the long-term care sector. This initiative is referred to as the Workforce Investment Program.

The Workforce Investment Program targets direct care workers, with the goals of supporting the critical long-term healthcare workforce infrastructure through retraining, redeployment, and enhancing skillsets. Through the Workforce Investment Program, DOH requires MLTC plans, which include Fully Integrated

Dual Advantage (FIDA) plans (collectively MLTC/FIDA plans), to contract with DOH–designated workforce training centers, to:

- Invest in initiatives to attract, recruit, and retain long term care workers in the areas they serve;
- Develop plans to address reductions in health disparities by focusing on the placement of long–term care workers in medically underserved communities;
- Consistently analyze the changing training and employment needs of the area that the program serves;
- Provide for broad participation and input from stakeholders; and
- Support the expansion of home care and respite care, enabling those in need of long–term care to remain in their homes and communities and reduce New York’s Medicaid costs associated with long–term care.

During this quarter, DOH hosted its first Best Practice Learning Series for Year 2 on December 13, 2019. The purpose of this Best Practice Learning Series meeting is for all MCO and MLTC Workforce Investment Organizations (WIOs) to provide an overview of their Year 1 and Year 2 activities to date and future activities planned, program sustainability beyond Year 3, present best practices and discuss any lessons learned to date.

These updates and more information regarding the MLTC Workforce Investment Program can be found here: http://health.ny.gov/health_care/medicaid/redesign/2017/mltc_invest.htm.

Appendix A: DY5Q3 Program Activity

The period covering October 1, 2019 through December 31, 2019 included extensive stakeholder engagement activities detailed below:

- **October 2, 2019:** Public Notice for Waiver Renewal Published in State Register
- **October 10, 2019:** MY5 Month 3 Data Release
- **October 11, 2019:** NYS posts final Interim Evaluation Report approved by CMS to website
- **October 25, 2019:** Month 4 Data Release
- **October 25, 2019:** Last Monthly Opt Out Mailing
- **October 25, 2019:** MRT Public Comment Day (downstate)
- **October 30, 2019:** PPS Year 5 Second Quarterly Report (7/1/19-9/30/19) due from PPS
- **October 30, 2019:** MRT Public Comment Day (upstate)
- **November 4, 2019:** Public Comments for MRT due
- **November 4, 2019:** Public Comment for DSRIP Waiver due
- **November 6, 2019:** SDH Intervention Status Report templates due back from the MCOs
- **November 8, 2019:** MY5 Month 4 Claims Extract and Pharmacy Files Re-run
- **November 18&19, 2019:** NY Medicaid Population Health Symposium (Learning Symposium)
- **November 19, 2019:** MY5 Month 5 Data Release with Expanded Claims Release
- **November 27, 2019:** Official Waiver Proposal to CMS
- **November 30, 2019:** IA completes review of PPS DY5 Second Quarter report
- **December 4, 2019:** MY5 Month 6 Data Release
- **December 4, 2019:** Public comment for the 2020 VBP Quality Measure Set and the 2020 Quality Assurance Reporting Requirements (QARR) opens
- **December 12, 2019:** PPS CIO Leadership Regional Meeting, Albany
- **December 15, 2019:** PPS Remediation of PPS DY5 Second Quarter report
- **December 20, 2019:** Public comment for the 2020 VBP Quality Measure Set and the 2020 Quality Assurance Reporting Requirements (QARR) due
- **December 20, 2019:** MY5 Month 7 Data Release
- **December 30, 2019:** IA approval of PPS DY5 Second Quarter report

More information can be found at: https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/.