



Introduction

Dear Community Based Organization,

This statewide Community Based Organization (CBO) survey is being released to capture services your organization provides that address the Social Determinants of Health (SDH) for Medicaid members. Information gathered from this survey will be used to generate a public directory of tier 1, 2, and 3 CBOs to help facilitate partnerships with Managed Care Organizations (MCOs) and Value Based Payment (VBP) Contractors. Responses will also be used to gauge CBO integration and engagement in VBP contracting.

The survey is open to all non-profit, community-based organizations regardless of tier. All CBOs are encouraged to complete this survey even if they have completed one in the past. This new survey will replace the existing CBO directory.

Starred (*) Questions Require a Response

* 1. Respondent Information

Name of Organization

VBP Contact Person

VBP Contact Phone

VBP Contact Email

* 2. Respondent Attestation

- I attest to answer this survey on my organization's behalf truthfully, and to the best of my ability. I understand that my responses will be used to determine a self-reported CBO tier designation. I understand that the State will independently review my organization's tier designation in light of the responses I have given.

* 3. List the county or counties your organization serves.

* 4. Briefly describe the service(s) your organization provides that address SDH for the NY Medicaid population. Please include any pertinent information such as targeted population, partnerships, etc.

* 5. Which of the following SDH category best aligns with the services described above in Q4? Check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Poverty | <input type="checkbox"/> Enrollment in Higher Education | <input type="checkbox"/> Health Literacy |
| <input type="checkbox"/> Housing Security and Stability | <input type="checkbox"/> Language and Literacy | <input type="checkbox"/> Affordable/Quality Housing |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Social Cohesion | <input type="checkbox"/> Environmental Conditions |
| <input type="checkbox"/> Food Security | <input type="checkbox"/> Civic Participation | <input type="checkbox"/> Access to Healthy Foods |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Perceptions of Discrimination and Equity | <input type="checkbox"/> Crime and Violence |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Incarceration/Institutionalization | <input type="checkbox"/> Other |
| <input type="checkbox"/> Early Childhood Education and Development | <input type="checkbox"/> Access to Health Care | |
| <input type="checkbox"/> High School Education | <input type="checkbox"/> Access to Primary Care/Trusted Provider | |

Other (please specify)

* 6. Which of the following CBO Tier is your organization?

- Tier 1: Non-profit, non-Medicaid billing. E.g. housing, social services, religious organizations, food banks
- Tier 2: Non-profit, Medicaid billing, non-clinical service providers. E.g. transportation providers, care coordination providers
- Tier 3: Non-profit, Medicaid billing, clinical and clinical support service provider; licensed by a State agency
- Unsure

* 7. Is your organization part of a legally formed community-based organization (CBO) Independent Practice Association (IPA)/ network/consortium/HUB?

- Yes
- No
- I Don't Know

If YES, name the CBO IPA/network/consortium/HUB

8. If known, please identify the Managed Care health plan that the majority of people you serve are enrolled in. [Click HERE](#) for MCO list by county.

1.

2.

3.



CBO Engagement in Value Based Payment and Social Determinants of Health

* 9. Have you met with a Managed Care Organization(MCO) or VBP Contractor (i.e. Hospital, IPA, ACO) to determine what your role could be in a VBP arrangement?

Yes

No

If "Yes" or "No", please explain

* 10. Are you currently implementing a SDH intervention to support a VBP arrangement either directly or indirectly as a subcontractor?

Yes

No

If "Yes" or "No", please explain

11. Please indicate the Managed Care Organization or VBP contractor your organization is currently supporting with your SDH intervention.

1.

2.

3.

12. What additional educational support would you like from the Bureau of Social Determinants of Health in order to be successful in VBP?

DOH uses the Medicaid Redesign Team Listserv to notify interested parties that new information has been posted on the MRT website.

If you would like to be added to MRT Listserv, please send an email to listserv@listserv.health.state.ny.us

In the body of your message, type:

SUBSCRIBE MRT-L YourFirstName YourLastName

E.g. SUBSCRIBE MRT-L John Doe

Questions? Email: SDH@health.ny.gov

Website: www.health.ny.gov/mrt/sdh