



## **Memo: Reimbursement of HRSN service providers for services delivered via the SCN program**

### ***Context on SCN program***

Social Care Networks (SCNs) are regional Networks designed to increase and strengthen the delivery of health-related social needs (HRSN) services to Medicaid Members. The 9 regional SCNs established by New York State will deliver HRSN services through a network of diverse and culturally competent HRSN service providers, many of which are community-based organizations (CBOs).

Members are referred to HRSN services by Social Care Navigators, a specific role designated by the SCN Lead Entity. Social Care Navigators will determine Member eligibility for Enhanced HRSN Services (funded by the New York Health Equity Reform (NYHER) 1115 Waiver), which include Care Management, Housing, Nutrition, and Transportation services. Social Care Navigators may be employed by the SCN Lead Entity itself or HRSN service providers within the Network. HRSN service providers are required to be contracted with the SCN Lead Entity to be reimbursed for HRSN screening, navigation, and delivery of HRSN services.

For more information on the SCN program or to reach out to the SCN Lead Entity in your region, visit: <https://www.health.ny.gov/SocialCare>

### ***Roles***

**Social Care Navigator:** Refers eligible Medicaid Managed Care (MMC) Members to the appropriate HRSN service providers and connects Fee-For-Service (FFS) and other MMC Members to existing federal, state, or local resources.

**HRSN Provider:** HRSN service providers are primarily responsible for delivering Enhanced HRSN Services to Medicaid Members and will be reimbursed if contracted with the SCN Lead Entity. In addition, they may conduct screening and navigation (and be reimbursed for them) if contracted to do so by the SCN Lead Entity.

### ***Payment for services delivered by HRSN service providers that are part of an SCN***

**Reimbursement for services delivered as part of SCN program:** HRSN service providers may bill for HRSN service delivery in accordance with a regional fee schedule established by the SCN Lead Entity and approved by the New York State Department of Health (NYSDOH). HRSN service providers may be paid for screening and services delivered if...

- They are contracted with the SCN Lead Entity
- They remain in Medicaid Good Standing (if applicable)
- Member was screened using the SCN IT Platform or a unique screening IT platform as approved by the SCN Lead Entity in contract or sent by a provider through SHIN-NY or a Qualified Entity



- For Enhanced HRSN Services, Member was referred to the Enhanced HRSN Service provider through the SCN referral pathway (e.g., by a Social Care Navigator who conducts an eligibility assessment using the SCN IT Platform or another platform able to send referral information to the SCN IT Platform)
- Member is eligible for the HRSN service as determined by the SCN program; for Enhanced HRSN Services, eligibility requires Members to be enrolled in Medicaid Managed Care, meet specific enhanced population, social risk and clinical criteria, and demonstrate unmet health-related social needs determined by the SCN program
- The Medicaid Member is not already receiving a duplicative Enhanced HRSN Service from an alternate source (e.g., through federal, state, or local funding sources), as determined by the Social Care Navigator
- Enhanced HRSN Services delivered are among the services approved by the SCN program (see [https://www.health.ny.gov/health\\_care/medicaid/redesign/sdh/scn/index.htm](https://www.health.ny.gov/health_care/medicaid/redesign/sdh/scn/index.htm))
- HRSN service provider follows any additional agreed upon terms as outlined in contracts with SCN Lead Entities

HRSN providers within the SCN may be receiving funding from other sources to provide HRSN services to Medicaid Members (e.g., via block grants). For all individuals that meet the above criteria, HRSN providers may bill and be reimbursed for services delivered.

**Using multiple funding sources to provide services to a Member:** The 1115 waiver funding for HRSN services may not replace funding from other local, state, or federal programs. When applicable, this funding should be used to support the allowable HRSN services that the Member cannot access through other programs. New York State encourages HRSN service providers to use multiple funding sources to holistically address Member needs. Braided funding consists of multiple funding sources that are initially separate, brought together to pay for more than one funding source can support, and then carefully pulled back apart to report to funders on how the money was spent. For example, a Medicaid member can receive housing navigation under a grant program and then be referred to the SCN to receive community transition service paid through the waiver.

Services provided to a Member that are outside the scope of the New York Health Equity Reform (NYHER) waiver amendment cannot be reimbursed regardless of whether a Member is concurrently receiving SCN-referred services. Government entities (e.g., local departments of social services or local health departments) may not be reimbursed through SCN program funds for any SCN services, including Screening, Navigation, or Enhanced HRSN Service delivery.

Guidance may be adjusted over the duration of the SCN program to enable program impact and sustainability.



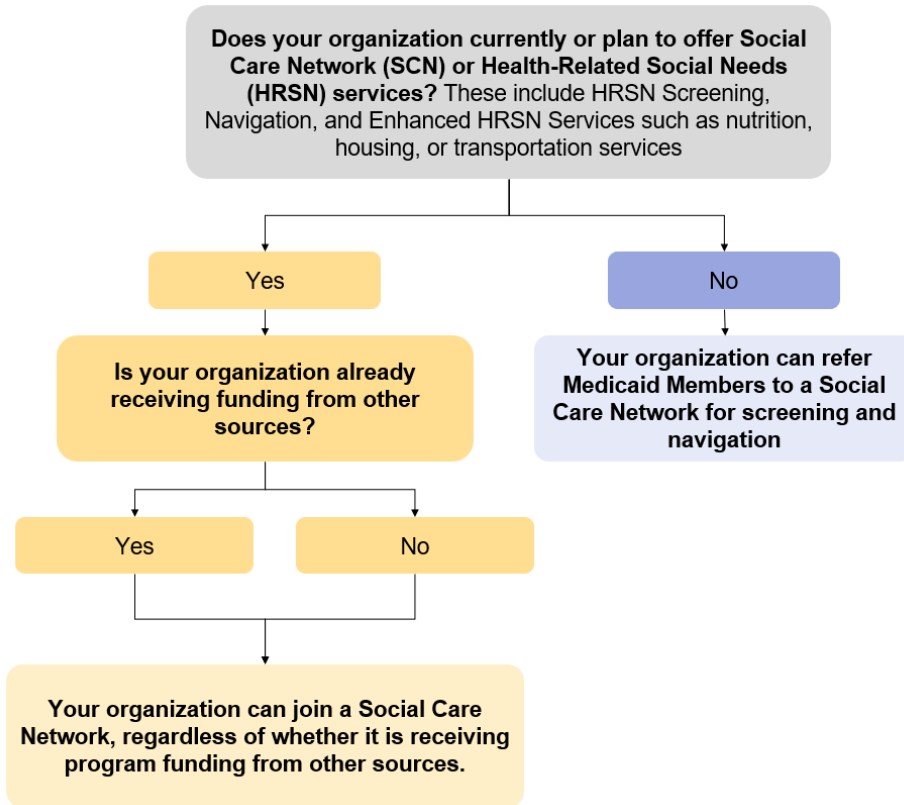
### Illustrative examples

- a. *Transportation services:* A CBO has received a block grant to provide transportation services to individuals including Medicaid members. The CBO receives a referral from their SCN Lead Entity to provide transportation services as part of the SCN program. The CBO may bill the SCN Lead Entity for reimbursement of transportation services rendered to that Member, provided that the Member was referred through the SCN. The CBO should not bill their SCN for reimbursement of transportation services rendered to another Medicaid member who was not referred to the CBO via the SCN referral pathway
- b. *Care management:*
  - a. *Provider that is part of an SCN:* A Social Care Navigator works with a Member to refer them to services delivered by the SCN program. In addition, the Social Care Navigator helps a member access existing federal, state, and local benefits. The Social Care Navigator may bill for time spent helping the Member access both SCN program services, as well as existing benefits.
  - b. *Provider that is not part of an SCN:* The care manager can refer Members to an SCN. They cannot bill the SCN for any care management or screening services provided to the Member.



Summary: Process flows for joining an SCN and billing for services delivered

1. Can my organization join an SCN?



2. [For organizations that are part of SCNs] How should my organization bill for services delivered to a Medicaid Member?

