Department of Health

New York Health Equity Reform (NYHER) 1115 Waiver Program

Overview of Social Care Networks (SCNs)

AS OF NOVEMBER 2024

AGENDA

- **Overview of New York Health Equity Reform 1115 Waiver Amendment**
- Overview of Social Care Networks
- Enhanced health-related social needs (HRSN) services and Member journey to access
- How to get involved in SCNs

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VISION FOR AN EQUITABLE AND INTEGRATED DELIVERY SYSTEM

CURRENT CHALLENGES

Fragmented systems that inadequately address social drivers of health

Insufficient workforce to meet care needs

Increasing health disparities for at risk populations

Regional misalignment on objectives and lack of value-based accountability

OUR FUTURE

Transform delivery and payment to integrate health, behavioral health, and social care

Increase the availability and resiliency of our health care workforce

Reduce long-standing racial, disability-related, and socioeconomic health disparities

Increase health equity through measurable improvement of care quality and outcomes

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Source: Medicaid Section 1115(a) Waiver - New York State Medicaid Redesign NYHER Amendment. January 9, 2024

NEW YORK STATE'S 1115 WAIVER EXPERIENCE

Inception of Waiver

Since the inception of NYS's Medicaid Redesign Team (MRT) 1115 Waiver in 1997, NY has been a leader in innovations to improve access to high-quality coverage and expand coverage

Delivery System Reform Incentive Payment (DSRIP) program accomplishments

Reduced avoidable hospital utilization

Advanced integration of physical and behavioral health care

Increased participation in value-based payment arrangements

NYHER 1115 Waiver Amendment

On January 9, 2024, CMS approved a $7.5 billion 3-yr package for the NYHER 1115 Waiver Amendment, effective until March 31, 2027. This includes:

- $3.5B for a program of Social Care Networks (SCNs)
- $700M for initiatives to strengthen the health care and social care workforce
- $3.4B for population health initiatives to improve health outcomes

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SOURCE: Medicaid Section 1115(a) Waiver - New York State Medicaid Redesign NYHER Amendment. January 9, 2024

NYHER 1115 WAIVER AMENDMENT INITIATIVES

Details follow

Social Care Networks (SCNs)

Improve integration across health, behavioral health, and social care

Population Health

Improve health outcomes, advance health equity, and reduce health disparities

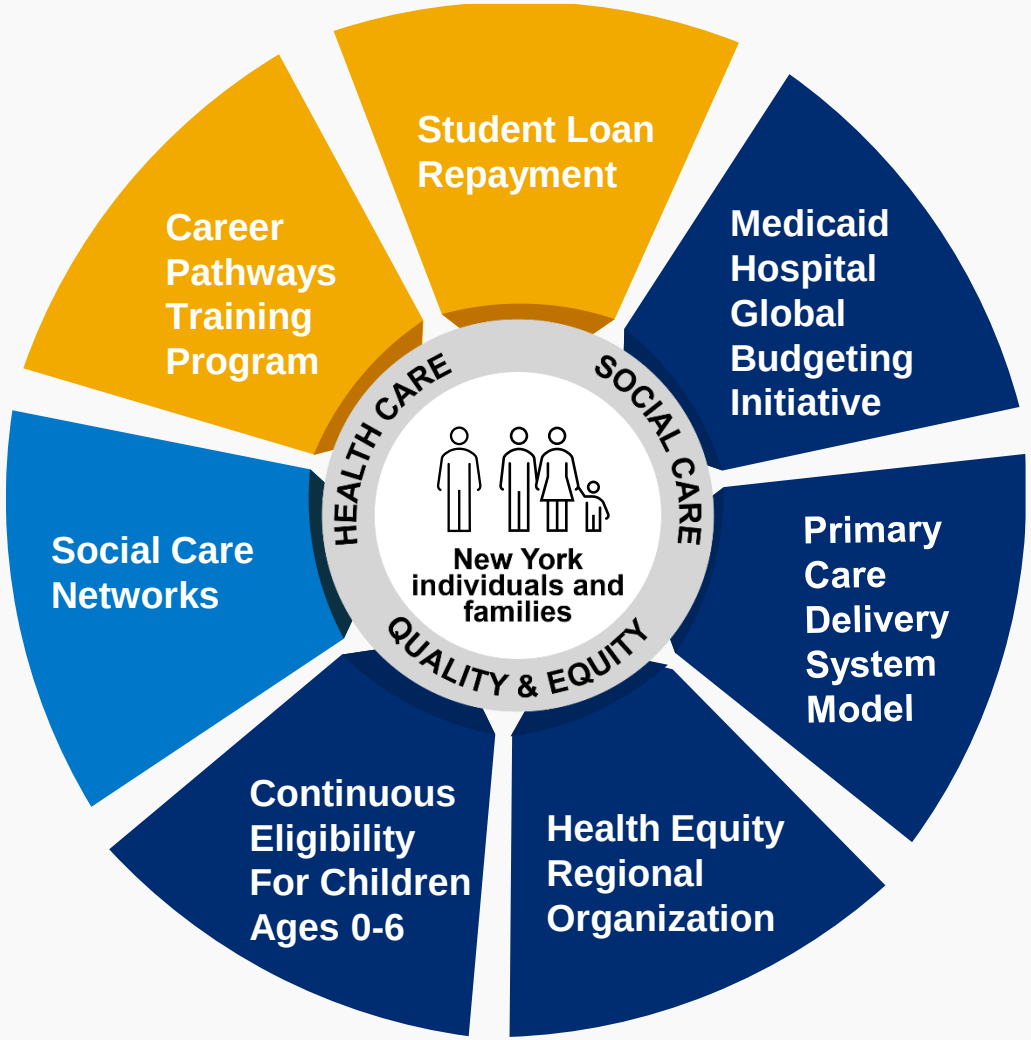
Improve financial sustainability and quality of care among safety net hospitals while strengthening primary care leveraging VBP

Enable children to remain continuously enrolled in Medicaid and Child Health Plus up to age six

Strengthening the Workforce

Fund education and professional placement services across health care, behavioral health, and social care roles

Provide loan repayment for health care professionals in under-filled roles, serving Medicaid and uninsured



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WHAT ARE SOCIAL CARE NETWORKS (SCNs)?

SCNs will identify Medicaid Members' unmet social needs, navigate Members to health-related social needs (HRSN) services, and reimburse HRSN service providers

SCNs can include a range of service providers such as community-based organizations (CBOs) and other partners (e.g., regional non-profits, health care providers)

Organizations in an SCN will use shared data and technology to better integrate social, behavioral, and physical health services and improve Member experience

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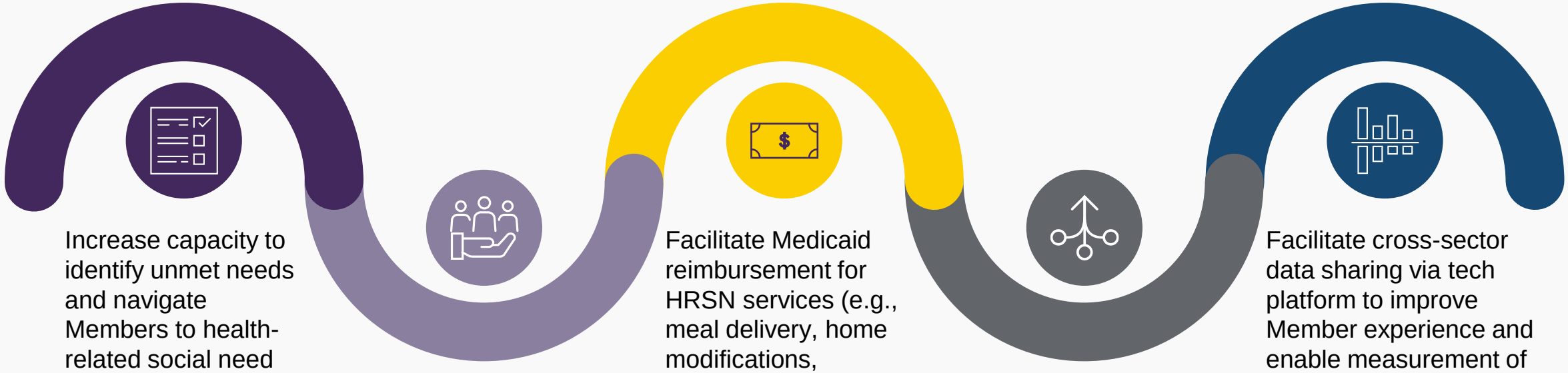
SOURCE: Medicaid Section 1115(a) Waiver - New York State Medicaid Redesign NYHER Amendment. January 9, 2024

OBJECTIVES OF SOCIAL CARE NETWORKS



Increase capacity to identify unmet needs and navigate Members to health-related social need (HRSN) services

Reach a broader set of populations (e.g., pregnant persons, individuals with serious mental illness or substance use disorder) with enhanced social care services

Facilitate Medicaid reimbursement for HRSN services (e.g., meal delivery, home modifications, transportation)

Support system integration of physical, behavioral, and social care services and improve Member experience

Facilitate cross-sector data sharing via tech platform to improve Member experience and enable measurement of impact of services on health outcomes[1]

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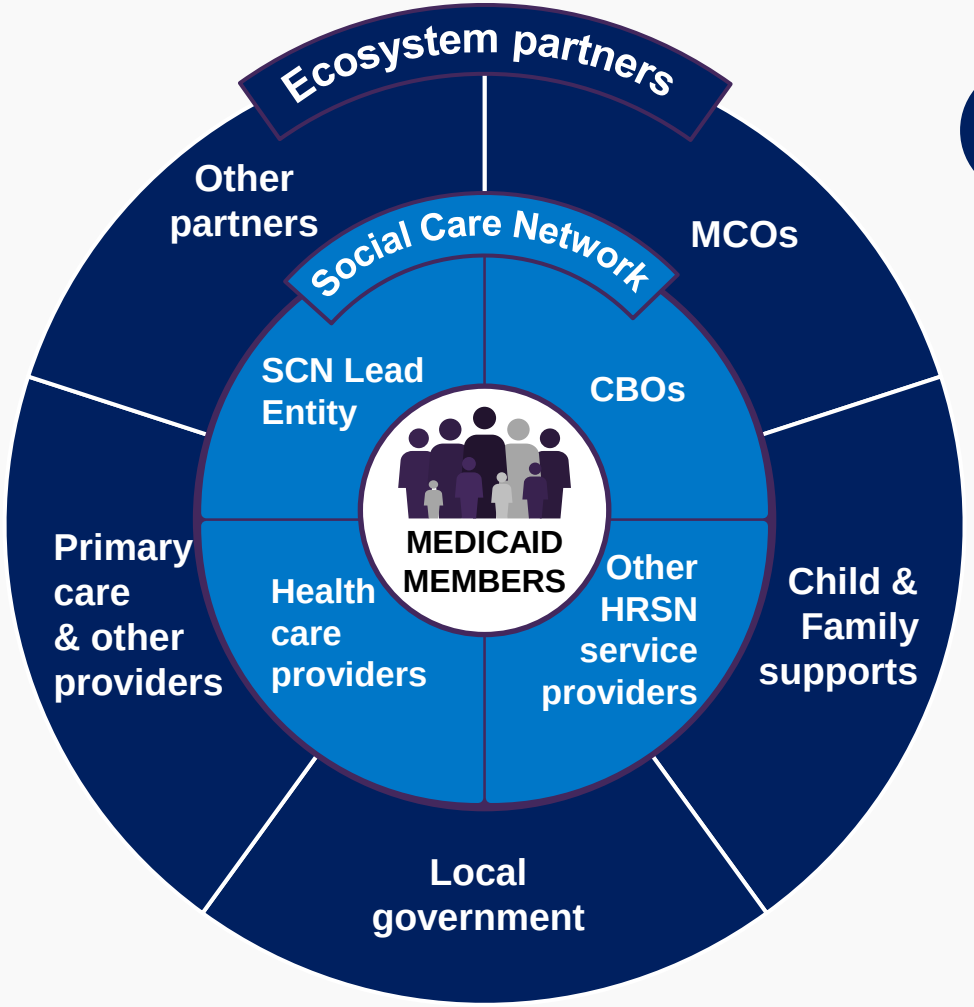
1. Hypotheses for HRSN components of the demonstration including nutrition services will focus on areas such as beneficiary utilization of HRSN services, severity of beneficiaries' social needs, utilization of preventive and routine care, utilization of and costs associated with potentially avoidable, high acuity health care, utilization of hospital and institutional care, and beneficiary physical and mental health outcomes.

SOURCE: Medicaid Section 1115(a) Waiver - New York State Medicaid Redesign NYHER Amendment. January 9, 2024

OVERVIEW OF SOCIAL CARE NETWORK ECOSYSTEM



Examples of stakeholders in SCN ecosystem

- **Regional SCN Lead Entity:** Develop network of social care service providers to conduct health-related social needs (HRSN) screening, navigation, and delivery of social care services; reimburse HRSN service providers for service delivery; deploy shared technology platform
- **HRSN service providers:** Conduct screening, navigate Members to existing and/or enhanced services, deliver HRSN services to Members
- **Health care providers:** Conduct HRSN screening and navigate Members to existing and/or enhanced HRSN services
- **Managed Care Organizations (MCOs):** Provide information on Medicaid Members through secure channels to identify who may benefit from and be eligible for HRSN services, and support reimbursement of HRSN services via payment flow to SCNs
- **Other ecosystem partners**: Refer Members to SCN and coordinate with SCN on service navigation and delivery

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SOURCE: Medicaid Section 1115(a) Waiver - New York State Medicaid Redesign NYHER Amendment. January 9, 2024

REGIONAL SCN LEAD ENTITIES

Coverage area	Lead Entity
North Country	Healthy Alliance Foundation Inc.
Central NY	Healthy Alliance Foundation Inc.
Capital Region	Healthy Alliance Foundation Inc
Western NY	Western New York Integrated Care Collaborative Inc.
Finger Lakes	Forward Leading IPA, Inc
Southern Tier	Care Compass Collaborative
Hudson Valley	Hudson Valley Care Coalition, Inc.
New York City[1]	Public Health Solutions
Bronx	Somos Healthcare Providers, Inc.
Staten Island	Staten Island Performing Provider System
Long Island	Health and Welfare Council of Long Island

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1. Includes Brooklyn, Manhattan, and Queens

Source: Governor Hochul Announces $500 Million for New Social Care Networks Program to Deliver Social Services and Improve Health Outcomes for Millions of Low-Income New Yorkers. August 7, 2024. Press Release

ROLES OF SCN LEAD ENTITIES

To achieve the objectives of screening, navigation, and delivery of HRSN services, SCN Lead Entities will…

Form partnerships within the regional ecosystem to screen Medicaid Members for HRSN, navigate to services, and close the loop on referrals

Organize and coordinate a network of diverse and culturally competent HRSN service providers, including community-based organizations (CBOs) and other partners

Pay HRSN service providers for services delivered

Facilitate data-sharing to support HRSN service navigation and delivery

Establish a leadership team that reflects the unique needs of the region

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Source: Medicaid Section 1115(a) Waiver - New York State Medicaid Redesign NYHER Amendment. January 9, 2024

ROLE OF DATA AND TECHNOLOGY

Each regional SCN will contract with an IT platform with the following features:

1	2	3	4	5
Screening	Eligibility Assessment	Navigation and closed loop referrals	Network management	Fiscal management
Embedded Accountable Health Communities (AHC) HRSN screening tool	Ability to use health plan data to determine Member eligibility for enhanced HRSN services	Ability to send and close loop on referrals to ensure services were delivered	Up-to-date network of HRSN service providers and key information about them	Ability to submit social care claims and issue reimbursement to HRSN service providers

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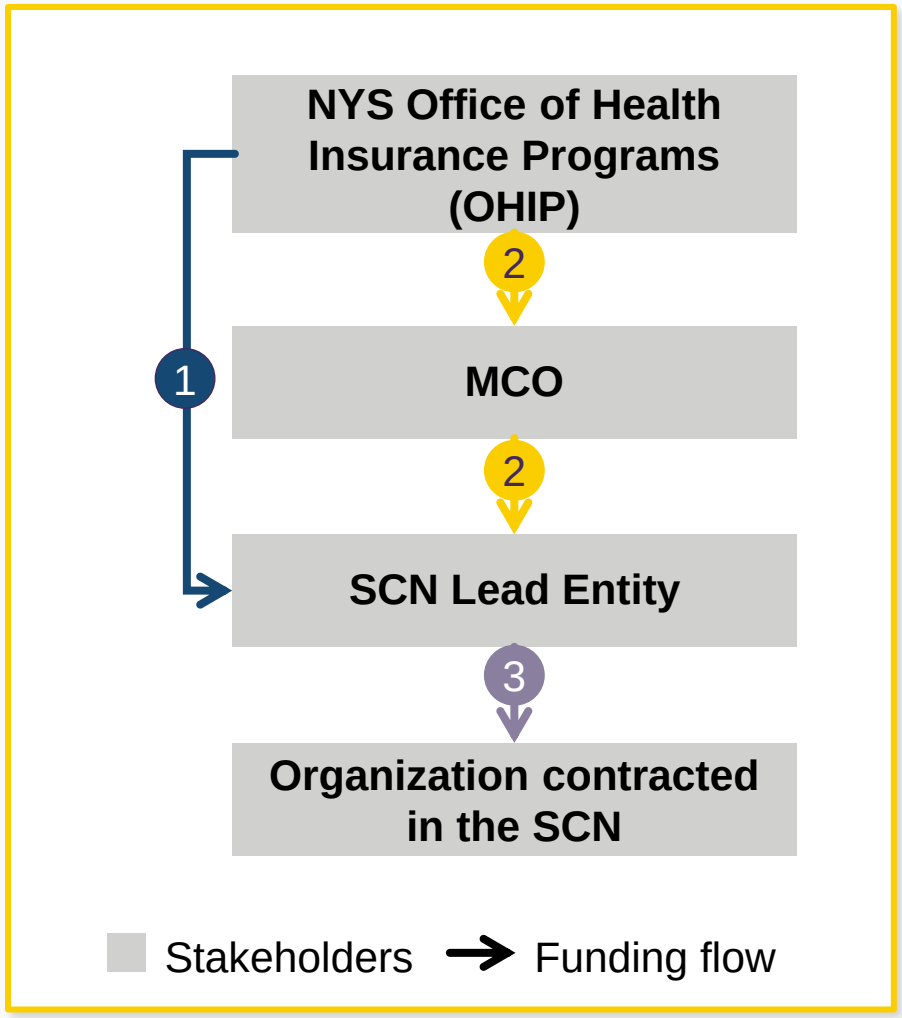
Source: Medicaid Section 1115(a) Waiver - New York State Medicaid Redesign NYHER Amendment. January 9, 2024

SCN PAYMENT FLOW



1 **Infrastructure grant funding:** Funding to SCN Lead Entities for operational setup of the program. SCNs will use infrastructure funding to build necessary functionality of the network

2 **Per-Member-Per-Month (PMPM) payments:** Payments for screening, navigation, and enhanced HRSN services will flow from the NYS Office of Health Insurance Programs (OHIP) to the MCOs and from MCOs to SCN Lead Entities

3 **Payments for services delivered:** SCN Lead Entities will pay for screening, navigation, and enhanced HRSN services delivered according to a set fee schedule by region

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OVERVIEW OF SCREENING, NAVIGATION, AND SERVICE DELIVERY

Screening

Screenings will be conducted using the standardized AHC tool via SCNs

There are a range of individuals and channels that may conduct screening including SCN Navigators, HRSN service providers, Health Homes, FQHCs, providers, behavioral health providers, hospitals, etc.

Members may also self-screen on the SCN website.

Social care navigation[1]

Social Care Navigators conduct eligibility assessment, gathering information through the following channels:

1. Member information from MCO
2. Additional information gathered by the Social Care Navigator (e.g., discussion with Member, requesting provider attestation)

Social Care Navigators may be employees of the SCN lead entity or contracted in the SCN

HRSN services

Enhanced HRSN services

Eligible Members are referred to HRSN service providers in the Network for enhanced HRSN services

Existing services

Any Member can receive navigation to existing federal, state, and local services

Enhanced HRSN services to existing services

The Navigator ensures that the Member has their needs met related to the service

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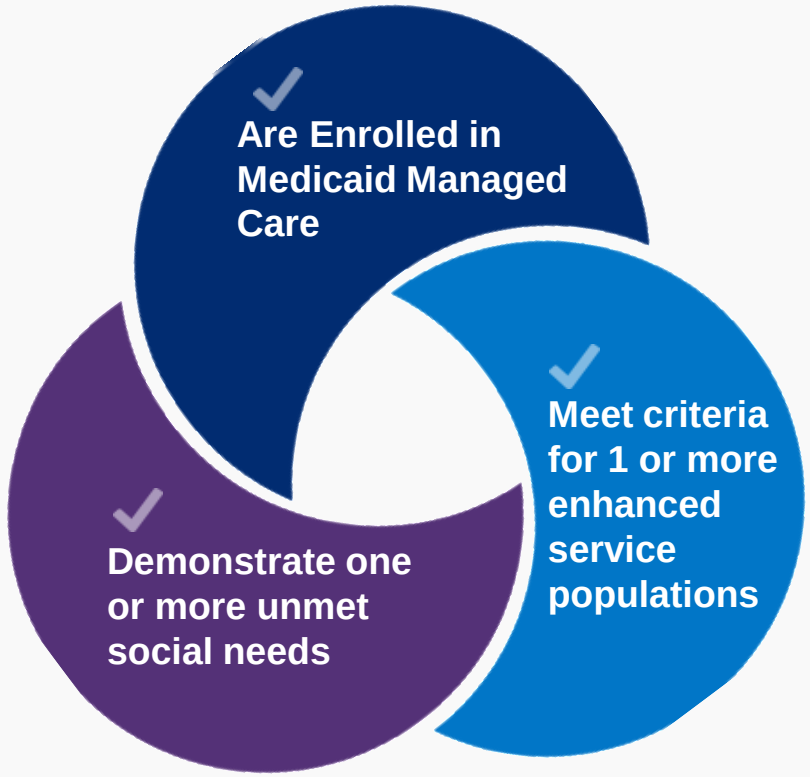
1. Members can be navigated to enhanced services by SCN Social Care Navigators or providers.

Source: Medicaid Section 1115(a) Waiver - New York State Medicaid Redesign NYHER Amendment. January 9, 2024

ELIGIBILITY FOR ENHANCED HRSN SERVICES

Criteria to receive enhanced services



Enhanced service populations

- Members with substance use disorder and/or serious mental illness
- Members with intellectual and developmental disabilities
- Pregnant or postpartum persons
- Members recently released from incarceration and have chronic health condition(s)
- Youth in care (e.g., foster care, juvenile justice, kinship care) who are high risk
- Children under six who are at high risk and children under 18 with chronic health conditions
- Frequent health care users (e.g., emergency room, hospital stays, transitioning from an institutional setting)
- Members enrolled in a Health Home

Additional clinical criteria may be evaluated for certain enhanced HRSN services

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Source: Medicaid Section 1115(a) Waiver - New York State Medicaid Redesign NYHER Amendment. January 9, 2024

OVERVIEW OF HEALTH-RELATED SOCIAL NEEDS SERVICES

Screening

- Medicaid Members can choose to be screened for HRSNs using the Accountable Health Communities HRSN screening tool

Navigation

- Medicaid Managed Care Members are eligible for navigation to existing or enhanced HRSN services
- Medicaid Fee-For-Service (FFS) Members are eligible for navigation to existing local, state, or federal services (e.g., SNAP)

Enhanced HRSN services

Nutrition

- Nutritional counseling and classes
- Medically tailored home-delivered meals
- Food prescriptions
- Pantry stocking
- Cooking supplies (pots, pans, etc.)

Housing

- Medically necessary home modifications and remediation, incl. asthma remediation
- Medical respite
- Rent / temporary housing
- Utility set-up / assistance
- Housing Navigation
- Pre-tenancy services
- Community transitional services
- Tenancy sustaining services

Social care management

- Navigation to social care services (including other enhanced HRSN services and existing services such as education, childcare, interpersonal violence resources, etc.)

Transportation

- Reimbursement for public and private transportation to connect to HRSN services and HRSN care management activities (e.g., get to an appointment with housing navigator)

Duration of each service varies depending on service type and Member need

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Source: Medicaid Section 1115(a) Waiver - New York State Medicaid Redesign NYHER Amendment. January 9, 2024

EXAMPLES OF ENHANCED FOOD AND NUTRITION SERVICES

Nutrition counseling & education	Medically tailored meals	Food prescriptions	Pantry stocking	Cooking supplies
Meal prep education Food/diet related planning related to conditions such as diabetes, obesity, etc.	Home delivered, medically tailored or clinically appropriate meals	Medically tailored or clinically appropriate food boxes or nutrition vouchers	Fresh produce and non-perishable groceries (may include delivery)	Provision of materials necessary for meal preparation (e.g., pots, pans, plates, bowls, cups, silverware)

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EXAMPLES OF ENHANCED HOUSING SERVICES

Medically necessary home accessibility / safety modifications

- Ramps
- Handrails
- Electric door openers
- Widening of doorways
- Non-skid surfaces

Medically necessary home remediation

- Mold / pest
- Ventilation, AC, heater, etc. repair
- Refrigeration for medical treatment
- Home environment assessment

Asthma remediation

- Home remediation / equipment provisioning tailored to individuals with asthma
- Home environment assessment

Medical respite

- Recuperative care: pre-procedure and post-hospitalization
- Care coordination and connection to supportive housing

Rent / temporary housing

- Rent / temporary housing support (up to six months)
- Utility assistance

Utility set-up / assistance

- Activation expenses and back payments to secure / keep utilities (e.g., electric)

Pre-tenancy services

- Tenant rights education
- Housing interviews
- Application assistance

Community transitional services

- Security deposits
- First month's rent
- Utility activation fees

Tenancy sustaining services

- Eviction prevention
- Fiscal planning
- Emergency planning
- Independent community living skills

Housing transition and navigation

- Assistance with housing search

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Source: Medicaid Section 1115(a) Waiver - New York State Medicaid Redesign NYHER Amendment. January 9, 2024

EXAMPLES OF ENHANCED TRANSPORTATION SERVICES

Transportation services

Public or private transportation (e.g., taxi/livery, rideshare/transportation network company (TNC), public transportation) to **utilize enhanced HRSN services and/or social care management activities** for which a Member has been referred including:

- Housing appointments
- Nutrition class
- Pick up of food prescription box

These enhanced transportation services are a separate but complementary benefit to NEMT and meant to be used to access enhanced social care services (not clinical care)

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HOW TO GET INVOLVED IN THE SCN PROGRAM

The SCN program presents an unprecedented opportunity to address health-related social needs and advance health equity via the Medicaid program across New York State

Success and sustainability beyond the three-year demonstration period will require collaboration across partners and sectors

- **Reach out to your regional SCN Lead Entity** for information on how to participate, including how to join an SCN(s) – *note there is no deadline to join, and Networks will be built on an ongoing basis*
- **Share information with colleagues and partners** who may be interested in learning more or participating in a SCN
- **Share information with Medicaid Members** to help connect them to an SCN once service delivery begins
- **Share input and feedback** with SCN lead entities and OHIP, to support overall program success during and beyond the demonstration period
- **Stay in touch** on program updates – Join the Medicaid Redesign Team listserv

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REMINDER OF REGIONAL LEAD ENTITIES AND WEBSITES

Reach out to your regional SCN Lead Entity for information on how to participate, including how to join one or more Networks (each website is linked on next slide)

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North Country	Healthy Alliance Foundation Inc.
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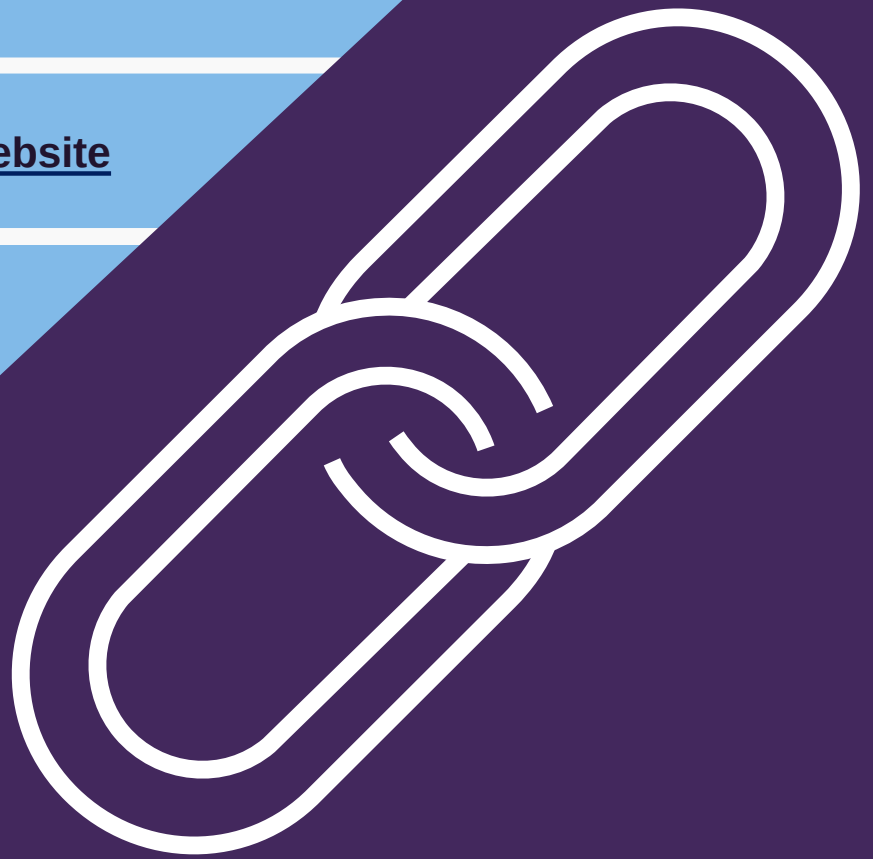
1. Includes Brooklyn, Manhattan, and Queens

ADDITIONAL RESOURCES

- New York 1115 Waiver Website
- Current Special Terms and Conditions
- New York Social Care Networks Website
- Subscribe to MRT Listserv



If you have questions regarding New York Health Equity Reform Amendment programs, please contact us at: NYHER@health.ny.gov

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