NY Health Home Coalition

To: Karen Madden, Director
Center for Health Care Policy and Resource Development
New York State Department of Health
Corning Tower, Empire State Plaza
Albany, NY 12237

From: Coalition of NYS Health Homes

Re: CMS Rural Health Transformation Program

September 30, 2025

Dear Ms. Madden,

The Coalition of New York State Health Homes (CNYSHH), representing 19 Health Homes with more than 175,000 enrolled adults, children, and youth across all regions of the state, appreciates the opportunity to provide comments on the Rural Health Transformation (RHT) program.

Our experience in delivering **Complex Care Management** to New York's highest-need Medicaid members positions Health Homes as an essential partner in advancing the goals of the RHT program: strengthening rural healthcare delivery systems, improving access, supporting workforce development, and addressing social determinants of health (SDOH).

Background

Under Section 2703 of the Patient Protection and Affordable Care Act (Pub. L. 111-148), enacted March 23, 2010, and Section 1945 of the Social Security Act, New York State implemented the Medicaid State Plan option for Health Home care management in the Governor's SFY 2011–12 Budget, effective April 1, 2011. Social Services Law (SSL) Section 365-L authorizes the Commissioner of Health, in collaboration with the Commissioners of Mental Health, Addiction Services, and Developmental Disabilities, to establish Health Homes for Medicaid enrollees with chronic conditions.

Service delivery began on February 1, 2012. Since then, New York State and the federal government have invested millions of dollars into this model, providing Complex Care Management to more than 800,000 of the state's highest-risk adults, children, and youth. Health Homes have demonstrated success in improving access and quality of care, shifting utilization to lower-cost settings, addressing social determinants of health, and generating **significant Medicaid savings.**

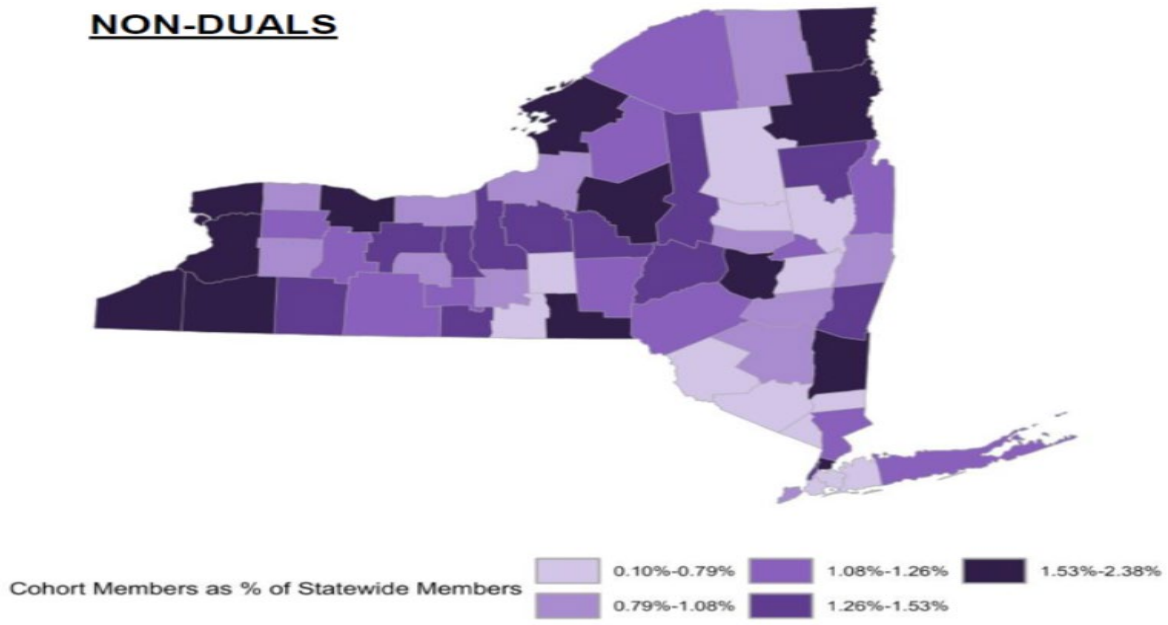
Health Home Care Management is an existing valuable resource with proven outcomes that would be vital in supporting the development and infrastructure of the RHT program.

The Role of Health Homes in Rural Health Transformation

Access to Care in Rural Communities

The CMS RHT program emphasizes ensuring access to essential health services in rural areas, even as hospitals face declining inpatient volumes. Health Homes already provide **community-based, coordinated care management statewide, including in all 44 of New York's counties classified as**

rural. In many of these counties, Health Home enrollment is among the highest per capita, underscoring the critical role of this model in navigating rural healthcare challenges.[1]



We respectfully submit the following for your consideration:

Make Rural America Healthy Again

Health Homes are the Statewide Provider of Medicaid Complex Care Management with Proven Outcomes

Adults enrolled in Health Home Care Management consistently outperform statewide Medicaid results across multiple quality measures:

Quality Measure	HH Care Management	Statewide Medicaid population	Variance
Follow-up after ED Visit for Alcohol or Other Drug Dependence (7-day)	42.4%	27.6%	+14.8%
Follow-up after ED Visit for Alcohol or Other Drug Dependence (30-day):	60.7%	38.7%	+22%
Follow-up after Hospitalization for Mental Illness (30-day)	81.6%	67.3%	+14.3%
Breast Cancer Screening	64.4%	55.7%	+8.7%
Colorectal Cancer Screening	52.3%	41.4%	+10.9%

[1]NYS DOH -Health Home-2024 Program Descriptive Data: NYS-Health-Home-Program_2024-Descriptive-and-Performance-Data.pptx

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Health Home members also demonstrate **significantly fewer inpatient admissions and ED visits** than statewide Medicaid members not receiving Health Home care management[2]:

Admission Type	Health Home %	Statewide %	Variance
Inpatient Admission	**-24.3%**	**-2.9%**	**-21.4%**
ED Visits	**-17.1%**	**-4.0%**	**-13.1%**

Furthermore, Medicaid members engaged in Health Home Care Management for at least nine months saw a **54.8% increase in outpatient expenditures** and a **40.1% increase in pharmaceutical spend**, paired with significant decreases in ED use and inpatient stays, evidence that members are being appropriately navigated into community-based care.[3]. As a result, pressure on hospitals to deliver emergency and high-cost services will significantly decrease, particularly in rural counties of New York, where access to acute care is limited and provider capacity is often strained.

By connecting members to **primary care, behavioral health, substance use services, and social supports**, Health Homes directly advance RHT's goals of sustaining care access outside hospital walls.

Recommendation: NYS should explicitly integrate Health Home care management into its RHT framework as a **baseline access infrastructure** for all Medicaid members, and especially in rural counties.

Innovative Care

Health Homes Are Positioned to Play an Integral Role in VBC Arrangements

Health Homes are the statewide provider of Medicaid Complex Care Management with outcomes that align with CMS' RHT emphasis on transitioning to value-based models.

A NYS OMH HARP Focused Clinical Study (October 2021) found that members with a Health Home Care Manager were:

- **5 times more likely** than those with an MCO Care Manager to receive follow-up services within 7 days after discharge.
- **14.4 times more likely** to receive follow-up services within 30 days after discharge from a behavioral health stay[4].

These outcomes directly contribute to VBP success metrics and Medicaid savings.

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[2] NYS DOH -Health Home-2024 Program Descriptive Data: NYS-Health-Home-Program_2024-Descriptive-and-Performance-Data.pptx
[3] NYS DOH -Health Home-2024 Program Descriptive Data: NYS-Health-Home-Program_2024-Descriptive-and-Performance-Data.pptx
[4] [4] IPRO focus study results of 197 POP-eligible members. Results presented in the October 21, 2021 Statewide Managed Care Behavioral Health Medical Directors Meeting.

Recommendation: NYS should include Health Homes as recognized partners in rural VBP models, ensuring care management services are reimbursed as **core drivers of quality and cost-effectiveness**. This may require edits to the MCO model contract to expand allowable VBP arrangements and remove regulatory barriers to participation.

Workforce Development

Attract and retain a high-skilled health care workforce by strengthening recruitment and retention of healthcare providers in rural communities, including individuals trained to help patients navigate the healthcare system.

CMS highlights attracting and retaining rural healthcare workers as a priority. Health Homes already maintain a workforce of 4,500 community care managers across 500+ contracted Care Management Agencies statewide.

This workforce has unique expertise in:

- Navigating complex health and behavioral health systems.
- Addressing SDOH such as housing, transportation, and food security.
- Supporting transitions of care from hospital to community.
- Connecting members to the appropriate level of community care.
- Community presence and expertise in rural healthcare.

Recommendation: NYS incorporate Health Homes into RHT workforce pipeline initiatives, including training, recruitment, and retention supports. Without sustained investment in this workforce, rural communities risk losing vital care management capacity.

Conclusion

Health Homes are an established, proven, and scalable model for **complex care management, workforce development, and SDOH integration**. Their infrastructure across all rural counties in New York aligns directly with the CMS RHT framework.

We urge the Department of Health to:

1. Explicitly include Health Homes in the Rural Health Transformation program design.
2. Ensure Health Home Care Management is recognized and reimbursed as a **core rural access and VBP function**.
3. Leverage the existing 4,500-person care management workforce and 500 Care Management Agencies/CBOs, to strengthen rural provider capacity.
4. Position Health Homes as the statewide Medicaid Complex Care Management and SDOH partner for RHT.

By fully incorporating Health Homes, NYS will advance CMS's goals for rural health transformation while building on more than a decade of investment and proven Medicaid outcomes. We welcome the opportunity to provide any additional feedback.

Sincerely,

Laurie Lanphear
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