



Health Related Social Needs Implementation Plan

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Section 1: Social Care Network (SCN) Infrastructure

1.1. SCN Creation and Enrollment (January 1, 2024 – September 1, 2024)

This SCN Implementation Plan provides an overview of the activities that New York State (NYS) will undertake to implement the health-related social need (HRSN) services authorized through the 1115 demonstration Special Terms and Conditions (STCs).

1. **Procuring Regional SCNs:** Through a competitive Request for Application (RFA) procurement process, NYS will award up to 13 entities to become NYS-designated SCN Lead Entities. Awarded entities will enroll via Electronic Medicaid System of New York State (eMedNY) as a Medicaid billing social care provider and will be instrumental in building the infrastructure required to successfully meet health equity goals outlined in the waiver demonstration, including screening all Medicaid members and connecting individuals meeting certain eligibility criteria to CMS approved Enhanced HRSN Services. Enhanced HRSN Services are described in NYS HRSN Services Protocol.
 - a. NYS will, by no later than September 1, 2024, establish contractual agreements with up to 13 SCNs across the State. SCNs will:
 - i. Create and maintain a network of contracted HRSN service providers, including community-based organizations (CBOs), with the capacity to screen all Medicaid members for HRSNs and provide Navigation services to all Medicaid members and Enhanced HRSN Services to eligible Medicaid managed care (MMC) members to address their HRSNs. SCNs will work in collaboration with regional Ecosystem Partners (healthcare providers, care management providers, MCOs). The SCNs will onboard HRSN service providers committed to providing Screening, Navigation, or at least one of the Enhanced HRSN Services. Service providers that join the SCN will receive reimbursement for Screening and HRSN services;
 - ii. Ensure greater coordination of HRSN services for specialized populations identified in the 1115 waiver amendment (e.g., pregnant persons, criminal justice-involved populations, foster care youth, those living with intellectual or developmental disabilities, or substance use disorder [SUD], etc.);
 - iii. Create an improved and more accessible experience for Medicaid members seeking HRSN services;

- iv. Promote more equitable delivery of HRSN services and address the health, racial/ethnic, socioeconomic, and geographic disparities in existing access and quality; and
 - v. Capture and share data required for effective coordination between the SCN Lead Entities, HRSN service providers, The Office of Health Insurance Programs (OHIP), and Ecosystem Partners, as well as to help evaluate the SCN's impact on health outcomes.
- b. After NYS Department of Health (DOH) issues the RFA awards to eligible entities, NYS DOH will direct the entities to proceed with enrolling in eMedNY using a standard application process to become a Medicaid billing social care provider. Under this designation, NYS DOH will permit the SCN Lead Entity to:
 - i. Create regional contracts with Medicaid Managed Care Organizations (MMCOs) to facilitate the identification of Medicaid Members who meet Enhanced Population criteria for Enhanced HRSN Services approved through this waiver amendment;
 - ii. Receive per member per month (PMPM) payment from MCOs for HRSN services delivered by HRSN service providers (including CBOs) within the SCN;
 - iii. Maintain responsibility for ensuring that fee schedule-based payments for the delivery of approved Enhanced HRSN Services are received by HRSN service providers in the SCN at agreed upon intervals;
 - iv. Maintain responsibility for generating a social care claim to reflect each HRSN Screening, Navigation, or Enhanced HRSN Service delivered within their Network. This social care claim must be generated through the SCN IT Platform and reported to MMCOs. The social care claims will serve the purpose of tracking these expenses (they will NOT facilitate reimbursement) and will inform future funding for HRSN services to the SCNs; and
 - v. Maintain their Medicaid billing social care provider designation through a redesignation process every 5 years. NYS DOH may examine performance metric reports and data accuracy when determining the SCN's continued designation.
- c. No later than September 1, 2024, all NYS DOH-designated SCN Lead Entities will have identified and secured an IT platform with functionalities and features that enable core responsibilities of the SCN, including Screening, Navigation to services, service delivery, Network management, and fiscal management.

1.2. Implementation Timeline

NYS DOH has created a workplan for SCNs to follow to become fully compliant with the RFA's requirements.

Screening milestones are identified using a stepwise set of targets for SCNs to ramp up over the course of the demonstration. The 25% (Demonstration Year 27) target identified is aimed at being ambitious but achievable, while ensuring that Networks have the capacity to provide services to members who are screened.

The milestones of the workplan which the SCN must follow:

1. **Demonstration Year 26 (April 1, 2024 - March 31, 2025):**

As of September 2024, NYS DOH will have established SCN regional entities throughout NYS capable of coordinating social care service delivery with contracts in place with MMCOs and HRSN service providers. During this first year, SCN Lead Entities will build upon their capacity to maintain and strengthen a network of HRSN service providers responsible for delivering high-quality, evidence-based, and accessible HRSN. The SCN will also capture and share data required for effective coordination between the SCN Lead Entities, MMCOs, HRSN service providers, NYS, and other stakeholders. No later than January 1, 2025, SCNs will begin the delivery of services, including Screening, Navigation, and Enhanced HRSN Services. These HRSN activities will be captured and tracked using consensus based national coding terminology that will accommodate data sharing between NYS DOH or partner entities and assist in facilitating a robust evaluation of the demonstration program.

By the end of Demonstration Year (DY) 26, SCNs will have completed activities across SCN IT Platform and Data Sharing, Network, and Service Delivery areas:

- **SCN IT Platform and Data Sharing**
 - Identified and set up the IT platform;
 - Assigned user roles to authorized SCN staff and HRSN service providers, provided technical assistance, and onboarded providers to SCN IT platform;
 - Met all privacy/security/compliance requirements established by NYS DOH;
 - Finalized Data Use Agreements with Qualified Entities (QEs); and
 - Established required interoperability with Statewide Health Information Network for New York (SHIN-NY), including bi-directional data sharing using national healthcare interoperability

standards including Health Level 7 Fast Healthcare Interoperability Resources (HL7 FHIR) as described by a 1115 SHIN-NY FHIR Implementation Guide.

- **Network**

- Contracted with MMCOs (all MMCOs with members in their region) and HRSN service providers;
- Established a governing body;
- Supported HRSN service provider network building;
- Posted a Network Organization directory on SCN website; and
- Started submitting routine reports, including, the Quarterly Performance Report, Monthly Performance Management Report (Monthly Horizon Report), Governing Body Report, Network Composition Plan, and Report Infrastructure Cost Report – see Performance Management section for details.

- **Service delivery**

- Begun conducting Eligibility Assessments to determine eligibility for Enhanced HRSN Services using culturally appropriate and trauma-informed practices;
- Begun creating person-centered HRSN Social Care Plans and providing Navigation and delivery of Enhanced HRSN Services;
- Started accepting Referrals from HRSN service providers and Ecosystem Partners for individuals who may be eligible to receive Enhanced HRSN Services and providing closed loop Referrals;
- Started facilitating payments to HRSN service providers for rendered Screening, Navigation and delivery of Enhanced HRSN Services; and
- Completed the setup of the Social Care Claims submission process between SCNs and MCOs.

2. Demonstration Year 27 (April 1, 2025- March 31, 2026):

Starting in 2025, NYS DOH will require SCNs to re-assess their staffing and infrastructure needs as the SCN grows and the SCN takes on additional responsibilities. During this year, OHIP will continue collecting SCN performance data in order to evaluate performance and develop Performance Improvement Plans, as necessary.

By the end of DY 27, SCNs will have completed activities across SCN IT Platform and data sharing, Network, and Service Delivery:

- **SCN IT Platform and data sharing**
 - As needed, continued onboarding of contracted partners into the Network and continued platform development as needed.
- **Network**
 - Budget Reassessment Report including staffing and infrastructure needs;
 - Ongoing technical assistance and onboarding to contracted HRSN service providers; and
 - Continued submission of routine reports, including, the Quarterly Performance Report, Monthly Performance Management Report (Monthly Horizon Report), Governing Body Report, Network Composition Plan, and Report Infrastructure Cost Report.
- **Service delivery**
 - Ongoing fee schedule-based payments to contracted HRSN service providers rendering HRSN services;
 - Completed Screenings for at least 25 percent of Medicaid members in respective regions;
 - SCNs will have referred, or made efforts to refer, all eligible Enhanced HRSN Service Members to appropriate existing local, state, and federal services upon the end of their Enhanced HRSN Service duration; and
 - Continued delivery of Screening, Navigation, and delivery of Enhanced HRSN Services.

3. Demonstration Year 28 (April 1, 2026 - March 31, 2027):

NYS DOH will continue to collect data from the SCNs through monthly performance reports, cost reports, evaluations, and assessments to measure the SCNs performance. By the end of DY 28, SCNs will be fully operational, Health Information Trust Alliance (HITRUST) certified, performance driven, and have plans in place to identify ongoing network improvement plans.

Beyond the initial SCN contract award period, NYS aims to create accountability for outcomes by enabling delivery of social care services through value-based payment (VBP) models that involve sharing of both upside and downside risk. NYS has designed the SCN funding flows during the contract period to promote development of capabilities such as data collection and reporting, consistent coding and billing practices, and performance against metrics. In addition, a portion of infrastructure funding will be tied to achieving certain milestones and performance targets. This will enable the SCNs to make successful contributions towards VBP models involving upside and downside risk with MCOs and social service providers after the three-year demonstration period.

By the end of DY 28, SCNs will have completed activities across SCN IT Platform and Data Sharing, Network, and Service Delivery areas:

- **SCN IT Platform and Data Sharing**
 - As needed, continued onboard of contracted partners into the Network and continued platform development as needed.
- **Network**
 - Ongoing technical assistance and onboarding to contracted HRSN service providers; and
 - Continued submission of routine reports, including, the Quarterly Performance Report, Monthly Performance Management Report (Monthly Horizon Report), Governing Body Report, Network Composition Plan, and Report Infrastructure Cost Report.
- **Service delivery**
 - Ongoing fee schedule-based payments to contracted HRSN service providers;
 - Completed Screenings for at least 50% of Medicaid members;
 - All members identified as having an unmet HRSN and opt into assistance are navigated to appropriate HRSN service(s); and
 - Continued delivery of Screening, Navigation, and delivery of Enhanced HRSN Services.

1.3. Capacity Building and HRSN Service Provider Training

Capacity Building

To develop a diverse regional HRSN service provider ecosystem, NYS DOH will require SCN Lead Entities to formally organize and coordinate a Network of contracted HRSN service providers (primarily CBOs) to deliver Enhanced HRSN Services to eligible MMC members. SCN Lead Entities will ensure their Network has sufficient capacity to meet the demand for HRSN Screening, Navigation, and delivery of Enhanced HRSN Services within the region.

NYS DOH will expect the SCNs to continuously build capacity of CBOs direct investments in CBOs to support the hiring of staff, the purchase of necessary equipment (e.g., computers), and/or through trainings and technical assistance to build necessary capabilities. Initial CBO capacity-building provided by the SCNs will be supported using infrastructure funds from this waiver amendment.

SCNs are expected to achieve at least adequate HRSN network capacity and access across many functions. OHIP will provide guidance and reporting expectations, and in some cases set requirements for specific adequacy thresholds.

OHIP expects to set HRSN network capacity and access requirements such as the following:

- Screening Capacity:
 - 25% of Medicaid population screened in before 3/31/2026
 - 50% of Medicaid population screened before 3/31/2027
- Eligibility and Navigation Capacity
 - Required % thresholds of members with a positive screen successfully contacted by the SCN, provided information for Navigation, and referred to HRSN Enhanced Services within a set timeframe (e.g., number of business days)
- Screener Accessibility
 - Requirement for networks to offer a both in-person and virtual Screening capacity as well as a range of hours
 - Service delivery capacity: Required % of Referrals made to HRSN service providers are accepted within a set time frame (e.g., number of days)

In addition, OHIP intends for Networks to include organizations representing the populations of the communities served. As such, OHIP will provide guidance to SCN Lead Entities regarding how comprise their Networks as pertains to organization type (e.g., non-profit vs for-profit), size, and competencies (e.g., language and cultural competencies).

Beyond specific capacity-building support for CBOs, NYS DOH will require the SCNs to:

- Identify a proposed plan to fill regional gaps in Network composition on an ongoing basis;
- Conduct additional network composition evaluations and submit Network Composition Reports on a quarterly basis; and
- Conduct evaluations of all HRSN service providers within the SCN to determine areas for improvement and develop improvement plans.

HRSN Service Provider Training

The NYS DOH has outlined requirements for the SCNs to develop training and technical assistance for the Network. Contracted HRSN service providers may require training on how to input, track, and share data on the SCN IT Platform to enable reporting of Screening, Navigation, and tracking of Referrals and Enhanced HRSN Service provision. As HRSN service providers enroll in the SCN, NYS DOH expects the SCN Lead Entity to be engaged in direct support and explore opportunities to leverage connections through the development of relevant training and technical assistance.

The NYS DOH plans for SCN staff to receive documented training to enhance the quality of services delivered and broaden their skills related to the provision of HRSN services. In addition to technical training, other topics should include cultural competence, linguistic competence, trauma-informed care, care delivery functions,

population-specific training (e.g., children and families, SMI, SUD), child abuse and neglect, and knowledge of local resources for Navigation and Referrals.

Initial training and technical assistance provided by the SCNs will be supported using infrastructure funds from this waiver amendment.

1.4. Data Sharing

NYS DOH will support SCNs to develop their data and IT infrastructure, funded through the HRSN infrastructure funding. Infrastructure funding may be used to purchase or update IT systems and for additional set-up costs associated with implementation of the data and IT platform. The SCN IT Platform will enable core responsibilities of the SCN, including Screening, Eligibility Assessment, Navigation to existing services, and Referral to an HRSN service provider network management, and fiscal management.

Additionally, NYS DOH will share Medicaid data with the SHIN-NY to ensure that demographic information for Medicaid members is integrated into the SHIN-NY master person index (MPI). Data submitted by SCN IT Platforms will also be incorporated ensuring that data can be matched for Medicaid members prior to being reported to the Medicaid program.

NYS DOH has established the SCN IT Platform requirements to be foundational to the SCN program. NYS DOH will require SCN Lead Entities to procure and manage an IT platform that enables accurate, timely, and secure exchange of health and HRSN data across stakeholders. The SCN Lead Entity must efficiently manage this platform since it is critical to every element of the SCN program, including SCN operations, service delivery and payment, member experience, and ultimately, evaluation of the program's success.

NYS DOH expects the SCN IT platform to equip HRSN service providers in the Network with user-friendly tools that will improve the delivery of services to members. In doing so, SCN IT platforms are expected to facilitate a transformative level of system connectivity across NYS, including but not limited to, facilitating payment flows for social care, and timely and actionable social and health data exchange.

Per STC 6.19(c)(i), the NYS DOH intends for SCN data and IT platforms to support Screening, Eligibility Assessment, Navigation, Referrals, and Service delivery, submit HRSN service provider claims for reimbursement, and adopt interoperable standards to share social care data along with reporting on performance. To establish sustainable regional connectivity, NYS DOH expects the SCN to adhere to standard data sharing policies and practices such as:

- i. Conduct bi-directional exchange of data with the SHIN-NY, through Qualified Entities (QEs), to ensure that required Screening, Eligibility Assessments,

- Referrals, and service elements are made available through the SHIN-NY in adherence with an implementation guide established by the State;
- ii. Enable near real-time and bi-directional data sharing through the SHIN-NY across key program stakeholders including QEs, MCOs, CBOs, and social service providers;
 - iii. Develop data sharing relationships with MCOs to obtain the Enhanced Services Member File data (Per Section 2, Table 1) that aligns with a NYS DOH prescribed template;
 - iv. Develop data sharing relationships with MCOs for the coordination of fiscal administration, such as Social Care Claim submissions;
 - v. Ensure the SCN IT Platform's ability to submit Social Care Claims to MCOs in a format that meets Health Insurance Portability and Accountability Act (HIPAA) post-adjudicated claims standard (i.e., 837 Electronic Data Interchange (EDI) transaction) for payments and guidance from NYS DOH;
 - vi. Authenticate SCN IT Platform users by ensuring they have completed necessary training requirements;
 - vii. Enable coordination of health and social care, i.e., allow input of notes to support service coordination by health and social care professionals participating in their network;
 - viii. Become a participating member with QEs connected to the SHIN-NY;
 - ix. Implement data standards that align with HL7 Gravity FHIR data exchange and terminology standards to the extent possible, and align with the Office of the National Coordinator for Health Information Technology (ONC) Interoperability Standards Advisory, as feasible, where standards do not currently exist; and
 - x. Participate in the 1115 SHIN- NY Interoperability Workgroup, a state workgroup of SHIN-NY stakeholders (New York eHealth Collaborative (NYeC), QEs, etc.) to identify the interoperability standards necessary for adoption to support SCN-SHIN-NY data exchange.

Data exchanged with the SHIN-NY and submitted as claims to MCOs will be used to support program monitoring. SCN data submitted to the SHIN-NY will be aggregated and made available to the data lake where it will be aggregated and reported to the Medicaid Data Warehouse (MDW). Encounter data for HRSN services submitted to the MDW will be integrated to support program monitoring and reporting.

Section 2. Determining Eligibility and Identifying Members with HRSN

2.1. Member Eligibility (January 1, 2025 - March 31, 2027)

Per STC 6.6, the NYS DOH has established criteria to determine which MMC members will be eligible to receive Enhanced HRSN Services covered under the 1115 demonstration. The member identification methodology is further outlined in the NYS HRSN Protocol document approved by CMS on December 19, 2024.

For members who screen positive for unmet HRSN, a SCN Social Care Navigator will confirm member enrollment in Medicaid using the Electronic Provider Assisted Claim Entry System (ePACES). They will then conduct an eligibility assessment one-on-one with the member to determine appropriate HRSN services. MCOs will be required to identify MMC members who meet the Enhanced HRSN Service criteria as outlined in the HRSN Protocol and share that information with SCNs via a NYS DOH prescribed “Enhanced Services Member File.” The MCOs will share this file with their regional SCNs monthly.

2.2. HRSN Screening and Navigation of Members to HRSN Services (January 1, 2025 - March 31, 2027)

The identification of HRSNs for Medicaid members is a critical step toward navigating members to services. NYS recognizes the growing body of evidence that demonstrates how the identification of HRSN (such as housing, food/nutrition) and Referrals to services can have a positive impact on member health outcomes. NYS aims to ensure that each Medicaid member will receive a HRSN Screening annually or following a major life event. Members will be screened using a NYS-standardized version of the Accountable Health Communities (AHC) HRSN Screening Tool to assess member needs across a range of HRSN domains. These Screenings will contain questions related to housing and utilities, food security, transportation, employment, education, and interpersonal safety. The Screening of Medicaid members across these domains on a regular cadence will improve access to HRSN services and enable a better understanding of how members’ HRSNs are evolving over time. NYS DOH will have SCN Lead Entities coordinate with HRSN service providers in their Network and other partners in the regional ecosystem (e.g., healthcare providers, care management providers, and MCOs) to screen each Medicaid member at least annually, using the AHC HRSN Screening Tool.

MMC members who screen positive and meet eligibility criteria as outlined in the NYS HRSN Protocol during an assessment can receive a Referral for Enhanced HRSN Services (Housing, Nutrition, Care Management, and Transportation) delivered by the SCN. MMC members who screen positive but do not meet the eligibility criteria as outlined in the NYS HRSN Protocol will be navigated to services delivered by existing infrastructure, including pre-existing state, federal, and local programs. Medicaid FFS members that screen positive are only eligible for Screening and Navigation to existing local, state, and federal services under Level One Care Management.

NYS DOH will ensure that all Medicaid members are able to access Screenings according to their needs and preferences by having HRSN Screenings conducted in multiple modalities, at accessible times, and in culturally and linguistically competent ways, in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. Screening will involve asking the predetermined series of screening questions coupled with empathetic engagement with individuals to understand their life context, specific needs, and preferences related to social care services. NYS DOH expects Eligibility Assessments that occur after Screenings to include conversations to inform and tailor the most appropriate set of HRSN service Referrals to meet the Medicaid member's unique needs. The Screening encounter, if immediately followed by an Eligibility Assessment by the Social Care Navigator, may also serve as an opportunity to discuss potential additional supports and how to access programs (e.g., Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and Supplemental Nutrition Assistance Program (SNAP)). All Screening and Enhanced HRSN Service Referral data will be integrated into the SHIN-NY's data lake.

NYS DOH will hold SCN Lead Entities accountable for tracking the results of Screenings through the SCN IT platform to ensure that members with identified needs receive timely Navigation to HRSN services.

SCN Lead Entities will reimburse HRSN service providers contracted in the Network for:

- Annual HRSN Screenings of Medicaid FFS and MMC members and any additional HRSN Screenings that are conducted due to a major life event¹;
- Navigation to local, state, and federal social services for both Medicaid FFS and MMC members who do not qualify for Enhanced HRSN Services; and
- All approved Enhanced HRSN Services they deliver to eligible MMC members only.

¹ Members to be screened for HRSN annually or upon a major life event (to be defined by OHIP). A major life event may be identified by any contracted entity within the SCN that is authorized to have direct contact with a member (e.g., through Screening, Eligibility Assessment, HRSN service delivery, service follow-up).

2.3. Coding (September 1, 2024- March 31, 2027)

NYS DOH will publish guidance on the NYS DOH website and within the SCN Operations Manual that identifies HRSN services using national social care data standards. NYS will mandate these national social care data standards be adopted into the SCN's conventions for the following program activities: Screening (LOINC), Assessment (SNOMED-CT, ICD-10), Referral (SNOMED-CT), and provisioning Enhanced HRSN Services (SNOMED-CT, HCPCS). By using national social care data standards where they exist, NYS DOH can track Screenings and Referrals to ensure that needs have been met and that services were not duplicated.

The social care data standards will provide comprehensive guidance on how to manage and distinguish coding data for both FFS and MMC beneficiaries. NYS DOH will issue guidance on coding policies for SCNs and MCOs.

NYS DOH will be able to use social care data standards to provide a uniform method of identifying HRSNs, interventions provided, and the amount and duration of services. NYS will leverage both SCN IT Platform data and billing codes to support 1115 waiver demonstration performance monitoring and evaluation.

Through the data collected from encounters and SCN data shared with the SHIN-NY, NYS DOH will be able to monitor the performance of the SCNs. Data will be used to track monthly Screenings, Referrals, and services provided. NYS DOH will also be able to track emergency department and inpatient utilization. NYS DOH will be able to look at these metrics by SCN region, population, and service provided.

To understand and evaluate the impact of the SCN program – by region and population – NYS is placing emphasis on accurate data collection as a core component of the SCN program, and among the key capabilities of SCN lead entities. SCNs will need to coordinate across key stakeholders to ensure accurate data is collected to report performance information to NYS.

Section 3. Payment Methodologies

OHIP has submitted the HRSN Payment Methodology documents to CMS for approval. These documents are inclusive of payment methodologies for the SCN to reimburse the Network for services provided to Medicaid MMC and FFS Members.

3.1. Infrastructure Funding (September 1, 2024- March 31, 2027)

NYS DOH will provide infrastructure grant funding to SCNs for the operational setup of the program across the demonstration period. SCNs will use infrastructure funding to build necessary functionality across the Network, including but not limited to initial Network infrastructure set-up (e.g., onboarding of CBOs), initial set-up and implementation of the SCN IT platform, hiring and recruiting of staff, CBO capacity building activities and technical assistance, contracting, and community and health system partner engagement. The maximum infrastructure funding available for each SCN will vary by region and is based on the number of Medicaid members and the cost of delivering HRSN services in that region.

OHIP will collect the SCN Lead Entities' estimated infrastructure budget proposal for each year based on the Annual Infrastructure Reassessment Report and will require SCN Lead Entities to report their expenditures on a quarterly basis. NYS DOH will issue up to 25 percent payment of the SCN's Year One total infrastructure award.

In addition, NYS will provide 1115 waiver funding for Screening, Navigation, and Enhanced HRSN Services for MMC members as described below in Section 3.2 PMPM Funding.

3.2. PMPM Funding (January 1, 2025 - March 31, 2027)

OHIP has developed regional PMPM rates for MCOs to provide to SCNs for HRSN services using 1115 waiver funds. As early as January 1, the PMPM payments will be provided separately from infrastructure funding. NYS DOH will provide funding to MCOs in the form of separate capitation rates, which MCOs will then use as PMPM payments to the SCNs for Screening, Navigation, and Enhanced HRSN Services. SCN Lead Entities will use the funding from the PMPM payments to reimburse contracted HRSN service providers in their Network for providing MMC members-Screening, Navigation, and Enhanced HRSN Services based on a regional fee schedule approved by the State. The regional fee schedule will account for regional differences in the cost of delivering care.

The funding from the PMPM payments will primarily be used for HRSN Screening, Navigation, and Enhanced HRSN Service delivery by HRSN service providers. SCN Lead Entities will reimburse HRSN service providers for all approved services they deliver and for one annual HRSN Screening per member. Members may receive additional reimbursed Screenings due to a major life event.

The maximum portion of PMPM payments that can be used towards the MCOs administrative and operational costs is 3 percent annually. MCOs will be required to submit cost reports and encounter data to NYS DOH.

NYS DOH will require SCNs to report PMPM funding used for Screening, Navigation, Enhanced HRSN Services, and SCN administrative costs to NYS DOH on a routine basis. OHIP will conduct annual reconciliation of PMPM funding with payments made for HRSN services. MCOs will be responsible for reconciling PMPM payments with individual SCN Lead Entities.

3.3. HRSN Service Payments (November 1, 2024 - March 31, 2027)

The SCNs will be designated in eMedNY with a new category of service as a Medicaid billing social care provider. NYS DOH will require SCN Lead Entities to obtain their own National Provider Identifier (NPI) and Medicaid Management Information System (MMIS) number. The professional designation will allow the SCN to bill Medicaid FFS (for Screening and Navigation) and submit claims data for MMC members (for Screening, Navigation, and Enhanced HRSN Services), as early as November 1, 2024. NYS DOH intends to publicly issue guidance on billing policies for SCNs and MCOs and will also comply with the public notice procedures set forth in 42 CFR 447.205 for changes in statewide methods and standards for Medicaid FFS payment methodology.

Medicaid FFS

Designation in eMedNY allows SCNs to bill for Medicaid FFS members' Screening and Navigation. SCNs will bill eMedNY and reimburse contracted HRSN service providers on a FFS basis for the provision of Screening and Navigation.

OHIP will approve a regional fee schedule for Screening and Navigation of the FFS population. SCN Lead Entities will need to create a workflow within the IT platform to submit claims to eMedNY. The SCN will submit the rendered Medicaid FFS claims through eMedNY with their corresponding MMIS number, HRSN service data, and, if applicable, the HRSN service provider's employer identification number (EIN), taxpayer identification number (TIN) or NPI.

MMC

For the SCNs to receive reimbursement for services rendered, all contracted MCOs will be responsible for the distribution of PMPM payments to SCN Lead Entities for MMC

members in the form of separate capitation rates. NYS DOH will provide 1115 demonstration funding directly to MCOs for the purpose of distributing PMPM payments to the SCNs. The SCNs will pay contracted HRSN service providers for MMC members based on a fee schedule.

OHIP will approve a regional fee schedule submitted by each SCN Lead Entity (that reflects the needs of each region) to reimburse HRSN service providers for HRSN services provided to eligible MMC members. SCN Lead Entities will then integrate these rate codes into the IT Platform's billing process.

The integration of rate and HCPCs codes into the SCN IT Platform, SCN Lead Entity Claims, and MCO encounter data will allow for tracking of services and reconciliation of costs at the end of the year.

Section 4. Alignment with Other State, Federal, and Local Initiatives

4.1. NYS State Initiatives (September 1, 2024- March 31, 2027)

NYS DOH has designed the SCN HRSN services to align with other state initiatives that provide social care support. SCNs will be required to navigate members to existing state, federal, or local services to address the unmet needs of Medicaid FFS members, MMC members that do not qualify for or require Enhanced HRSN Services, or MMC members that are approaching the end of their Enhanced HRSN Service duration.

NYS DOH understands that partnerships with federal, state, and local entities are essential to the success of the SCNs, given that the focus of the SCNs is to provide connections to and support in obtaining services and benefits and maintaining those benefits and services in a sustainable manner. To support alignment, NYS DOH has met on a regular basis with State agencies, including DOH Center for Community Health, the AIDS Institute, Office of Temporary and Disability Assistance, Office of Mental Health, Office for the Prevention of Domestic Violence, Office for People with Developmental Disabilities, Office of Addiction Services and Supports, the Office of Children and Family Services, and the Department of Agriculture and Markets.

In addition, SCN Lead Entities will be expected to engage with different stakeholders and potential partners in the region and detail any existing relationships they have that may be leveraged to address the needs of target populations. These partnerships will also foster a greater understanding of the broader social care supports (e.g., SNAP, WIC, TANF, federal, state, and local housing authorities etc.) that members may need. SCNs will be expected to provide reports on the number of members navigated specifically to SNAP, WIC, and TANF by use of SNOMED coding and tracking of

Navigation service delivery under Level One Care Management. For MMC Members, Assessment and Referral will also be documented by the Social Care Navigator as part of the Member's Social Care Plan.

For MMC members, Social Care Navigators will be responsible for assisting Medicaid members with applying and connecting to the services, as well as ensuring that there is no duplication of services.

Upon being awarded, example entities with whom SCN Lead Entities will establish partnerships are listed below.

Housing

- **Continuums of Care:** A Continuum of Care (CoC) is a communitywide planning approach to promote the goal of ending homelessness. As designated by the U.S. Department of Housing and Urban Development (HUD), a CoC provides the basis for communities to plan for and provide housing resources to address the needs of homeless families and individuals in the community. The SCN will partner with their CoC to refer eligible Medicaid members and assist them through the housing process. The SCN will leverage housing providers that have experience working with the CoC and the region's homeless management information system.
- **Local Public Housing Authorities and State Funded Housing Programs:** The SCN of each region will build relationships with the region's local housing authorities and state-funded housing programs. DOH will assist with connecting the SCN to state-funded housing programs. Both of these resources will allow the connection of long-term housing support to eligible Medicaid members.

Nutrition

- **Supplemental Nutrition Assistance Program (SNAP)**
- **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**
- **Regional Food Banks**

NYS DOH is part of a multi-agency anti-hunger workgroup, including those who administer SNAP, WIC, and funding for the regional food banks. NYS DOH will continue these collaborations and ensure that the SCN Lead Entities are partnered with WIC, SNAP, and food bank resources.

SCN Lead Entity relationships will include the local Department of Social Services for the SNAP program, local WIC agencies, and federal and state-funded food banks. Social Care Navigators will connect Medicaid members to these programs as appropriate. Each SCN Lead Entity will utilize its network of HRSN service providers to connect to other locally funded programs. The New York State Office of Temporary and

Disability Assistance (OTDA), which administers SNAP, TANF, and HEAP, has an online application using a single portal.

Other

- **Temporary Assistance for Needy Families (TANF)**
- **Home Energy Assistance Program (HEAP)**

OTDA administers TANF and HEAP in New York. The SCNs will assist Medicaid members in applying for these benefits through their local Department of Social Services or through the OTDA online portal.

The State will monitor the connection to federal, state, and local programming and share best practices in these partnerships throughout the demonstration period.

Section 5. NYS DOH Reporting to CMS

Using monthly performance information submitted by the SCNs, NYS will provide reports to CMS to demonstrate fulfillment of the above requirements and provide a narrative report on the adoption of the information technology used to support data sharing between the SCNs; contracted partners; MCOs; and local, state, and federal partners. NYS will also provide CMS with narrative updates on its progress in building and sustaining its partnership with existing housing and nutrition agencies and leveraging their expertise and existing resources to avoid duplicating services.

Updates to CMS that will include but are not limited to the below reporting metrics required for each regional SCN:

- a. The number of members screened and rescreened;
- b. The number of member Referrals provided;
- c. The number and type of services delivered; and
- d. The number of members referred individually to: TANF; WIC; SNAP; and existing local, state, and federal housing and nutrition services.

By the end of the waiver period, the State expects the SCNs to stratify the above measures, as well as any future measures identified by the State, by key demographic elements select healthcare conditions.

Section 6. Maintenance of Effort (MOE)

On April 8, 2024, NYS DOH submitted the MOE Baseline Estimate and Plan to CMS.

Section 7. Partnerships and Stakeholder Engagement

Partnerships and engagement with key stakeholders are a critical component of NYS' plan to successfully implement HRSN services and advance health equity. NYS DOH will build on new and pre-existing relationships to support the SCN's ecosystem through ongoing stakeholder engagement. In addition to regular meetings with regional stakeholders, NYS DOH has attended and presented at statewide conferences and held webinars to allow for questions and feedback from individuals and organizations. NYS is committed to continuing broad engagement to ensure all stakeholders are made fully aware of program updates and service rollouts, as well as continuing to be responsive to feedback provided by stakeholders and community partners. This feedback has helped inform NYS's HRSN implementation strategy, as well as its overall engagement strategy.

4.2. Social Care Networks and Health Systems

Throughout the process, NYS DOH has engaged regularly with potential future SCN partners to prepare for the establishment of SCNs and delivery of HRSN services. Maintaining open lines of communication with potential partners has helped lay the groundwork for rapid implementation.

Once the SCNs are fully operational, extensive partnerships with regional ecosystem partners (e.g., health homes, Federally Qualified Health Centers, behavioral health providers, hospitals, and other providers) will be critical to their success. Regional partners will screen and receive Referrals of Medicaid members, as well as serve as Social Care Navigators, and provide warm handoffs to the appropriate regional SCN for members who may need services. SCNs will also refer members to clinical care and behavioral health services as needed.

4.3. Managed Care Organizations

Building on lessons learned during the previous 1115 Delivery System Reform Incentive Payment program, NYS has sought to engage MCOs earlier in the process. In May of 2024, NYS DOH launched a communication series with NYS MCOs to clarify roles and expectations required of them before, during and after SCN implementation. This collaboration is expected to be a key partnership to address requirements and collect feedback related to state and federal reporting, contracting arrangements and key deliverables required of the MCO to support SCN success.

4.4. Data and IT Partners

IT and data systems are fundamental to the delivery, monitoring, and assessment of HRSN services. NYS DOH has held ongoing meetings with IT partners (including the Gravity Project and NYeC) to gather technical requirements and best practices to ensure each SCN IT Platform vendors create or enhance their products to become fully interoperable and capable of meeting local, state, and federal stakeholder needs and requirements.

To ensure that the SCNs will have a thorough understanding of these systems and be able to implement them, SCNs will participate in an NYS DOH supported state workgroup of SHIN-NY stakeholders (including NYeC and QEs), the 1115 Waiver SHIN-NY Interoperability Workgroup. This workgroup will 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 and Open Referral).

4.5. Community Representation

Community representation and engagement is key to the success of the NYHER amendment. To assure that communities have a voice in the implementation of HRSN services, the State is requiring SCNs to include on their governing board at least two current Medicaid members with experience receiving HRSN services and/or HRSN Social Care Navigation.

51 percent of the SCN governing board will also be made up of CBOs.

SCNs will be required to survey members and collect responses on member satisfaction (e.g., experience with HRSN service providers, services delivered, and self-reported impact on health and wellbeing). This information will be shared with the State. SCNs will also receive feedback through the Health Equity Regional Organization, which will bring together and collect data from stakeholders throughout the state.

Section 8. Performance Management

Performance management will be a collaboration between OHIP and SCN Lead Entities. OHIP’s goal is to enable timely and actionable improvements for SCNs to achieve 1115 Waiver objectives. Performance management reports will help facilitate ongoing engagement between OHIP and SCN Lead Entities, as well as a robust evaluation design.

As part of the performance management approach, SCN Lead Entities will be responsible for generating specific inbound reports both before program start and on an ongoing basis. Complementing these SCN-generated reports will be a set of OHIP generated outbound reports. These outbound reports from OHIP will provide SCN Lead Entities with transparency into their performance (and peer performance) and enable continuous performance improvement.

A summary overview table of the SCN Lead Entity inbound reports is below. If the SCN Lead Entity operates in multiple regions, separate reports must be submitted for each region. These reports must be submitted to the assigned contract manager for review by their assigned due date.

Table 6-1: Overview of major reports

Report Name	Description	Cadence
1. Quarterly Performance Report	Report will reference the progress made during the last quarter (including Work Plan Performance Measures) and includes a series of questions related to Objectives	Quarterly
2. Monthly Performance Management Report (<i>Monthly Horizon Report</i>)	Report of HRSN Screenings, Eligibility Assessments, Referrals, and service delivery metrics, in addition to limited metrics for network and operational efficiency	Monthly
3. Governing Body Report	Report detailing governing body selection and, if needed, resubmission with any updates to the contract manager	One-time initial submission; resubmitted as needed
4. Network Composition Plan and Report	Report of network composition and quarterly reports to maintain and monitor network adequacy	One-time initial submission; Quarterly thereafter
5. Infrastructure Cost Report	Report containing the BSROE (Budget Statement Report of Expenditures) spreadsheet, including expense checklist by category and tracking the spend of infrastructure funding	Quarterly
6. Budget Reassessment Report	Report of SCN re-assessment of current staffing and infrastructure needs and submission of Budget Modification, if applicable	Annually, and reassessment as needed

In addition to the planned reporting, SCN Lead Entities will be expected to submit real-time updates to OHIP to enable timely assessment and management of SCN operations. The real-time updates include but are not limited to network changes, governing body changes and changes to SCN Lead Entity financials.