



**Department  
of Health**

# **New York Health Equity Reform (NYHER) 1115 Waiver Program: Social Care Networks (SCN)**

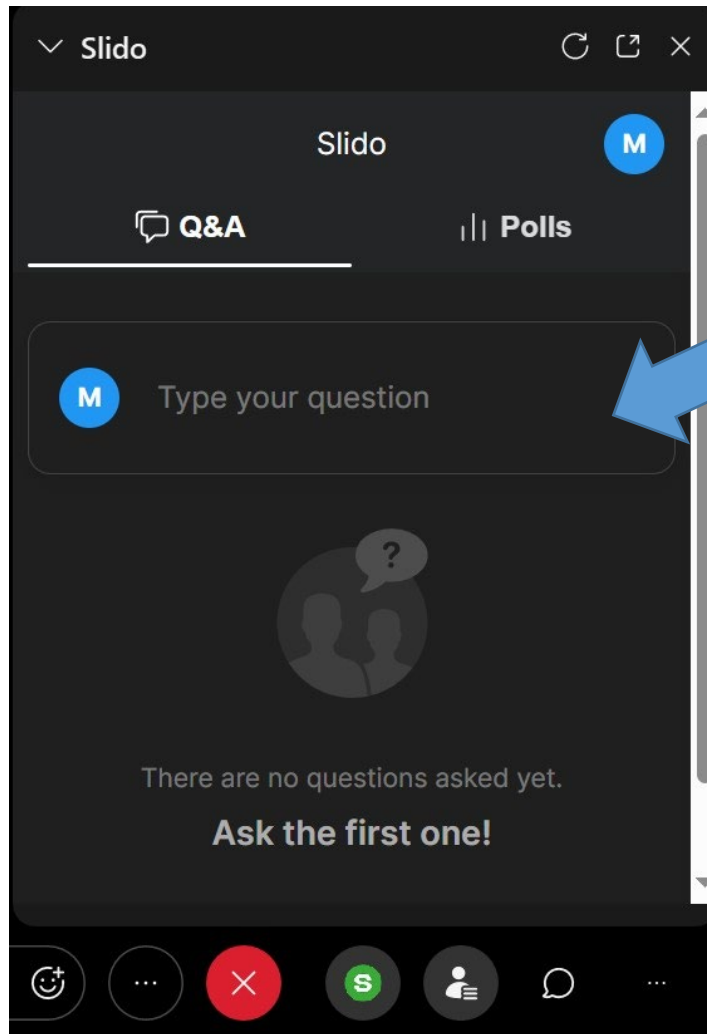
**Request for Applications (RFA)  
Applicant Conference**

January 24, 2024

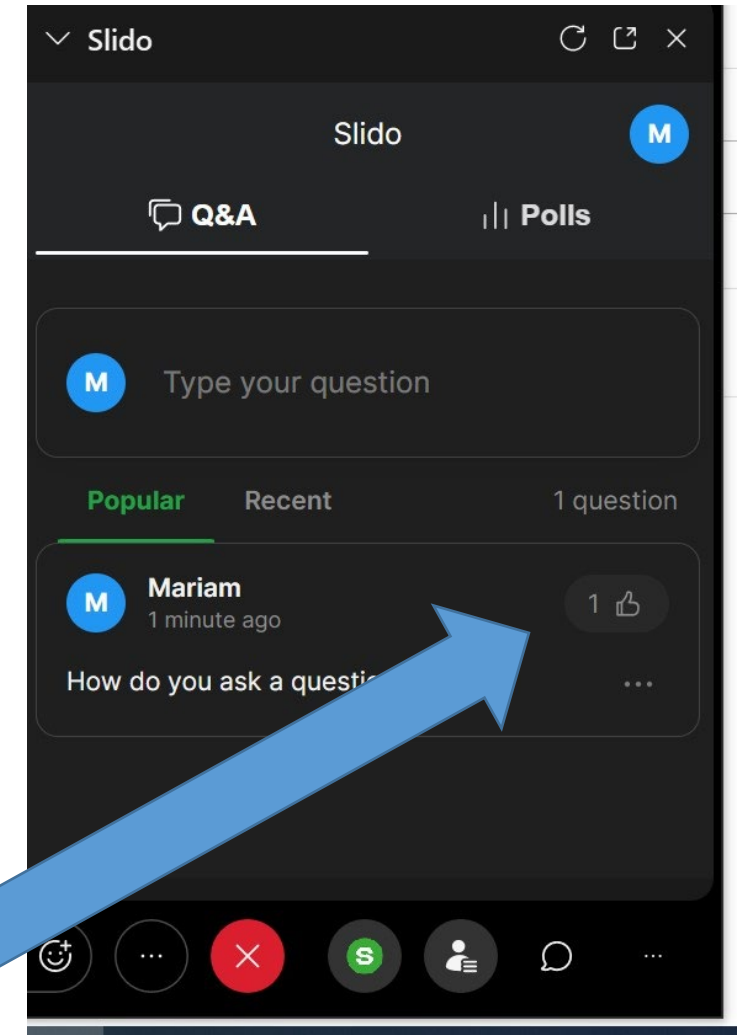
# Housekeeping

- All participants will remain muted during webinar.
- Please use the Slido Q&A feature to submit your question.
- Questions received during this webinar will be added to those received through the formal RFA Q&A process. Responses to all questions will be posted as an attachment in Grants Gateway.
- Webinar slides will be posted on Grants Gateway.
- **This webinar is for Social Care Network RFA applicants only.** Questions regarding the broader 1115 Waiver should be sent to: [1115waivers@health.state.ny.us](mailto:1115waivers@health.state.ny.us)

# Asking a Question in Slido



Write your question in the **"type your question"** box and hit enter to submit.



👍 **"Like"** a question in the **chat** rather than submitting a duplicate question.

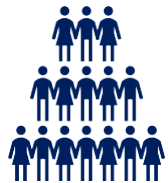
This will help us prioritize which questions to answer first.

# New York 1115 Waiver Amendment: Background and Objective

NYS aims to better coordinate regional social care service delivery and improve health equity and health outcomes through this 1115 waiver amendment, **New York Health Equity Reform [NYHER]: Making Targeted, Evidence-Based Investments to Address the Health Disparities Exacerbated by the COVID-19 Pandemic**

**Overall Goal:** “To advance health equity, reduce health disparities, and support the delivery of social care.”

- New York seeks to build on the investments, achievements, and lessons learned from the DSRIP to scale **delivery system transformation**, improve **population health and quality**, deepen **integration** across the delivery system, and **advance health-related social need (HRSN) services**.
- The waiver amendment will require the standardization and collection of data that will allow the state to stratify measures to **evaluate impacts on underserved** communities, **enhance Medicaid services** to best serve all populations, and implement **social risk adjustment**.
- This would be achieved through targeted and **interconnected investments** that will augment each other, be directionally aligned, and be tied to accountability. These **investments focus on:**



Population Health



Social Care Networks



Strengthening  
the Workforce



# Purpose of RFA

- NYS seeks to apply a **regionally-based approach** to increase and strengthen the **delivery of social care services to Medicaid members** by establishing Social Care Networks (SCNs). Lead SCN entities will coordinate the delivery of social care services to Medicaid members by **community-based organizations (CBOs)**, with support from **shared data and technology**.
- Through this RFA, the NYS DOH is seeking competitive applications from qualified applicants who can serve as Social Care Network lead entities. The Department intends to award **up to thirteen (13) contracts** from this procurement, one (1) for each region identified (*see slide #6*).
- Awarded entities will become NYS **designated** Social Care Networks (SCNs) and will enroll in eMedNY as a **Social Care Network Medicaid Provider**.

## Defining a CBO:

*For the purposes of this RFA, a community-based organization (CBO) is defined as a not-for-profit charitable organization that works at the local level to meet community needs and is registered as a 501(c)(3)*

# Available Funding by SCN Region

NYS' 1115 waiver amendment provides NYS with **up to \$500,000,000** in expenditure authority to establish and maintain the SCNs **through March 31, 2027**. By means of this RFA, NYS seeks to award up to 13 SCNs for the **8/1/2024 to 3/31/2027 contract term**.

| Social Care Network (SCN) Regions | Counties   | Total Funding |
|-----------------------------------|--|---------------|
| Region 1: Capital Region          | Albany, Columbia, Greene, Rensselaer, Montgomery, Saratoga, Schenectady, and Schoharie                                     | \$ 29,230,628 |
| Region 2: Western NY              | Cattaraugus, Chautauqua, Erie, Niagara   | \$ 36,859,552 |
| Region 3: Hudson Valley           | Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester  | \$ 44,886,771 |
| Region 4: New York City           | Bronx  | \$ 54,541,802 |
| Region 4: New York City           | Kings  | \$ 65,676,396 |
| Region 4: New York City           | Queens   | \$ 34,602,335 |
| Region 4: New York City           | New York   | \$ 52,080,677 |
| Region 4: New York City           | Richmond   | \$ 22,509,718 |
| Region 5: Finger Lakes Region     | Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates | \$ 38,604,750 |
| Region 6: Southern Tier           | Broome, Chenango, Delaware, Otsego, Tioga, Tompkins  | \$ 22,639,240 |
| Region 7: Central New York        | Cortland, Herkimer, Madison, Oneida, Onondaga, and Oswego  | \$ 31,414,924 |
| Region 8: Long Island             | Nassau, Suffolk  | \$ 42,179,889 |
| Region 9: North Country           | Clinton, Essex, Franklin, Fulton, Hamilton, Jefferson, St. Lawrence, Lewis, Warren, and Washington                         | \$ 24,773,317 |

**\*\*An applicant can apply for multiple regions but must submit a separate application for each region.**

# Overview SCN Responsibilities

## Organization

- Establish and maintain a governing body and executive leadership team that reflects and understands the unique needs of the region.

## Contracting

- Contract with the Managed Care Organizations of each region to facilitate payments and validate eligible members.

## Fiscal Administration

- Receive and manage a PMPM per Medicaid Managed Care Member.
- Bill Fee For Service for members that are Fee For Service.
- Pay CBOs for services rendered in a timely manner.

## IT Platform/Data and Reporting

- Contract with Social Care IT platform to manage referrals and ensure connectivity.
- Connect to the SHIN-NY and report on screening and services through standardized codes.

## CBO Network and Capacity Building

- Formally organize and coordinate contracted network of CBOs to deliver social care services.
- Ensure network adequacy and build CBO capacity to participate in the network.

## Regional Partnerships

- Collaborate with partners within the regional ecosystem to screen members for HRSN.
- Validate eligibility, navigate to appropriate services, manage and close the loop on referrals.

# Key Dates

| Event  | Date                    |
|--|-------------------------|
| RFA Release                                    | January 16, 2024        |
| Application Conference – Registration Deadline | January 22, 2024        |
| <b>Applicant Conference</b>                    | <b>January 24, 2024</b> |
| <b>Questions Due</b>                           | <b>January 31, 2024</b> |
| <b>Questions &amp; Answers Posted</b>          | <b>February 9, 2024</b> |
| <b>Applications Due</b>                        | <b>March 27, 2024</b>   |
| <b>Contract Start</b>                          | <b>August 1, 2024</b>   |



# Who May Apply

Applicants must meet the criteria identified below to be deemed eligible to apply to this RFA:

- Applicant must be a **501(c)(3) non-profit organization** including, community-based organizations, Independent Practice Associations (IPAs), Health Homes, Behavioral Health Collaboratives, Federally Qualified Health Centers (FQHCs), or Performing Provider Systems.
- Applicant must have at **least three (3) years of experience working with community-based organizations in the region** that they are applying for. Experience must include one of the following:
  - Contracting or fiscal administration with or on behalf of CBOs
  - Leading CBOs within a network, consortium, coalition, or other organized group with the goal of coordination or planning
  - Leading care management with partners including CBOs
- Applicant must be **prequalified in the New York State Grants Gateway or Statewide Financial System (SFS)**, if not exempt, on the date and time Applications in response to this RFA are due, as specified in the “Key Dates” (see slide #44).

**Note:**

*Applicant must be registered as a 501(c)(3) non-profit entity by the application due date noted on cover page of RFA.*

# Application Content and Scoring

| Section  | Max Section Score | Section Weight |
|--|-------------------|----------------|
| 1. Organizational Overview and Experience                                  | 102               | 15%            |
| 2. Health Related Social Needs (HRSN) Screening and Navigation to Services | 54                | 15%            |
| 3. Network Administration, Capacity Building, and Partnerships             | 78                | 20%            |
| 4. Payments and Performance Evaluation                                     | 54                | 15%            |
| 5. Data and IT Infrastructure  | 108               | 15%            |
| 6. Budget  | 15                | 20%            |

# SCN Organizational Overview and Experience

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# 1. Organizational Overview and Experience

**Fully respond to the questions set forth in the application. The section includes:**

- a. Background, Experience, and Qualifications
- b. Organizational Infrastructure
- c. Operations and Proposed Staffing
- d. Work Plan

# Organizational Infrastructure and Operations

## Organizational Infrastructure:

- NYS envisions that SCN lead entities will **develop or evolve governing bodies** to set strategic goals for the SCN and support programmatic and operational decision-making across the network.
- In developing a governing body, SCN lead entities should convene stakeholders across their region, including but not limited to **CBOs, healthcare stakeholders, advocacy organizations, and Medicaid and community members.**
- **CBOs will comprise the majority** of each SCN's governing board. To better understand disparities different individuals may face, NYS expects SCN lead entities to ensure their governing bodies include **representation from a multitude of individuals across race, ethnicity, disability, age, and socioeconomic status.**

## Program and Service Operations:

- SCNs will develop and **maintain sufficient operational capacity** to facilitate scaled and coordinated delivery of social care services to the Medicaid population across their respective region(s).
- SCNs will **develop and maintain program and service operations**, and support functions including but not limited to, executive leadership, data and IT, finance and accounting, human resources, communications and external engagement, and subcontracting and/or vendor management.

# HRSN Screening and Navigation to Services

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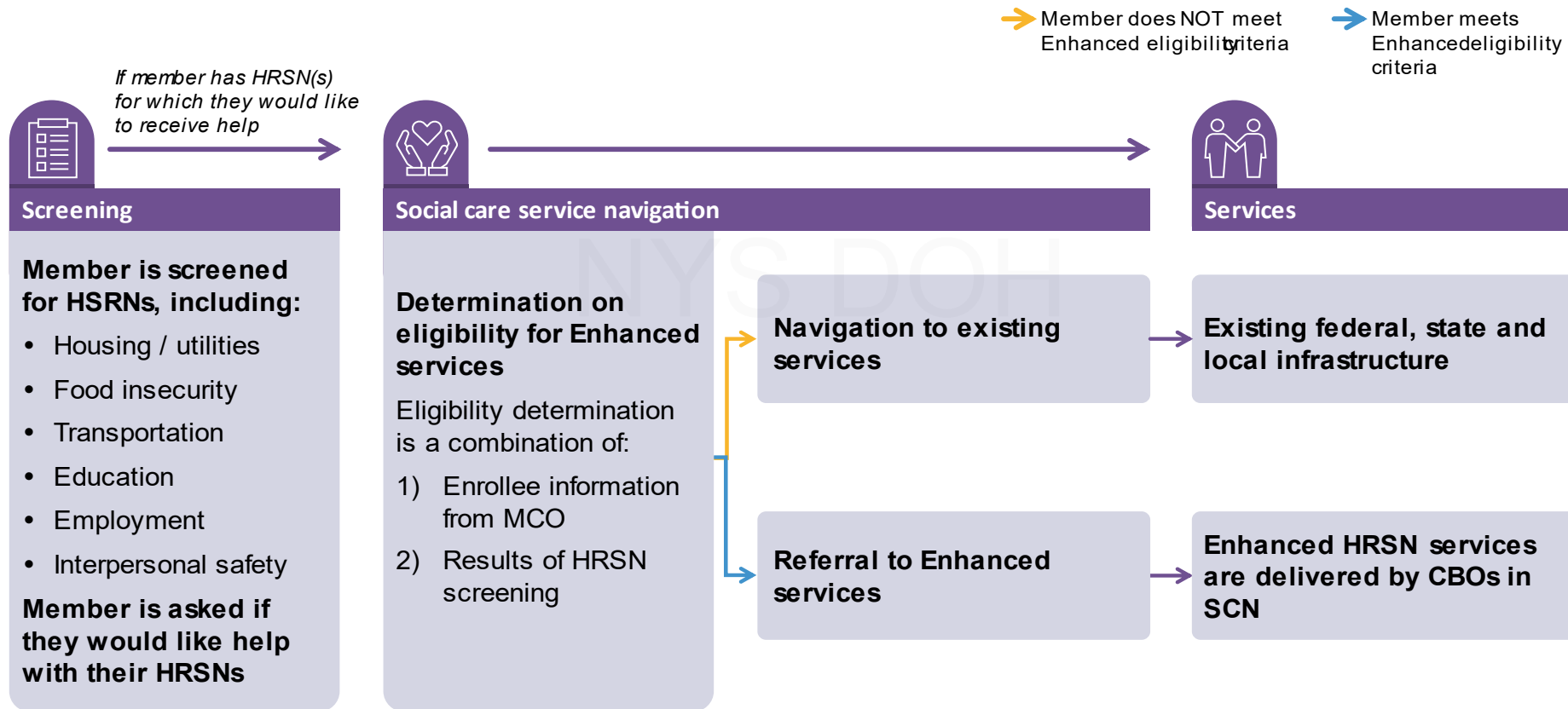
## 2. HRSN Screening and Navigation to Services

**Fully respond to the questions set forth in the application. The section includes:**

- a. HRSN Services
- b. Service Navigation

NYS DOH

# Member Journey Map





## HRSN Screening

- SCN lead entities will **coordinate** with CBOs in their network and other partners in the regional ecosystem (e.g., healthcare providers, care management providers, MCO) **to screen Medicaid members annually.**
- All Medicaid members will be screened using a New York State-standardized version of the **Accountable Health Communities (AHC) screening tool** to assess member needs across a range of HRSN domains (**i.e., housing and utilities, food security, transportation, employment, education, and interpersonal safety**).
- SCN Lead entities will be accountable for:
  - Ensuring sufficient **capacity** in their region(s) to screen **all Medicaid members,**
  - Tracking the results of HRSN screenings through their data and IT platforms to ensure that members with identified needs receive timely **navigation to social care services.**

## Service Navigation

- Following HRSN screening, Medicaid members will be **navigated to social care services** that most appropriately meet their needs.
- SCN lead entities will be accountable for ensuring that **eligible members are navigated** to appropriate social care services delivered by CBOs in their network.
- Using the SCN's data and IT platform, SCN lead entities will be expected to **"close the loop"** on social care services covered by the 1115 waiver. SCN lead entities will be instrumental in ensuring a seamless and efficient member experience from screening to service provision.
- **All referral data will flow through the SCN's data and IT platform,** supported by the Statewide Health Information Network-New York (SHIN-NY).

# Service Navigation

- Social care service navigation will be a core role within SCNs. Navigators will help to deliver a **seamless experience to members—from screening to service delivery**—and ensure members are able to access and receive services that are appropriate and tailored to their unique needs.
  
- **Social Care Service Navigators:**
  - May be employed by the SCN lead entity, the CBO within the SCN, MCO, healthcare provider, or care management provider;
  - Will **screen** members for HRSN, validate a member's **eligibility** for the Enhanced HRSN services (via the SCN's data and IT platform), perform **closed-loop referrals** to those HRSN services, and ensure HRSN **services were delivered**;
  - Act on screening data collected by other entities (i.e., MCO, healthcare provider or care management provider). For example, Social Care Service Navigators may validate eligibility and refer to enhanced services upon either a warm handoff from another organization or a flag generated by the SCN data and IT platform.

# Populations Eligible for Navigation to Enhanced HRSN Services

|   |  |
|---|--|
| Populations Eligible for Navigation             | If a member <b>does not meet the criteria for Enhanced HRSN services</b> , they will receive <b>navigation to pre-existing state, federal, and local programs</b> to address HRSN.   |
| Populations Eligible for Enhanced HRSN Services | <p>If a member is enrolled in <b>Medicaid Managed Care</b> + <b>screens positive</b> for an unmet HRSN + meets one of the following criteria:</p> <ul style="list-style-type: none"> <li>• <b>Medicaid High Utilizer</b> (defined by Emergency Department, Inpatient, or Medicaid spend or transitioning from an institutional setting)</li> <li>• <b>Individuals enrolled in a designated <a href="#">Health Home</a></b> which currently includes HIV/AIDS, Serious Mental Illness, Sickle Cell Disease, Serious Emotional Disturbance or Complex Trauma (children only), or those with two or more chronic conditions (e.g., diabetes and chronic obstructive pulmonary disease)</li> <li>• <b>Pregnant Persons / up to 12 months Postpartum</b></li> <li>• <b>Post-Release Criminal Justice-Involved Population</b> with serious chronic conditions, SUD, or chronic Hepatitis-C</li> <li>• <b>Juvenile justice involved, foster care youth, and those under kinship care</b></li> <li>• <b>Children under the age of 6</b></li> <li>• <b>Children under the age of 18 with one or more chronic condition</b></li> <li>• <b>Substance Use Disorder</b></li> <li>• <b>Intellectual or Developmental Disability (I/DD)</b></li> <li>• <b>Serious Mental Illness</b></li> </ul> |



# Social Care Networks HRSN Services

## Standardized HRSN Screening

- Screening Medicaid Members using questions from the **CMS Accountable Health Communities HRSN Screening Tool** and **key demographic data**



## Housing Supports

- Navigation
- Community transitional services
- Rent/utilities
- Pre-tenancy and tenancy sustaining services
- Home remediation
- Home accessibility and safety modifications
- Medical respite



## Nutrition

- Nutritional counseling and classes
- Home-delivered meals
- Medically tailored meals
- Fruit and vegetable prescription
- Pantry stocking



## Transportation

- Reimbursement for HRSN **public and private transportation to connect to HRSN services** and HRSN case management activities



## Case Management

- Case management, outreach, referral management, and education, including linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees
- Connection to clinical case management
- Connection to employment, education, childcare, and interpersonal violence resources
- **Follow-up** after services and linkages

# Network Administration, Capacity Building, and Partnerships

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# 3. Network Administration, Capacity Building, and Partnerships

**Fully respond to the questions set forth in the application. The section includes:**

- a. Social Care Network Administration
- b. CBO Capacity Building
- c. Social Care Network Partnerships

NYS DOH

# SCN Network Administration

- SCN lead entity responsibilities:
  - Design and maintain a **network of CBOs** that can serve members in each region.
  - **Screen** all Medicaid members for HRSNs, validate **eligibility** for reimbursed services, and **refer** to CBOs to **deliver** the appropriate services.
  - Network should **meet member demand for social care services** and provide sufficient choice on where and how to access services.
  
- SCNs will be comprised of CBOs that are 501c3 non-profits. **CBOs that wish to receive reimbursement for Navigation and the Enhanced HRSN Services must be a part of the SCN.**
  
- Enhanced HRSN Services will span the following **HRSN domains**:
  - **Social care service navigation**: Navigation to social care services (including housing, utilities, food insecurity, transportation, employment, education, childcare, or interpersonal safety)
  - **Housing / Utilities**: Community transitional supports, home remediation and education services, rent / temporary housing
  - **Food Insecurity**: Medically tailored meals, nutritional counseling and classes, home delivered meal / pantry stocking, cooking supplies
  - **Transportation**: Public and private transportation to reach HRSN services.

# CBO Capacity Building

- SCN lead entities are expected to coordinate **capacity-building support to CBOs** in its role as a centralized body, which includes both the **distribution of funding to CBO network** and **directly supporting CBOs**.
- SCN lead entities will receive **infrastructure funds** to support CBOs in capacity-building and will have the flexibility to distribute the funding in different ways, empowering SCN lead entities to deliver the most appropriate support to CBOs
- Examples of using funds to **directly support CBO capacity-building** include, but are not limited to:
  - Hiring staff members
  - Enrolling in an SCN data and IT platform
  - Training on screening members for HRSN
  - Support on data sharing and reporting
  - Technical assistance
- SCN lead entities will be asked to perform a **capabilities assessment across their network** to understand the types of supports required to enable CBOs to participate. SCN lead entities will then determine how they plan to use these funds.
- SCN lead entities will provide **quarterly documentation to NYS** detailing how capacity-building funding is distributed to CBOs, including the nature and amount of expenditures.



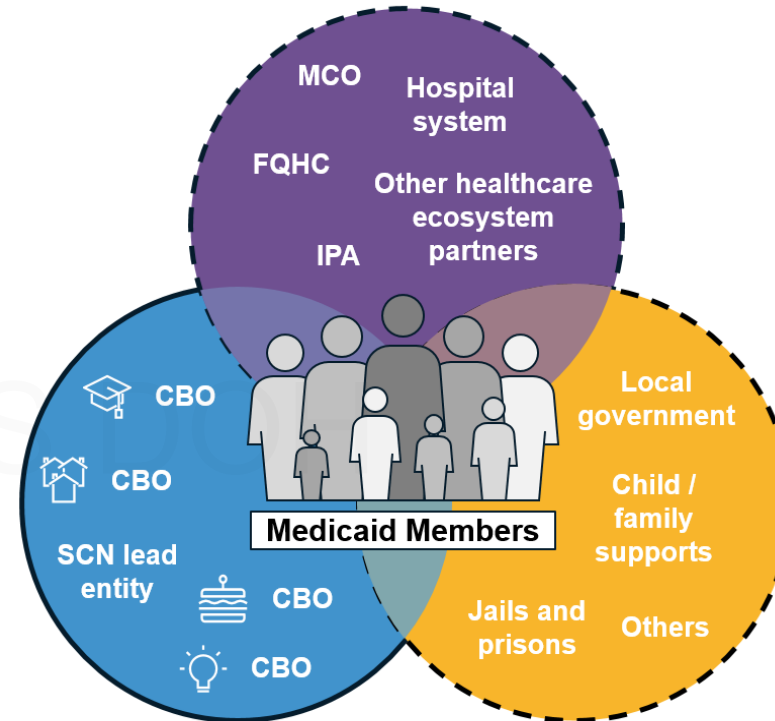
# Role of Entities in Social Care Network (SCN) Ecosystem

## Community Based Organizations (CBOs):

- **Contracted** as part of the SCN and may also participate in the **screening** of Medicaid members for HRSN and **service navigation**, and **care management** upon meeting screening criteria.

## Managed Care Organizations (MCOs):

- Contract with SCNs and will be responsible for the **allocation of per-member-per month (PMPM) payments to SCN lead entities**.
- Responsible for providing information that will help **validate member eligibility** for reimbursed social care services delivered by the SCN.



1. Where entities above are not part of SCNs

- Social care network (SCN)
- Healthcare ecosystem partners<sup>1</sup>
- Other ecosystem partners<sup>1</sup>

## Impact of future state system on Medicaid members

- **Scaled delivery** of social care services and **improved access** for Medicaid members
- **Reliable and timely referral** of members to social care services
- **Seamless tracking** of members needs to streamline and close loop on referrals to social care services
- Improved and increased **collaboration between social care service providers and other partners in regional ecosystem** (e.g., healthcare providers, care management providers, MCOs, others)

## Providers (Healthcare, Behavioral Health, and Care Management):

- Continue to deliver healthcare to Medicaid members in their region.
- Providers with access to the SCN data and IT platform may also support with **social care service navigation** (screening members for HRSNs, validating member eligibility, and referring to services).

# SCN Partnerships

- SCNs will coordinate with regional entities to **address the social care needs of target populations**.
- SCN lead entities will demonstrate an understanding of the different stakeholders and potential partners in the region and detail any **existing relationships that will 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, etc.) that members may need.
- SCN lead entities should leverage existing partnerships or **develop new relationships** with MCOs, healthcare providers, 29-l agencies (Voluntary Foster Care Agencies), local governments, jails, prisons, and other stakeholders.

# Payments and Performance Evaluation

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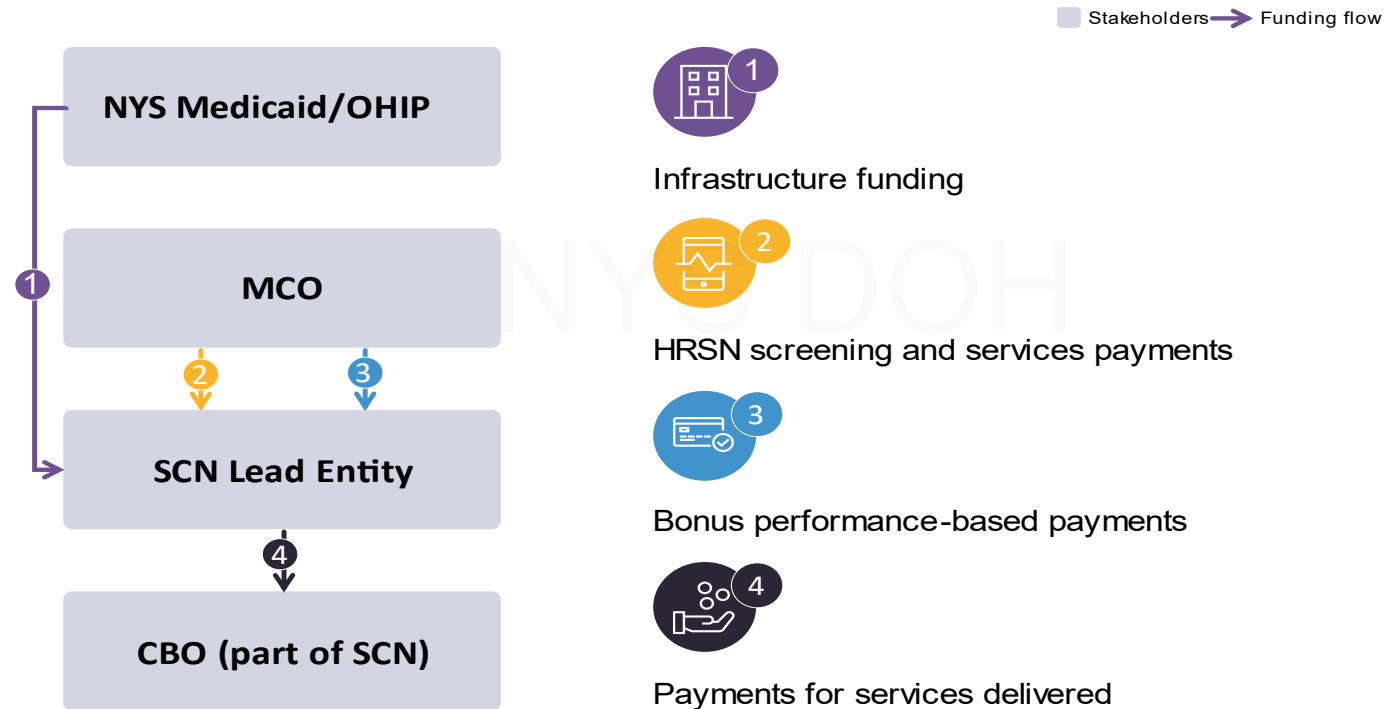
# 4. Payments and Performance Evaluation

**Fully respond to the questions set forth in the application. The section includes:**

- a. Payments
- b. Performance Evaluation

NYS DOH

# Funds Flow Overview



# Payment Structure

Funding has been designed to promote near-term capacity building and long-term sustainability of SCNs to ensure their role as an integral part of the care delivery system. SCNs will be supported through three sources of funding:



## Infrastructure Funding

- Funding awarded through this procurement process
- Provides SCN setup costs in each region
- Permissible use of funds include, but not limited to:
  - ✓ Initial network infrastructure
  - ✓ IT Referral system
  - ✓ Staffing
  - ✓ CBO capacity building and technical assistance
  - ✓ Contracting and coordination



## HRSN Screening and Service Payments

- Funding is **outside** of this procurement process
- Provided through MCOs on a per member per month (PMPM) basis to reimburse for HRSN screening, navigation, and Enhanced HRSN services delivered by CBOs to eligible Medicaid managed care members
- SCN lead entities will use the PMPM to reimburse network CBOs for social care services delivered based on a fee schedule
- NYS will reconcile PMPM payments with actual cost of service delivery at the end-of-Year 1 and adjust payments in both Year 1 and subsequent years accordingly



## Performance-based Bonus Payments

- Funding is **outside** of this procurement process
- SCNs may be eligible to receive additional performance-based payments for providing performance reports and for meeting specific performance milestones
- In Year 1, SCNs will receive bonus payments for reporting of pre-defined performance metrics
- In subsequent years, SCNs will receive bonus payments based on performance against those metrics

# Infrastructure Funding v. HRSN Screening and Services Payments

| Function                                    | Type of Cost  | Infrastructure Funding  | HRSN Screening and Services Payments (PMPM payments)   |
|---|---|---|--|
| Data and IT                                 | <ul style="list-style-type: none"> <li>• People (salaried or vended)</li> <li>• Vendor</li> <li>• Software/ hardware</li> </ul> | <ul style="list-style-type: none"> <li>• All set-up costs associated with procurement/ implementation and/or build out of data and IT platform</li> </ul>   | <ul style="list-style-type: none"> <li>• Ongoing licensing and other expenses</li> <li>• Maintenance costs</li> </ul>  |
| Network and partnerships/ communication     | <ul style="list-style-type: none"> <li>• People (salaried or vended)</li> <li>• Materials</li> </ul>                            | <ul style="list-style-type: none"> <li>• Initial network set-up</li> <li>• Partner engagement</li> <li>• CBO capacity building and technical assistance</li> </ul>  | N/A  |
| Screening and service delivery coordination | <ul style="list-style-type: none"> <li>• People (salaried or vended)</li> </ul>   | <ul style="list-style-type: none"> <li>• Hiring / recruiting</li> <li>• Salaries + benefits for new positions (until MCO contracts are in place and PMPM payments begin)</li> </ul>                                   | <ul style="list-style-type: none"> <li>• Administration of screening and service delivery</li> <li>• Salaries + benefits for new positions (once MCO contracts are in place and PMPM payments begin)</li> </ul>  |
| Contracting and fiscal management           | <ul style="list-style-type: none"> <li>• People (salaried or vended)</li> </ul>   | <ul style="list-style-type: none"> <li>• Administration of contracts (MCO + CBO contracts)</li> </ul>   | <ul style="list-style-type: none"> <li>• Implementation of performance management activities</li> <li>• Claims processing</li> </ul>   |
| Other administrative expenses               | <ul style="list-style-type: none"> <li>• People (salaried or vended)</li> </ul>   | <ul style="list-style-type: none"> <li>• Hiring / recruiting</li> <li>• Salaries + benefits for new positions (until MCO contracts are in place and PMPM payments begin)</li> <li>• Training and education</li> </ul> | <ul style="list-style-type: none"> <li>• Salaries + benefits for new positions (once MCO contracts are in place and PMPM payments begin)</li> </ul>  |
| Physical space                              | <ul style="list-style-type: none"> <li>• Real estate</li> <li>• Utilities</li> </ul>  | <ul style="list-style-type: none"> <li>• Set-up of physical space</li> </ul>  | <ul style="list-style-type: none"> <li>• Rent and utilities</li> </ul>   |
| Cost of reimbursable services               | <ul style="list-style-type: none"> <li>• Service related</li> </ul>   |   | <ul style="list-style-type: none"> <li>• Screening, navigation to services and Enhanced Services</li> <li>• Screening and Navigation for FFS Medicaid Members will be billed directly through eMedNY.</li> </ul> |



# Payments (cont.)

- During the award period, **SCNs will engage in VBP through upside only risk** (i.e., performance-based bonus payments) for members attributed to them regionally.
- Long-term NYS aspires to integrate the SCNs with the State's VBP roadmap, with SCNs engaging with MCOs **in shared risk on outcomes** (e.g., cost, utilization, quality). NYS envisions a **3-year glide path** to enable achievement of this after the initial award period.
  - **Horizon 1 - Pay for Project Milestones and Reporting of Performance Metrics (Year 1 of SCN Award):** The goal is to build SCN capabilities with data quality and reporting. NYS has defined project milestones that SCNs will be required to meet across the award period. After awards are made, the SCN lead entity will be expected to create an operational plan to reach these milestones, and receipt of infrastructure funding will be contingent upon the achievement of these milestones.
  - **Horizon 2 - Pay for Performance (Years 2-3 of SCN Award):** The goal is to build SCN capabilities with continuous performance improvement of their networks against metrics. In Years 2-3 of the award period, SCNs will be incentivized based on performance compared against pre-defined performance metrics. To adequately monitor and assess performance, SCNs will be required to deliver quarterly reports on performance metrics.



# Performance Metrics

Performance metrics to be reported to DOH will include but not be limited to:

## **SCN network:**

- Size of network
- Composition of network
- Service provider utilization by Enhanced Services in region, volume

## **HRSN Screening:**

- Member demographics completeness measure (% improvement of incomplete fields, % of members with validated demographic info)
- Members screened (#, %)
- Members rescreened(#, %)
- Screening results (% by HRSN, % by number of needs)

## **Referral:**

- Referral volume (total, by service type)
- Closed loop rate (%)
- Time to loop closure (days)
- Referral backlog volume (#, %)

# Performance Metrics

## **Intervention/ service delivery:**

- Number and types of Enhanced Services delivered
- Service uptake as a % of eligible members
- Member satisfaction (e.g., experience with SCN and CBOs, with services delivered, self-reported impact on health and wellbeing)
- How many members were referred to TANF, WIC, SNAP, existing local, state and federal housing

## **Payments:**

- Financial performance of SCN

## **Operational efficiency:**

- Screening consent completion rate (%)
- Timeliness of payments to CBOs
- Backlog of screenings, volume

# Data and IT Infrastructure

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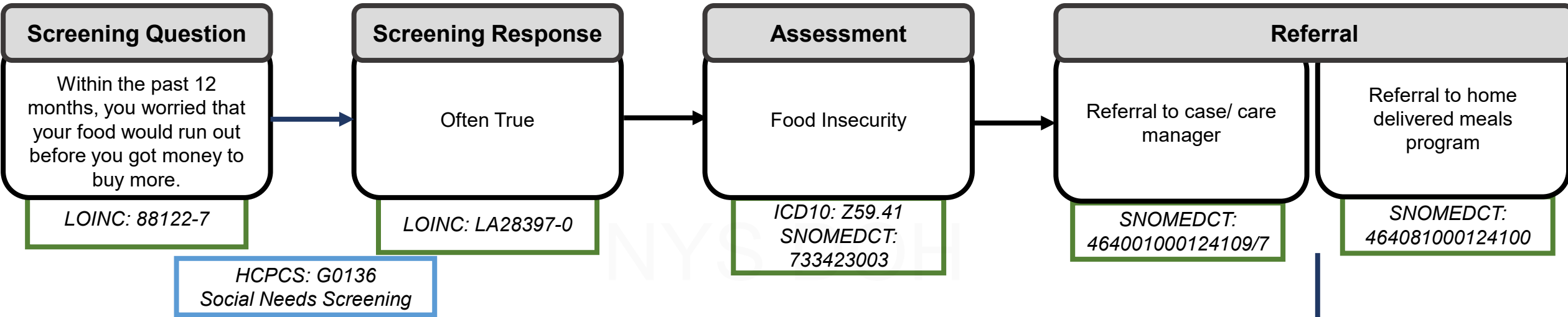
## 5. Data and IT Infrastructure

**Fully respond to the questions set forth in the application. The section includes:**

- a. SCN Data and IT Platform Functionality
- b. Data Exchange and Interoperability
- c. Privacy Security and Compliance

# Example Mapping: Screening to HRSN Service

food insecurity



### Key

Social Care Codes (sent to SHIN-NY Data Lake)

Billing Codes (claims/encounters)

# SCN Data and IT Platform Functionality

- SCN lead entities will be expected to have a **data and IT platform that enables core responsibilities** of the SCN, including:
  - Screening and navigation to services,
  - CBO network management,
  - Fiscal management.
- **Key product features that SCN data and IT platforms are expected to include** are detailed under the **Data and IT Infrastructure section of the RFA.**
- Each SCN may use an **existing or new** data and IT platform **provided required business functions are met**
  - SCN lead entity must conduct appropriate due diligence of any subcontractors.
  - SCNs **may collaborate** with other awarded SCNs and/or MCOs and/or provider systems **to select one data and IT platform across multiple regions.**
- NYS will support SCNs to develop their data and IT infrastructure through **infrastructure funding.**
  - **Infrastructure funding may** be used for purchase, update, and/or other set-up costs associated with implementation of data and IT platform.

# Data Exchange & Interoperability

- SCNs will be expected to develop **bidirectional data-sharing with their regional Qualified Entities (QEs) and connect to SHIN-NY to facilitate access to HRSN data** (e.g., screening results, closed loop referrals) for entities within and outside the SCN.
  - For example, MCOs and healthcare providers should be able to access and exchange SCN data either by connecting directly to the SCN data and IT platform or by leveraging a public subscription to query the SCN data repository in SHIN-NY.
- **SCNs should develop data sharing relationships directly with MCOs** (e.g., API or shared interface), primarily for purposes of sharing enhanced HRSN **service eligibility and fiscal administration data**.

## Consensus-Based Data Standards:

- HRSN data (e.g., screening, referral, intervention/service, payment) will be **coded and exchanged according to consensus-based terminology and technical data standards** within and across regions.
  - NYS recognizes that industry standards for coded HRSN data are still in development.
  - NYS expects SCNs to actively participate in rapid advancement of collaborative multi-stakeholder efforts toward establishment and implementation of HRSN data standards.
- **SCNs will participate in a state workgroup of SHIN-NY stakeholders (NYeC, QEs)** to identify the interoperability standards used for adoption to support SCN-SHIN-NY data exchange.

# Privacy, Security, and Compliance

- NYS recognizes that privacy and security standards for HRSN data (vis a vis health care data) are nascent and expects SCNs to uphold the highest possible standards for privacy and security of all aspects of HRSN data exchange.
  - Specifically, this will require SCNs to meet current and future standards and requirements related to the Health Insurance Portability and Accountability Act (HIPAA) and **be HIPAA compliant within 30 days of award.**
- Over time, NYS aspires for SCNs to become Health Information Trust Alliance (**HITRUST**) **certified**. Within Performance Year 1, NYS will seek to better understand how each SCN is upholding privacy and security standards and SCN lead entities will be required to provide information to NYS on privacy and security standards and challenges.
- To deliver a seamless member experience, SCNs should **adopt a universal affirmative written or electronic member consent/attestation form** (to be provided by NYS). SCNs will be expected to ensure members are informed and get clear answers to questions about how their data may be shared and/or used.
- SCNs may also be subject to and need to comply with additional state and federal data protection regulations related to target populations, as relevant. **SCN data may only be shared with approved entities for purposes of meeting SCN programmatic objectives.** Data generated by SCNs may not be shared or used for commercial purposes.



# Budget

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## 6. Budget

Fill out Year 1 budget within Grants Gateway and under Attachment L. Both should clearly identify:

- Amount of **total infrastructure funding needed** across categories in each year and **description for how it will be used** across RFA period; and
- Amount of infrastructure **funding that will be directly allocated to support CBOs**, across the award period (per allowable categories listed below) and description of how it will be used to meet the needs of the network
- Applicants are instructed to provide **cost estimates related to the SCN data and IT platform** across the RFA award period (e.g., initial startup/build costs, license fees, maintenance costs).

# Application and Award Process

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# How To Apply

1. Applications must be submitted online via the [Grants Gateway](#) by the date and time posted on the Cover Page of this RFA under the heading “Key Dates”.
2. The RFA contains some specific Grants Gateway guidance and instructions. General information regarding how to access the Grants Gateway can be found at <https://grantsmanagement.ny.gov/>.
3. Applications will **NOT** be accepted via fax, e-mail, paper copy or hand delivery.
4. Late applications will **NOT** be accepted.

**IMPORTANT NOTE:** Due to system conversion (Transition to SFS) expected on January 16<sup>th</sup>, 2024, Applicants that are not fully prequalified in the NYS Grants Gateway by COB January 9<sup>th</sup>, 2024, will need to prequalify in the NYS Statewide Financial System (SFS). Additionally, if an applicant’s vault expires prior to application submission, applicant will need to prequalify in SFS.

# Application Scoring

| Section  | Max Section Score | Section Weight | Score (#) | Weight (%) |
|--|-------------------|----------------|-----------|------------|
| 1. Organizational Overview and Experience                                  | 102               | 15%            |           |            |
| 2. Health Related Social Needs (HRSN) Screening and Navigation to Services | 54                | 15%            |           |            |
| 3. Network Administration, Capacity Building, and Partnerships             | 78                | 20%            |           |            |
| 4. Payments and Performance Evaluation                                     | 54                | 15%            |           |            |
| 5. Data and IT Infrastructure  | 108               | 15%            |           |            |
| 6. Budget  | 15                | 20%            |           |            |

# RFA Review and Award Process

- An Application that does not meet the minimum criteria (PASS/FAIL) will not be evaluated. An Application that does not provide all required information will be omitted from consideration.
- There will be **one (1) applicant awarded per region** based on the highest score. Applicants may apply to be the lead entity in more than one (1) region **but must submit a separate application for each region for which they are applying.**
- In the event of a tie score, the applicant with the highest total score under Section 3: Network administration, CBO capacity-building, and partnerships will be awarded. If the scores are the same under that section, the highest total score under Section 1C: Operations, will be awarded
- Any Contract resulting from this RFA will be effective only upon approval by the New York State Office of the State Comptroller.
- It is expected that contracts resulting from this RFA will have the following award period: **8/1/2024 – 3/31/2027.**

# Contact us

- All substantive **questions by Applicants with respect to any aspect of the RFA** must be submitted in writing to New York State Department of Health, Office of Health Insurance Programs, at: [OHIPContracts@health.ny.gov](mailto:OHIPContracts@health.ny.gov)
- Questions **regarding application completion, policy prequalification and registration** must be submitted to:
  - Grants Gateway Team
    - Email: [grantsgateway@its.ny.gov](mailto:grantsgateway@its.ny.gov)
    - Phone: 518-474-5595
    - Hours: Monday thru Friday 8am to 4pm
- Questions regarding **navigating Statewide Financial System** can be submitted to SFS Help Desk [helpdesk@sfs.ny.gov](mailto:helpdesk@sfs.ny.gov)

# Appendix

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# Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool



| NYS Health Related Social Needs Screening Questionnaire  |  |                                   |                           |      |  |                     |             |              |                   |
|--|--|-----------------------------------|---------------------------|------|--|---------------------|-------------|--------------|-------------------|
| <b>Housing/ Utilities</b>  |  |                                   |                           |      |  |                     |             |              |                   |
| 1. What is your living situation today?  | I have a steady place to live<br>I have a place to live today, but I am worried about losing it in the future<br>I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park) |                                   |                           |      |  |                     |             |              |                   |
| 2. Think about the place you live. Do you have problems with any of the following? CHOOSE ALL THAT APPLY   | <table border="0"> <tr> <td>Pests such as bugs, ants, or mice</td> <td>Oven or stove not working</td> </tr> <tr> <td>Mold</td> <td>Smoke detectors missing or not working</td> </tr> <tr> <td>Lead paint or pipes</td> <td>Water leaks</td> </tr> <tr> <td>Lack of heat</td> <td>None of the above</td> </tr> </table>             | Pests such as bugs, ants, or mice | Oven or stove not working | Mold | Smoke detectors missing or not working | Lead paint or pipes | Water leaks | Lack of heat | None of the above |
| Pests such as bugs, ants, or mice  | Oven or stove not working  |                                   |                           |      |  |                     |             |              |                   |
| Mold   | Smoke detectors missing or not working   |                                   |                           |      |  |                     |             |              |                   |
| Lead paint or pipes  | Water leaks  |                                   |                           |      |  |                     |             |              |                   |
| Lack of heat   | None of the above  |                                   |                           |      |  |                     |             |              |                   |
| 3. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?  | Yes<br>No<br>Already shut off  |                                   |                           |      |  |                     |             |              |                   |
| <b>Food Security</b>   |  |                                   |                           |      |  |                     |             |              |                   |
| 4. Within the past 12 months, you worried that your food would run out before you got money to buy more.   | Often true<br>Sometimes true<br>Never true   |                                   |                           |      |  |                     |             |              |                   |
| 5. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.  | Often true<br>Sometimes true<br>Never true   |                                   |                           |      |  |                     |             |              |                   |
| <b>Transportation</b>  |  |                                   |                           |      |  |                     |             |              |                   |
| 6. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? | Yes<br>No  |                                   |                           |      |  |                     |             |              |                   |
| <b>Employment</b>  |  |                                   |                           |      |  |                     |             |              |                   |
| 7. Do you want help finding or keeping work or a job?  | Yes, help finding work<br>Yes, help keeping work<br>I do not need or want help   |                                   |                           |      |  |                     |             |              |                   |
| <b>Education</b>   |  |                                   |                           |      |  |                     |             |              |                   |
| 8. Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent.               | Yes<br>No  |                                   |                           |      |  |                     |             |              |                   |
| <b>Interpersonal Safety</b><br>Because violence and abuse happens to a lot of people and affects their health, we are asking the following questions.            |  |                                   |                           |      |  |                     |             |              |                   |
| 9. How often does anyone, including family and friends, physically hurt you?   | Never (1)<br>Rarely (2)<br>Sometimes (3)<br>Fairly often (4)<br>Frequently (5)   |                                   |                           |      |  |                     |             |              |                   |
| 10. How often does anyone, including family and friends, insult or talk down to you?   | Never (1)<br>Rarely (2)<br>Sometimes (3)<br>Fairly often (4)<br>Frequently (5)   |                                   |                           |      |  |                     |             |              |                   |

|  |  |                                    |
|--|--|------------------------------------|
|  | Lack of heat   | None of the above                  |
| 3. In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?  | Yes<br>No<br>Already shut off  |                                    |
| <b>Food Security</b>   |  |                                    |
| 4. Within the past 12 months, you worried that your food would run out before you got money to buy more.   | Often true<br>Sometimes true<br>Never true                                     |                                    |
| 5. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.  | Often true<br>Sometimes true<br>Never true                                     |                                    |
| <b>Transportation</b>  |  |                                    |
| 6. In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living? | Yes<br>No  |                                    |
| <b>Employment</b>  |  |                                    |
| 7. Do you want help finding or keeping work or a job?  | Yes, help finding work<br>Yes, help keeping work<br>I do not need or want help |                                    |
| <b>Education</b>   |  |                                    |
| 8. Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent.               | Yes<br>No  |                                    |
| <b>Interpersonal Safety</b><br>Because violence and abuse happens to a lot of people and affects their health, we are asking the following questions.            |  |                                    |
| 9. How often does anyone, including family and friends, physically hurt you?   | Never (1)<br>Rarely (2)<br>Sometimes (3)                                       | Fairly often (4)<br>Frequently (5) |
| 10. How often does anyone, including family and friends, insult or talk down to you?   | Never (1)<br>Rarely (2)<br>Sometimes (3)                                       | Fairly often (4)<br>Frequently (5) |
| 11. How often does anyone, including family and friends, threaten you with harm?   | Never (1)<br>Rarely (2)<br>Sometimes (3)                                       | Fairly often (4)<br>Frequently (5) |
| 12. How often does anyone, including family and friends, scream or curse at you?   | Never (1)<br>Rarely (2)<br>Sometimes (3)                                       | Fairly often (4)<br>Frequently (5) |

[The AHC Health-Related Social Needs Screening Tool \(cms.gov\)](https://www.cms.gov)

4/6/2023 template



## Attachments the applicant must fill out and upload

Attachment A: Vendor Responsibility Attestation

Attachment B: Minority & Women-Owned Business Enterprise Requirement Forms 4 & 5

Attachment C: Workplan

Attachment G: SCN Lead Entity Proposed Staffing Across Function

Attachment H: Understanding of HRSN in SCN Lead Entity's Region

Attachment I: Proposed Approach to Building a CBO Network

Attachment J: Understanding of CBO Capacity Needed to Address HRSN in Region

Attachment K: SCN Data and IT Platform Features and Functionalities

Attachment L: Amount of Infrastructure Funding Needed During the RFA Period

Attachment N: Attestation of at least 3 years of experience working with community-based organizations in the region in which the Applicant is applying

Attachment P: Organization Uploads (upload as one PDF)\*

## Attachments to assist the applicant

Attachment E: New York State Health Related Social Need Enhanced Services

Attachment F: Accountable Health Care Communities Health Related Social Needs Screening Tool

Attachment O: DOH provided SCN Regional Member Demographics

NYS DOH