NY Health Home Coalition

Testimony of
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Joint Legislative Budget Hearing on 2022 Executive Budget Proposal: Health/Medicaid

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The New York Health Home Coalition represents 26 Health Homes across every region of New York State with member Health Home enrollees totaling over 155,000 adults and children/youth including those with the highest medical, behavioral health, and social care needs in the state. The New York Health Home Coalition seeks to improve the health and lives of all individuals served in the Health Homes by enabling providers to deliver the highest quality, most cost-effective complex care management to all.

The NYS Care Management Coalition represents thousands of Care Managers statewide serving adults, children and families with complex medical, behavioral health and social determinants of health needs.

First, we would like to thank Chair Weinstein, Chair Krueger, and all the members of the Assembly and Senate Committees for holding this hearing on the health-related proposals in the Governor's Executive Budget for the State Fiscal Year 2023.

HEALTH HOME CARE MANAGEMENT MUST BE INCLUDED IN WORKFORCE FUNDING INITIATIVES IN THE ENACTED 2022-23 BUDGET

We are testifying to express our concern that Health Home Care Management (HHCM) has been excluded from any workforce investment funding in Governor Hochul's proposed FY2022-2023 Executive Budget. Health Homes, their associated Care Management Agencies (CMAs), and care management staff have been instrumental in providing front-line, in-person and telehealth services to New York's most disenfranchised and vulnerable populations during the entirety of the COVID-19 pandemic.

As with other sectors, Health Home care management is experiencing a workforce crisis that started prior to the pandemic and has been exacerbated during the pandemic**.** The common denominator in any intervention that addresses the needs of people who struggle with complex health issues, mental wellness and addiction is care management, care coordination, and boots on the ground assistance. These are the interventions that move the needle and help to secure positive health outcomes to New York's most vulnerable adults, children, and families.

There is a crucial need for funding for Health Home Care Management to be included in the enacted SFY 2022-23 budget to address their workforce crisis. We respectfully submit three requests for your consideration.

5.4% Cost of Living Adjustment (COLA)

We request that the 5.4% Cost-of-Living-Adjustment (COLA) language be amended to include the Department of Health and the Health Home Care Management program.

Due to the fact that the adult and children's Health Home/Care Management programs fall under the auspices of the Department of Health (DOH), they are not currently eligible for the Executive's proposed 5.4% Cost-of-Living Adjustment (COLA). Health Home Plus members living with SMI are included in the Part DD Amendment 5.4% COLA under OMH. Also included, are the Care Coordination Organizations (CCO/Health Homes) under OPWDD. This oversight makes no sense as all components of Health Home Care Management should be included, therefore allowing care management agencies the opportunity to use this funding for all of their care management workers and services. By excluding HHCM serving adults and children, care management agencies will not have the funding to support their workforce and services. **Health Home Care Management serving adults and children under DOH must be included in the enacted SFY 2023 budget.**

15% Rate Adjustment for HHCM

We request a 15% Health Home rate enhancement in the SFY 2022-23 budget, to address the Health Home care management workforce recruitment and retention crisis.

Health Home Care Management cannot sustain the program without investments in its workforce, the lifeline to New York's most vulnerable adults, children and families. Years of cuts and restructuring must be reversed by investing in this most critical program. As discussions ensue on the healthcare workforce support and wages, HHCM must be considered for rate adjustments to sustain the program.

In the fall of 2021, the Coalition of New York State Health Homes (CNYSHH) and the NYS Care Management Coalition jointly facilitated a widescale statewide Health Home Care Management workforce survey. The survey results indicate over 85% of HHCM staff have left community care management agencies in the past three years, as compared to those that joined during that same time period. Of those who left, 52% left for higher wages and 22% left for career advancement. The data from this survey confirms that Health Home Care Management Agencies are facing significant challenges in the recruitment and retention of HHCM staff. Currently, HHCMs are

operating in the red, losing staff to higher wage paying jobs with less burdensome tasks and paperwork, and taxing those who remain with higher, unsustainable caseloads. HHCM struggles to maintain its workforce juggling numerous past cuts coupled with an unjustifiable rate structure. Without adequate and equitable rates, the program, and more importantly its workforce, is reaching a breaking point.

Include HHCM in the Healthcare & Mental Hygiene Worker $3,000 Bonus Initiative

We request that Health Home Care Managers be included in the Executive's proposed $3,000 bonus to support healthcare and mental hygiene workers in the final budget.

Bureaucratic complexities split the HHCM program between the auspices of DOH and OMH, often leaving the workers without state guidance or support. Health Home care managers have been frontline during the entirety of the pandemic providing a lifeline to the most disenfranchised and vulnerable New Yorkers. The majority of the members served in the Health Home program have a behavioral health diagnosis and these workers clearly are key front line/direct care integrated healthcare & mental hygiene workers. HHCM has been lost before in funding initiatives. We ask for support and clarification that Health Home Care Managers are in the field providing complex medical care management, mental health, and substance use prevention services and must be included in any bonus or retention initiatives, similar to their peers.

CONCLUSION

Exclusion of Health Home Care Management from these budget items would further de-stabilize a workforce that is already in crisis. HHCM outcomes have consistently demonstrated a positive impact on our members and communities, as well has reducing hospitalizations and ER visits achieving great savings to the overall systems. Without equitable investments in HHCM, as compared to others working in healthcare and mental hygiene, we will continue to see an exodus of our most valued asset, ultimately leading to catastrophic outcomes for New York's adults and children most in need. Health Home Care Management continues to be the crutch that holds together a fragmented system and the most important component in connecting those most at risk to integrated care. Without this valuable resource the future success of New York in many waivers, efficiencies and value-based payment initiatives is at risk.

Health Homes Achieve Savings and Improve Quality

NEW YORK STATE CARE MANAGEMENT COALITION
The Key to Integrated Care

NY Health Home Coalition

Over 180,000 high-risk, high-need adults and children are enrolled in Health Homes, being served by 4,000 care managers through care management agencies in their local communities. As a result:

27% reduction in inpatient PMPM costs for Health Home members post enrollment compared to the same period prior to enrolling in Health Home (most recent data 2016-17) resulting in $275m savings for inpatient costs

11.1% reduction in All-Cause Readmissions (a measure of readmission following acute inpatient stays)

After enrollment, individuals saw an **increase** in:

- Visits to primary care
- Medication compliance

According to NYS DOH, primary care costs **increased 23%**, and Rx Cost **increased 12%**, both of which indicate that individuals are going to their PCP and taking their medications – major goals of the program.

What is a Health Home?

A network of community-based Care Management Agencies that work to engage individuals with serious and complex physical health, mental health and substance use disorders in their local community to achieve better health outcomes, member satisfaction and overall cost reduction.

Health Home Priorities

- Preserve and maintain funding for Health Homes – this highly effective, cost-saving program cannot sustain additional cuts;
- Invest in a diverse workforce targeting recruitment, retention and training in the highest need communities; and
- Enact measures to lessen the administrative burden on Health Homes to ensure more resources are dedicated to patient care and to protect workforce from burn out

Member Profile

- **73%** of members have some type of behavioral health diagnosis, and **at least 10%** are diagnosed with HIV/AIDS
- Of those members with a behavioral health diagnosis, **at least 8%** had some type of hospitalization related to mental health or substance use in 2017

Health Home Fast Facts

Over the last 5-6 years individuals enrolled in a Health Home saw an:

- **11.4%** improvement in follow-up after hospitalization for mental illness within 30 days statewide for health home enrollees
- **8.4%** increase in adherence to antipsychotics for individuals with schizophrenia enrolled in HH (State established measure)
- **86%** of Health Homes improved comprehensive diabetes care rates with a corresponding statewide **4.5%** improvement rate during that time period
- **27%** improvement in follow-up after hospitalizations with mental illness within 30 days
- **29%** reduction in homelessness and a **37.5%** reduction in incarceration from 2018 to 2019 for the same cohort of individuals, based on a representative sample.
- In 2018-2019, this program achieved over $70 million in savings through the restructuring of the outreach component of the program, placing additional burden on the remaining rates to support all outreach, engagement, enrollment and ongoing care management.

Health Home Improved Member Quality and Services

- Expanded more intensive care management for highest risk populations.
- Improved quality outcomes despite medical complexity of patients.
- Exceeded statewide results on 20 of 24 key performance measures.
- Exceeded statewide performance for all 6 behavioral health hospital follow-up measures including: alcohol/drug dependence treatment; medication management, HIV; monitoring, and screening for sexually transmitted disease.