## Social care needs Intervention and community based organization contracting Template

## This template is for reporting information on the selection and implementation of the Social Care Needs (SCN) intervention to support Value Based Payment (VBP) arrangements. This template is required for all VBP Level 2 and Level 3 arrangements and should be completed in collaboration with the VBP Contractor and the partnered Community Based Organization (CBO). MCOs must include this template and a copy of the executed CBO service contract, in the submission of all VBP Level 2 or Level 3 arrangements. Social Care Needs interventions should be based on attributed members’ need and can focus on key areas such as: housing instability, food insecurity, transportation problems, interpersonal safety, toxic stress, health literacy, education, and economic instability.

1. **Social Care Needs Intervention Requirement:**

## MCO/VBP Contractor Name and Contact Information:

Click here to enter text.

## Name of CBO(s) Implementing the SCN Intervention:

Click here to enter text.

## SCN Intervention Detailed Description:

Click here to enter text.

## Project Scope:

Click here to enter text.

## Geographic Location(s):

Click here to enter text.

## Need Assessment and Estimated Volume (i.e., how has the intervention been deemed necessary for the targeted population; projected number of people to be served):

Click here to enter text.

## Targeting and Evaluation (i.e., how will the intervention target a specific population, how will the intervention be evaluated, what are the measures of success):

Click here to enter text.

## Implementation and Timeline:

Click here to enter text.

## SCN Intervention Funding

## Providers (or CBOs) implementing SCN interventions in Level 2 or 3 arrangements shall receive a funding advance (investment or seed money). Please provide a brief overview of the funding advance to include the intent of the funding[[1]](#footnote-2).

## Describe the payment structure to the CBO or provider.

## How will utilization of SCN funds be reported to the MCO?

1. **Contract with CBO Requirement:**

***Please submit a copy of the current executed contract with MCO or VBP contractor and CBO.***

1. **Name of Contracted CBO and Contact Information:**

Click here to enter text.

## CBO Contract Term (include current contract begin/end dates or state if contract is evergreen):

Click here to enter text.

## CBO Service(s) Provided (including direct services and referrals):

Click here to enter text.

1. NYS VBP Roadmap, [final\_updated\_roadmap.pdf (ny.gov)](https://www.health.ny.gov/health_care/medicaid/redesign/vbp/roadmaps/docs/final_updated_roadmap.pdf) Page 7 [↑](#footnote-ref-2)