

DSRIP Update DOH Applies for Program Renewal

Last month, the New York State Department of Health (<u>DOH</u>) <u>announced</u> that it is seeking permission from the Centers for Medicare and Medicaid (<u>CMS</u>) to renew the Delivery System Reform Incentive Program (DSRIP) for another three years, through March 2024. DOH noted that DSRIP's 25 performing provider systems (PPS) have combined to reduce potentially preventable hospital admissions and re-admissions for Medicaid patients by 21% and 17%, respectively, resulting in at least \$500 million in cost savings.

DOH is requesting \$8 billion over this period to be invested as follows: \$5 billion for DSRIP performance; \$1 billion for workforce development; \$1.5 billion for social determinants of health; and \$500 million for an interim access assurance fund.

If DOH's request is granted, it plans to focus on several areas that are CMS priorities, such as the opioid crisis, primary care improvement and alternative payment models. Within those priority areas, DOH plans to continue the following promising practice categories:

- Expansion of Medication-Assisted Treatment into Primary Care and ED settings;
- Partnerships with the justice system and other cross-sector collaborations;
- Primary care and behavioral health integration;
- Care coordination, care management, and care transitions;
- Expansion of Mobile Crisis Teams (MCT) and crisis respite services;
- Focus on patients transitioning from IMDs to the community;
- Focus on Seriously Mentally Ill/Seriously Emotionally Disturbed populations;
- Addressing Social Determinants of Health through Community Partnerships; and
- Transforming Primary Care and Supporting Alternative Payment Models.

DSRIP 2.0 will include value-driving entities consisting of teams of PPS, providers, community based organizations and managed care organizations to implement the promising practice categories. Value-driving entities will be required to bring managed care organizations into the management and operational structure.

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