

# Phase II MRT Work Groups and Summary of Charges

As of September 28, 2011

## Affordable Housing

- Develop a statewide plan for increasing access to affordable housing, so that New York State Medicaid beneficiaries are not forced into institutional settings because they cannot access affordable housing. The plan should:
  - Be multiyear and identify options for financing the construction
  - Provide input regarding assisted living redesign
  - Be related to MRT recommendation # 196, Supportive Housing Initiative
  - Be created in consultation with New York City and other governments

## Basic Benefit Review

- Examine current covered benefits under State Medicaid and current co-payment, coinsurance and premium levels.
- Examine cost-effectiveness research and value-based benefit design initiatives to glean lessons learned.
- Recommend modifications to Medicaid benefit package and cost-sharing policies for improved health care quality lower program costs.
- Recommend strategies for monitoring the impact of budgetary changes on access to care and services.

## Behavioral Health Reform

- Consider integrated substance abuse and mental health services, as well as the integration of these services with physical health care services, through various payment and delivery models.
- Examine opportunities for the co-location of services and also explore peer and managed addiction treatment services and their potential integration with BHOs.
- Provide guidance about health homes and propose other innovations that lead to improved coordination of care between physical and mental health services.

## **Health Disparities**

- Advise the Department of Health (DOH) on initiatives, including establishment of reimbursement rates, to support providers in offering culturally competent care and addressing health disparities.
- Advise DOH on interpretation and translation services for patients with limited English proficiency/hearing impaired.
- Address health disparities among people with disabilities, including people with psychiatric disabilities and substance use disorders, and their need for equal access to primary and preventive health care services.
- Explore issues related to charity care and the uninsured.

## **Health Systems Redesign: Brooklyn**

- Assess the strengths and weaknesses of Brooklyn hospitals and their future viability.
- Make recommendations in support of a high quality, financially secure and sustainable health system in Brooklyn.

## **Managed Long-Term Care Implementation and Waiver Redesign**

- Advise DOH on the development of care coordination models to be used in the mandatory enrollment of persons in need of community-based long-term care services.
- Ensure sufficient patient protections and promulgate network development guidelines so contractual benefit package services are sufficient to ensure the availability, accessibility and continuity of services.
- Examine ways to promote access to services and supports in homes and communities so individuals may avoid nursing home placement and hospital stays.

## **Payment Reform and Quality Measurement**

- Develop a series of payment reform and quality measurement recommendations to facilitate health care transformation consistent with, to the extent practicable, reform imperatives of both the MRT Phase 1 work and the Patient Protection and Affordable Care Act.
- Recommend ways the State can encourage innovative payment and delivery models, including accountable care organizations, bundling, gain sharing, clinical integration, and other shared savings and/or risk-sharing arrangements.
- Explore and identify evidence-based quality indicators to benchmark the State Medicaid program and the provider delivery system.
- Explore State disproportionate share program issues and indigent care funding mechanisms in compliance with federal law and Health and Human Services/Centers

- for Medicare and Medicaid Services (HHS/CMS) requirements; recommend needed work to ensure long-term viability.
- Consider criteria that can be used to identify "safety net" providers, and the implications of such a designation on local planning, financing, care delivery and oversight.
  - Assess the implications of other MRT work group deliberations on payment for workforce education, including graduate medical education; workforce shortages; information technology investment; and access to capital financing.

### **Program Streamlining and State/Local Responsibilities**

- Identify administrative impediments that prevent New York residents from accessing the health care services they need.
- Explore ways to streamline enrollment, ease administrative requirements, while ensuring consistency between efficiencies and federal health care reform and health insurance exchange operations.
- Consider streamlining and centralizing long-term care administration and services.

### **Workforce Flexibility and Change of Scope of Practice**

- With membership to include the State Education Department, New York State Nurses Association and other interested stakeholders, develop a multi-year strategy to redefine and develop the workforce, to ensure that the comprehensive health care needs of New York's population are met. This may include:
  - Redefining the roles of certain types of providers and aligning training and certification requirements with workforce development goals, formulating consensus recommendations, and identifying areas in statute, regulation and policy that would require changes prior to implementation
  - Considering proposals for implementation in Fiscal Year 2012–2013 that would increase workforce flexibility and changes to the scope of practice of advanced practice clinicians, (see MRT #200, Change in Scope of Practice for Mid-level Providers to Promote Efficiency and Lower Medicaid Costs)
- Utilize smaller groups within this work group to focus on several issues:
  - Permitting nurses (under their scope of practice exemption) to orient/direct home health aides (HHAs) and primary care workers to provide nursing care as currently allowed in the consumer-directed personal assistance program
  - Allowing licensed practical nurses (LPNs) to complete assessments in long-term care settings
  - Extending the use of medication aides into nursing homes
  - Expanding the scope of practice of HHAs to include the administration of pre-poured medications to individuals who are and are not self-directing

- Expanding the scope of practice to allow dental hygienists to address the need for services in underserved areas

To learn more about the MRT work groups, including work group charge, membership and meeting dates, visit the [Medicaid Redesign website](#) .