Finger Lakes Region
New York State 1115 Waiver Overview

FINGER LAKES REGION
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Housekeeping Items

- Please keep your lines muted.

- Presentation slides will be posted on the Finger Lakes 1115 Waiver website by Friday, 1/26.

- This webinar is being recorded and will be posted on the Finger Lakes 1115 Waiver website by next week.

- Please put all questions in the Q&A.
  - We will try to answer questions as they are received.
  - If we can't answer them today, we will compile all questions and put together a Q&A document that will be posted on the Finger Lakes 1115 Waiver website.

https://fingerlakes1115waiver.org/

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Agenda

1) New York State Department of Health 1115 Waiver Overview

2) 1115 Waiver Main Components

    a) The Role of the SHIN-NY and the Rochester RHIO

3) HRSN and Social Care Network Overview

4) How Can You Prepare?

5) Next Steps

6) Resources

New York State Department of Health 1115 Waiver Overview

Waiver Recap

- CMS approved NYS 1115 Waiver on 1/9/24.

- Social Care Network (SCN) request for applications (RFA) was released on 1/16/24.

- **Waiver period:** April 2024 – March 31, 2027

- **Amount approved:** $6.7 Billion

- NYS will use this Waiver to:

  - **Advance health equity**

  - **Reduce health disparities**

  - **Support the delivery of health-related social needs**

  - **Promote workforce development**

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Waiver Overview

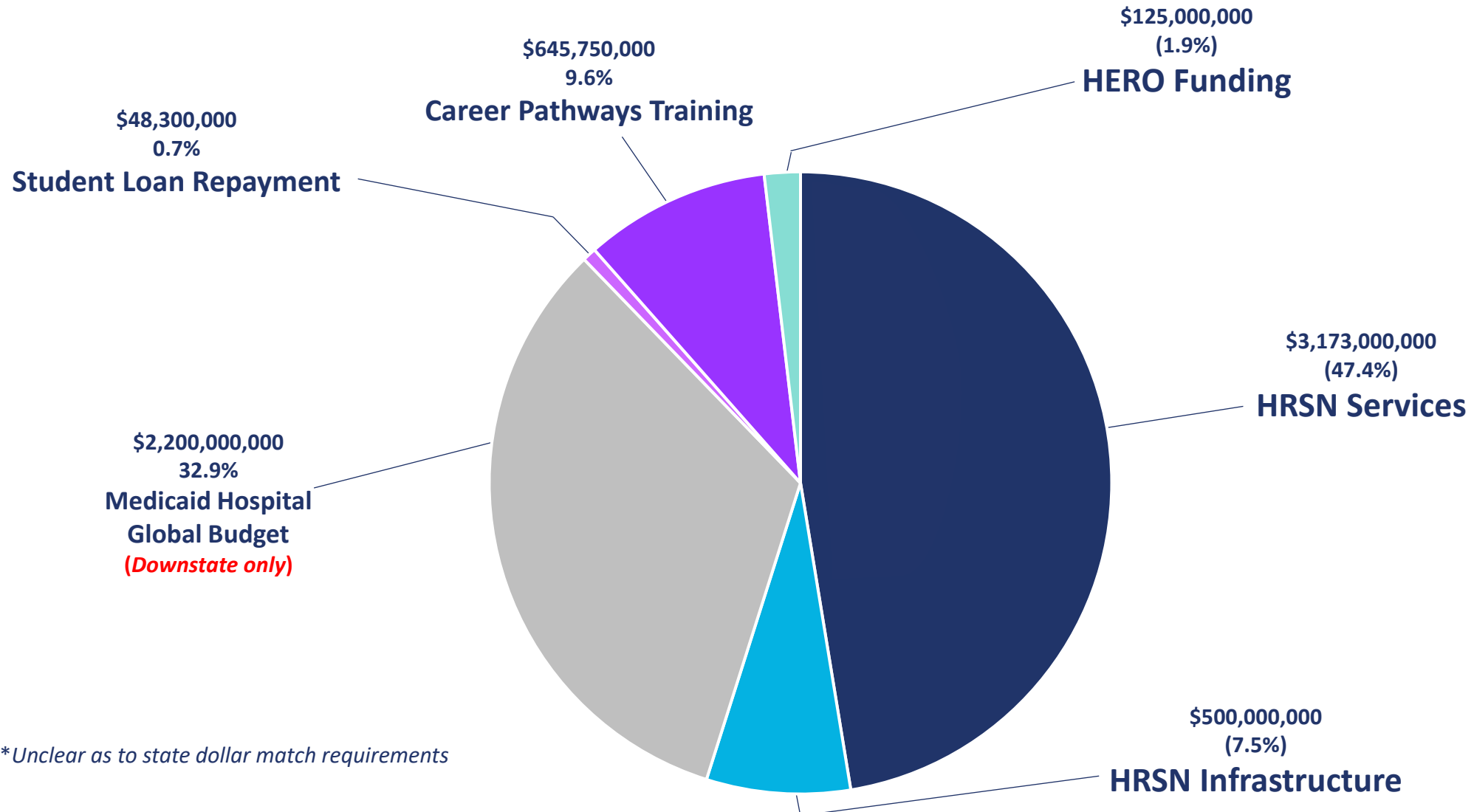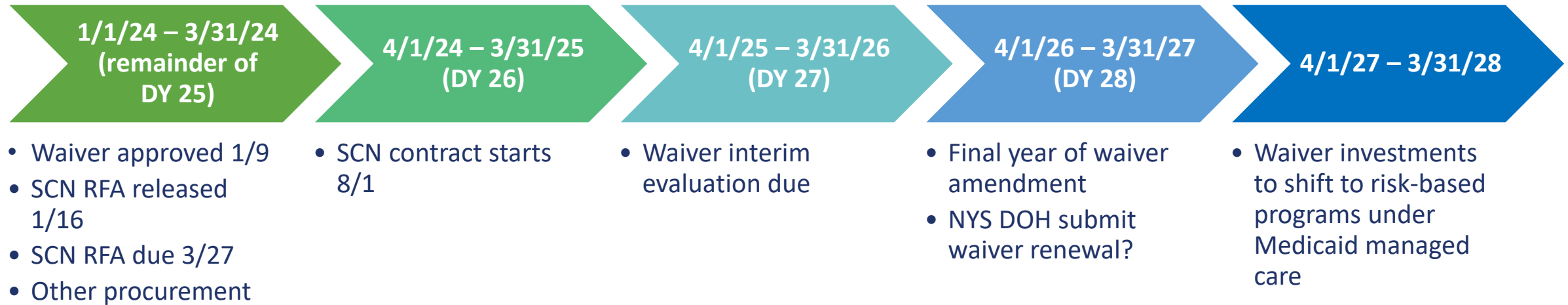| What was Requested by NYS DOH:	What was Approved by CMS:
Timing: Jan 1, 2023 – Dec 31, 2027	**Timing:** April 2024 – March 31, 2027
Amount: $13.52 billion	**Amount:** $6.7 billion
Initiatives: • Regional HERO • Social Determinant of Health Networks • Investments in advanced VBP model • Capacity building and training • Ensuring access to criminal justice-involved populations • Investing in transitional housing services and alternatives for homeless and long-term institutional populations • COVID-19 Unwind Quality Restoration Pool for financially distressed hospitals and nursing homes • Develop a strong, representative, well-trained workforce • Create statewide digital health and telehealth infrastructure	**Initiatives**: • Statewide HERO • Health-related social needs (HRSNs) and Social Care Networks (SCNs) • Medicaid Hospital Global Budget Initiative (*Downstate only*) • Strengthen the Workforce **New**: • Substance use disorder amendment • Alignment to CMMI alternative payment models

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Waiver Budget - $6.7B

$125,000,000
(1.9%)
HERO Funding

$645,750,000
9.6%
Career Pathways Training

$48,300,000
0.7%
Student Loan Repayment

$3,173,000,000
(47.4%)
HRSN Services

$2,200,000,000
32.9%
Medicaid Hospital Global Budget
(*Downstate only*)

$500,000,000
(7.5%)
HRSN Infrastructure

Unclear as to state dollar match requirements

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Waiver Funding Timeline

	1/9/24-3/31/24 (remainder of DY 25)	4/1/24-3/31/25 (DY 26)	4/1/25-3/31/26 (DY 27)	4/1/26-3/31/27 (DY 28)	Total
HRSN Infrastructure	$0	$260,000,000	$190,000,000	$50,000,000	$500,000,000
HRSN Services					$3,173,000,000
HERO Funding	$0	$50,000,000	$40,000,000	$35,000,000	$125,000,000
Student Loan Repayment	$0	$12,080,000	$24,150,000	$12,080,000	$48,310,000
Career Pathways Training	$0	$175,770,000	$310,480,000	$159,500,000	$645,750,000
Medicaid Hospital Global Budget (*Downstate only*)	$550,000,000	$550,000,000	$550,000,000	$550,000,000	$2,200,000,000
Totals	$550,000,000	$1,047,850,000	$1,114,630,000	$806,580,000	$6,692,060,000

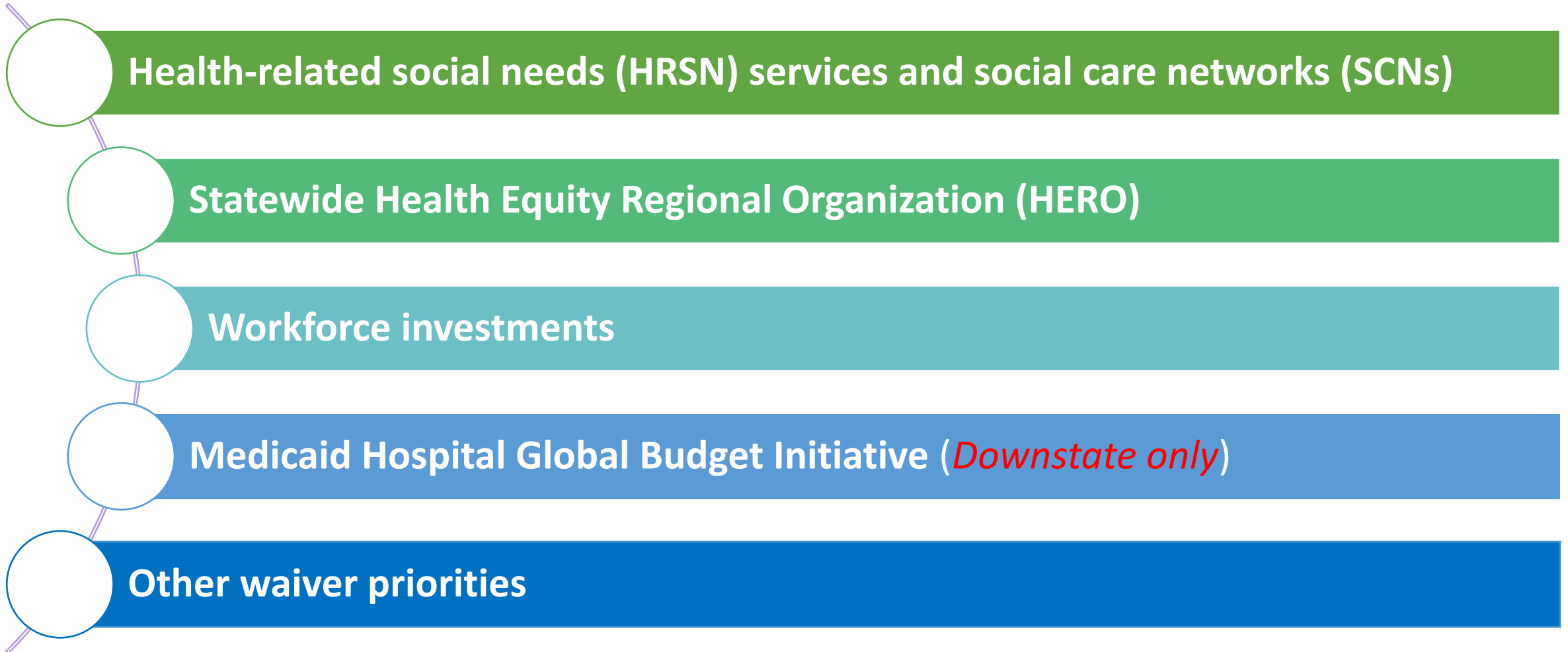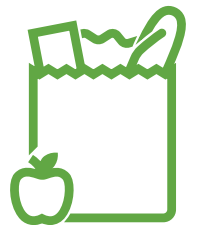# Waiver Implementation Timeline

1/1/24 – 3/31/24 (remainder of DY 25)	4/1/24 – 3/31/25 (DY 26)	4/1/25 – 3/31/26 (DY 27)	4/1/26 – 3/31/27 (DY 28)	4/1/27 – 3/31/28
• Waiver approved 1/9 • SCN RFA released 1/16 • SCN RFA due 3/27 • Other procurement	• SCN contract starts 8/1	• Waiver interim evaluation due	• Final year of waiver amendment • NYS DOH submit waiver renewal?	• Waiver investments to shift to risk-based programs under Medicaid managed care

DY = Demonstration Year

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1115 Waiver Main Components

1115 Waiver Main Components

- Health-related social needs (HRSN) services and social care networks (SCNs)

- Statewide Health Equity Regional Organization (HERO)

- Workforce investments

- Medicaid Hospital Global Budget Initiative (*Downstate only*)

- Other waiver priorities

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Health-Related Social Needs (HRSN) Services and Social Care Networks (SCNs)

- All HRSN services must be "***clinically appropriate and have a reasonable expectation of improving or maintaining the beneficiary's health***".

- All HRSN services are optional for the member who has the right to opt-out.

- Managed care plans (MCOs) will contract with SCNs to organize and deliver HRSN services.

- MCOs will pay SCN lead entities for **HRSN Screening and Enhanced Services** via a PMPM (State will reconcile PMPM payments with actual cost of service).

- SCNs will pay CBOs State set rates (tailored to each region by NYS) for HRSN services.

- *NYS DOH defines a CBO as "not-for-profit charitable organization that works at the local level to meet community needs and is registered as a 501(c)(3)."*

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Statewide Health Equity Regional Organization (HERO)

- The HERO is a contracted statewide entity designed to develop regionally-focused approaches to reduce health disparities, advance health equity, and support the delivery of HRSN services.

- The HERO will coordinate data from various sources including, but not limited to, the SCNs, Workforce Investment Organizations (WIOs), and the Statewide Health Information Network for New York (SHIN-NY) to assess and address areas for improvement in health care quality and equity outcomes including the identification of disparities in health care delivery.

- The HERO must be independent from the State or other government entities.

- HERO may be selected via a procurement process.

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Statewide Health Equity Regional Organization (HERO)

Data Aggregation	Regional Needs Assessment & Planning	Stakeholder Engagement	Value-based Payment Assessment & Planning	Publish Health Equity Data
Data aggregation, analytics, and reporting on statewide demonstration implementation.	Regional needs assessment, perform data-driven annual regional planning, and publish a statewide health equity plan.	Convene regional stakeholder engagement sessions.	Recommend to support value-based payment (VBP) arrangements and develop options for incorporating HRSN into VBP methodologies for NYS to use by the end of the 1115 waiver period.	Conduct program analysis, such as publishing initial health equity plans and health factor baseline data on Medicaid populations.

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The Role of the SHIN-NY and the Rochester RHIO (RRHIO)

- The Statewide Health Information Network of New York, or SHIN-NY:

    - Facilitates the secure electronic exchange of patient health information and connects healthcare professionals statewide

    - Comprised of six regional Qualified Entities (QE). RRHIO exactly overlaps with the Waiver Finger Lakes Region.

    - Enables collaboration and coordination of care to improve patient outcomes, reduce unnecessary and avoidable tests and procedures, and lower costs

    - Connects 100% of the hospitals in New York State, over 100,000 healthcare professionals, and represents millions of people living in or receiving care in New York

- The SHIN-NY has a central role in enabling HRSN data exchange and analysis for NYS.

- QEs have a similar role in facilitating secure, appropriate access to HRSN data, as they currently do with our region's health information.

- NYS will require that every SCN will connect to the SHIN-NY and develop bi-directional data-sharing with their regional QE and use SHIN-NY to facilitate appropriate access to HRSN data (e.g., screening results, closed-loop referrals) for entities within and outside the SCN.

- SCNs should also develop data sharing relationships with MCOs, to share enhanced service eligibility data and fiscal administration.

- NYS envisions that HRSN data (e.g., screening, referral, intervention/service, payment) will be codified and shared according to common standards (in development) within and across regions.

- SCNs will participate in a state workgroup of SHIN-NY stakeholders (QEs, NYeC) to identify the interoperability standards used for adoption to support SCN-SHIN-NY data exchange.

- The workgroup may integrate these efforts with national public-private initiatives to support consensus-building and development of standards for HRSN data (e.g., Gravity Project, Open Referral).

- **The RRHIO is the Finger Lakes regional QE and SHIN-NY member and is preparing for HRSN data exchange for our region.**

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SCN Program Data Architecture and Key Data Flow
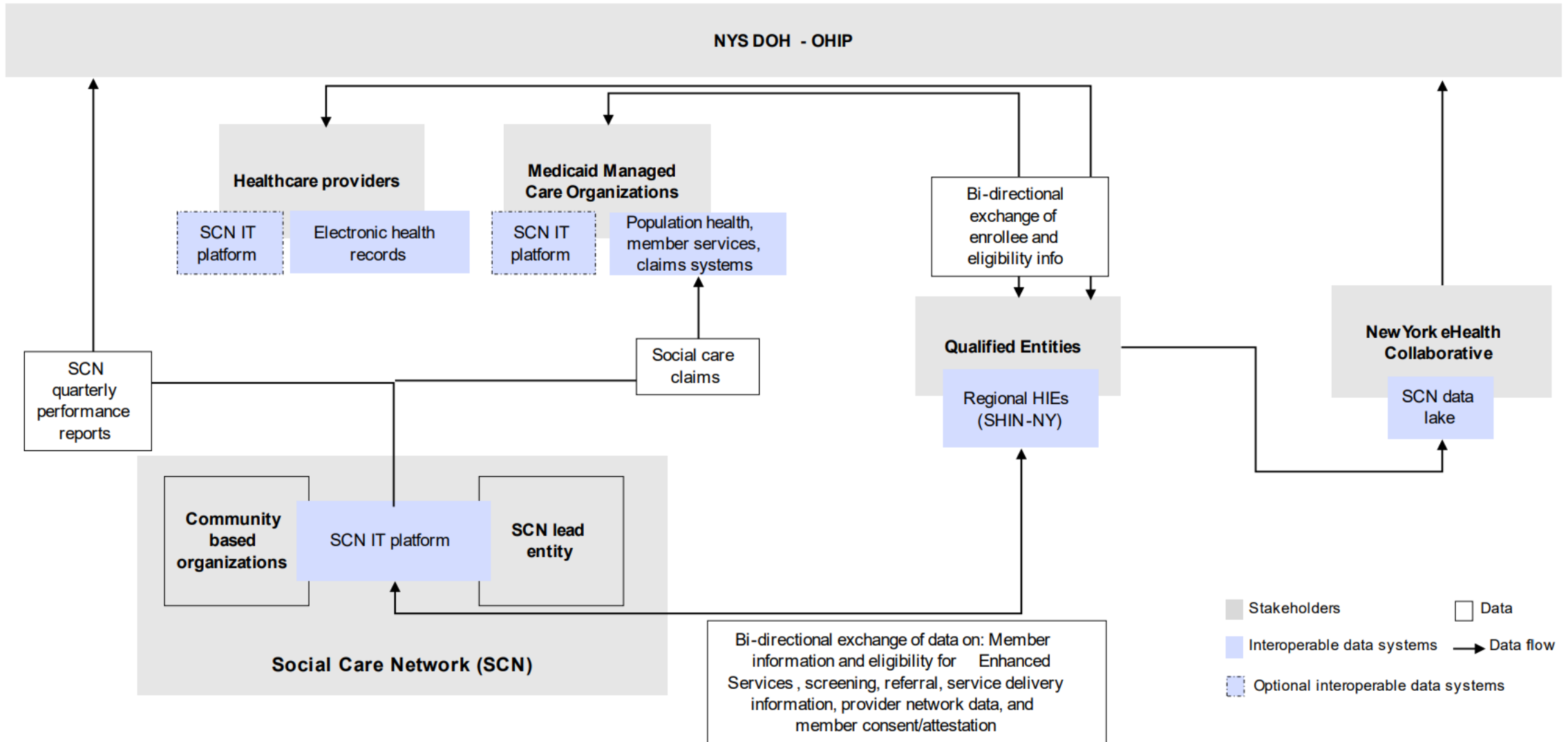
Data Exchange Requirements of SCN Lead Entity

The awarded lead entity shall:

- Ensure data use agreement (DUA) is in place with regional QE and develop interface to enable near real-time and batch bi-directional exchange of data

- Ensure QE submits data on behalf of the SCN to the SHIN-NY data lake

- In coordination with QE, obtain data from the SHIN-NY in a timely manner

- Ensure IT platform can pre-populate information from SHIN-NY into a user interface

- Adopt terminology and coding standards for social care and payment data including ICD-10 Z-codes, CPT codes, SNOMED, CBO identifier

- Ensure IT platform can submit social care claims to MCO for payments

- Attest to agreement to share necessary data elements with QE

- Meet HL7 FHIR national standards for bi-directional data sharing and data transactions between the SCN lead entity and QE

- Define approach to aligning data quality standards and validation processes with existing federal and state data standards and frameworks or processes currently used by QEs.

Partnering on Data Exchange

Rochester RHIO is eager to partner and has been working on waiver readiness through 2023 by:

- Meeting the national HL7 FHIR data exchange standards

- Active membership in state workgroup on HRSN interoperability standards, in partnership with Project Gravity https://thegravityproject.net/

- Exploring data exchange capabilities and interfacing requirements with social care and CBO partners

- Expanding RRHIO's Clinical Query Portal (Explore+) service to include a portal view of HRSN data for social care providers. Accessed authorized through individual/patient consent.

Please connect with Teraisa Mullaney, Teraisa.Mullaney@GRRHIO.org, with questions on the SCN data exchange requirements.

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Workforce Investments

- CMS approved funding to support workforce recruitment and retention to promote the increased availability of *certain* health care practitioners who serve Medicaid and demonstration beneficiaries.

- New York will implement two workforce initiatives that will target workforce shortages in healthcare staffing, support the delivery of HRSN, and increase access to culturally appropriate services:

Student Loan Repayment for Qualified Providers

Career Pathways Training (CPT) Program

Student Loan Repayment for Qualified Providers

- Loan repayment for healthcare professionals working in *certain* healthcare workforce shortage professions, who make a 4-year full time work commitment to a practice panel that includes at least 30% Medicaid and/or uninsured members.

Psychiatrists, with a Priority on Child/Adolescent Psychiatrists	Primary Care Physicians and Dentists	Nurse Practitioners and Pediatric Clinical Nurse Specialists
• Up to $300,000, per provider • 4-year full-time commitment • Maintain a personal practice panel or working at an organization • Panel that includes at least 30% Medicaid and/or uninsured members	• Up to $100,000, per provider • 4-year full-time commitment • Maintain a personal practice panel or working at an organization • Panel that includes at least 30% Medicaid and/or uninsured members	• Up to $50,000, per provider • 4-year full-time commitment • Maintain a personal practice panel or working at an organization • Panel that includes at least 30% Medicaid and/or uninsured members

Career Pathways Training (CPT) Program

- Designed to build up the allied health and other healthcare workforce by funding training and education that focus on career advancement and unemployed individuals in order to create a reliable healthcare workforce pipeline to address health workforce shortages throughout the state.

- The CPT program will support statewide implementation of two career pipelines—Healthcare Career Advancement and New Careers in Healthcare.

- Eligible training and education programs will include:

Nursing	Professional Technical	Frontline Public Health Workers
• Licensed Practical Nurse • Associate Registered Nurse • Registered Nurse to Bachelor of Science in Nursing • Nurse Practitioner	• Physician Assistant • Licensed Mental Health Counselor • Master of Social Work • Credentialed Alcoholism and Substance Abuse Counselor • Certified Pharmacy Technician • Certified Medical Assistant • Respiratory Therapist	• Community Health Worker • Patient Care Manager/Coordinator

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Workforce Investment Organization (WIO)

- The State will contract with no more than three WIOs for the implementation, management, and oversight of the Career Pathways Training Program in each region.

- WIOs will provide participant recruitment, coordination of training, supportive services, and meaningful case management support of the individuals to assure successful completion of their programs and job placement.

- Current WIOs in NYS:
    - Finger Lakes Performing Provider System (FLPPS)
    - Audacia
    - Iroquois Healthcare Association
    - Ladders to Value
    - Montefiore
    - PHI

Medicaid Hospital Global Budget Initiative (*Downstate only*)

- Will support financially distressed safety net hospitals with a high Medicaid and Uninsured Payor Mix with investments that will lead to:

  - Measurable improvements in outcomes and financial sustainability, and

  - Transition to global budget to incentivize and enable focus on population health and health equity, improve quality of care, stabilize safety net hospital finances, and advance accountability through the adoption of a global budget alternative payment model.

Bronx, Kings, Queens, and Westchester Counties

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Other Waiver Priorities

Mandatory Provider Rate Increase

- Consistent with other HRSN waivers around the country, NYS DOH is required to invest at least $199 million to increase Medicaid provider rates in the Medicaid system (both fee-for-service and managed care).

- NYS will report to CMS the average Medicaid to Medicare fee-for-service provider rate ratio.

- If the Medicaid rate is less than 80% of the Medicare rate, NYS will be required to increase rates by at least two percentage points in the ratio of Medicaid to Medicare provider rates for each of the services in each service category in both the managed care and fee-for-service delivery systems.

- CMS expects NYS to prioritize the three core service domains:

  - Primary care
  - Obstetrics
  - Behavioral health

Other Waiver Priorities

Substance Use Disorder (SUD) Services

- CMS is approving with this waiver federal funds New York requested separately for previously non-federally-eligible residential SUD services in facilities the federal government calls "Institutions for Mental Diseases" or IMDs.

  - Medicaid members to have access to a fuller continuum of evidence-based Opioid Use Disorder/Substance Use Disorder treatment services under standardized placement criteria including access to services delivered in newer community-based settings.

Continuous Eligibility for Children

- While not technically included in this waiver, New York has stated intention to CMS to submit an amendment to include Continuous Eligibility for Children programs (children under the age of 6 are not required to reapply (or to be redetermined) for Medicaid eligibility after first-time approval for the program.

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Other Waiver Priorities

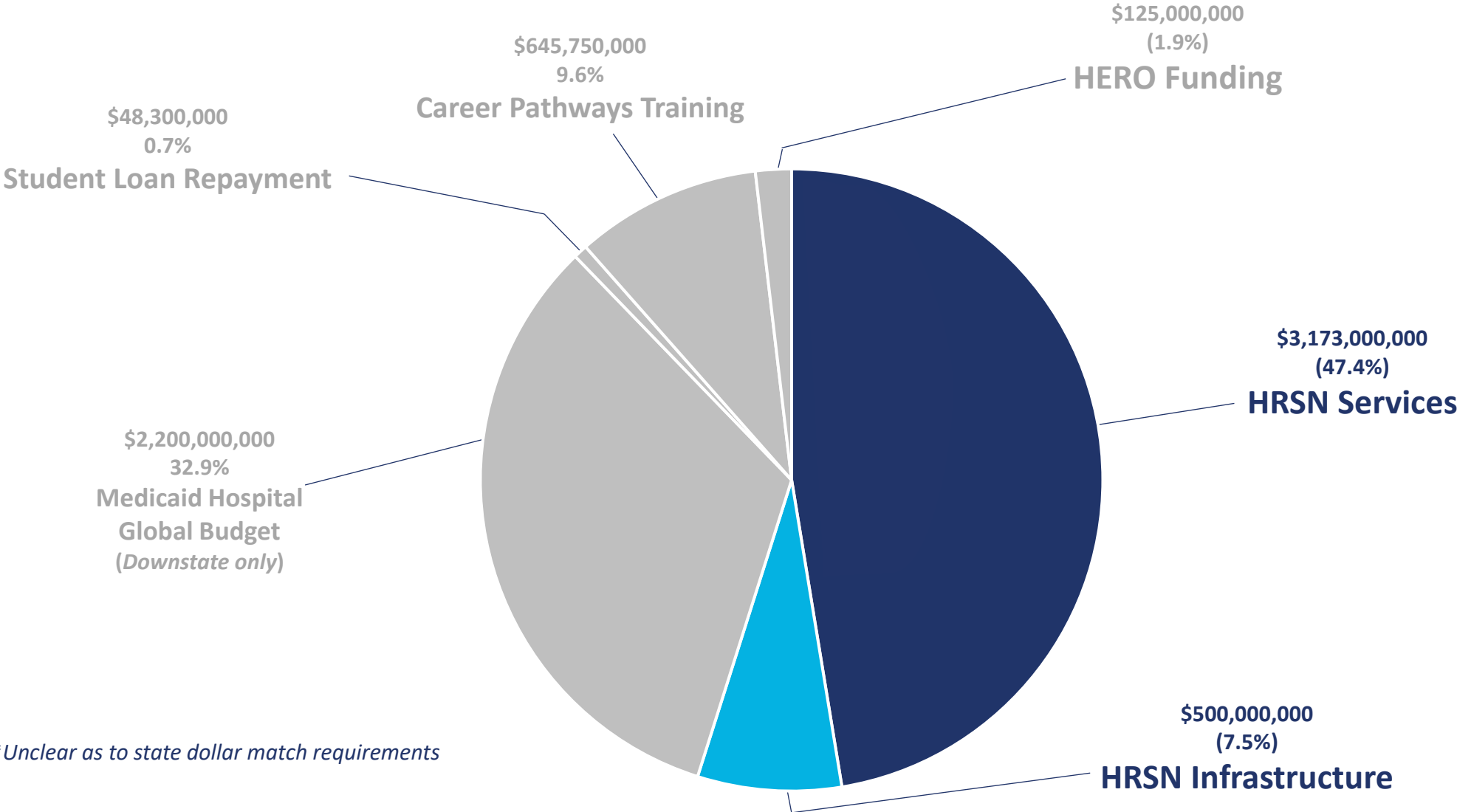CMS seeks to align this waiver with CMMI's alternative payment models:

AHEAD Model *(Downstate focus)*

Making Care Primary (MCP) Model *(Upstate focus)*

- New York State is one of the states included in the MCP model, released earlier in 2023.

- MCP is a Medicare program that centers primary care providers and provides a glidepath to value based arrangements through capitation payments for primary care.

- New York requested authority from CMS to direct its managed care plans to make Medicaid Patient Centered Medical Home (PCMH) payments align with the PCMH payments available to providers through the Medicare MCP model.

- CMS states that New York does not need section 1115 authority to direct the managed care plans to do so, and that New York State intends to pursue State-Directed Payment authority for these payments in the future.
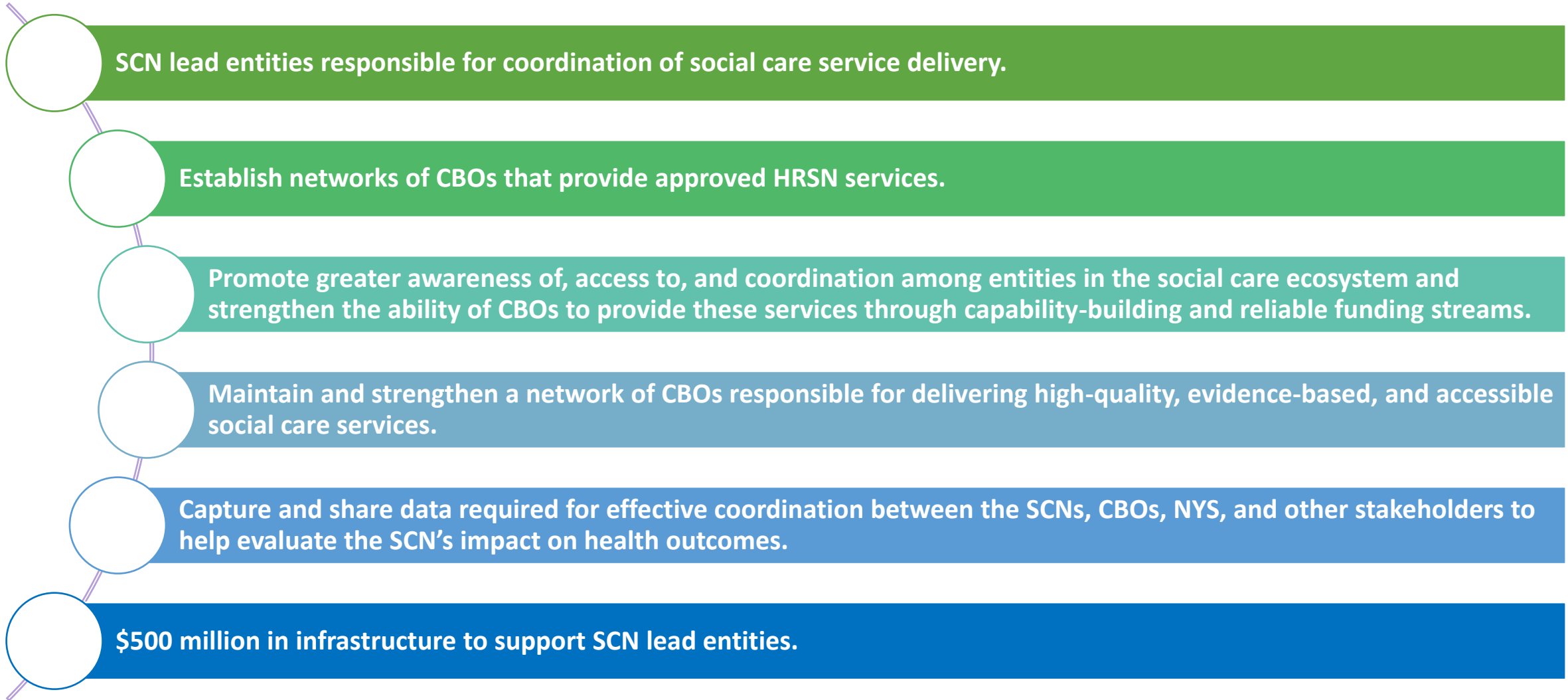
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Health-Related Social Needs and Social Care Network

HRSN Investments

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(1.9%)
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$2,200,000,000
32.9%
Medicaid Hospital Global Budget
(*Downstate only*)

$500,000,000
(7.5%)
HRSN Infrastructure

Unclear as to state dollar match requirements

HRSN and Social Care Networks (SCNs)

- SCN lead entities responsible for coordination of social care service delivery.

- Establish networks of CBOs that provide approved HRSN services.

- Promote greater awareness of, access to, and coordination among entities in the social care ecosystem and strengthen the ability of CBOs to provide these services through capability-building and reliable funding streams.

- Maintain and strengthen a network of CBOs responsible for delivering high-quality, evidence-based, and accessible social care services.

- Capture and share data required for effective coordination between the SCNs, CBOs, NYS, and other stakeholders to help evaluate the SCN's impact on health outcomes.

- $500 million in infrastructure to support SCN lead entities.

Social Care Networks (SCNs)

- Building on and catalyzing the existing work of CBOs, SCNs are intended to:
  - Create and maintain a network of contracted CBOs with the capacity to screen all Medicaid members for HRSN, in collaboration with regional ecosystem partners (healthcare providers, care management providers, MCOs), and provide specific social care services to eligible Medicaid members to address their HRSN.
  - Ensure greater coordination of social care services for populations identified in the 1115 waiver amendment (e.g., pregnant persons, criminal justice-involved populations, foster youth, those living with intellectual or developmental disabilities or Substance Use Disorder [SUD], etc.).
  - Create an improved and more accessible experience for Medicaid members seeking social care services.
  - Establish financially and operationally sustainable, self-innovating ecosystems that will continue to deliver services after the end of the 1115 waiver amendment period.
  - Promote more equitable delivery of social care services and address the health, racial/ethnic, socioeconomic, and geographic disparities in existing access and quality.

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HRSN Screening

- SCN lead entities will coordinate with CBOs in their network and other partners in the regional ecosystem (i.e. healthcare providers, care management providers, MCO) to screen Medicaid members annually.

- **NYS aspires for every Medicaid member to be screened annually.**

- **All Medicaid members will be screened using the NYS-standardized Accountable Health Communities (AHC) Screening Tool.**

- SCN lead entities will be accountable to:
  - Ensure sufficient capacity in their region(s) to screen all Medicaid members.
  - Track the results of HRSN screenings through their data and IT platforms to ensure that members with identified needs receive timely navigation to social care services.

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Service Navigation

- "Following HRSN screening, Medicaid members will be navigated to social care services that most appropriately meet their needs."

- "SCN lead entities will be accountable for navigating eligible members to appropriate social care services delivered by CBOs in their network."

- Using the SCN's data and IT platform, SCN lead entities will be expected to "close the loop" on social care services covered by the 1115 Waiver.

- SCN lead entitles will be instrumental in ensuring a seamless and efficient member experience from screening to service provision.

- All referral data will flow through the SCN's data and IT platform, supported by the Statewide Health Information Network-New York (SHIN-NY).

Populations Eligible for Navigation and Enhanced HRSN Services

HRSN services are targeted to "waiver-limited" population set based on two levels of service, but the State may further limit target populations and services in its federally required delivery plan, which is <u>yet to be completed and approved</u>.

Level 1 **Service** **Navigation**	• Screening • Level 1 Case Management - navigation to state, federal, and local HRSN programs outside of the 1115 waiver to address HRSN needs • Members can be in FFS or Managed Care and do not need to be in the higher risk target populations eligible for Level 2 services
Level 2 **Enhanced** **HRSN** **Services**	For Level 2 services, **members must be in one of the following target populations and be individually assessed for medically needing HRSN services** based on forthcoming State-submitted and CMS-approved criteria. • Medicaid high utilizers (defined by inpatient, ED or total Medicaid spend and/or meeting federal homelessness criteria) • Individuals enrolled in NYS Health Home (includes multiple chronic conditions) • Individuals with substance use disorder (SUD) • Individuals with Serious Mental Illness (SMI) • Individuals with intellectual and developmental disabilities (I/DD) • Pregnant persons, up to 12 months postpartum • Post-release criminal justice-involved population with serious chronic conditions, SUD, or chronic Hepatitis-C • Juvenile justice involved youth, foster care youth, and those under kinship care • Children under the age of six • Children under the age of 18 with one or more chronic conditions

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Level 2 Enhanced HRSN Services for Eligible Populations

Case Management	Housing/Utilities Support	Nutrition Support	Transportation

• Navigation to social care services including:
  • Housing
  • Utilities
  • Food insecurity
  • Transportation
  • Employment
  • Education
  • Childcare
  • Interpersonal safety
	• Community transitional supports
	• Home remediation and education services
	• Rent/temporary housing
	• Transitional housing for individuals transitioning out of institutions
	• Etc.
		• Medically tailored meals
		• Nutritional counseling and classes
		• Home delivered meal/pantry stocking
		• Cooking supplies
		• Etc.
			• Public and private transportation to reach HRSN services

Flow Across Member Journey

Legend:
→ (yellow) Member does NOT meet Enhanced eligibility criteria
→ (blue) Member meets Enhanced eligibility criteria

If member has HRSN(s) for which they would like to receive help

Screening

Member is screened for HSRNs, including:
- Housing / utilities
- Food insecurity
- Transportation
- Education
- Employment
- Interpersonal safety

Member is asked if they would like help with their HRSNs

Social care service navigation

Determination on eligibility for Enhanced services

Eligibility determination is a combination of:
1) Enrollee information from MCO
2) Results of HRSN screening

Navigation to existing services

Referral to Enhanced services

Services

Existing federal, state and local infrastructure

Enhanced HRSN services are delivered by CBOs in SCN

Diagram: NYS DOH

Social Care Network (SCN) Regions

CMS approved the development of Social Care Networks (SCNs) in nine regions as the primary entities that will organize HRSN programming delivered by local social care providers.
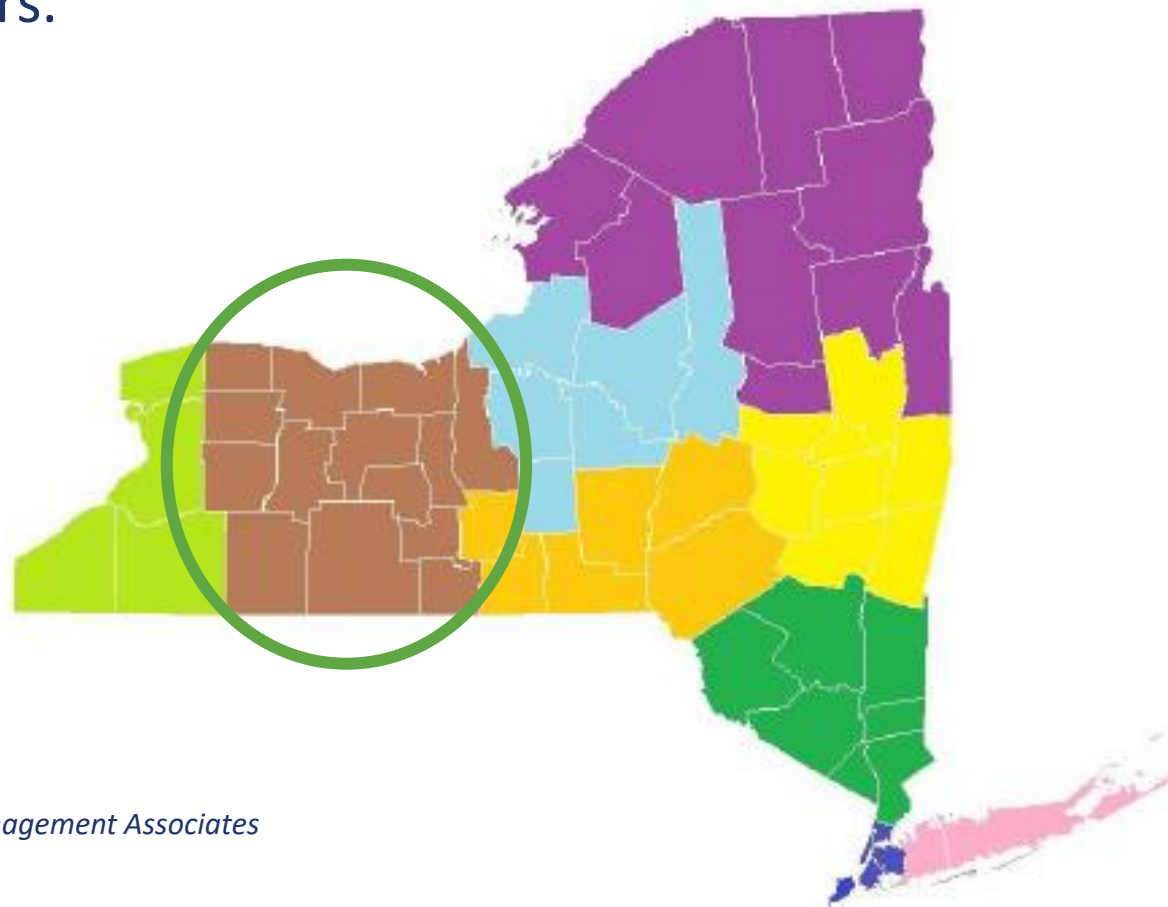
Region 1: Capital Region

Region 2: Western NY

Region 3: Hudson Valley

Region 4: NYC (there are five Region 4s)

Region 5: Finger Lakes Region

Region 6: Southern Tier

Region 7: Central New York

Region 8: Long Island

Region 9: North Country

Map: Health Management Associates

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SCN Region 5: Finger Lakes Region

SCN Region 5: Finger Lakes Region

- Allegany
- Cayuga
- Chemung
- Genesee
- Livingston
- Monroe
- Ontario

- Orleans
- Schuyler
- Seneca
- Steuben
- Wayne
- Wyoming
- Yates
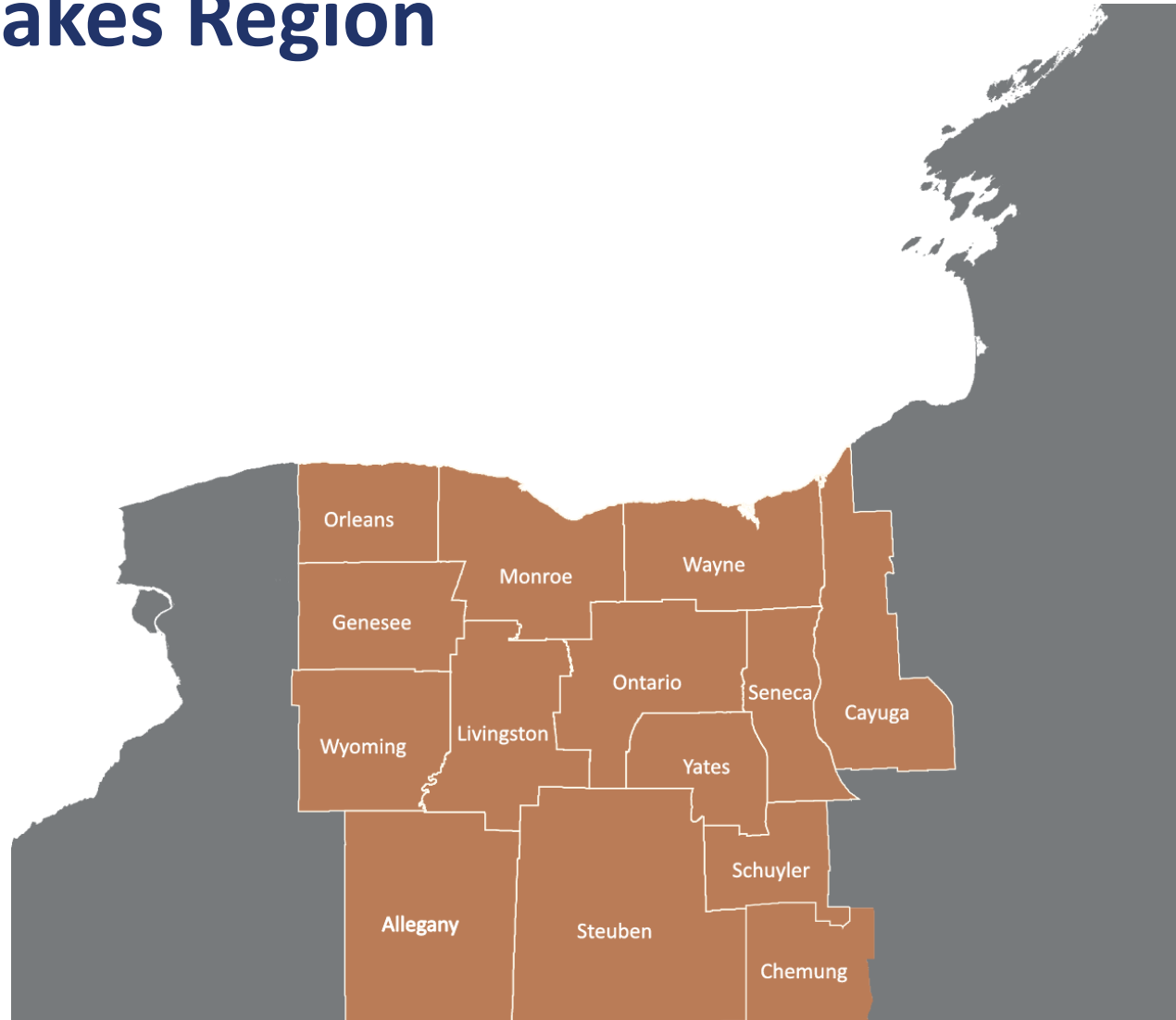
SCN Regions and Infrastructure Funding

Social Care Network (SCN) Regions	Counties	Total Funding
Region 1: Capital Region	Albany, Columbia, Greene, Rensselaer, Montgomery, Saratoga, Schenectady, and Schoharie	$ 29,230,628
Region 2: Western NY	Cattaraugus, Chautauqua, Erie, Niagara	$ 36,859,552
Region 3: Hudson Valley	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester	$ 44,886,771
Region 4: New York City	Bronx	$ 54,541,802
Region 4: New York City	Kings	$ 65,676,397
Region 4: New York City	Queens	$ 34,602,335
Region 4: New York City	New York	$ 52,080,677
Region 4: New York City	Richmond	$ 22,509,718
Region 5: Finger Lakes Region	Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates	$ 38,604,750
Region 6: Southern Tier	Broome, Chenango, Delaware, Otsego, Tioga, Tompkins	$ 22,639,240
Region 7: Central New York	Cortland, Herkimer, Madison, Oneida, Onondaga, and Oswego	$ 31,414,924
Region 8: Long Island	Nassau, Suffolk	$ 42,179,889
Region 9: North Country	Clinton, Essex, Franklin, Fulton, Hamilton, Jefferson, St. Lawrence, Lewis, Warren, and Washington	$ 24,773,317
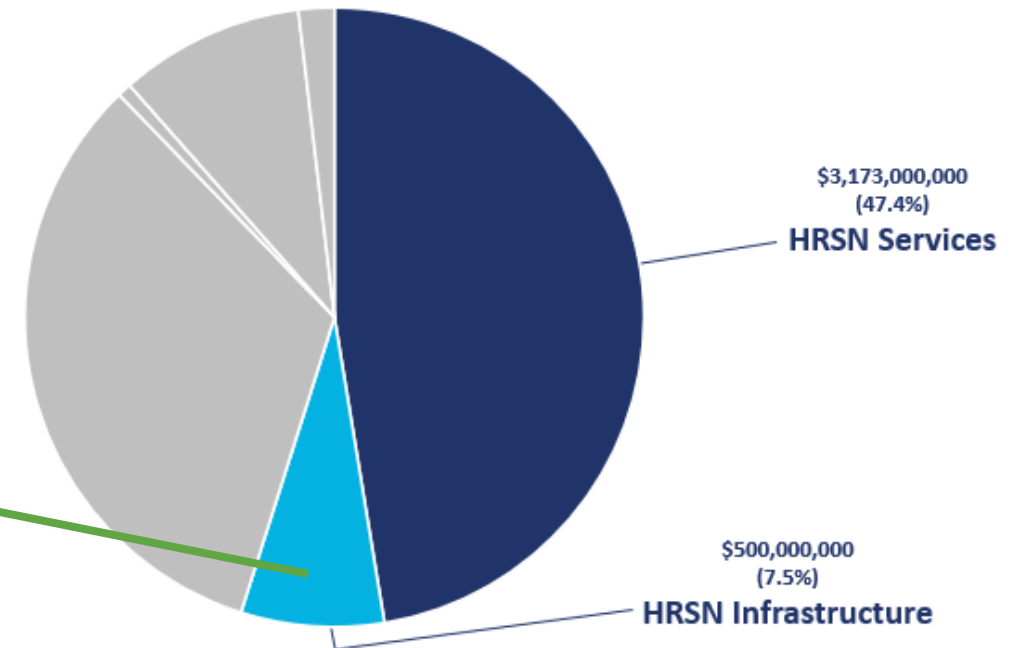
An applicant can apply for multiple regions but must submit a separate application for each region.

$3,173,000,000 (47.4%) **HRSN Services**

$500,000,000 (7.5%) **HRSN Infrastructure**

Roles & Responsibilities of SCN Lead Entity in Social Care Ecosystem

- CBO Network Development

- CBO Capacity Building

- Fiscal Management

- Data and Technology

- Performance Management/Accountability

- Operations and Governance

- Social Care Service Navigation

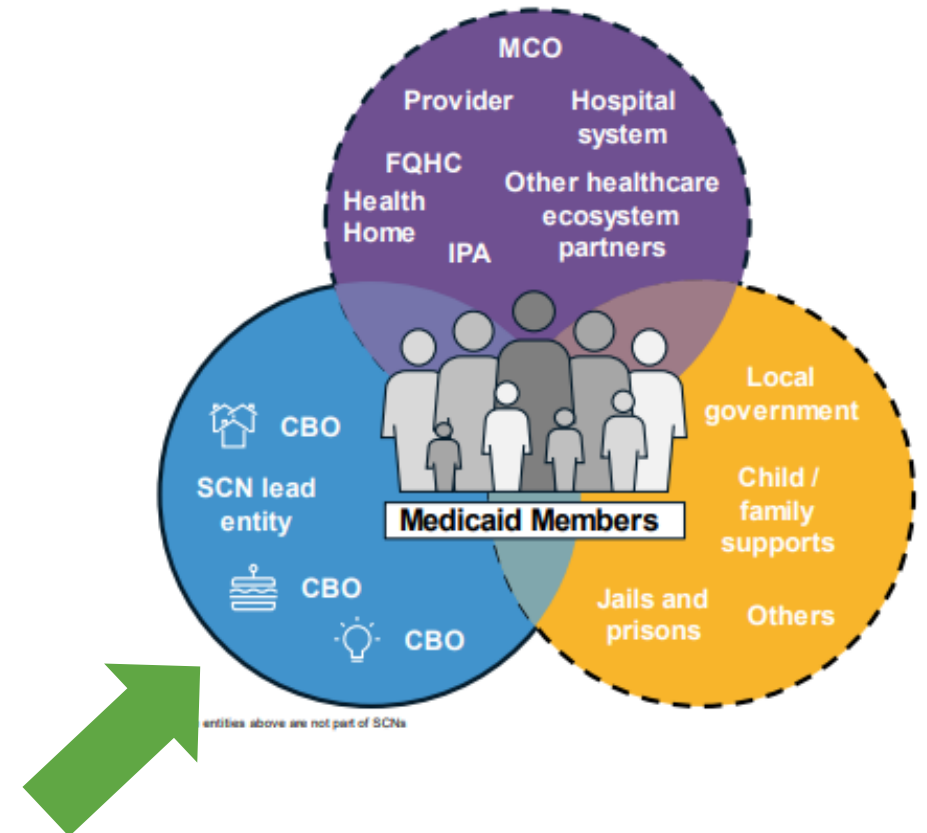 - HRSN Screening and Referral Services

  - Service Delivery

Diagram: NYS DOH

Roles & Responsibilities of SCN Lead Entity in Social Care Ecosystem

CBO Network Development

- Formally organize and coordinate network of contracted CBOs that will deliver social care services to eligible managed Medicaid members.
- Ensure network has sufficient capacity to meet demand for HRSN screening and social care services.

CBO Capacity Building

- Build CBO's capacity to participate in network through direct investments in CBOs to support hiring of staff or purchase of necessary equipment (e.g.computers), or through trainings and technical assistance to build CBO capabilities in areas such as HRSN screening or reporting and tracking data.

Fiscal Management

- Contract with MCOs to facilitate payments for social care services delivered by CBOs in the network, by becoming a designated Medicaid billing provider and submitting social care claims to MCOs.

Data and Technology

- Establish regional connectivity between the SCN, NYS, and other stakeholders, and empowering organizations that work directly with members by providing necessary data through an accessible data and IT platform.
- This platform will support social care service navigation, data sharing and reporting, and CBO reimbursement; maintain identified business process infrastructure; and adopt interoperable standards for a social care data exchange, including integration with clinical and claims data through the Statewide Health Information Network for New York (SHIN-NY).

Performance Management/ Accountability

- Collaborate with CBOs, MCOs, and providers on data-driven performance reporting to demonstrate value and further the evidence base on how social care services advance health outcomes and reduce health disparities

Operations And Governance

- Establish and maintain a governing body and executive leadership team that reflects and understands the unique needs of the region and effectively coordinates among other stakeholders in the region

Social Care Service Navigation

- Collaborate with partners in regional ecosystem to screen members for HRSN, validate member eligibility for reimbursed social care services, manage and close the loop on referrals, and navigate to the appropriate services

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Roles of Entities in Social Care Ecosystem

Community-based Organization (CBO)

- Contracted as part of the SCN and may screen Medicaid members for HRSN and service navigation, and care management upon meeting screening criteria.
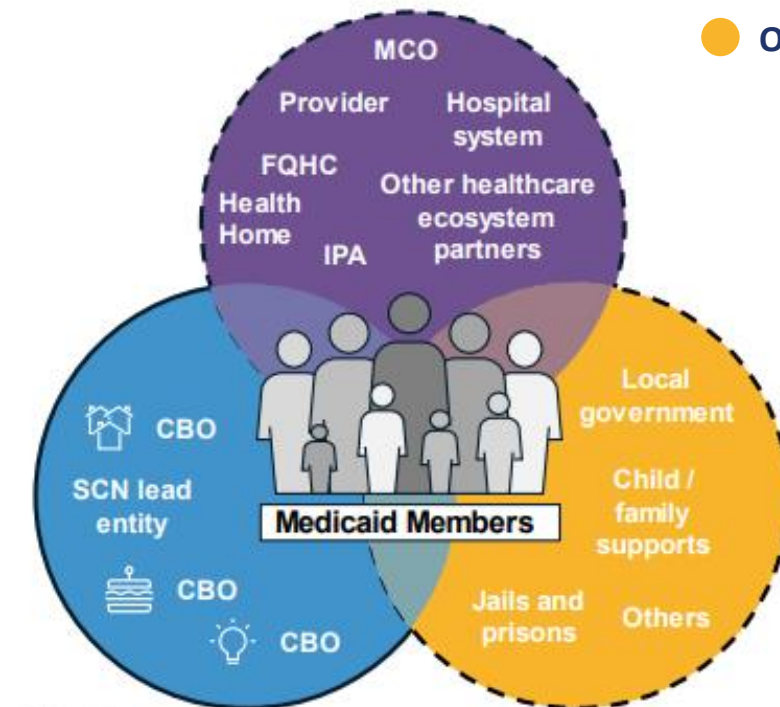
Managed Care Organization (MCO)

- Contract with SCNs and allocate per member per month (PMPM) payments to SCN lead entities.
- Provide information that will help validate member eligibility for reimbursed social care services delivered by the SCN.

Providers

- Includes healthcare providers, behavioral health providers, and care management.
- Continue to deliver healthcare to Medicaid members in their region.
- Providers with access to the SCN data and IT platform may also support with social care service navigation (screening members for HRSNs, validating member eligibility, and referring to services).

Social Care Network (SCN)

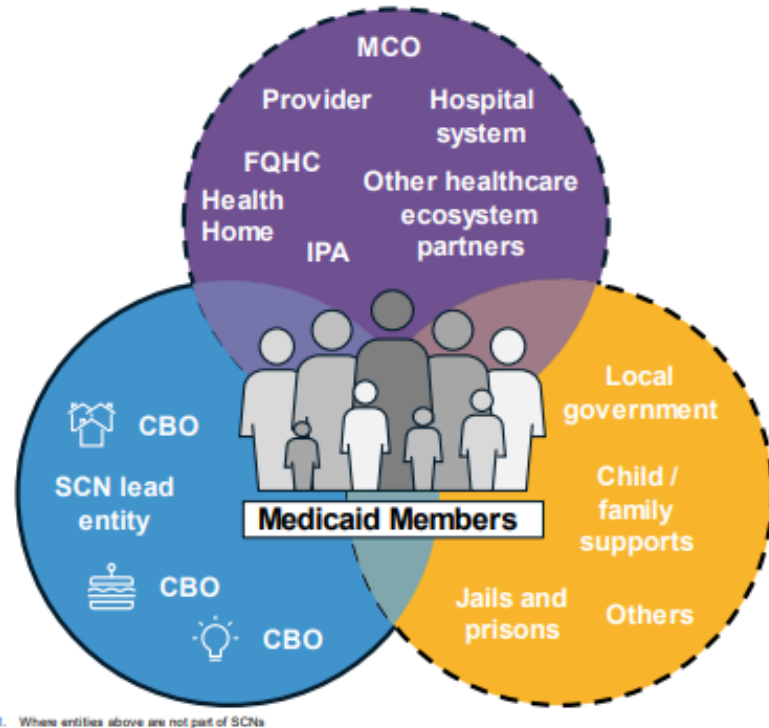**Healthcare ecosystem partners**

Other ecosystem partners

Diagram: NYS DOH

SCN Partnerships

Diagram: NYS DOH

- SCNs will coordinate with regional entities to address the social care needs of target populations.

- SCNs lead entities will demonstrate an understanding of different stakeholders and potential partners in the region and detail any existing relationship that will be leveraged to address the needs of target populations. These partnerships will also foster a greater understanding of the broader social care supports (i.e. SNAP, WIC, etc) that members may need.

- SCN lead entities should leverage existing partnerships or develop new relationships with MCOs, healthcare providers, 29-I agencies (voluntary foster care agencies), local governments, jails, prisons, and other stakeholders.

Requirements for CBO Participation in the SCN

- Provides at least navigation or one of the Enhanced HRSN Service.

- Maintain a coverage area that includes zip codes within the SCN region.

- Not-for-profit status.

- Designates contact(s) in their organization to engage and be trained on the SCN data and IT platform and validate the accuracy of CBO information on routine intervals.

- Demonstrates cultural and linguistic competency.

- Is committed to accepting referrals and providing services and collaborating with the SCN and other stakeholders to coordinate the delivery of HRSN services.

- Can assess or project potential capacity constraints and estimate need (if any) for capacity building funding from the SCN.

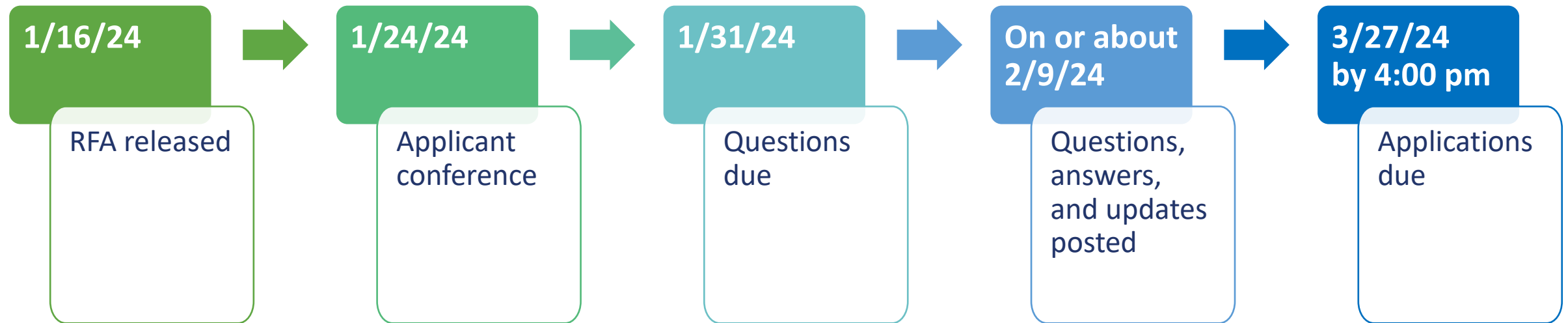# SCN Data and IT Infrastructure and Platform

- SCN lead entities will be expected to have a data and IT platform that enables core responsibilities of the SCN, including:

    - Screening and navigation to services

    - CBO network management

    - Fiscal management

- SCNs, as well as other ecosystem partners, will utilize this infrastructure to share and report data that will help evaluate and measure impact.

- All referral data will flow through the SCN's data and IT platform, supported by the SHIN-NY.

- Each SCN may use an existing or new data and IT platform provided required business functions are met:

    - SCN lead entity must conduct appropriate due diligence of any subcontractors

    - SCNs may collaborate with other awarded SCNs and/or MCOs and/or provider systems to select one data and IT platform across multiple regions

- NYS will support SCNs to develop their data and IT infrastructure through infrastructure funding, which may be used for the purchase, update, and/or other set-up costs associated with implementation of data and IT platform.

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SCN Request for Applications: Eligibility

1. Applicant must be a 501(c)(3) non-profit organization including, community-based organizations, Independent Practice Associations (IPAs), Health Homes, Behavioral Health Collaboratives, Federally Qualified Health Centers (FQHCs), or Performing Provider Systems.

2. At least three (3) years of experience working with community-based organizations in the region that they are applying for, including one of the following:

    *   Contracting or fiscal administration with or on behalf of CBO

    *   Leading CBOs within a network, consortium, coalition, or other organized group with the goal of coordination or planning

    *   Leading care management with partners, including CBOs

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SCN Request for Applications: Timeline

1/16/24		1/24/24		1/31/24		On or about 2/9/24		3/27/24 by 4:00 pm
RFA released	→	Applicant conference	→	Questions due	→	Questions, answers, and updates posted	→	Applications due

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SCN Composition: Governance

The SCN lead entity, within 60 days of being awarded, has a governing body comprised of representatives from the following identified stakeholder groups (individuals may represent multiple groups):

- CBOs with at least one (1) service location in the SCNs' region
- CBOs shall represent at least fifty-one percent (51%) of members within the governing body and have majority share in voting rights
- Healthcare and care management providers (e.g., health systems, provider organizations, FQHCS, behavioral health (BH) providers, local health departments, Health Homes)
- At least one (1) provider with mental health and substance use disorder (SUD) experience, preferred;
- Community advocates and
- At least two (2) current Medicaid members with HRSN

Three Sources of SCN Funding

Infrastructure Funding

- SCN start-up costs such as
  - Initial network infrastructure
  - Set up and implementation of data and IT platform
  - CBO capacity building and technical assistance

HRSN Screening and Services Payment

- MCOs will provide funding to SCN lead agencies to cover:
  - HRSN screening for Managed Care members
  - Approved Enhanced HRSN Services for eligible members
  - Ongoing, reasonable costs for service delivery (eg claims processing, performance management)
- Funding will be per member per month (PMPM) payments - pre-determined amount paid on monthly basis by the MCO for each eligible Medicaid Managed Care member in the region

Performance-Based Bonus Payments

- Will evolve over time, with central goal of SCN continuous improvement to better meet the needs of members in the region.
- During the RFA award period, SCNs will engage in VBP arrangements through **upside** risk, with the goal of ultimately evolving to both upside and downside risk VBP arrangements in the future

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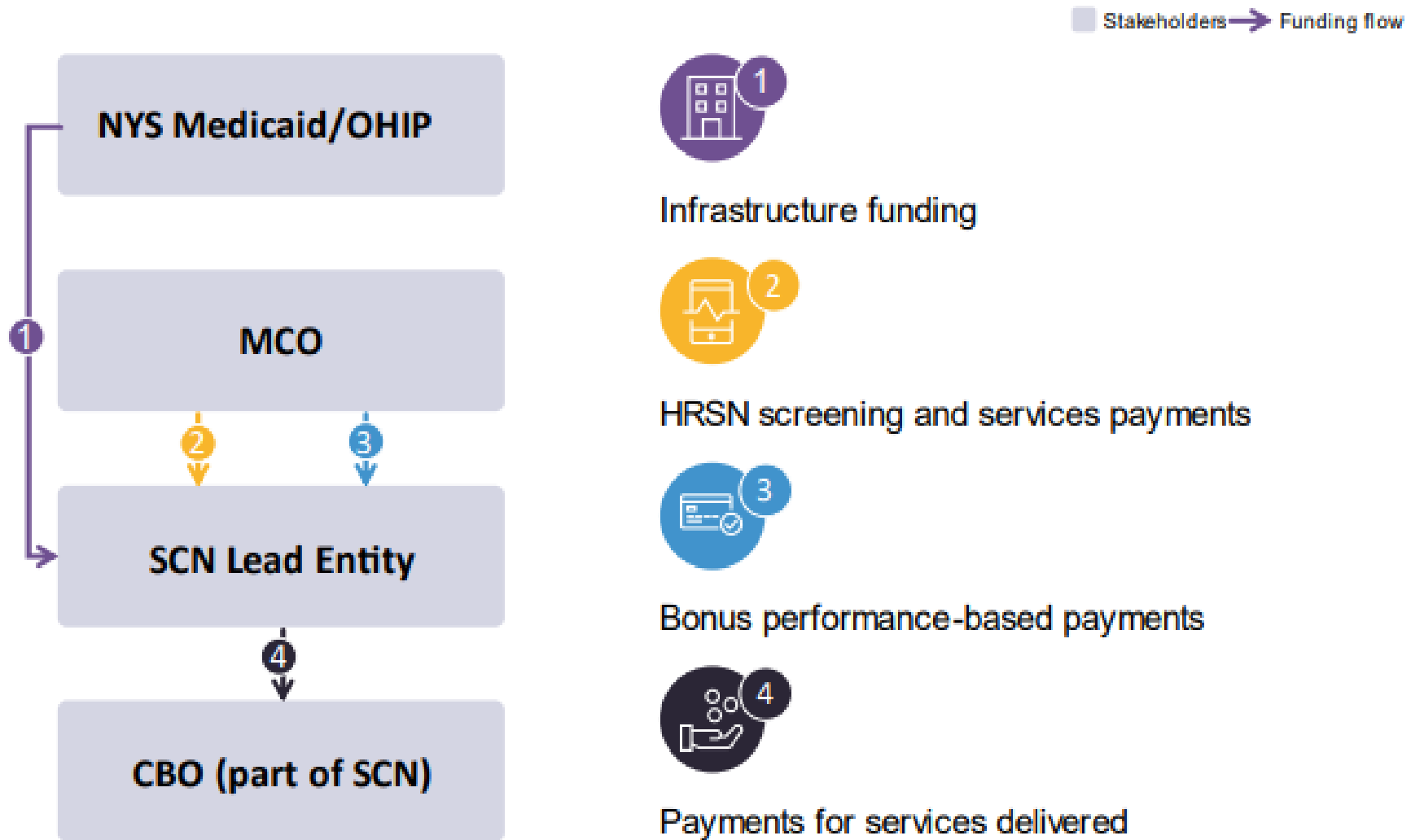# SCN and Infrastructure Investment: CBO Capacity Building

- SCN lead entities are expected to coordinate capacity-building support to CBOs in its role as a centralized body, which includes both the distribution of funding to CBO network and directly supporting CBOs.

- SCN lead entities will receive infrastructure funds to support CBOs in capacity-building and will have the flexibility to distribute the funding in different ways, empowering SCN lead entities to deliver the most appropriate support to CBOs.

- Examples of using funds to directly support CBO capacity building include, but are not limited to:
  - Hiring staff members
  - Enrolling in an SCN data and IT platform
  - Training on screening members for HRSN
  - Support on data sharing and reporting
  - Technical assistance

- SCN lead entities will be asked to perform a capabilities assessment across their network to understand the types of supports required to enable CBOs to participate. SCN lead entities will then determine how they plan to use these funds.

- SCN lead entities will provide quarterly documentation to NYS detailing how capacity-building funding is distributed to CBOs, including the nature and amount of expenditures.

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HRSN-Related Payment Flows Included in 1115 Waiver

- NYS DOH will flow funds to MCOs for HRSN screenings and service payment.

- NYS DOH will flow funds to SCN Lead Entity for Infrastructure and Capacity Building, and bonus performance-based payments.

- MCOs will pay SCN lead entity a PMPM for HRSN screenings and enhanced services.

- SCN lead entity will pay CBOs for State set rates (tailored to each region by NYS) for enhanced HRSN services.

- SCN Lead Entity will generate social care claim for HRSN screening, navigation, or Enhanced service delivered and report to MCOs through its data and IT platform as an "encounter" - not payment - solely for purposes of tracking.

HRSN-Related Payment Flows Included in 1115 Waiver

Stakeholders → Funding flow

NYS Medicaid/OHIP

MCO

SCN Lead Entity

CBO (part of SCN)

1 — Infrastructure funding

2 — HRSN screening and services payments

3 — Bonus performance-based payments

4 — Payments for services delivered

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How Can You Prepare?

How Can You Prepare?

Networks:

- What networks are you part of? IPAs? Social care networks?

- Who are your partners and what are your referral patterns?

- What partnerships might you need to develop?

Health-Related Social Needs:

- Do you conduct HRSN screening?

- Do you provide HRSN services?

Workforce:

- Do you have any of the targeted roles on your workforce?

- Do you have clients who may be interested in a healthcare career pathway?

- Do you currently provide workforce development programming?

Understand Your Value and Capacity

- What is your capacity to provide HRSN services?

- What data do you collect and how do you use to inform your work?

- How do you measure the impact/value of your services overall and by the populations you serve?

- What is your full cost structure for services (including essential administrative costs)?

- How do the services you provide keep people in the community and improve health outcomes?

- Understand how potential VBP and/or payment mechanisms could apply to your network and your services.
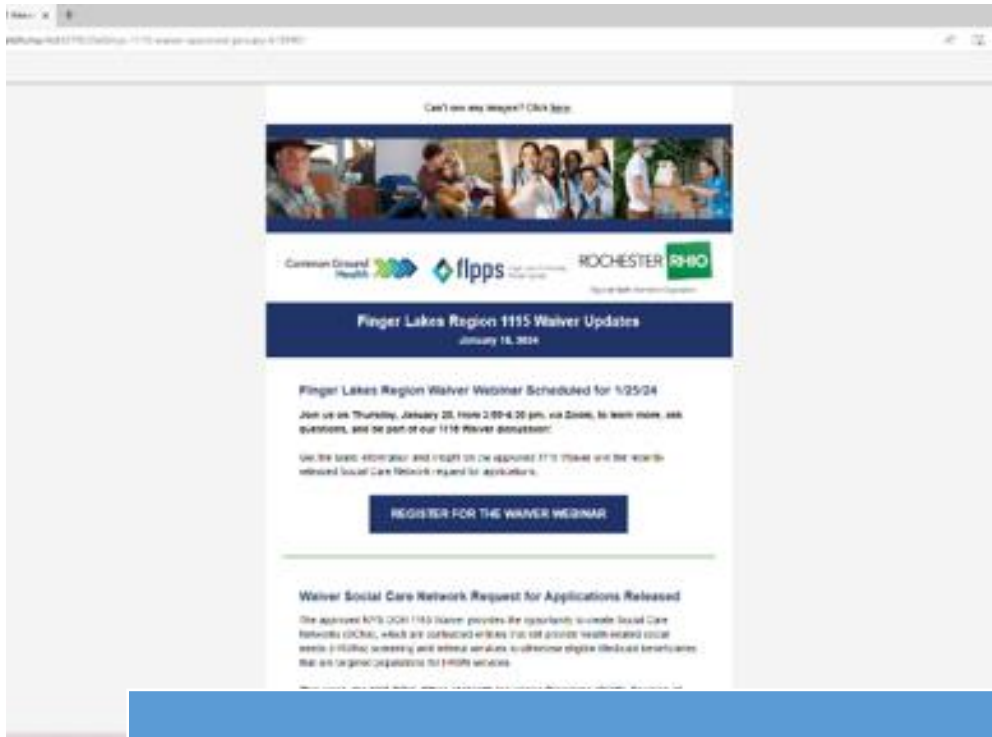
Next Steps

Next Steps

- We continue to review the details of the Waiver document and the Social Care Network RFA and the State's additional attachments.

- We are following all the NYS DOH webinars, notices, and FAQs, and will combine with our local region's FAQs.

- We will schedule our next webinar as soon as we have more information to share.

Resources

Resources

Finger Lakes 1115 Waiver Newsletter
Sign up at *fingerlakes1115waiver.org*

Finger Lakes 1115 Waiver Website
fingerlakes1115waiver.org

Questions after today? Shoot an email to fingerlakes1115waiver@flpps.org

Thank you!