

RFA #20417 / Grants Gateway # DOH01-SCN-2024

**New York State Department of Health
Office of Health Insurance Programs
Division of Program Development and Management**

Request for Applications

**New York Health Equity Reform:
Social Care Networks**

KEY DATES:

Release Date:	January 16, 2024
Applicant Conference Registration Deadline:	January 22, 2024, by 4:00PM
Applicant Conference:	January 24, 2024, at 12:00 PM
Questions Due:	January 31, 2024
Questions, Answers and Updates Posted (on or about):	February 9, 2024
Applications Due:	March 27, 2024 by 4:00 PM

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I. Introduction

The New York State Department of Health, Office of Health Insurance Programs, Division of Program Development and Management, announces the availability of a total of \$500,000,000 from 8/1/2024 – 3/31/2027 to support Social Care Networks (SCN) lead entities that will be responsible for the coordination of social care service delivery in each region (see Figure 1 below). Through this Request for Applications (RFA), awarded entities (Grantees) will become New York State (NYS) designated SCN lead entities upon award and will enroll in eMedNY as a Social Care Network Medicaid Provider. Awarded entities will receive additional guidance post-award through a Department of Health (DOH), Office of Health Insurance Programs (OHIP) SCN Program Manual. SCN lead entities will maintain and strengthen a network of community-based organizations (CBOs) responsible for delivering high-quality, evidence-based, and accessible social care services. This network will also capture and share data required for effective coordination between the SCNs, CBOs, NYS, and other stakeholders to help evaluate the SCN's impact on health outcomes. NYS aims to build a more resilient, flexible, and accessible social care delivery system that reduces health disparities and advances health equity, as outlined in the State's 1115 Waiver Demonstration Amendment. It is now widely acknowledged that health-related social needs (HRSN), rather than medical interventions and services, are the key driver for a large majority of health outcomes and directly impact health inequities.¹ Growing evidence demonstrates that the identification of HRSN and the provision of services to address these unmet needs are critical to improving physical and behavioral health, overall wellbeing, and reducing health disparities.² 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). These SCN entities will coordinate the delivery of social care services to Medicaid members by CBOs, with support from shared data and technology. For the purposes of this RFA, a 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).

Purpose of the Request for Application and Funding

Through this RFA, the NYS Department of Health (Department), Office of Health Insurance Programs (OHIP) is seeking competitive applications from qualified applicants who can serve as SCN lead entities. Responsibilities are further detailed throughout [Section III](#) of the RFA. It is the Department's intent to award up to thirteen (13) contracts from this procurement, one (1) for each region identified in **Table 2**. **Applicants may apply for more than one (1) region but must submit a separate application for each region.** Please see [Section V](#). Completing the application, E. Review & Award Process for more details.

The RFA seeks applications to conduct all SCN lead entity activities, and meet the duties and responsibilities under the program, as detailed within this RFA. The lead entity will be responsible for providing or meeting all of the requirements described in this RFA.

1 Moody's Analytics, Understanding Health Conditions Across the U.S. BlueCross BlueShield Association. December 2017, available at www.bcbs.com/sites/default/files/file-attachments/health-of-america-report/BCBS.HealthOfAmerica.Report.Moodys_02.pdf.

2 Whitman, Amelia, et al. Addressing Social Determinants of Health: Examples of Successful Evidence-Based Strategies and Current Federal Efforts. Assistant Secretary for Planning and Evaluation Office of Health Policy, April 2022, available at www.aspe.hhs.gov/sites/default/files/documents/e2b650cd64cf84aae8ff0fae7474af82/SDOH-Evidence-Review.pdf.

Background on the 1115 Waiver Amendment

Through its 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), NYS aims to better coordinate regional social care service delivery, improve health equity and health outcomes, and enhance integration with physical and behavioral health care.

As NYS establishes SCNs, NYS seeks to apply lessons learned from its recently concluded Delivery System Reform Incentive Payment (DSRIP) initiative, and from other states developing similar initiatives aimed at social care service delivery. More information on DSRIP can be found on the NYS Department of Health's website at the following link: [Delivery System Reform Incentive Payment \(DSRIP\) Program \(ny.gov\)](https://www.health.ny.gov/programs/dsrip/).

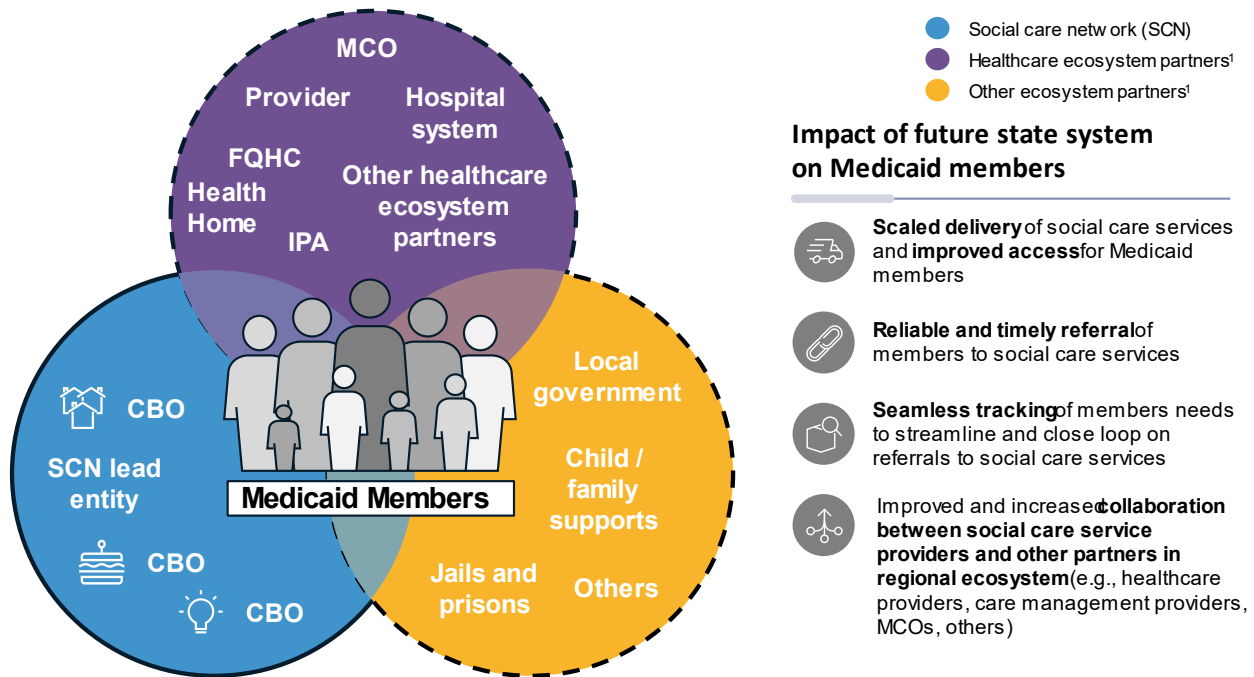
Vision and Goals for the Delivery of Social Care Services

SCN lead entities will serve as regionally based organizations charged with building reliable networks of CBOs to better enable HRSN screening and the delivery of social care services by CBOs. These entities will promote greater awareness of, access to, and coordination among entities in the social care ecosystem and strengthen the ability of CBOs to provide these services through capability-building and reliable funding streams.

Building on and catalyzing the existing work of CBOs, SCNs are intended to:

- Create and maintain a network of contracted CBOs with the capacity to screen all Medicaid members for HRSN, in collaboration with regional ecosystem partners (healthcare providers, care management providers, MCOs), and provide specific social care services to eligible Medicaid members to address their HRSN;
- Ensure greater coordination of social care services for populations identified in the 1115 waiver amendment (e.g., pregnant persons, criminal justice-involved populations, foster youth, those living with intellectual or developmental disabilities or Substance Use Disorder [SUD], etc.);
- Create an improved and more accessible experience for Medicaid members seeking social care services;
- Establish financially and operationally sustainable, self-innovating ecosystems that will continue to deliver services after the end of the 1115 waiver amendment period; and
- Promote more equitable delivery of social care services and address the health, racial/ethnic, socioeconomic, and geographic disparities in existing access and quality.

Figure 1: Overview of SCNs in context of broader ecosystem and aspiration for impact on Medicaid members



1. Where entities above are not part of SCNs

The establishment of state-wide, multi-sector data and IT infrastructure, with secure and actionable data exchange enabling delivery of needed services to Medicaid members at the right place and right time will be critical to the SCN infrastructure. SCNs, as well as other ecosystem partners, will utilize this infrastructure to share and report data that will help evaluate and measure impact.

To ensure the financial sustainability of the delivery of these services, NYS will develop and implement a fee schedule, tailored to each region to reimburse CBOs for the social care services they provide to eligible managed Medicaid members (Attachment E [NYS Health Related Social Needs Enhanced Services](#)).

Overview of Social Care Services and Eligibility

NYS has worked in collaboration with CMS to establish criteria to determine which Medicaid members will be eligible to receive social care services reimbursed by NYS. NYS aspires for these reimbursed social care services to be provided to eligible Medicaid members where there is a strong evidence base on the impact of social care services on health. This section outlines which members are eligible to receive reimbursed services delivered by the SCNs and the types of evidence-based services that will be reimbursed.

Medicaid members who have identified HRSN and meet specific criteria ([see HRSN screening and navigation to services for additional detail on screening](#)) can receive referral for enhanced social care services (housing, nutrition, HRSN case management and HRSN transportation) delivered by the SCN (**Table 1**). Medicaid members who do not meet those criteria will be navigated to social care services delivered by existing infrastructure, including pre-existing state, federal, and local programs.

Table 1: Populations eligible for Navigation and Enhanced HRSN Services

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

With approval from CMS, NYS has defined a list of evidence-based social care services that may be delivered by CBOs in the SCN and reimbursed by NYS for eligible populations (**Attachment E**).

The services in **Attachment E** will be available in every region. HRSN services will be reimbursed according to a fee schedule that will be made available prior to the start of service delivery. This fee schedule will define each service and provide a reimbursement rate by region.

Roles and Responsibilities of Entities in the Social Care Ecosystem

Awarded SCNs will work in collaboration with other stakeholders to address HRSN in each region. The following outlines the roles and responsibilities of entities within the ecosystem:

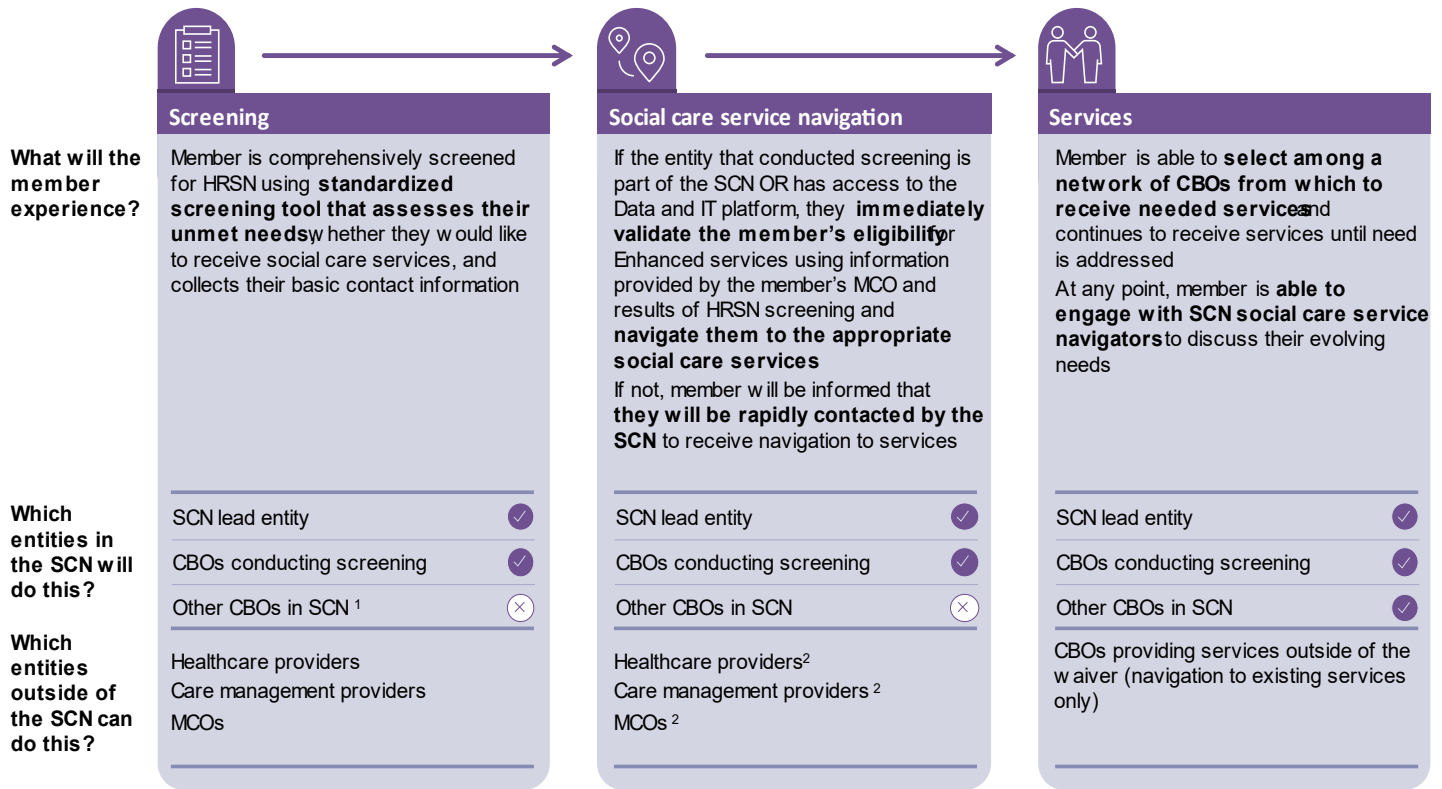
- **SCN lead entity:** NYS will award one SCN lead entity within each region. Awarded Lead entity responsibilities are:
 - **Social care service navigation:** Collaborating with partners in regional ecosystem (e.g., CBOs, MCOs, healthcare providers, Health Homes, behavioral health providers, care management providers) to screen members for HRSN, validate member eligibility for reimbursed social care services, manage and close the loop on referrals, and navigate to the appropriate services (see [HRSN screening and navigation to services](#) for additional detail);
 - **CBO network development:** Formally organizing and coordinating a network of contracted CBOs that will deliver social care services to eligible managed Medicaid members. SCN lead entities will ensure this network has sufficient capacity to meet demand for HRSN

screening and social care services (see [Network administration, capacity building, and partnerships](#) for additional detail);

- **CBO capacity building:** Building CBO’s capacity to participate in the network, by means of direct investments in CBOs to support the hiring of staff or the purchase of necessary equipment (e.g. computers), or through trainings and technical assistance to build CBO capabilities in areas such as HRSN screening or reporting and tracking data (see [Network administration, capacity building, and partnerships](#) for additional detail);
 - **Fiscal management:** Contracting with MCOs to facilitate payments for social care services delivered by CBOs in the network, by becoming a designated Medicaid billing provider and submitting social care claims to MCOs (see [Payments and performance evaluation](#) for additional detail);
 - **Data and technology:** Establishing regional connectivity between the SCN, NYS, and other stakeholders, and empowering organizations that work directly with members by providing necessary data through an accessible data and IT platform. This platform will support social care service navigation, data sharing and reporting, and CBO reimbursement; maintain identified business process infrastructure; and adopt interoperable standards for a social care data exchange, including integration with clinical and claims data through the Statewide Health Information Network for New York (SHIN-NY) (see [Data and IT Infrastructure](#) for additional detail);
 - **Performance management:** Collaborating with CBOs, MCOs, and providers on data-driven performance reporting to demonstrate value and further the evidence base on how social care services advance health outcomes and reduce health disparities (see [Payments and performance evaluation](#) for additional detail); and
 - **Operations and governance:** Establishing and maintaining a governing body and executive leadership team that reflects and understands the unique needs of the region and effectively coordinates among other stakeholders in the region (see [Network Administration, Capacity Building, and Partnerships](#) for additional detail).
- **CBOs:** CBOs included in the awarded SCN must be non-profit with an active [Employer Identification Number](#) (EIN) and will deliver social care services. These entities may also participate in the screening of Medicaid members for HRSN and service navigation, if identified by the SCN lead entity upon meeting specific screening criteria (see [HRSN screening and navigation to services](#) for additional detail).
 - **MCOs:** MCOs are expected to contract with SCNs and will be responsible for the distribution of per member per month (PMPM) payments to SCN lead entities. Funding will be provided to MCOs by NYS for the purpose of making PMPM payments. MCOs will also be responsible for providing information that will help validate a member’s eligibility for reimbursable social care services delivered by the SCN. MCOs with access to the SCN lead entity’s data and IT platform may also support with social care service navigation (screening members for HRSN, validating member eligibility, and the referral to services).
 - **Providers (healthcare providers, behavioral health providers and care management providers):** Providers will continue to deliver healthcare to Medicaid members in their region. Providers will refer members to the SCN for screening and/or services. Providers with access to the SCN data and IT platform may also support with social care service navigation (screening members for HRSN, validating member eligibility, and referring to services).

NYS envisions these entities will work together to ensure that the member experience from screening to service provision will be seamless, and that a member will be able to access services that are appropriate for their needs in a timely fashion (Figure 2).

Figure 2: Member Journey from HRSN Screening to Services



SCNs will be required to develop a process that is timely and seamless for members

1. Other CBOs in SCN may screen members but cannot be reimbursed without using standardized screening tool 2. If able to access the SCN Data and IT platform

Overview of SCN Program Funding

NYS's 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 – 3/31/2027** contract term. As authorized by the 1115 waiver amendment, NYS award SCN lead entities in each designated region to enable social care service delivery and operational success. SCNs will be supported through the following three sources of funding:

- **Infrastructure funding:** for SCN set-up costs in each region, including but not limited to, initial network infrastructure, referral system(s), staffing, coordinating CBOs, capacity building for CBOs, and contracting (provided under this procurement).
- **HRSN screening and services payments:** primarily for HRSN screening, navigation, and enhanced services delivered by CBOs, as well as ongoing operating costs incurred by SCN lead entities including but not limited to staffing, connection to community and health system partners,

ongoing capacity building of CBOs in-network, data reporting through the statewide network, and the management of contracts (provided through MCOs).

- **Bonus performance funding:** SCNs may receive additional performance-based payments for providing quarterly performance reports and for meeting specific performance measures provided by MCOs (e.g., referral closure rate).

Funding will be allocated to each SCN region based on the unique needs of the region, as identified by the number of eligible Medicaid Members (**Table 2**).

Table 2: SCN Regions and Funding

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	\$ 65,676,397
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.

II. Who May Apply

RFA Applicants must meet the criteria identified below to be deemed eligible to submit an Application in response to this RFA:

1. 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.

2. Applicant must have at least three (3) years of experience working with community-based organizations in the region that they are applying for. Applicants are instructed to complete and upload **Attachment N** in the Pre-Submission Uploads section of the Grants Gateway online application. Experience **must include one** of the following:
 - Contracting or fiscal administration with or on behalf of CBO
 - 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
3. 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” set forth on the Cover Page of this RFA. **(Please see Section IV. L for additional information.)**

IMPORTANT NOTE: Due to system conversion (Transition to SFS) expected on January 16th, 2024, Applicants that are not fully prequalified in the NYS Grants Gateway by COB January 9th, 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. The first day that the SFS prequalification modules will be available is January 16th, 2024. Please see Section IV.M.4 of this RFA for additional information on SFS Prequalification.

III. Project Narrative/Workplan Outcomes

A. Organizational Overview and Experience

- 1) **Organizational Infrastructure**: Each SCN lead entity will play a critical leadership and administrative role in their region. The extent and depth of each SCN lead entity’s responsibilities will be significant; including coordinating and/or directly conducting screening of Medicaid members in their region, developing and maintaining a network of contracted CBOs to deliver evidence-based social care services, building capacity across the region, facilitating social care payments, managing a data and IT platform, and engaging stakeholders across multiple sectors. To deliver on these responsibilities, NYS expects that SCN lead entities will be governed and led by individuals with experience in and commitment to meeting the needs of New Yorkers and who have the skills necessary to ensure that SCNs are highly effective organizations.

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. NYS envisions CBOs will comprise the majority of each SCNs’ 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.

Governance Requirements of SCN Lead Entity

The awarded lead entity shall:

- Define a governing body structure and its associated roles and responsibilities;
- Adhere to the DOH OHIP SCN Program Manual;
- Ensure that the lead entity, within 60 days of being awarded, has a governing body comprised of representatives from the following identified stakeholder groups (individuals may represent multiple groups):
 - CBOs with at least one (1) service location in the SCNs' region;
 - CBOs shall represent at least fifty-one percent (51%) of members within the governing body **and** have majority share in voting rights;
 - Healthcare and care management providers (e.g., health systems, provider organizations, FQHCS, behavioral health (BH) providers, local health departments, Health Homes);
 - At least one (1) provider with mental health and substance use disorder (SUD) experience, preferred;
 - Community advocates; and
 - Current Medicaid members;
 - At least two (2) current Medicaid members with HRSN;
- Ensure that the SCN follows the requirements for the governing bodies of 501(c)(3) organizations (as appropriate or analogous);
- Convene the governing body in routine intervals, on an at least a quarterly basis; and
- Maintain an executive leadership team responsible for the day-to-day operations of the SCN.

2) **Operations:** SCNs will need to 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). Specifically, SCNs will develop and maintain operations across the following functions:

- Program and service operations:
 - Social care service navigation (*detailed below*), including screening Medicaid members, validating member eligibility for services, and referring members to services delivered by CBOs in the network;
 - CBO network management;
 - Partnerships and strategic initiatives;
- 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.

NYS envisions that SCN lead entities will perform as many of these functions themselves to the extent that they can perform them effectively, thereby limiting the subcontracting of functions to an as-needed basis.

3) **Program and Service Operations – Social Care Service Navigators:** 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; and
- Act on screening data collected by other entities (e.g., 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.

SCNs will have flexibility in building social care service navigation capacity within their network. NYS encourages SCNs to leverage existing social care service navigation capacity where possible (e.g., leveraging existing staff at CBOs, MCOs, or providers to perform the social care service navigation function). For example, case/care managers and/or resource coordinators employed by MCOs, or healthcare or care management providers may perform social care service navigation as long as they are able to use the SCN data and IT platform.

Operations Requirements of SCN Lead Entity

The awarded lead entity shall:

- Ensure that the SCN is adequately resourced to execute the key functions expected of the SCN. Key functions include:
 - Hiring and onboarding new staff;
 - Organizational and programmatic leadership;
 - Social care service navigation, including member screening, eligibility determination and referral to services;
 - Network management, including development of adequate CBO network and provision of CBO capacity-building support;
 - Oversight of data sharing and reporting, including data and IT platform management;
 - Finance and accounting, including fiscal management and reimbursement of CBOs for services;
 - HR and other administrative functions; and
 - Stakeholder engagement.
- Develop communication channel(s) with providers and MCOs to ensure that members are navigated to SCN for referral to services, as relevant. For example, SCN lead entities may establish a process for warm hand-offs, secure chat, and/or dedicated point(s) of contact with MCOs and providers, used when MCOs/providers conduct screening of a member but are not able to refer members to services (e.g., because they are not on the SCN data and IT platform).

SCN Program Infrastructure

Data and IT infrastructure is a critical foundation of the SCN program. The awarded SCN lead entities will be responsible for procuring and managing a data and IT platform that enables the highly accurate, timely, and secure exchange of health and HRSN data across stakeholders. Managing this platform will be critical to every element of the SCN program, including SCN operations, service delivery and payment, member experience, and ultimately, evaluation of the program's success. NYS aspires for SCN data and IT platforms to equip health and social services professionals across NYS with user-friendly tools that improve the delivery of social care services to members. In parallel, data and IT platforms are expected to facilitate a transformative level of system connectivity across NYS, including but not limited to, facilitating payment flows for social care, and timely and actionable social and health data exchange.

B. HRSN Screening and Navigation to Services

The identification of HRSN through screening enables improved access and connection to social care services delivered by SCNs. NYS aspires for every Medicaid member to be screened for HRSN in a standardized and person-centered manner at least annually. This section outlines two (2) types of responsibilities and requirements of the awarded SCN lead entities:

- **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, MCOs) to screen each Medicaid member at least annually, using a standardized screening tool. Lead entities will be accountable for 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.
- **Navigation to services:** SCN lead entities will be accountable for navigating eligible members 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 to ensuring a seamless and efficient member experience from screening to service provision.

1. HRSN Screening

The identification of the HRSN of Medicaid members is a critical step towards navigating members to services. NYS recognizes the growing body of evidence that demonstrates how the identification of HRSN, such as housing, food/nutrition, interpersonal safety, and referrals to services can have a positive impact on member health outcomes. NYS aims to ensure there is sufficient capacity in each region to conduct HRSN screening of all Medicaid members, for screening data to be captured in the SCN's data and IT platform, and for screening results to be consistently acted on (i.e., with timely follow-up, further assessment, and referral to social care services).

- a. **Entities that will Conduct HRSN Screening:** Screening capacity in each region may come from a variety of partners in the ecosystem, including CBOs, MCOs, and healthcare and care management providers. SCN lead entities will coordinate and

manage screening capacity in each region as well as support more consistent and member-centric screening processes.

- b. **How HRSN Screening will Work:** NYS aims to ensure that each Medicaid member will receive a HRSN screening annually or on an as-needed basis.³ 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. These screenings will contain questions related to housing and utilities, food security, transportation, employment, education, and interpersonal safety. The screening of Medicaid members across these domains on a regular cadence will improve access to social care services and enable a better understanding of how HRSN are evolving over time.

To ensure that all members are able to access screening according to their needs and preferences, NYS envisions that HRSN screenings will be conducted in multiple modalities, at accessible times, in culturally and linguistically competent ways, in accordance with National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.⁴ It is the aspiration of NYS that member screening experiences are both seamless and comprehensive. Screening will involve asking the predetermined series of screening questions coupled with the empathetic engagement with individuals to understand their life context, specific needs, and preferences related to social care services. Conversations should serve to inform and tailor the most appropriate set of social care referrals to meet the Medicaid member's unique needs. The screening encounter can also serve as an opportunity to discuss potential additional supports and how to access programs (e.g., WIC, SNAP).

- c. **Role of SCN Lead Entities in HRSN Screening:** SCN lead entities will be responsible for (i) ensuring there is sufficient capacity in their region(s) to conduct screenings of all Medicaid members (including building additional screening capacity as needed) and (ii) creating a regional data and IT platform for all screening information of Medicaid members in order to ensure members with identified needs receive timely services.
 - i. SCN lead entities will be expected to work in coordination with partners in the regional ecosystem (CBOs in their network, healthcare providers, care management providers, MCOs) to ensure that they have sufficient capacity to screen all Medicaid members in the region for HRSN (screening can be conducted by employees of the SCN lead entity itself, employees of CBOs in the network, or care/resource coordinators staffed by a healthcare provider, care management provider or MCO). NYS encourages CBOs to perform HRSN screenings, as CBOs are often uniquely positioned to screen given their role as trusted partners to local communities and ability to reach target populations.

³ Members to be screened for HRSN annually or upon a major life event, defined as an event that prompts a member to become eligible for Enhanced HRSN services or changes the Enhanced HRSN services for which a member may be eligible. A major life event may be identified by a MCO, SCN, CBO, healthcare or care management provider.

⁴ US Department of Health and Human Services, National Culturally and Linguistically Appropriate Services (CLAS) standards. Available at <https://thinkculturalhealth.hhs.gov/clas/standards>.

- ii. Regardless of who conducts a screening, NYS envisions SCN data and IT platforms as the central hub through which all Medicaid member HRSN screening information will flow. Appropriate data-sharing of screening data will enable SCNs to facilitate more timely member navigation to services (additional details in *Navigation to Services* section below).

Screening Requirements of SCN Lead Entity

The awarded lead entity shall:

- Ensure HRSN screenings within the SCN are conducted using a standardized form of the Accountable Health Communities Health Related Social Needs (AHC HRSN) Screening Tool (**Attachment F**), which will collect the following information:
 - Member contact information, including name, current address, phone number, and email address (if available);
 - Basic data about a member's identity, which includes but is not limited to name, location, race/ethnicity, age, physical disabilities and sexual orientation and gender identity (SOGI);
 - Member's HRSN across the following domains as consistent with the standardized AHC screening tool:
 - Housing/utilities;
 - Food security;
 - Transportation;
 - Employment;
 - Education; and
 - Interpersonal safety;
 - Confirmation of a member's desire to receive social care services; and
 - Additional case notes (as needed) to ensure an appropriate navigation to services;
- Ensure HRSN screenings conducted by the SCN are delivered in accordance with National CLAS standards⁵;
- Anticipate HRSN screening needs in its region and build the appropriate screening capacity in collaboration with regional partners, including CBOs in the network, MCOs, healthcare providers, and care management providers, to meet those needs in a timely (consistent with what is defined in the DOH OHIP SCN Program Manual) manner;
- Ensure that all Medicaid members in the region can be screened for HRSN through multiple modalities and languages:
 - Provision of screenings in multiple modalities, including in-person and via telephone, virtual, website, and text messaging;
- Identify CBOs in its network to conduct HRSN screenings. The criteria for a CBO's ability to screen members includes:
 - CBO has designated point person(s) for screening members;
 - CBO has capability to conduct screenings in-person and via telephone, virtual, website, and text messaging; and
 - CBO is willing and able to receive training(s) on screening members for HRSN with

⁵ US Department of Health and Human Services, National Culturally and Linguistically Appropriate Services (CLAS) standards. Available at <https://thinkculturalhealth.hhs.gov/clas/standards>.

- cultural and linguistic competency;
- Establish and/or maintain communication channel(s) with MCOs in the SCN's region to direct member(s) to the SCN if the MCO identifies a member in need of screening;
- Establish and/or maintain communication channel(s) with healthcare or care management providers in the SCN's region to direct a member to the SCN if the provider identifies a member in need of screening;
- Provide a public-facing website that enables a member access to or information on where they can be screened and referred to social care services and relevant contact information for each location (e.g., address, hours, languages spoken, screening modalities offered, etc.). The public-facing website should also include information on local healthcare providers enabling members to access healthcare services;
- Possess a website that offers a language translation option when able; and
- Develop an outreach strategy in collaboration with CBOs in the SCN to reach members in neighborhoods identified as having health disparities to encourage HRSN screening.

2. Navigation to Services

Following HRSN screening, Medicaid members will be navigated to social care services that most appropriately meet their needs. This section outlines the eligibility process and vision for how SCNs will support navigation of Medicaid members to appropriate services. SCNs will be responsible for providing social care service navigation to Medicaid members in their region.

- i. **Eligibility for HRSN Services Included in 1115 Waiver:** NYS aims to improve the health and well-being of Medicaid members and address health inequities by scaling and coordinating the delivery of evidence-based social care services. To this end, results of a Medicaid member's HRSN screening will serve as a key input that informs how members are navigated to the appropriate social care services. NYS will also define a set of eligibility criteria using information shared by the MCO. These eligibility criteria will be an additional input to inform whether Medicaid members will be directed to existing federal, state, or local social care infrastructures, or navigated to social care services covered by the waiver and delivered by CBOs in the SCN. This eligibility determination will occur in real-time—often during the same encounter where screening is conducted—and accelerate Medicaid members' navigation to services (see **Figure 3**). For example, if a member shares an affirmative response to any questions about their HRSN, the SCN will use their screening results in combination with eligibility information to navigate them to appropriate services. SCNs will access this eligibility information directly through the SCN's data and IT platform and navigate a member to services accordingly. MCOs and healthcare providers that screen members, but lack the ability to access the necessary eligibility information, may conduct a handoff to the SCN, often initiated by a phone call or through the transmission of screening data to the SHIN-NY for the SCN to receive to complete the navigation of the member to social care services or other services (e.g., enrollment for benefits such as SNAP, WIC, etc.).

Medicaid members that are either fee-for-service (FFS) or do not meet any of the indicated eligibility criteria listed below will be referred to existing federal, state, or local social care services, while members that meet the eligibility criteria described

below will be referred to social care services that are delivered by SCNs and are approved for reimbursement by NYS (classified as Enhanced HRSN services) (see Table 1).

Members identified as eligible for Enhanced HRSN services can receive an approved set of reimbursable services (e.g., medically tailored meals) for a specific amount of time (additional details on length and quantity of service to be defined by NYS). After the Enhanced HRSN services are complete, members will be assisted with connection to existing federal, state, or local social care services, as needed.

Figure 3: Flow across member journey

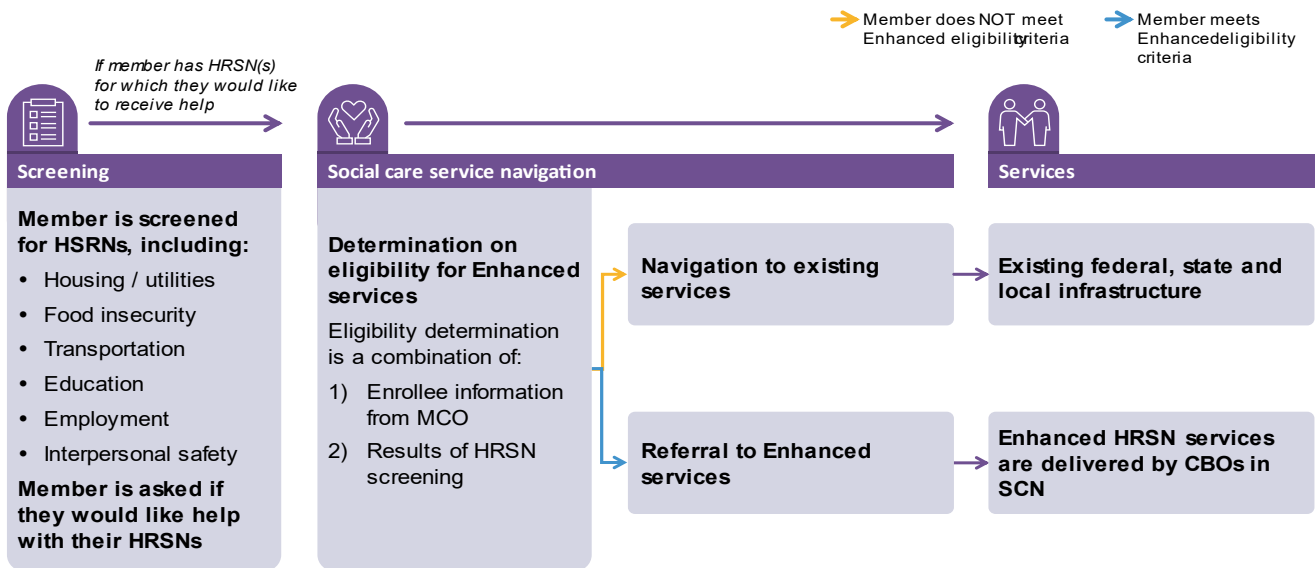


Table 1: Populations Eligible for Navigation and Enhanced HRSN Services

Navigation	If a member does not meet the criteria for Enhanced HRSN services, they will receive navigation to pre-existing state, federal, and local programs to address HRSN.
Enhanced Services	<p>Enrolled in Medicaid Managed Care, have an unmet health related social need, and meet one of the following:</p> <ul style="list-style-type: none"> Medicaid High Utilizer (defined by Emergency Department, Inpatient, or Medicaid spend or transitioning from an institutional setting) Individuals enrolled in a designated Health Home 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) Pregnant Persons / up to 12 months Postpartum Post-Release Criminal Justice-Involved Population with serious chronic conditions, SUD, or chronic Hepatitis-C Juvenile justice involved, foster care youth, and those under kinship care Children under the age of 6

	<ul style="list-style-type: none"> • Children under the age of 18 with one or more chronic condition • Substance Use Disorder • Intellectual or Developmental Disability (I/DD) • Serious Mental Illness
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- ii. **Role of the SCN Lead Entity in Navigation to Social Care Services:** SCN lead entities will work in coordination with CBOs in their network, MCOs, and healthcare and care management providers to ensure there is sufficient capacity in their region to conduct social care service navigation (i.e., screen Medicaid members, validate eligibility and conduct referral management for eligible Medicaid members). Social care service navigation can be done by employees of the SCN lead entity; CBOs in the network; or staff of MCOs, healthcare providers, or care management providers, provided these organizations are able to exchange real-time data with these organizations through a shared data and IT platform (see [Data and IT section](#)). SCN lead entities will also be responsible for ensuring that that all referrals are closed, and services are delivered in a manner that addresses the HRSN of eligible Managed Medicaid members. Referral closure will be validated by SCN lead entities and will be confirmed by the CBO delivering services or members themselves. All referral data will flow through the SCN’s data and IT platform, supported by the Statewide Health Information Network-New York (SHIN-NY) (additional details in [Data and IT](#)) to ensure that the relevant stakeholders can access and track important information about the network’s referral closure rate as well as address any unmet Managed Medicaid member needs.

In addition to helping to navigate Medicaid members to the most appropriate social care services, SCNs will help ensure social care services were delivered and sufficiently addressed the needs of Medicaid members (see [Payment and performance evaluation management](#) for additional detail).

Navigation and Social Care Requirements of an SCN Lead Entity

The awarded lead entity shall:

- Ensure there is appropriate capacity in the network to provide social care service navigation for all members (e.g., HRSN screening, eligibility, and referrals) (See [Network administration, Capacity Building and Partnerships](#));
- Validate member eligibility for social care services and refer members to services (as appropriate) delivered either by existing infrastructure or by CBOs in SCN ;
- Conduct and track Enhanced HRSN Service referrals in a closed-loop system, including:
 - Validating service provision (including service type and duration) through CBO
 - Validating (either directly with member or indirectly through CBO) the end of a member’s unmet need;
- Monitor and resolve backlog of referrals and open/unresolved referrals; and
- Conduct education and outreach to other entities outside of the network to raise awareness about the SCN and how to refer members for screening and / or navigation to services (additional details in [Network administration, Capacity Building and Partnerships](#))

C. Network Administration, Capacity Building, and Partnerships

1. **SCN Network Administration:** CBOs play a critical role today in addressing social care needs of Medicaid members across New York State utilizing empathy and cultural and linguistic competencies. A growing number of CBOs are employing innovative and evidence-based interventions to promote food security and nutrition, transportation access, housing stability, and the organization of benefits and employment, among other social care needs. NYS aims to build on existing efforts and relationships developed by CBOs in local communities as it establishes SCNs. NYS envisions SCNs as the centralized bodies that will coordinate the delivery of social care services through CBOs to eligible managed Medicaid members. SCN lead entities are responsible for designing and maintaining a network of CBOs that can serve members in each region. This entails screening all Medicaid members for HRSN, validating member eligibility for reimbursable social care services, and referring those members to CBOs who will deliver the appropriate services.

a. **How Networks will be Designed:** An SCN is comprised of an SCN lead entity and a contracted network of CBOs. Each SCN will need to be adequate in scope and size to appropriately address the HRSN of members in the region. This means being able to serve the whole region. CBOs in the network will, at a minimum, need to provide navigation and Enhanced HRSN services (see **Attachment E**) to address the needs of eligible Medicaid members in the region who are seeking them. To this end, NYS has outlined a set of preliminary standards (detailed below) for SCN network composition. These standards aim to ensure that CBO networks can adequately screen all Medicaid members in the region and provide navigation and Enhanced HRSN services to members who are eligible. These standards are outlined with the goal of promoting greater accessibility, including the ability of members to access needed services within their zip code and quality of social care services.

NYS encourages SCN lead entities to maintain networks that can adequately meet member demand for social care services in each region and provide sufficient choice to members on where and how to access services. Networks should include small CBOs, CBOs that work with identified target populations, and CBOs with cultural and linguistic competencies. Lead entities will be expected to evaluate whether their network is collectively meeting member and community needs, in particular maintaining the ability to meet adequate demand for screening, navigation, and delivering Enhanced HRSN Services.

b. **Entities that can participate in the network:** NYS envisions that SCNs will be comprised of CBOs that are non-profits registered in the State's Charity Registry Bureau (unless exempt). NYS has outlined specific requirements for CBO participation in an SCN (detailed below), which include the provision of Enhanced HRSN Services. CBOs that wish to receive reimbursement for Navigation and the Enhanced HRSN Services (detailed below) will be required to be a part of the SCN. These Enhanced HRSN Services span the following HRSN domains and can be found in detail in **Attachment E**:

- **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, etc.
- **Food insecurity:** Medically tailored meals, nutritional counseling and classes, home delivered meal / pantry stocking, cooking supplies, etc.
- **Transportation:** Public and private transportation to reach HRSN services.

SCN lead entities will be accountable for ensuring that their networks provide Enhanced HRSN Services to address eligible member demand in the region, and are comprised of non-profit organizations capable of receiving referrals for and providing these services.

Network Administration Requirements of SCN Lead Entity

Network Composition (Adequacy)

The awarded lead entity shall:

- Meet the following network composition standards:
 - Have sufficient HRSN screening capacity to match Medicaid members in the region;
 - Include sufficient CBOs (or equivalent capacity) to deliver against expected demand for Enhanced HRSN services deemed as reimbursable under the 1115 waiver amendment (**Table 2**);
 - Provide social care service navigation directing members to HRSN services, including screening members, validating eligibility, and referring to services
 - Ensure sufficient geographic coverage/distribution across the region to minimize travel time/distance for members seeking services;
 - Include CBOs of a variety of sizes (e.g., small CBOs with annual net annual budget of < \$5,000,000);
 - Include CBOs that work with target populations defined as eligible for Enhanced HRSN Services (full eligibility criteria in *Table 1*); and
 - Include CBOs with cultural and linguistic competencies to address the unique needs and demographics of the region;
- Maintain a digital public CBO directory to enable individuals to self-navigate to resources for HRSN and to directly access navigation services without the need for screening / referral; and
- Meet established thresholds for access and timeliness of services, as defined by NYS (to be provided in subsequent guidance).

CBO Participation in Social Care Network (SCN)

The awarded lead entity shall:

- Validate that each CBO in its network:
 - Provides at least navigation or one of the Enhanced HRSN Service (Table 2);
 - Maintain a coverage area that includes zip codes within the SCN region;
 - Holds not-for-profit status upon initial addition into the SCN, as validated by the CBO's with an active EIN, for-profit entities that provide a social service that have received DOH approval. For-profit entities will only be considered when

there is not a non-profit that can cover the service for part of the region (i.e., accessibility modifications to someone's home);

- Designates contact(s) in their organization to engage and be trained on the SCN data and IT platform and validate the accuracy of CBO information on routine intervals;
- Demonstrates cultural and linguistic competency;
- Is committed to accepting referrals and providing services and collaborating with the SCN and other stakeholders to coordinate the delivery of HRSN services; and
- Can assess or project potential capacity constraints and estimate need (if any) for capacity building funding from the SCN.

Assessment/Evaluation of the Network

The awarded lead entity shall:

- Identify a proposed plan to fill identified gaps in network composition before the service delivery start date;
- Conduct additional reviews of network composition against the above guidelines on a bi-annual basis; and
- Submit network composition reports in accordance with the above guidelines to NYS on a bi-annual basis.

Maintenance of a Public SCN directory

The awarded lead entity shall:

- Provide an up-to-date, publicly available SCN directory on its website that includes all contracted CBOs;
- Include the following information about each CBO in its SCN directory:
 - Physical address(es);
 - Hours of service;
 - Zip codes served;
 - Phone number(s);
 - Website (if applicable);
 - Service(s) offered, including screening capability;
 - HRSN(s) addressed; and
 - Language(s) spoken;
- Verify and update the SCN directory on its website as described in DOH OHIP SCN Program Manual; and
- Update the SCN directory on its website as described in DOH OHIP SCN Program Manual if any CBO is temporarily suspended or is no longer participating in the network.

2. **CBO Capacity Building:** NYS envisions that CBOs of varying sizes and types will participate in SCNs. To help achieve this vision, NYS will award to SCN lead entities to deliver capacity-building support to CBOs. This support may take the form of training, technical assistance, or direct investments in CBO infrastructure or workforce. 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 and directly supporting CBOs (e.g., training on screening members for HRSN, support on data sharing and reporting). SCN lead entities should ensure that infrastructure funding is being distributed to build capabilities across a diverse set of CBOs.

a. **How SCN lead entities will Deliver CBO Capacity-Building Support:** NYS expects SCN lead entities to carry out CBO capacity-building as a core component of their network management responsibilities. 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. This flexibility will enable SCN lead entities to deliver the most appropriate form of capacity-building support to the CBOs in their network, including direct investment, training, and 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, which may include direct investment in CBOs to hire staff members or enroll in the SCN data and IT platform or may include training or technical assistance.

b. **Different forms of CBO Capacity-Building:** NYS recognizes that many CBOs will take on new functions or tasks by participating in an SCN. SCN lead entities will be responsible for scaling up CBO capabilities that exist today to better meet the needs of members, and for developing new capabilities as needed to enable CBO network participation. Potential examples include:

- CBOs designated to screen members for HRSN may require training on how to conduct screenings in a way that reflects the cultural and linguistic needs of the region and in a sensitive, empathetic, and private manner;
- CBOs may require training on how to input, track and share data on the SCN data and IT platform to enable the reporting of HRSN screening results, navigation of members to HRSN services, and tracking of referrals and service provision; and
- CBOs may require infrastructure to access the SCN data and IT platform (e.g., computer).

SCN lead entities are required to deliver onboarding, training, and technical assistance to CBOs as needs are identified, and may do so using a methodology or they feel is most effective.

c. **Reporting of CBO Capacity-Building Funding:** SCN lead entities will provide quarterly documentation to NYS detailing how capacity-building funding is distributed to CBOs. Specifically, NYS expects that SCN lead entities will provide quarterly updates to NYS to share the nature and amount of expenditures related to CBO capacity-building funding.

CBO Capacity Building Requirements of SCN Lead Entities

Distribution of capacity-building funding

The awarded lead entity shall:

- Distribute capacity-building funding to CBOs in its network in a manner such that:
 - Funds distribution is based on the assessed needs of CBOs within the network;
 - A minimum percent of funds (provided in later guidance) is distributed to small CBOs (e.g., CBOs with annual net incomes of < \$5,000,000);

- Funds are distributed to CBOs across all identified HRSN domains; and
- Funds are used only to enable CBO participation in the SCN;
- Submit a proposal for its utilization of capacity-building funds to NYS on an annual basis.

Onboarding and training CBOs

The awarded lead entity shall:

- Provide onboarding resources to all contracted CBOs on SCN infrastructure and objectives;
- Onboard CBOs that are designated to screen members on the following topics, as needed:
 - Setting up and using the SCN data and IT platform;
 - Conducting HRSN screenings using the AHC tool;
 - Tracking referrals (including referral status as open/closed); and
 - Tracking service provision;
- Provide training to any contracted CBO as the need arises (as identified by SCN lead entity) on relevant topics as needed, which may include:
 - Serving a new target population;
 - Offering a new type of HRSN service; and
 - Providing services with cultural and linguistic competency;
- Disclose any proposed plans to NYS to subcontract with other organizations to provide training(s) to CBOs as needed.

Provision of technical assistance to CBOs

The awarded lead entity shall:

- Support CBOs with ongoing needs through technical assistance, which may entail support with data sharing and reporting, IT, or filing for reimbursement; and
- Provide technical assistance to CBOs, including ability to trouble-shoot issues encountered by CBOs in real-time during business hours.

Reporting capacity-building expenditures

The awarded lead entity shall:

- Provide quarterly updates to NYS sharing the nature and amount of capacity-building expenditures;
- Report capacity-building expenditures through a standardized template and process (provided in later guidance) that shall include, at a minimum:
 - The total amount expended for the reporting period and year-to-date;
 - The total amount spent on small CBOs (net annual income of < \$5,000,000) for the reporting period and year-to-date;
 - The number of CBOs to which funds have been distributed for the reporting period and year-to-date; and
 - The total amount of expenditure by spend category, including:
 - Training;
 - Staffing;
 - Data/IT; and
 - Other;

- Comply with any capacity-building expenditure audit requests from NYS by submitting requested documentation.

3. SCN Partnerships: NYS’s vision is that SCNs will work in coordination with entities in the region to address the social care needs of target populations, pregnant/post-partum persons, Medicaid high utilizers, those with SUD, SMI or I/DD, foster youth, and criminal justice-involved individuals. SCN lead entities should leverage existing partnerships or develop new relationships with MCOs, healthcare providers, 29-I agencies, local governments, jails, prisons, and other stakeholders, to adequately address the social care needs of target populations in the region. These partnerships may involve collaboration on individual member cases, on population health initiatives, or value-based payment (VBP) initiatives (see [Payments and Performance Evaluation](#)) for additional detail on VBP).

NYS expects that SCN lead entities will demonstrate an understanding of the different stakeholders and potential partners in the region and detail any existing relationships they have that may 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.

Requirements of SCN Lead Entity

The awarded lead entity shall:

- Partner with other entities on individual cases and population health initiatives to improve engagement and outreach to target populations related to social care.

D. Payments and Performance Evaluation

1) Payments: NYS aspires for SCNs to take the leading role in ensuring all eligible Medicaid members have greater access to HRSN screening and social care services delivered by CBOs. Funding flows have been designed to promote near-term capacity building and long-term sustainability of SCNs to become an integral part of the care delivery system.

SCNs will be supported through three sources of funding (**Figure 4 and Table 3**):

a. Infrastructure Funding: for SCN start-up costs in each region across the award period, including but not limited to initial network infrastructure (e.g., onboarding of CBOs), set-up and implementation of data and IT platform, and CBO capacity building and technical assistance. NYS will provide infrastructure grant funding to SCNs for operational setup of the program. SCNs will use infrastructure funding to build necessary functionality across the network, including but not limited to initial network infrastructure set-up (e.g., onboarding of CBOs), initial set-up and implementation of data and IT platform, hiring and recruiting of staff, CBO capacity building activities and technical assistance, and community and health system partner engagement (**Table 3**).

The maximum infrastructure funding available for each lead entity will vary by region and is based on the number of Medicaid members and cost of delivering social care

services in its region. In **Table 3** below Applicants will detail their proposed use of infrastructure funding across the award period within the RFA application (Table 4 below).

b. HRSN Screening and Services Payments (outside of this RFA’s grant funding):

SCN lead entities will be provided funding from MCOs to cover HRSN screening for Managed Care members and approved Enhanced HRSN Services for eligible members as well as ongoing, reasonable administrative and operational costs associated with service delivery (e.g., claims processing, performance management activities) (Table 4 below). This funding will be comprised of per member per month (PMPM) payments – a pre-determined amount paid on a monthly basis by MCOs for each eligible Medicaid Managed Care member in the region. PMPM payments will be informed by the regional cost to conduct HRSN screenings and deliver Enhanced HRSN Services as determined by an agreed upon fee schedule that the SCN is expected to pay to CBOs for each service rendered. The maximum portion of PMPM payment that can be used towards administrative and operational costs will be provided by NYS in future guidance.

To ensure SCNs are appropriately reimbursed for all HRSN services delivered by the network, NYS will reconcile PMPM payments at the end of Year 1 based on actual expenditures and either provide additional “true up” funding or claw back unspent funds. In addition, NYS will adjust PMPM payments in Years 2 and 3 based on actual expenditures in the prior year. In forthcoming guidance, NYS will provide the maximum amount of HRSN screening and services payments that can be used to cover administrative expenses under the PMPM.

SCN lead entities will use the funding provided to them via PMPM payments to reimburse CBOs in their network for the HRSN screenings of Managed Care Members and Enhanced services delivered. SCN lead entities will reimburse CBOs for social care services delivered through FFS payments. These FFS payments will follow a regional fee schedule (services listed in **Attachment E: New York State Health Related Social Need Enhanced Services**) established by NYS, which will account for regional differences in the cost of delivering care. SCN lead entities will reimburse CBOs for all approved services they deliver and for one annual HRSN screening conducted per member. Additional screenings that are needed due to a major life event will be paid for under case management.

The SCN will submit claims for the screening and navigation of the FFS population and be reimbursed on a FFS basis. Each region will have a funding cap for the FFS population. Details of the claiming process and the funding cap will be in the SCN program manual. Costs associated with Managed Care members, Enhanced HRSN screenings and services will be covered by HRSN screening and services payments (see below).

To facilitate payments to CBOs within their network, SCN lead entities will be required to complete a standard application process to become designated SCN providers administrated by NYS (specific requirements of designation process to be provided within forthcoming guidance). SCN lead entities will pay CBOs through their data and

IT platform and be fully responsible for ensuring payments are delivered and received by CBOs in the network. Through its data and IT platform, each SCN lead entity will also be responsible for generating a social care claim to reflect each HRSN screening, navigation, or Enhanced service delivered. These social care claims will be reported to MCOs solely for purposes of tracking and will not facilitate any payment for services (see [Data and IT Infrastructure](#) for additional detail).

- c. **Performance-based Bonus Payments (outside of this RFA’s grant funding):** In addition to payments for screening and services, SCN lead entities may be eligible to receive additional funding based on performance. Performance-based bonus payments will evolve over time, with the central goal of SCN continuous improvement to better meet the needs of members in the region. During the RFA award period, SCNs will engage in VBP arrangements through upside risk, with the goal of ultimately evolving to both upside and downside risk VBP arrangements in the future.

NYS envisions SCN lead entities may receive performance-based bonus payments in Year 1 of the RFA award period based on submission of quarterly performance reports with required metrics. In Years 2 and 3 of the RFA award period, the SCN lead entity may receive performance-based payments based on whether it meets/exceeds performance benchmarks across metrics included within quarterly performance reports.

Ultimately (beyond the initial contract award period), NYS aims to create accountability for outcomes by enabling delivery of social care services through value-based payment (VBP) models that involve sharing of both upside and downside risk. NYS has designed the SCN funding flows in the near term to promote development of capabilities (e.g., data collection and reporting, consistent coding and billing practices, performance against metrics) to enable SCNs to successfully contribute to VBP models involving upside and downside risk with MCOs and providers in the future.

Figure 4: Overview of Payment Flows Included in 1115 Waiver

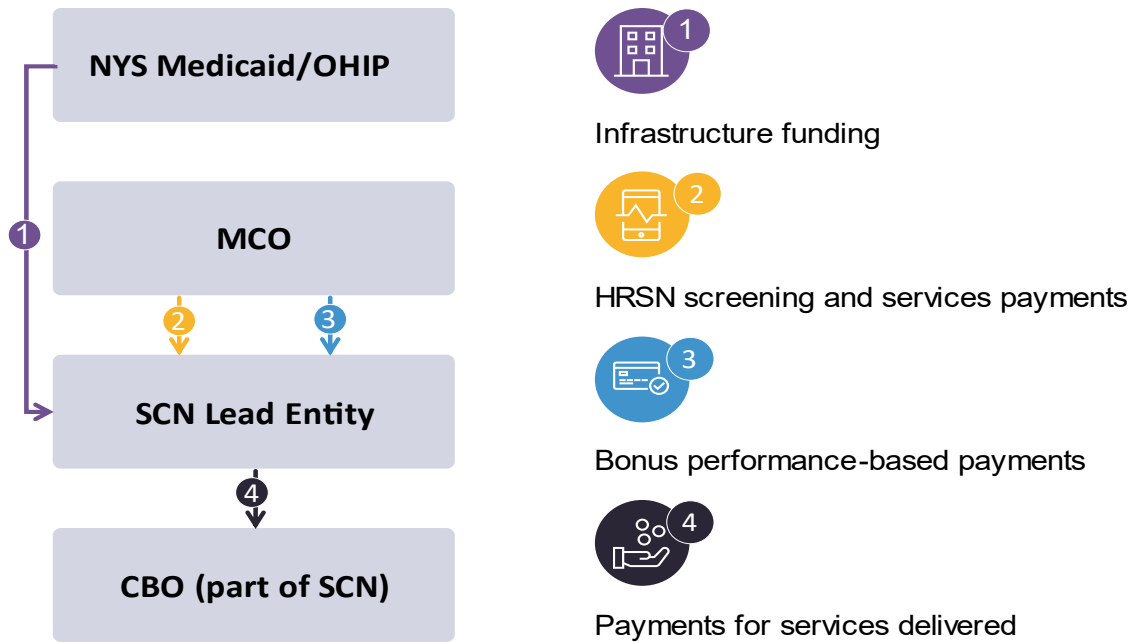


Table 3: Details of payment flows

Payment type	From	To	What is it paying for?	Conditions of payment	Frequency
1. Infrastructure funding (provided under this grant funding)	NYS	SCN lead entity (lead entity then distributes portion of funding to CBOs)	Start-up costs needed to stand up SCN, including for staffing, data and IT platform/technology, CBO capacity building Amount varies by region.	Annual cost report submitted to the State including information on utilization of infrastructure funds (spend broken down by high-level category)	Every 6 months over the 2-year and 11 month award period
2. HRSN screening and services payments (PMPM payments, outside of grant funding) <i>(These payments to SCNs will be funded through incremental funding from NYS OHIP to MCOs)</i>	MCO	SCN lead entity	Services delivered to MCO members by SCN lead entities and CBOs SCN will use these PMPM payments to reimburse CBOs for HRSN screening and services for eligible managed Medicaid members (see below) PMPM will differ in each region to reflect needs in the region and the fee schedule	Annual cost report submitted to the State including information on utilization of PMPM funds (PMPM funds allocated by type of service and by CBO)	Monthly

			State 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		
3. Performance-based bonus payments (outside of grant funding)	MCO	SCN lead entity	SCNs meeting performance milestones (to be defined by State)	<p>Payment will be tied to reporting and performance of a pre-defined set of performance metrics</p> <p>In Year 1, SCNs will receive bonus payments for reporting of pre-defined performance metrics</p> <p>In subsequent years, SCNs will receive bonus payments based on performance against those metrics</p>	Annual
4. FFS payments for services delivered (outside of grant funding, under PMPM payment)	SCN lead entity	CBOs	<p>FFS payments to CBOs for HRSN screenings, navigation, and Enhanced HRSN services</p> <p>FFS payment based on regional fee schedule to be defined by State</p>	CBOs indicate on the data and IT platform that service has been delivered	SCN to determine frequency, and align payments to CBO preference

Table 4: Overview of appropriate usage for SCN infrastructure funding vs. HRSN screening and services payments

Function	Type of cost	SCN activities covered by infrastructure funding	SCN activities covered by HRSN screening and services payments (PMPM payments)
Data and IT	<ul style="list-style-type: none"> • People (salaried or vended) • Vendor • Software/hardware 	<ul style="list-style-type: none"> • All set-up costs associated with procurement/implementation and/or build out of data and IT platform 	<ul style="list-style-type: none"> • Ongoing licensing and other expenses • Maintenance costs
Network and partnerships/communication	<ul style="list-style-type: none"> • People (salaried or vended) • Materials 	<ul style="list-style-type: none"> • Initial network set-up • Partner engagement • CBO capacity building and technical assistance 	N/A
Screening and service delivery coordination	<ul style="list-style-type: none"> • People (salaried or vended) 	<ul style="list-style-type: none"> • Hiring / recruiting • Salaries + benefits for new positions (until MCO contracts are in place and PMPM payments begin) 	<ul style="list-style-type: none"> • Administration of screening and service delivery • Salaries + benefits for new positions (once MCO contracts are in place and PMPM payments begin)

Contracting and fiscal management	<ul style="list-style-type: none"> • People (salaried or vended) 	<ul style="list-style-type: none"> • Administration of contracts (MCO + CBO contracts) 	<ul style="list-style-type: none"> • Implementation of performance management activities • Claims processing
Other administrative expenses	<ul style="list-style-type: none"> • People (salaried or vended) 	<ul style="list-style-type: none"> • Hiring / recruiting • Salaries + benefits for new positions (until MCO contracts are in place and PMPM payments begin) • Training and education 	<ul style="list-style-type: none"> • Salaries + benefits for new positions (once MCO contracts are in place and PMPM payments begin)
Physical space	<ul style="list-style-type: none"> • Real estate • Utilities 	<ul style="list-style-type: none"> • Set-up of physical space 	<ul style="list-style-type: none"> • Rent and utilities
Cost of reimbursable services	<ul style="list-style-type: none"> • Service related 		<ul style="list-style-type: none"> • Screening, navigatoin to services and Enhanced Services • Screening and Navigation for FFS Medicaid Members

Payments and Performance Requirements of SCN Lead Entity

The awarded lead entity shall:

- Contract with all MCOs covering managed Medicaid members in their region;
 - NYS’ goal is to ensure that members are covered through the SCN as quickly as possible;
- Utilize the NYS contract template to contract with MCOs. Contract includes:
 - Specification of services covered, e.g., HRSN screenings (Navigation to existing services and Enhanced Services) and HRSN interventions (Enhanced Services);
 - Required data-sharing between SCN and MCO;
 - MCOs will regularly share with SCNs a list of MCO members who reside in their region and eligibility information to help inform which members meet criteria for Enhanced services (e.g., Medicaid high utilizer, individuals with serious chronic conditions, juvenile-justice-involved, foster care youth, etc.). Model contract will prescribe provider protections as they relate to SCN and CBOs as HRSN screening and service providers;
 - Timeliness requirements for social care claims submission to MCOs;
 - Conditions of payments; and
 - Guidance on partnership to conduct screening
- Enroll as a designated SCN provider administrated by NYS upon award through eMedNY;
- Reimburse CBOs directly on an FFS basis made from the PMPM payment for HRSN screenings and delivery of approved HRSN services;
 - Reimbursement will be done via the data and IT platform (see [Data and IT infrastructure](#) for additional detail);
- Submit social care claims to MCOs. These claims will NOT trigger FFS payments (which are paid to CBOs by the SCN), but rather document service information and inform future SCN funding arrangements;
 - Social care claims will include Enhanced HRSN Services , referrals to existing programs and screening delivered by CBOs, including CBO information (e.g., CBO EIN) and service information (e.g., ICD-10 Z-codes, CPT codes);
 - NYS will provide forthcoming guidance on the full set of required data and coding considerations (e.g., appropriate ICD-10 Z-codes) for social care claims submission;
- Submit cost reports containing data on HRSN screening and services PMPM payment utilization:
 - Reports will include information on payments made to CBOs for HRSN screening and services completed, as well as SCN operational and administrative activities covered by

- PMPM payments (as described in **Table 4**);
 - NYS may conduct a reconciliation of the SCN’s HRSN screening and services PMPM payments via comparison against social care claims submitted to MCOs; and
 - The SCN is ultimately accountable for the efficacy of the network, therefore NYS encourages SCNs to develop processes for monitoring use of HRSN screening and services PMPM payments.
 - Claims for screening and navigation of the FFS population will be paid as a FFS payment to the SCN.
- 2) Performance Evaluation:** Through the SCN program, NYS seeks to improve the collective understanding of HRSN across regions and demographic groups, better meet those needs through improved access to social care services and improved experience for New Yorkers and build high-functioning and sustainable Social Care Networks that are embedded into the care model for managed Medicaid members. Ongoing data collection across a set of performance metrics, and evaluation of SCN performance on those measures will enable continuous improvement over time and ensure members’ social care needs are addressed across regions.

To understand and evaluate the impact of the SCN program – by region and population – NYS is placing emphasis on accurate data collection as a core component of the SCN program, and among the key capabilities of SCN lead entities. SCNs will need to coordinate across key stakeholders (e.g., MCO, providers, CBOs) to ensure accurate data is collected to report performance information to NYS. In addition to accurate data collection, SCN performance will center on SCN lead entities’ ability to successfully evaluate and manage the performance of CBOs within the network. Ultimately, MCOs are taking on full risk for the population and a supportive SCN performance evaluation model will play a critical role in their success.

Performance evaluation will evolve across multiple horizons within the two year and 11- month award period and beyond (**Table 5**). During the award period, SCNs will engage in VBP through upside only risk (i.e., performance-based bonus payments described above) for members attributed to them regionally. The long-term aspiration of NYS is integration of the SCN program with the State’s VBP roadmap, with SCNs engaging with MCOs in shared risk on outcomes (e.g., cost, utilization, quality). NYS has articulated a two year and 11- month glide path to help enable achievement of that aspiration after the initial award period. During Horizon 1 (Year 1), SCNs will be paid for achieving project milestones and reporting performance metrics; during Horizon 2 (Years 2-3), SCNs will be paid for performance on those metrics.

a. Horizon 1 - Pay for project milestones and reporting of performance metrics (focus of Year 1): The goal of Horizon 1 is building 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 (Table 6). SCNs will also be incentivized to report required performance metrics (Table 5).

b. Horizon 2 - Pay for performance (focus of Years 2-3): The goal of Horizon 2 is building 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 (Table 5). To adequately monitor and assess performance, SCNs will be required to deliver quarterly reports on performance metrics. Periodically, NYS will independently audit performance metrics submitted by lead entities to confirm accuracy of self-reported performance information. Based on periodic auditing results, SCNs will need to resolve any issues or discrepancies with data reported and ensure ongoing data reporting accuracy. Lead entities who are not meeting performance requirements or demonstrating major issues in their performance may be subject to actions by NYS, including reduced funding and/or initiation of a performance improvement plan. SCNs will also be expected to carry out continuous improvement activities to better meet the needs of members in their region.

Table 5: Performance Measurement and Incentives Over Time

Horizon	Horizon 1: Pay for project milestones and reporting of performance metrics	Horizon 2: Pay for performance (VBP model with upside risk only)	Horizon 3: Future state – SCN contributing to VBP model involving upside and downside risk (beyond 1115 waiver contract period)
Performance year	Year 1	Years 2-3	Year 4+
What will be incentivized	<ul style="list-style-type: none"> Meeting project milestones (defined by NYS) Reporting on performance metrics (listed below) 	<ul style="list-style-type: none"> Meeting project milestones (defined by NYS) Performing against performance metrics (listed below) <p><i>Note: payments will likely be tied to a subset of performance metrics listed below; additional details will be provided in forthcoming guidance</i></p>	<ul style="list-style-type: none"> Shared performance on outcomes (e.g., cost, utilization, quality) performance metrics with MCOs SCN social care claims will be linked to MCO medical claims and encounter data to support outcomes measurement
What performance metrics SCNs will calculate and report <i>Metrics are not exhaustive and are subject to change</i>	<p><u>SCN network:</u></p> <ul style="list-style-type: none"> Size of network Composition of network Service provider utilization by Enhanced Services in region, volume <p><u>HRSN Screening:</u></p> <ul style="list-style-type: none"> Member demographics completeness measure (% improvement of incomplete fields, % of members with validated demographic info) Members screened (#, %) Screening results (% by HRSN, % by number of needs) 		

	<p><u>Referral:</u></p> <ul style="list-style-type: none"> • Referral volume (total, by service type) • Closed loop rate (%) • Time to loop closure (days) • Referral backlog volume (#, %) <p><u>Intervention/ service delivery:</u></p> <ul style="list-style-type: none"> • Number and types of Enhanced Services delivered • Number of referrals to existing programs • 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) <p><u>Payments:</u></p> <ul style="list-style-type: none"> • Financial performance of SCN <p><u>Operational efficiency:</u></p> <ul style="list-style-type: none"> • Screening consent completion rate (%) • Timeliness of payments to CBOs • Backlog of screenings, volume 	
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Table 6: Example SCN Project Milestones

Performance year	Year 1	Year 2
Milestones	<p><i>Within 6 months of contract award and disbursement of funds</i></p> <ul style="list-style-type: none"> • Data and IT platform identified and required functionality in place • CBO network adequacy assessment complete, including technology assessment <p><i>Within 6 months of contract award and disbursement of funds</i></p> <ul style="list-style-type: none"> • Authorized SCN/CBO users onboarded to data and IT platform • Required interoperability with SHIN-NY established • Staff hired and onboarded • Contracts in place with MCOs • All privacy/security/ compliance requirements met <p><i>Within 8 months of contract award and disbursement of funds</i></p> <ul style="list-style-type: none"> • First cost report submitted, including information on allocation and utilization of infrastructure funding across categories (e.g., funds used for fee for service Medicaid members HRSN screenings, admin/personnel, data and IT) and 	<p><i>Within 18 months of contract award and disbursement of funds</i></p> <ul style="list-style-type: none"> • Staffing and infrastructure re-assessment • First performance report submitted • CBO performance evaluation (e.g., review individual CBO performance scorecard and develop plan with CBO to address areas for improvement) <p><i>Within 24 months of contract award and disbursement of funds</i></p> <ul style="list-style-type: none"> • 25% of members in region screened

	<p>payment totals (FFS payments to CBOs) by service type</p> <ul style="list-style-type: none"> • Social care claims submission process set up 	
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Payment and Performance Requirements of SCN Lead Entity

Performance Metrics

The awarded lead entity shall:

- Achieve key project milestones across award period (**Table 6**); and
- Independently calculate and report on a standard set of performance metrics on a quarterly basis in accordance with detailed business requirements supplied by NYS, resolve any issues or discrepancies with data reported, and ensure ongoing data reporting accuracy.

Performance Management

The awarded lead entity shall:

- Monitor data quality and remediate any data quality issues identified by the SCN, MCO, or NYS;
- Monitor performance, remediate any performance issues identified, and conduct ongoing continuous improvement activities as needed, including:
 - Reviewing performance at regular intervals and identifying opportunities for performance improvement:
 - Reviews should include performance of lead entity itself (e.g., optimizing staffing, processing payments in a timely manner), individual CBOs (e.g., delivery of services, reporting service delivery), and the entire network (e.g., ensuring the network is able to meet social care needs in the region);
 - Developing performance improvement plans (PIP) for CBOs and providing supplementary training and technical assistance to help the CBO improve over time;
 - If needed, develop a corrective action plan to address areas requiring improvement;
 - If a CBO is not delivering on performance expectations and has not demonstrated willingness or ability to make improvements, the SCN lead entity may terminate its relationship with the CBO;

3) Proposed Budget

Budget Requirements of SCN Lead Entity

The awarded lead entity shall:

- Develop a proposed budget to use infrastructure funds;
- Utilize and track usage of infrastructure funds according to permitted uses described in **Table 4**

- The SCN lead entity will be responsible for ensuring an appropriate percentage of infrastructure funding is allocated to CBOs within the network to build capacity and capabilities.
 - **Data and IT:** All set-up costs associated with procurement/ implementation and/or build out of data and IT platform;
 - **Network and partnerships/ communication:** CBO capacity building (e.g., expand scope / quantity of services that CBOs are able to deliver) and technical assistance;
 - **Screening and service delivery coordination:** Social care service navigator(s) initial salaries and benefits;
 - **Other administrative expenses:** Hiring and recruiting, salaries and benefits for new positions at CBOs, training, and education of CBOs; and
 - **Physical space:** Set-up of physical space at CBOs;
- The SCN lead entity should describe the amount of infrastructure funding required to build infrastructure and capabilities of the network across the award period;
- The SCN lead entity may have the opportunity to submit one or more requests to update its infrastructure funding request for NYS review, at the discretion of NYS;
- Submit annual cost reports containing data on infrastructure funding utilization
 - Reports will include allocation amounts paid across infrastructure funding categories as well how infrastructure funding was utilized by SCN lead entity; and
 - The SCN is ultimately accountable for the efficacy of the network, therefore NYS encourages SCNs to develop processes for monitoring use of infrastructure funding by CBOs.

E. Data and IT Infrastructure

1) SCN Data and IT Platform Functionality

A. 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, and fiscal management. Key product features that SCN data and IT platforms are expected to have include:

- Member information: Display member information (e.g., member contact information, member's MCO details) and eligibility for Enhanced services. Member information displayed should vary depending on users' authorization level (see Compliance and user access for additional detail).
- Compliance and user access: Authenticate data and IT platform users by ensuring they have completed data and IT platform and screening/referral training requirements and support multiple different views/interfaces for user types.
- Screening: Enable user to screen and assess members using a standardized embedded screening tool (i.e., Accountable Health Communities (AHC) tool), enable near-real time member-level updates to screening status and results, and display eligibility for Enhanced services. The platform should also be able to capture and track member consent and attestation.
- Closed loop referrals for Enhanced services: Conduct and manage closed loop referrals and service coordination with SCN CBOs. This includes tracking where a member was referred,

Enhanced services referred to, whether the referral is open or closed, time to referral loop closure, and details on services delivered (e.g., type of intervention, duration).

- Coordination of health and social care: Allow input of notes to support service coordination by health and social care professionals (e.g., case managers, providers).
- Licenses for all participating entities including MCOs, providers, and CBOs.
- Payment and fiscal administration: Draw upon NYS fee schedule for services delivered, enable CBOs to generate social care claims, and track reimbursements.
- Performance management: Generate supporting information (e.g., performance dashboards) for SCN quarterly performance reporting requirements to NYS and enable continuous improvement activities across SCN networks.
- Data sharing and exchange: Facilitate bi-directional exchange of data with SHIN-NY (which will play a central role in SCN program operations) and to enable near real-time data sharing across key program stakeholders (e.g., MCOs for purposes of fiscal management).

Figure 5 outlines features that SCN data and IT platforms are expected to have and examples of standard data elements that should be generated and shared among stakeholders, primarily via SHIN-NY. SCNs may build in additional functionalities for their data and IT platforms as relevant for their CBO network and regional needs.

Each SCN may use an existing or new data and IT platform provided it will perform the required business functions. It is the responsibility of the SCN lead entity to conduct appropriate diligence of any data and IT 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.

Figure 5: Overview of minimum SCN data and IT platform required features/functionality

Category	Features/ functionalities
Member information	<ul style="list-style-type: none"> • Display member information/profile (e.g., MCO name/ID, member identifier, contact information, demographics) • Display eligibility for Enhanced services and allow certain users to modify/update eligibility status • Capture and track member consent and attestation for sharing of health-related social needs (HRSN) data
Screening	<ul style="list-style-type: none"> • Embed Accountable Health Communities (AHC) screening tool • For each member, reflect latest and historical screening status and results (via SHIN-NY subscription) • Allow authorized users to view and update screening results, as needed • Display which network CBOs provide HRSN screenings and have capacity to provide Enhanced services
Referral and service delivery	<ul style="list-style-type: none"> • Maintain up to date, accurate, and publicly available CBO directory (e.g., name, location, EIN, services provided, contact info.) and submit to NYS annually

	<ul style="list-style-type: none"> • Conduct closed loop referrals to CBOs within the SCN network that deliver Enhanced services. Referral details should include where a member was referred, services referred to, whether referral is open/closed, time to referral loop closure, and service detail • Allow input of assessment and case notes related to social care and sharing of case notes (as needed) with MCOs and providers • Track completion of services and service details to inform coordination and generation of invoice/claim for services • Track current and historical member service delivery experience details (e.g., prior services delivered to member and associated details) • Ability to incorporate external provider directories (via application programming interface with MCOs)
Payment and fiscal administration	<ul style="list-style-type: none"> • Generate social care claims (template to be provided by NYS) including service detail • Track status of claims submission and process electronic data interchange transactions • Track FFS payments from SCN to entities within the network • Maintain up to date fee schedule to inform claims generation
Performance management	<ul style="list-style-type: none"> • Support SCN in generating performance reports that meet state requirements • Generate network level summary data (e.g., number of participating CBOs, activity by CBO, summary of services delivered, etc.)
Compliance and user access	<ul style="list-style-type: none"> • Authenticate data and IT platform users by ensuring they have completed data and IT platform and screening/referral training requirements • Support differential views by user access type (e.g., aggregate network summary and CBO-level performance reports only viewable by SCN leadership)
Data sharing and exchange	<ul style="list-style-type: none"> • Conduct near real-time and batch bi-directional exchange of data with SHIN-NY (through subscription query capability)

Data and IT Requirements of SCN lead entity

The awarded lead entity shall:

- Ensure that the SCN data and IT platform will have necessary features and functionalities required for SCN program operations (**Figure 5**);
- Ensure SCN lead entity has (or will have by time of award) a member-facing website that includes publicly available CBO directory; and
- Ensure any users of the data and IT platform are appropriately authenticated and have completed relevant training requirements, including but not limited to privacy and security.

2) Data Exchange and Interoperability:

a. Data Exchange and the Role of SHIN-NY: To achieve the system connectivity required to effectively deliver and coordinate social care for members, SCNs will be expected to bi-directionally share data with entities including CBOs, MCOs, healthcare providers, and NYS (Figure 6).

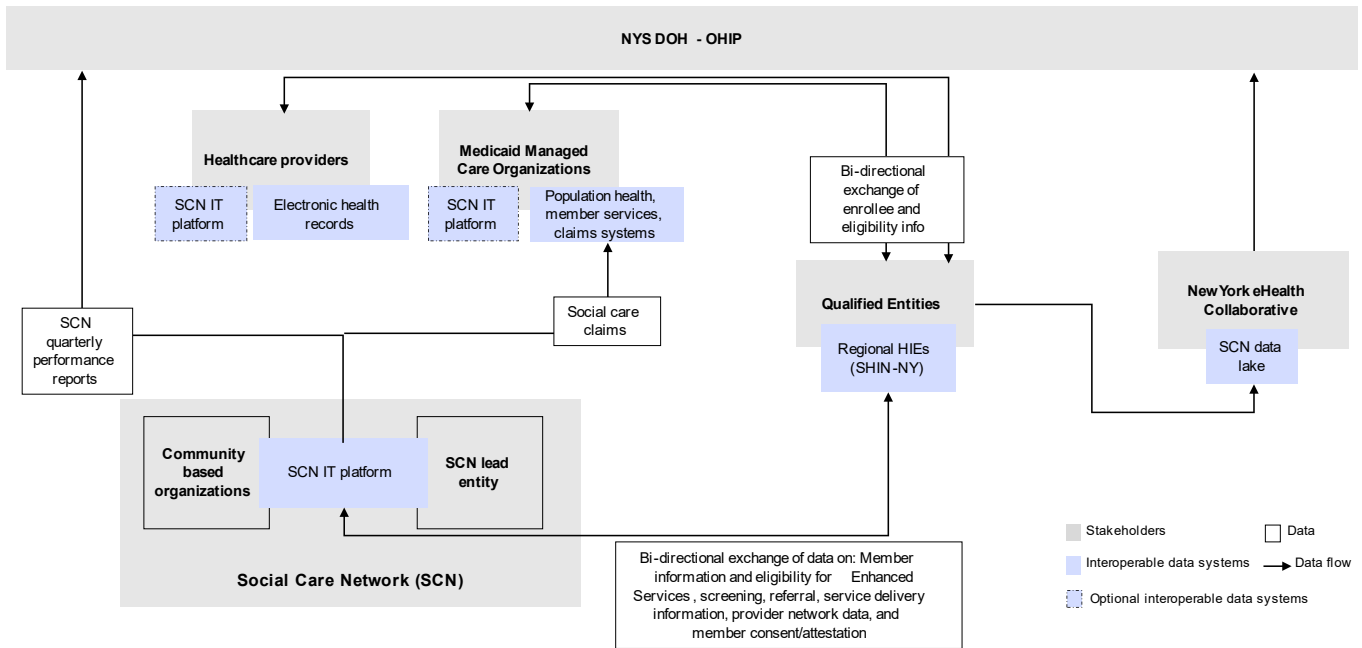
The Statewide Health Information Network for New York (SHIN-NY) will play a central role in enabling HRSN data exchange and analysis for NYS. Today, SHIN-NY facilitates the secure electronic exchange of patient health information and connects healthcare professionals statewide through a network of regional Qualified Entities (QEs). QEs allow participating healthcare professionals, with patient consent, to quickly access electronic health information and securely exchange data statewide.

Going forward, NYS envisions QEs will play a similar role in facilitating secure, appropriate access to HRSN data. SCNs will be expected to develop bi-directional data-sharing with their regional QE and use SHIN-NY to facilitate appropriate 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. To enable flexible and adaptive data exchange, NYS's aspiration is for SCN lead entities to meet national Health Level 7 (HL7) Fast Healthcare Interoperability Resources (FHIR) data exchange standards. NYS expects SCN lead entities will meet HL7 FHIR standards within 90 days of award date.

In addition to establishing bi-directional exchange via SHIN-NY, SCNs should also develop data sharing relationships directly with MCOs (e.g., API or shared interface), primarily for purposes of sharing Enhanced service eligibility data and fiscal administration, among other purposes at the discretion of SCNs and their MCO partners. SCNs should collaborate with MCOs as they follow processes similar to what they do today for medical claims and encounters submission (see [Payments and performance](#) for further detail).

b. Consensus Based Data Standards: NYS envisions that HRSN data (e.g., screening, referral, intervention/service, payment) will be codified and shared according to common standards within and across regions. NYS recognizes that industry standards for codification of 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. The workgroup may integrate these efforts with national public-private initiatives to support consensus-building and development of standards for HRSN data (e.g., Gravity Project, Open Referral). SCNs (as part of a workgroup) should consider a range of coding terminologies and standards for their activities, such as ICD-10, CPT, and SNOMED. SCNs should also consider standards such as charity registration numbers/TINs when identifying ways to track CBO detail as part of network directories and social care claims.

Figure 6: SCN Program Data Architecture and Key Data Flows



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Data Exchange Requirements of SCN Lead Entity

The awarded lead entity shall:

- Ensure that there is a current data use agreement (DUA) in place with a regional QE participating in the SHIN-NY data lake and a plan in place to develop an interface to enable near real-time and batch bi-directional exchange of data;
- Ensure the QE will submit data on behalf of the SCN to the SHIN-NY data lake;
- In coordination with a QE, establish a method to obtain data from the SHIN-NY in a timely manner;
- Ensure the data and IT platform can pre-populate information from SHIN-NY into a user interface (e.g., member information, Enhanced service eligibility);
- Adopt consensus-based terminology and coding standards for social care and payment data including, but not limited to, ICD-10 Z-codes, CPT codes, SNOMED, CBO identifiers (e.g., TIN) based on the outcomes of a cross functional workgroup and SCN Program Manual;
- Ensure data and IT platform ability to submit social care claims to MCO in a format that meets HIPAA post-adjudicated claims standard (i.e., 837 EDI transaction) for payments;
- Attest to agreement to share data elements included in **Figure 5** with QE;
- Meet HL7 FHIR national standards for bi-directional data sharing and data transactions between the SCN lead entity and QE:
 - In Year 1 of RFA, SCN lead entities may share data with QEs and other stakeholders in other standardized formats (e.g., JSON, Excel file) while they work towards HL7 FHIR standards;

- HL7 FHIR standard requirements will also apply to the publicly available CBO network directory and provider directory shared with SCN from MCO (via API);
- Transactions may be rejected by NYS if they are not FHIR compliant within the timeframe established in the DOH OHIP SCN Program Manual.
- Define approach to aligning data quality standards and validation processes with existing federal and state data standards (e.g., such as Medicaid Enterprise reporting (T-MSIS) or other relevant standards) and frameworks or processes currently used by QEs.

3) Privacy, Security, and Compliance:

a. Technical privacy and security standards: To create a safe and secure environment for exchange of HRSN data, SCN data and IT platforms will be required to comply with federal and state privacy and security requirements. 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. SCNs will also need to comply with all HIPAA standard Transactions and Code Sets (TCS) as mandated by NYS Medicaid and the Centers for Medicare and Medicaid Services (CMS).

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. NYS will have SCNs who are currently not HITRUST certified work toward becoming HITRUST certified. NYS will maintain an internal procedure for the risk-based evaluation of these reports, which it may refine or amend, as needed. Based on findings from annual audit results, NYS may require SCN lead entities to develop a Plan of Action and Milestones (POAM) and execute and monitor progress against POAM. To further support SCNs on meeting rigorous privacy and security standards, NYS will provide resources related to technical assistance to SCNs needing additional support.

b. Data governance and ownership: Through the set of participation agreements established across key stakeholders (e.g., SCN and regional QE, SCN and MCO) all involved entities must adhere to SHIN-NY data privacy and governance policies and guidance established by NYS. As such, HRSN data generated through this program will be owned by the originating entity until there is a disclosure and/or transmittal from the SHIN-NY to the NYS Medicaid program. Once HRSN data generated through this program is transmitted to the NYS Medicaid program, the data will be considered owned and governed by NYS. In future guidance, NYS will outline additional data ownership and governance policies in accordance with established SHIN-NY policies for data ownership rights.

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. To protect member data, NYS expects SCNs to confirm affirmative

member consent attestation prior to inputting member information into data and IT platform. 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.

Privacy, Security and Compliance Requirements of SCN Lead Entity

The awarded lead entity shall:

- Ensure the IT platform is HIPAA compliant. If the IT platform is not currently HIPAA compliant, the SCN lead entity shall outline its approach to ensuring the IT platform is HIPAA compliant within 30 days of award, prior to becoming operational;
- For entities currently not HITRUST certified, complete an annual privacy and security risk assessment of their data and IT platform by undergoing an independent privacy and security audit based on industry/ regulatory best practices and provide a report of the audit results to NYS. In Performance Year 1, SCN lead entities will have until the end of the performance period to complete the independent privacy and security audit:
 - The annual privacy and security audit will require the SCN to, at a minimum, undergo an independent privacy and security audit based on industry/regulatory best practices (e.g., ISO 27001, NIST 800-53, SOC 1, SOC 2) and provide a report of the audit results to NYS;
 - The DOH OHIP SCN Program Manual includes evaluation criteria for the annual privacy and security assessment SCN data and IT platforms will be required to undergo; and
 - Appendix includes QE/SHIN-NY integration requirements;
- Provide necessary training to staff and data and IT platform users, as relevant, related to HIPAA and other requirements as relevant;
- Capture and track member consent and attestation and ensure members are informed and understand how their social care needs data will be shared with other entities and for what purposes;
- Attest that the data and IT platform meets all terms and conditions requirements as outlined by NYS (additional terms and conditions requirements to be provided by NYS).

An Applicant may subcontract components of the Work Plan to be performed by Applicant pursuant to the terms of its Application. If known, the Applicant is expected to state in their Application the specific components to be performed through subcontracts as well as the names of the subcontractors. Grantees will need to name subcontractors prior to reimbursement. Applicants should note that the lead organization (that is, the successful Applicant, as Contractor) will have overall responsibility for all Contract activities, including those performed by subcontractors and will be the primary contact for the Department. All subcontractors and subcontracts will be required to be approved by the Department of Health.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the New York State Department of Health (hereinafter referred to as NYSDOH, NYS, or the Department), Office of Health Insurance Programs. The Department is responsible for the requirements specified herein and for the evaluation of all Applications. *See*, [Section V](#). (Review and Award Process).

B. Question and Answer Phase

RFA #20147 New York Health Equity Reform: Social Care Networks

All substantive questions by Applicants with respect to any aspect of the RFA must be submitted in writing to Emily Engel, New York State Department of Health, Office of Health Insurance Programs, at the following email address: OHIPContracts@health.ny.gov. This includes Minority and Women Owned Business Enterprise (M/WBE) questions and questions pertaining to the M/WBE forms. *See*, Section IV.I. (Minority & Women-Owned Business Enterprise (M/WBE) Requirements). Questions of a technical nature related to formatting or other minor details related to preparation of an Application may also be addressed in writing to the email address noted above. Questions are of a technical nature if they are limited to how to prepare your Application (e.g., formatting) rather than relating to the substance of the Application.

To the degree possible, each question submitted by a potential Applicant pursuant to the terms of this RFA should cite the RFA section and paragraph to which it refers. Written questions will be accepted until the date posted on the Cover Page of this RFA.

Some helpful links for questions of a technical nature are below. Questions regarding specific opportunities or applications should be directed to the Department contact listed on the cover of this RFA.

- <https://grantsmanagement.ny.gov/resources-grant-applicants>
- Grants Gateway Videos: <https://grantsmanagement.ny.gov/videos-grant-applicants>
- Grants Gateway Team Email: grantsgateway@its.ny.gov
Phone: 518-474-5595
Hours: Monday thru Friday 8am to 4pm
(Application Completion, Policy, Prequalification and Registration questions)
- Agate Technical Support Help Desk
Phone: 1-800-820-1890
Hours: Monday thru Friday 8am to 8pm
Email: helpdesk@agatesoftware.com
(After hours support w/user names and lockouts)
- SFS Help Desk helpdesk@sfs.ny.gov

Prospective Applicants should note that all responses by the Department to questions submitted with respect to this RFA which result in clarifications of or exceptions to the terms, conditions, and provisions of this RFA and/or the Master Contract for Grants, are to be raised during the Question and Answer Phase. The Applicant must clearly note what exceptions the Applicant is requesting be incorporated should the application result in a funded award. All questions and answers will be published by the Department to ensure equal access and knowledge by all prospective Applicants at https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx by the date specified on the Cover Page of this RFA.

This RFA has been posted on the NYS Grants Gateway website at: https://grantsgateway.ny.gov/IntelliGrants_NYSGG/module/nysgg/goportal.aspx and a link provided on the Department's public website at: <https://www.health.ny.gov/funding/>.

All Questions must be received by the date and time specified on the Cover Page of this RFA, under “Key Dates”, opposite the heading “Questions Due”.

All questions submitted by email should state the RFA Title and Number set forth on the Cover Page (RFA #20147, New York Health Equity Reform: Social Care Networks) in the subject line of the email.

Questions and answers, as well as any updates, addendums to, and/or other modifications of this RFA, will be posted on these websites. All such questions and answers, updates, addendums to, and other modifications to this RFA will be posted by the date identified on the Cover Page of this RFA under “Key Dates”.

C. Letter of Interest

A Letter of Interest is not requested for this project.

D. Applicant Conference

An Applicant Conference will be held for this project. This conference will be held at <https://meetny.webex.com/weblink/register/r7aa71cd7a21ec3f2b1fefee0bf6999a7> on the date and time posted on the Cover Page of this RFA. The Department requests that potential Applicants register for this conference through the link above to ensure that adequate accommodations be made for the number of prospective attendees. A maximum number two (2) of representatives from each prospective Applicant will be permitted to attend the Applicant Conference. The Registration Deadline for the Applicant Conference is posted on the Cover Page of this RFA. The failure of any potential Applicant to attend the Applicant Conference will not preclude the submission of an Application by that Applicant.

E. How to file an application

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”.

Reference materials and videos are available for Grantees applying to funding opportunities on the NYS Grants Gateway. Please visit the Grants Management website at the following web address: <https://grantsmanagement.ny.gov/> and select the “Apply for a Grant” from the Apply & Manage menu. There is also a more detailed “Grants Gateway: Vendor User Guide” available in the documents section under Training & Guidance; For Grant Applicants on this page as well. Training webinars are also provided by the Grants Gateway Team. Dates and times for webinar instruction can be located at the following web address: <https://grantsmanagement.ny.gov/live-webinars>.

To apply for this opportunity (that is, to submit an Application):

1. Log into the [Grants Gateway](#) as either a “Grantee” or “Grantee Contract Signatory”.
2. On the Grants Gateway home page, click the “View Opportunities” button”.
3. Use the search fields to locate an opportunity; search by State agency (NYSDOH) or enter the Grant Opportunity name Social Care Networks.
4. Click on “Search” button to initiate the search.

5. Click on the name of the Grant Opportunity from the search results grid and then select the “APPLY FOR GRANT OPPORTUNITY” button located bottom left of the Main page of the Grant Opportunity.

Once the Application is complete, a prospective Applicant is **strongly encouraged** to submit their Application at least **48 hours prior to the** Application’s due date and time specified on the Cover Page of this RFA. This will allow sufficient opportunity for the Applicant to obtain assistance and take corrective action should there be a technical issue with the submission process. **Failure to leave adequate time to address issues identified during this process may jeopardize an Applicant’s ability to submit their Application.** Both NYSDOH and Grants Gateway staff are available to answer an Applicant’s technical questions and provide technical assistance prior to the Application due date and time. Contact information for the Grants Gateway Team is available under Section IV.B. (Question and Answer Phase) of this RFA.

PLEASE NOTE: Although NYSDOH and the Grants Gateway staff will do their best to address concerns that are identified less than 48 hours prior to the due date and time for the submission of an Application, there is no guarantee that they will be resolved in time for the Application to be submitted on time and, therefore, considered for funding.

The Grants Gateway will always notify an Applicant of successful submission of the Applicant’s Application. If a prospective Applicant does not get a successful submission message assigning their Application a unique ID number, it has **NOT** successfully submitted an Application. During the application process, please pay particular attention to the following:

- Not-for-profit Applicants must be prequalified, if not exempt, on the date and time Applications in response to this Request for Applications (RFA) are due as specified in the “Key Dates” set forth on the Cover Page of this RFA. Be sure to maintain prequalification status between funding opportunities. **NOTE:** Three of a not-for-profit’s essential financial documents - the IRS990, its Financial Statement, and its Charities Bureau filing - expire on an annual basis. If these documents are allowed to expire, the not-for-profit’s prequalification status expires as well, and it will not be eligible for State grant funding until its documentation is updated and approved, and prequalified status is reinstated.
- Only individuals with the roles “Grantee Contract Signatory” or “Grantee System Administrator” can submit an Application on behalf of an Applicant.
- Prior to submission, the Grants Gateway will automatically initiate a global error checking process to protect against an incomplete Application. An Applicant may need to attend to certain parts of the Application prior to being able to submit the Application successfully. An Applicant must be sure to allow time after pressing the submit button to clean up any global errors that may arise. An Applicant can also run the global error check at any time in the application process. (see p.68 of the Grants Gateway: Vendor User Guide).
- Applicants should use numbers, letters, and underscores when naming their uploaded files. There cannot be any special characters in the uploaded file name. Also, be aware of the restriction on file size (10 MB) when uploading documents. Applicants should ensure that any attachments uploaded with their application are not “protected” or “pass-worded” documents.

The following table will provide a snapshot of which roles are allowed to Initiate, Complete, and Submit the Grant Application(s) in the Grants Gateway.

Role	Create and Maintain User Roles	Initiate Application	Complete Application	Submit Application	Only View the Application
Delegated Admin	X				
Grantee		X	X		
Grantee Contract Signatory		X	X	X	
Grantee Payment Signatory		X	X		
Grantee System Administrator		X	X	X	
Grantee View Only					X

PLEASE NOTE: Waiting until the last several days to complete your Application online can be dangerous, as you may have technical questions. Beginning the process of applying as soon as possible will produce the best results.

Applications will not be accepted via fax, e-mail, paper copy or hand delivery.

LATE APPLICATIONS WILL NOT BE ACCEPTED.

F. Department of Health’s Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all applications received in response to this RFA.
2. Withdraw the RFA at any time, at the Department’s sole discretion.
3. Make an award under the RFA in whole or in part.
4. Disqualify any Applicant whose conduct and/or proposal fails to conform to the requirements of the RFA.
5. Seek clarifications and revisions of applications, in the Department’s sole discretion.
6. Use Application information obtained through site visits, management interviews, and the state’s investigation of an Applicant’s qualifications, experience, ability, or financial standing, and any material or information submitted by the Applicant in response to the Department’s request for clarifying information in the course of evaluation and/or selection under the RFA.
7. Prior to Application opening, amend the RFA specifications to correct errors or oversights, or to supply additional information, as it becomes available.
8. Prior to Application opening, direct Applicants to submit proposal modifications addressing subsequent RFA amendments.

9. Change any of the scheduled dates.
10. Waive any requirements that are not material.
11. Award more than one contract resulting from this RFA.
12. Negotiate with successful Applicants within the scope of the RFA in the best interests of the State.
13. Conduct contract negotiations with the next responsible Applicant, should the Department be unsuccessful in negotiating with the selected Applicant.
14. Utilize any and all ideas submitted with the Applications received, at the Department's sole discretion.
15. Unless otherwise specified in the RFA, every offer in an Applicant's Application is firm and not revocable for a period of 60 days from the Application opening.
16. Waive or modify minor irregularities in Applications received after prior notification to the Applicant.
17. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an Applicant's Application and/or to determine an Applicant's compliance with the requirements of the RFA.
18. Eliminate any term of this RFA that cannot be complied with by any of the Applicants.
19. Award grants based on geographic or regional considerations to serve the best interests of the State.

G. Term of Contract

Any Contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following time period: **8/1/2024 – 3/31/2027.**

Continued funding throughout this two year and 11-month contract is contingent upon availability of funding and state budget appropriations and the Grantee's continued satisfactory performance of its obligations under the Contract. NYSDOH also reserves the right to revise the award amount as necessary due to changes in the availability of funding.

A sample New York State Master Contract for Grants can be found in the Forms Menu once an application to this funding opportunity is started.

H. Payment & Reporting Requirements of Grant Awardees

1. The Department may, at its discretion, make an advance payment to a successful not-for-profit grant Applicant under this RFA (a "Grantee") in an amount not to exceed 25% percent of the annual grant provided for under the Grantee's Contract.

2. The Grantee will be required to submit invoices and required reports of expenditures based upon the terms for payment set forth in Attachment A-1 to its Grant Contract to the State's designated payment office (below) or, if requested by the Department, through the Grants Gateway:

SDH@health.ny.gov

A Grantee must provide complete and accurate billing invoices in order to receive payment of the grant funding provided for under the terms of its Grant Contract. Invoices submitted to the Department must contain all information and supporting documentation required by the Contract, the Department, and the Office of the State Comptroller (OSC). Payment for invoices submitted by the Grantee shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner of Health, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with OSC's procedures and practices to authorize electronic payments. Authorization forms are available at OSC's website at: <http://www.osc.state.ny.us/epay/index.htm>, by email at: epayments@osc.state.ny.us or by telephone at 855-233-8363. Each Grantee acknowledges that it will not receive payment on any claims for reimbursement submitted under its Grant Contract if it does not comply with OSC's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

Payment of claims for reimbursement by the State (Department) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

Milestone/Performance Reimbursement:

Requests for payment based upon milestones. A severable event/milestone is independent of accomplishment of any other event. If the event is cumulative, the successful completion of an event or milestone is dependent on the previous completion of another event.

Milestone payments shall be made to the Contractor when requested in a form approved by the State, and at frequencies and in amounts stated in Attachment D (Payment and Reporting Schedule). The State Agency shall make milestone payments subject to the Contractor's satisfactory performance.

3. The Grantee will be required to submit the following reports to the Department of Health at the address above or, if requested by the Department, through the Grants Gateway:
 - Number of members screened;
 - Number of members with an open referral;
 - Number of members with a completed service;
 - Number of CBOs in network;
 - Capacity Dollars Tracking Sheet;
 - PMPM payments made to CBOs for HRSN screening and services completed, as well as SCN operational and administrative activities covered by PMPM payments; and
 - DOH OHIP reserves the right to change the required reports.

All payment and reporting requirements will be detailed in Attachment D of the final NYS Master Contract for Grants.

I. Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the Department recognizes its obligation to promote opportunities for maximum feasible participation of New York State-certified minority- and women-owned business enterprises (M/WBEs) and the employment of minority group members and women in the performance of NYSDOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" ("Disparity Study"). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that NYSDOH establish goals for maximum feasible participation of New York State Certified minority- and women-owned business enterprises ("M/WBE") and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

This RFA does not establish minimum goals for participation of minority or women-owned business. Therefore, completion of the MWBE Utilization Plan (Form 1) and Forms 2 and 3 are not required (**Attachment B**, Forms 4 & 5 are required for all applications regardless of goal). Funded applicants are encouraged to engage with firms found in the directory for the acquisition of required product(s) and/or service(s) associated with this grant.

In addition, Grantees will be required to certify they have an acceptable Equal Employment Opportunity policy statement.

J. Vendor Identification Number

Effective January 1, 2012, in order to do business with New York State, you must have a vendor identification number. As part of the Statewide Financial System (SFS), the Office of the State Comptroller's Bureau of State Expenditures has created a centralized vendor repository called the New York State Vendor File. In the event of an award of a grant to a successful Applicant pursuant to the terms of this RFA and in order to initiate a Grant Contract with the New York State Department of Health, a Grantee must be registered in the New York State Vendor File and have a valid New York State Vendor ID.

If already enrolled in the Vendor File, the Applicant should include the Vendor Identification number in your organization information. If not enrolled, to request assignment of a Vendor Identification number, an Applicant should please submit a New York State Office of the State Comptroller Substitute Form W-9, which can be found on-line at: <https://www.osc.state.ny.us/files/vendors/2017-11/vendor-form-ac3237s-fe.pdf>

Additional information concerning the New York State Vendor File can be obtained on-line at: http://www.osc.state.ny.us/vendor_management/index.htm, by contacting the SFS Help Desk at 855-233-8363 or by emailing at helpdesk@sfs.ny.gov.

K. Vendor Responsibility Questionnaire

The Department strongly encourages each Applicant to file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. The Vendor Responsibility Questionnaire must be updated and certified every six (6) months. To enroll in and use the New York State VendRep System, see the VendRep System Instructions available at <https://www.osc.state.ny.us/state-vendors/vendrep/file-your-vendor-responsibility-questionnaire> or go directly to the VendRep system online at <https://www.osc.state.ny.us/state-vendors/vendrep/vendrep-system>.

An Applicant must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the Office of the State Comptroller's Help Desk at 866-370-4672 or 518-408-4672 or by email at itservicedesk@osc.ny.gov.

Applicants opting to complete online should complete and upload the Vendor Responsibility Attestation (**Attachment A**) of the RFA. The Attestation is located under Pre-Submission Uploads and once completed should be uploaded in the same section.

Applicants opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, www.osc.state.ny.us/vendrep, and upload it with their Application in the Pre-Submission Uploads section in place of the Attestation.

L. Vendor Prequalification for Not-for-Profits

Each not-for-profit Applicant subject to prequalification is required to prequalify prior to submitting its Application in the Grants Gateway.

Pursuant to the New York State Division of Budget Bulletin H-1032, dated July 16, 2014, New York State has instituted key reform initiatives to the grant contract process which requires a not-for-profit Applicant to register in the Grants Gateway and complete the Vendor Prequalification process in order for any Application submitted by that Applicant to be evaluated. Information on these initiatives can be found on the [Grants Management Website](#).

An Application received from a not-for-profit Applicant that (a) has not Registered in the Grants Gateway or (b) has not Prequalified in the Grants Gateway or SFS on the Application's due date specified on the Cover Page of this RFA cannot be evaluated. Such Applications will be disqualified from further consideration.

Below is a summary of the steps that must be completed to meet registration and prequalification requirements. The [Vendor Prequalification Manual](#) on the Grants Management Website details the requirements and an [online tutorial](#) are available to walk users through the process. Please see Section 4 below, for SFS related Grantee User Manual and SFS related prequalification steps.

1) Register for the Grants Gateway

- On the Grants Management Website, download a copy of the [Registration Form for Administrator](#). A signed, notarized original form must be sent to the NYS Grants Management office at the address provided in the submission instructions. You will be provided with a Username and Password allowing you to access the Grants Gateway.

If you have previously registered and do not know your Username, please email grantsgateway@its.ny.gov. If you do not know your Password, please click the [Forgot Password](#) link from the main log in page and follow the prompts.

2) Complete your Prequalification Application

IMPORTANT NOTE: Due to system conversion ([Transition to SFS](#)) expected on January 16th, 2024, Applicants that are not fully prequalified in the NYS Grants Gateway by COB January 9th, 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. The first day that the SFS prequalification modules will be available is January 16th, 2024. Please see Step 4 below for more on SFS Prequalification.

- Log in to the [Grants Gateway](#). **If this is your first time logging in**, you will be prompted to change your password at the bottom of your Profile page. Enter a new password and click SAVE.
- Click the *Organization(s)* link at the top of the page and complete the required fields including selecting the New York State agency from which you have received the most grants. This page should be completed in its entirety before you SAVE. A *Document Vault* link will become available near the top of the page. Click this link to access the main Document Vault page.
- Answer the questions in the *Required Forms* and upload *Required Documents*. This constitutes your Prequalification Application. Optional Documents are not required unless specified in this Request for Application.
- Specific questions about the prequalification process should be referred to your primary New York State agency representative or to the Grants Gateway Team at grantsgateway@its.ny.gov.

3) Submit Your Prequalification Application

- After completing your Prequalification Application, click the **Submit Document Vault Link** located below the Required Documents section to submit your Prequalification Application for State agency review. Once submitted the status of the Document Vault will change to *In Review*.

- If your Prequalification reviewer has questions or requests changes you will receive email notification from the Gateway system.
- Once your Prequalification Application has been approved, you will receive a Gateway notification that you are now prequalified to do business with New York State.

All potential Applicants are strongly encouraged to begin Grants Gateway Registration and GG/SFS Prequalification process as soon as possible in order to participate in this opportunity.

4) Complete and Submit your Prequalification in the NYS Statewide Financial System (SFS)

(Prequalification modules will be available in the NYS Statewide Financial System beginning on January 16th, 2024)

- Applicants will first need to create an account in SFS. Applicants that need to create an account should do so at the following link: <https://www.osc.ny.gov/state-vendors/portal/enroll-vendor-self-service-portal>. Any questions related to SFS accounts should be sent to the SFS Help Desk (HelpDesk@sfs.ny.gov).
- Instructions for SFS Prequalification can be found on Page 20 of the SFS Grantee User Manual entitled, “Grantee Processing in SFS”. This user manual is accessible to organizations with an SFS account under the SFS Coach Tile/Button in the SFS Vendor Portal. Select “Handbook: User Manual with Screenshots” from the Training Type drop down to locate the manual. If you have any problems accessing the manual, please contact HelpDesk@sfs.ny.gov. Please see the section entitled, “Enter and Submit a Prequalification Application”, located on page 20 of the SFS Grantee User Manual, for complete instructions on how to complete and submit an SFS Prequalification in the NYS Statewide Financial System.

M. General Specifications

1. By submitting the "Application Form" each Applicant attests to its express authority to sign on behalf of the Applicant.
2. Grantees will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of any Contract awarded pursuant to this RFA will possess the qualifications, training, licenses, and permits as may be required within such jurisdiction.
3. Submission of an Application indicates the Applicant's acceptance of all terms and conditions contained in this RFA, including the terms and conditions of the Master Contract for Grants. Any exceptions the Applicant would like considered by the Department relating to the terms and conditions of this RFA and/or Master Contract for Grants must have been raised during the Question and Answer Phase of this RFA (See, Section IV.B.).

4. An Applicant may be disqualified from receiving an award if such Applicant or any subsidiary, affiliate, partner, officer, agent, or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts, in the State of New York or otherwise.
5. Provisions Upon Default
 - a. If an Applicant is awarded a grant pursuant to this RFA, the services to be performed by the successful Applicant pursuant to the terms of the Grant Contract entered into with the Department shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the Contract resulting from this RFA.
 - b. In the event that the Grantee, through any cause, fails to perform any of the terms, covenants, or promises of any Contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the Contract by giving notice in writing of the fact and date of such termination to the Grantee.
 - c. If, in the judgement of the Department, the Grantee acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any Contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Grantee. In such case the Grantee shall receive equitable compensation for such services as shall, in the judgement of the State Comptroller, have been satisfactorily performed by the Grantee up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Grantee was engaged in at the time of such termination, subject to audit by the State Comptroller.

V. Completing the Application

A. Application Format/Content

Please refer to the Grants Gateway: Vendor User Guide for assistance in applying for this procurement through the NYS Grants Gateway. This guide is available on the Grants Management website at: <https://grantsmanagement.ny.gov/vendor-user-manual>. Additional information for applicants is available at: <https://grantsmanagement.ny.gov/resources-grant-applicants>.

The Grants Gateway works well in most cases with all browsers, including Microsoft Edge, Google Chrome, Safari, and Firefox. However, you will need to use Internet Explorer Compatibility Mode in Microsoft Edge if you need to save 500-character limit fields in the Work Plan. You can access Internet Explorer mode by right-clicking on a tab in Edge and selecting the option “Reload Tab in Internet Explorer Mode”.

Please respond to each of the sections described below when completing the Grants Gateway online Application. Your responses comprise your Application. Please respond to all items within each section. When responding to the statements and questions, be mindful that Application reviewers may not be familiar with your agency and its services. Your answers should be specific, succinct, and responsive to the statements and questions as outlined. Please be aware that the value assigned to each section described below indicated the relative weight that will be given to each section of your Application when scoring

your Application.

It is each Applicant’s responsibility to ensure that all materials included in its Application have been properly prepared and submitted. Applications must be submitted via the Grants Gateway by the Application deadline date and time specified on the Cover Page of this RFA.

Attachment O is an informational data workbook containing a summary of New York State (NYS) Medicaid member demographic data by geographic region for use by applicants to the New York Health Equity Reform Waiver Social Care Network RFA.

Pre-Submission Uploads

As a reminder, the following attachments need to be uploaded under the Pre-Submission Uploads section of the Grants Gateway in order to submit an application in the system.

1. Attachment A: Vendor Responsibility Attestation
2. Attachment B: Minority & Women-Owned Business Enterprise Requirement Forms 4 & 5
3. Attachment G: SCN Lead Entity Proposed Staffing Across Function
4. Attachment H: Understanding of HRSN in SCN Lead Entity’s Region
5. Attachment I: Proposed Approach to Building a CBO Network
6. Attachment J: Understanding of CBO Capacity Needed to Address HRSN in Region
7. Attachment K: SCN Data and IT Platform Features and Functionalities
8. Attachment L: Amount of Infrastructure Funding Needed During the RFA Period
9. Attachment M: Supporting Documentation in Response to Section 5: Data and IT Infrastructure, Subsection c, Item 5. under **Section V. Completing the Application**
10. Attachment N: Attestation for minimum requirement to apply of at least 3 years of experience working with community-based organizations in the region in which the Applicant is applying
11. Attachment P: Organization Uploads (upload as one PDF)

Program Specific Questions

Within Attachment N, identify the region that your organization is applying for. **Please note an application must be submitted for each region that is being applied for.** (Selection of a region is required in the application.)

Social Care Network (SCN) Regions	Counties
Region 1: Capital Region	Albany, Columbia, Greene, Rensselaer, Montgomery, Saratoga, Schenectady, and Schoharie
Region 2: Western NY	Cattaraugus, Chautauqua, Erie, Niagara
Region 3: Hudson Valley	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
Region 4a: New York City	Bronx
Region 4b: New York City	Kings
Region 4c: New York City	Queens
Region 4d: New York City	New York
Region 4e: New York City	Richmond

Region 5: Finger Lakes Region	Allegany, Cayuga, Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates
Region 6: Southern Tier	Broome, Chenango, Delaware, Otsego, Tioga, Tompkins
Region 7: Central New York	Cortland, Herkimer, Madison, Oneida, Onondaga, and Oswego
Region 8: Long Island	Nassau, Suffolk
Region 9: North Country	Clinton, Essex, Franklin, Fulton, Hamilton, Jefferson, St. Lawrence, Lewis, Warren, and Washington

Section 1:	Max Section Score	Section Weight (%)
Organizational Overview and Experience	84	15%

1. Organizational Overview and Experience

a. Background, Experience, and Qualifications

1. Provide the Applicant’s brief organizational profile and include the following:
 - Organization name;
 - Description of organization, including organization type;
 - State of Incorporation;
 - Date of Incorporation;
 - Number of years in business;
 - Location of headquarters;
 - Location(s) of additional offices;
 - Location(s) of the office(s) that will provide the services in the RFA;
 - Number of employees in NYS with the expertise to support the requirements in the RFA; and
 - Number of employees in the region for which Applicant is applying with the expertise to support the requirements in the RFA.

2. Describe the Applicant’s experience serving the Medicaid populations in the following geographies. Response should be limited to the past 5 years (2018 or later). As part of the response, provide examples of innovative programs for Medicaid members, results achieved, and data collected to document and measure those results. This description may include experience in:
 - The region for which Applicant is applying;
 - New York State; and/or
 - Other states, if applicable.

b. Organizational Infrastructure

1. Describe the Applicant’s proposed governing body including:
 - Names and/or organizations to be represented within the body; and
 - Number of years served by each individual.

2. Describe the Applicant’s executive leadership team, including:
 - Names of individuals;
 - Roles of each individual on executive leadership team;
 - Brief description of each individual’s relevant experience in SCN region; and
 - Brief description of each individual’s relevant experience with Medicaid members in SCN region.

3. Describe which organizations/individuals within the proposed governing body are currently serving within the Applicant’s governing body (if relevant). Applicants should identify:
 - Names of individuals currently serving within the governing body who will continue to serve within the proposed governing body; and
 - Organizations of each individual.

4. Provide/disclose any potential or perceived conflicts of interest(s) among executive team or governing body members and a proposed plan to address these conflicts of interest.

5. Describe the Applicant’s plan to recruit and engage CBOs to include within the governing body if the current governing body does not currently meet CBO composition requirements.

6. Describe the Applicant’s plan to ensure the governing body is comprised of diverse representatives, including members of target populations.

c. Operations

1. Describe the Applicant’s proposed staffing plan to support the following functions, by completing the **Attachment G: SCN Lead Entity Proposed Staffing Across Function**, as shown in **Table 1Q** below. Attachment G can be found in and uploaded to the Pre-Submission Uploads section of the Grants Gateway online application

Table 1Q: SCN Lead Entity Proposed Staffing Across Function

Function Category	Function	Description	Applicant: Provide current number (#) of FTEs (including both contractors and employees) dedicated to this function	Applicant: Describe proposed plan to meet the needs of the region within the first 12 months of the contract award/disbursement of funds (e.g., changes in FTEs, partnerships)
Program and service operations	Social care service navigation	Screening, eligibility, navigation to services, closed loop referrals	[TO BE COMPLETED IN EXCEL FILE (ATTACHMENT G)]	
	CBO network management	Outreach, onboarding, network management, and quality oversight		

	Strategic initiatives and partnerships	Leading engagement with other stakeholders	
Supporting functions	Executive leadership	Oversight and management	
	Data, analytics, and IT	Data and IT platform administration, system connectivity with SHIN-NY; SCN performance reporting	
	Finance and accounting	Social care payments; internal SCN finances	
	Human resources	Staffing, training, and education (internal to SCN lead entity)	
	Communications and stakeholder engagement	Coordinating with non-SCN partners	
	Sub-contracting / vendor management	Procuring and overseeing vendors	
Total staff	N/A	N/A	[TO BE COMPLETED IN EXCEL FILE (ATTACHMENT G)]

2. Describe if the Applicant plans to use subcontractors and if so, the functions the subcontractors will support, including an estimate of what percentage of each function will be accomplished through subcontracting (i.e., 0-25 percent, 26-50 percent, 51-75 percent, greater than 76 percent). (Not scored)
3. Describe any challenges the Applicant anticipates related to staffing across key SCN functions and how they would address such challenges.
4. Describe the Applicant’s experience and approach to staffing for screening and service navigation, including:
 - Relevant experience with staffing for social care service navigation;
 - Current number of resources performing social care service navigation; and
 - Proposed approach to identifying the number of social care service navigators required to support screening and social care service navigation in the region.
5. Describe the Applicant’s proposed approach to communications (to members and communities) and stakeholder engagement, including which channels/partners the Applicant may leverage.

6. Describe how the Applicant will establish communication channel(s) between SCN social care service navigators (staffed by the SCN lead entity or participating CBO) and a member’s care or case manager (staffed by a healthcare or care management provider or MCO).

d. Work Plan

1. Complete the Work plan in Grants Gateway (See Attachment C in pre-submission uploads), detailing and describing the Applicant’s approach to meeting milestones identified in **Table 2Q**. This workplan should include a comprehensive set of activities required to achieve each milestone and their associated timing. If there are key milestones that the Applicant believes are missing from **Table 2Q**, include them in the work plan. *Note: Target date for contract award/ disbursement of funds is 05/01/2024 and deadline for SCNs to begin service delivery is 10/01/2024. NYS will provide additional updates/ guidance on timing, as needed.*

Table 2Q: Proposed Work Plan

Objective	Tasks	Tasks	Performance Measures
IT and technology infrastructure	Data and IT platform identified and required functionality in place	Within 6 months of contract award/ disbursement of funds	[TO BE COMPLETED IN GRANTS GATEWAY]
	Authorized SCN/ CBOs users onboarded to data and IT platform	Within 6 months of contract award/ disbursement of funds	
	Required interoperability with SHIN-NY established	Within 6 months of contract award/ disbursement of funds	
	All privacy/security/ compliance requirements met	Within 6 months of contract award/ disbursement of funds	
Network administration, capacity building, and partnerships	CBO network adequacy assessment complete, including technology assessment	Within 6 months of contract award/ disbursement of funds	
	Staff hired and onboarded	Within 6 months of contract award/ disbursement of funds	
	Contracts in place with MCOs	Within 6 months of contract award/ disbursement of funds	
	Staffing and	Within 18 months	

	infrastructure re-assessment	of contract award/ disbursement of funds	
Fiscal and performance management/ evaluation	First cost report submitted	Within 8 months of contract award/ disbursement of funds	
	First performance report submitted	Within 18 months of contract award/ disbursement of funds	
	CBO performance evaluation	Within 18 months of contract award/ disbursement of funds	
HRSN screening and service delivery	Social care claims submission process set up	Within 8 months of contract award/ disbursement of funds	
	25% of members in region screened annually	Within 24 months of contract award/ disbursement of funds	

Section 2:	Max Section Score	Section Weight (%)
Health Related Social Needs (HRSN) Screening and Navigation to Services	54	15%

2. HRSN Screening and Navigation to Services

a. HRSN Services

1. Describe the Applicant’s approach to reaching Medicaid members in its region for HRSN screening, including who will conduct screenings in the region, its plan to identify any gaps or deficiencies in provision of screening, and its approach to work in conjunction with partners to address any gaps.
2. Describe the Applicant’s approach to identifying CBOs in its network to screen members and evaluating their readiness to screen against the CBO screening criteria articulated above.
3. Describe the Applicant’s approach to ensuring that screenings are part of an individualized discussion between a member and the screener that is tailored to the member’s unique needs and context, are delivered in a sensitive, empathetic, and private manner, and enable members to be referred to direct care, benefits, or other resources as needed. Applicants may reference the [CLAS standards](#) in describing communication and language assistance practices and methods for ensuring cultural competency of screening.
4. Describe the Applicant’s approach to providing convenient ways for members in neighborhoods with

identified health disparities⁶ to access HRSN screening, if they agree to be screened, including:

- Proposed collaboration strategy with CBOs in the network located in these neighborhoods with health disparities; and
- Proposed outreach materials/strategies to members in these neighborhoods.

5. Describe the Applicant's relevant experience administering standardized HRSN screening tools. Please provide:

- List of HRSN screening tools used;
- Delivery formats in which screening has been administered (e.g., in-person, telephonic, text message), including most common format; and
- Volume of screenings conducted annually (please indicate annual volume over past 3 years).

b. Service Navigation

1. The awarded SCN lead entity shall facilitate social care service navigation by validating member eligibility and referring directly to services. Describe the Applicant's relevant experience with making referrals to social care services, including:

- Number of referrals made (total and within Applicant's specified current service area);
- Number of referrals received per month (total and within Applicant's specified current service area);
- Percent of referrals that are closed (total and within Applicant's specified current service area);
- Number of referrals for Enhanced services (see Attachment E) received per month (total and within Applicant's specified current service area);
- Number of referrals for Enhanced services (see Attachment E) that are closed (total and within Applicant's specified current service area);
- Average time to referral closure in hours (total and within Applicant's specified current service area);

2. The awarded SCN lead entity and CBOs in their network that are designated to screen may also refer members to direct care services or other benefits, in addition to social care services. Describe the Applicant's approach to helping Medicaid members navigate to services beyond social care services delivered by CBOs in the network (e.g., WIC, SNAP).

3. Describe the Applicant's approach to social care service navigation, including workflow(s), tool(s) used, and any improvement(s) made to social care service navigation processes over time.

4. **Sample social care service navigation case approach:** Applicant has been contacted by a managed Medicaid member named Anna. Anna is a single mother of 2 children and is currently pregnant. Since Anna lost her job 3 months ago, she has indicated that she has trouble keeping up with bills and paying for groceries. Anna has high blood pressure and one of her children has asthma. Anna also shared that she has experienced recent challenges with her landlord as she is worried about rodent infestation in her unit and her landlord is not providing pest remediation services. Describe the

⁶ Defined as neighborhoods in which there are identified preventable differences in the burden of disease, injury, violence, or opportunities for optimal health experienced by the populations living there. Center for Disease Control (CDC), What Is Health Equity? Available at <https://www.cdc.gov/healthequity/whatis/index.html>.

Applicant’s approach to engaging with Anna and how she will be navigated to the appropriate social care services to meet her unmet needs.

Section 3:	Max Section Score	Section Weight (%)
Network Administration, Capacity Building, and Partnerships	78	20%

3. Network Administration, Capacity Building, and Partnerships

a. Social Care Network (SCN) Administration

1. Describe how the Applicant will adequately address the social care needs of its region by completing the following attachments and tables. Attachments can be found in and uploaded to the Pre-Submission Uploads section of the Grants Gateway online application.
 - **Attachment H:** Understanding of HRSN in SCN Lead Entity’s Region as shown in Table 3Q: Understanding of social care needs in SCN lead entity’s region;
 - **Attachment I:** Proposed Approach to Building a CBO Network as shown in Table 4Q: Proposed approach to building a CBO network; and
 - **Attachment J:** Understanding of CBO Capacity Needed to Address HRSN in Region as shown in Table 5Q: Understanding of CBO capacity needed to adequately address HRSN in the region.

2. Describe any potential gaps the Applicant may have in meeting demand for Enhanced HRSN services with its proposed network (i.e., no CBO in network that provides type of services, CBOs exist in network but cannot meet demand for services) in each zip code of its region (**Attachment H: Understanding of HRSN in SCN Lead Entity’s Region as outlined in Table 3Q below**). If gaps exist, provide a proposed plan to address these gaps.

3. Describe the Applicant’s approach to validating CBO network participation requirements (detailed above), including:
 - SCN resources dedicated to the validation of CBO-specific requirements;
 - Communication channel(s) to engage with CBOs and their identified point person(s); and
 - Relevant experience validating CBO-specific requirements (e.g., nonprofit status, cultural and linguistic competency, capacity to accept referrals and provide services).

4. Describe the Applicant’s process to establishing and/or expanding a network of CBOs, including:
 - a. Approach to meeting requirements for a CBO network (detailed above) and developing a network based on the unique needs of the region’s populations for services;
 - b. Proposed CBO engagement strategies and/or outreach channels; and
 - c. Letters of intent from CBOs to participate in the applicants SCN. Upload under Attachment P: Organization Uploads (upload all documents as one PDF) in the Pre-Submission Uploads section of the Grants Gateway online application

5. Describe the Applicant’s approach to evaluating its network across the established network

adequacy criteria on a bi-annual basis. Describe methods to ensure that supply of social care services is able to address demand for services in the region.

Table 3Q: Understanding of HRSN in SCN Lead Entity’s Region

HRSN requiring Enhanced services (Attachment E: New York State Health Related Social Need Enhanced Services)	Applicant: Estimate of the number (#) of the managed Medicaid members in the region with a need for services (social care service navigation) and/or Enhanced reimbursable services (housing, food, transportation, multiple) as described in Attachment E: New York State Health Related Social Need Enhanced Services	Applicant: Describe each HRSN in region (including significance/criticality of HRSN in region, geographic disparities, and relationship to health outcomes disparities)
Social care service navigation	[TO BE COMPLETED IN EXCEL FILE (ATTACHMENT H)]	
Housing / utilities		
Food security		
Transportation		
Other (Please specify type of need in description)		
Methodology notes: Describe approach and key sources used for estimates above		

Table 4Q: Proposed approach to building a CBO network

Network objective	Applicant: Describe existing network currently addresses the objective, if applicable	Applicant: Describe what types of gaps currently exist in network and which populations are most impacted by these gaps	Applicant: Describe plan to build out network to meet objective (if not met by current network or Applicant does not currently have a network)
Provide sufficient HRSN screening capacity to screen all Medicaid members in region	[TO BE COMPLETED IN EXCEL FILE (ATTACHMENT I)]		
Provide Enhanced HRSN services that address identified HRSN			
Provide social care service navigation			
Represent CBOs of a variety of sizes (including with annual net incomes of <\$5M)			
Work with identified special populations and organizations that serve those populations to address unique needs of region			
Maintain high degree of cultural and linguistic competency that reflects local needs			

Table 5Q: Understanding of CBO Capacity Needed to Address HRSN in Region

HRSN	Applicant: Estimate monthly need for services to address this unmet need (# of people needing service) (Attachment X: Preliminary set of potential Navigation and Enhanced HRSN services)	Applicant: List the names of all CBOs in your network that provide Enhanced services that address this HRSN	Applicant: Indicate whether a signed letter of intent has been obtained from this CBO and is included in response, or the CBO already participates in the Applicant's network. (CBOs may provide letters of intent for multiple SCN lead entity applicants)	Applicant: Indicate whether this CBO will be designated to screen	Applicant: Indicate whether this CBO has an annual net income of <\$5M	Applicant: Indicate zip codes served by the CBO	Applicant: Estimate monthly capacity of CBO to deliver services (# of people serviced / month)	Applicant: Estimate gap between supply and demand of CBO services	Applicant: Describe plan to address capacity gaps for this type of service (across CBOs in the network, not by individual CBO)
Housing / utilities	[TO BE COMPLETED IN EXCEL FILE (ATTACHMENT J)]								
Food security									
Transportation									
HRSN screening and social care service navigation									

b.CBO Capacity-Building

1. Describe the Applicant’s approach to identifying the capacity-building needs of CBOs and distributing capacity-building funding (see maximum funding amount available in each region in [Context and introduction](#)) across the CBOs in its network in accordance with the parameters established by NYS, including:
 - a. Criteria for identifying which CBOs in its network need capacity-building funds and for what purposes; and
 - b. Description of the process by which the Applicant will ensure that capacity-building funds disbursed to contracted CBOs will only be used for the permissible uses.

2. Describe the Applicant’s relevant experience with and proposed approach to onboarding a CBO without experience using the Applicant’s data and IT platform, including:
 - Steps undertaken to onboard CBO;

- Lessons learned from onboarding experience(s); and
 - Proposed plan to amend onboarding approach based on lessons learned.
3. Describe the Applicant’s relevant experience and proposed approach to training CBOs to screen members using the standardized [Accountable Health Communities \(AHC\) screening tool](#) with sensitivity, empathy, and privacy, including:
 - Steps undertaken to train CBO (including training methods and delivery channel);
 - Lessons learned from training experience(s); and
 - Proposed plan to amend screening training approach based on lessons learned.
 4. Awarded SCN lead entities shall be expected to provide trainings to CBOs to support their ability to deliver services to members in the region. Describe the Applicant’s proposed approach to offering additional trainings to support CBO service delivery, including:
 - Anticipated training topics and rationale;
 - Training methods and delivery channels; and
 - Relevant experience(s) administering similar type(s) of training.
 5. Awarded SCN lead entities will be expected to provide technical assistance to CBOs to enable them to use the SCN data and IT platform and conduct data sharing and reporting, as needed. Describe the Applicant’s relevant experience and proposed approach to delivering technical assistance.
 6. Awarded SCN lead entities will be required to conduct ongoing evaluation of the issues and barriers that CBOs may face to delivering services to members (see [Payments and Performance Evaluation](#) for additional detail). Describe the Applicant’s proposed approach to identifying these issues and barriers and actioning against them.

c. Social Care Network (SCN) Partnerships

1. Describe how the Applicant envisions working with partners in order to enable the delivery of HRSN services more effectively in their region.
2. Describe the Applicant’s understanding of different stakeholders in the region who serve target populations and the nature of the Applicant’s relationship with each (including name and brief description of stakeholder and context of relationship). Describe the Applicant’s proposed plan to engage key stakeholders with whom the Applicant does not have an existing relationship.

Section 4:	Max Section Score	Section Weight (%)
Payments and Performance Evaluation	48	15%

4. Payments and Performance Evaluation

a. Payments

1. Describe the Applicant's approach to establishing contracts with MCOs, including:
 - Experience contracting with MCOs;
 - Experience maintaining collaborative partnerships with MCOs and working together to meet shared goals; and
 - Plan for outreach and engagement with MCOs to set up contracts.

2. Describe the Applicant's plan to deliver FFS payments for services delivered to CBOs in a timely manner, including:
 - Experience with delivering FFS payments to CBOs or similar entities;
 - Plan to ensure that data and IT platform has capabilities to generate social care claims;
 - Plan to conduct periodic audits to ensure payments occurred; and
 - Other relevant experience (please specify).

3. Describe the Applicant's experience and approach to conducting required financial and administrative functions in a timely and accurate manner, including:
 - Ability to develop and submit required annual cost reports containing data on infrastructure funding utilization and HRSN screening and services PMPM payments utilization; and
 - Experience managing to a PMPM for service delivery.

4. Describe how the Applicant plans to achieve long-term financial sustainability of its organization in the context of the SCN program.

b. Performance Evaluation

1. Describe the performance metrics the Applicant currently collects and uses for performance measurement (e.g., closed loop ratios, member satisfaction). Provide detailed business requirements/technical specifications for 3-4 metrics that are currently collected and used for performance measurement.

2. Describe how the Applicant will approach ensuring the accuracy of performance data before submission to NYS (e.g., accuracy of data at data collection and calculation), including:
 - Experience with collection and calculation of performance data;
 - Staff member(s) knowledge and capacity to support data accuracy efforts;
 - Data quality standards; and
 - Other relevant experience (please specify).

3. Describe the Applicant's approach to performance management and continuous improvement activities, including:
 - a. Sample dashboard currently used to measure performance (please feel free to include screen shots as an additional attachment, under Attachment P: Organization Uploads (upload all documents as one PDF) in the Pre-Submission Uploads section of the Grants Gateway online application.
 - b. Process for review of performance data and identification of performance improvement opportunities;
 - c. Process for tracking and actioning on improvement opportunities from performance data;

- d. Experience working with CBOs on implementation and measuring progress of performance improvement opportunities;
 - e. Existing continuous improvement activities and processes; and
 - f. Experience engaging with community stakeholders on continuous improvement.
4. Describe any performance-related challenges the Applicant has faced and how the Applicant has overcome these challenges (e.g., successfully executing on a performance improvement plan).

Section 5:	Max Section Score	Section Weight (%)
Data and IT Infrastructure	96	15%

5. Data and IT Infrastructure

a. SCN Data and IT Platform Functionality

1. Indicate whether Applicant has selected a data and IT platform already. If so, provide the name, key qualifications, and relevant experience of the administrator (e.g., number of states or customers served, scale of screening/referral experience). (Not scored)
2. Provide Applicant’s selection criteria in choosing a data and IT platform.
3. Indicate if the platform will operate in multiple regions, and if so, which regions. (Not scored)
4. Indicate whether the SCN data and IT platform includes the below features and functionalities. Where features would need to be developed, briefly describe the approach the SCN and partners (as relevant) would take. Complete **Attachment K: SCN Data and IT Platform Features and Functionalities** as shown in Table 6Q below. Attachment K can be found in and uploaded to the Pre-Submission Uploads section of the Grants Gateway online application.
5. Describe user experience of the Applicant's data and IT platform and how the platform will enable users (e.g., CBOs) to easily screen, navigate, and perform fiscal management activities Describe or demonstrate ways in which the data and IT platform will enable users to navigate to appropriate services for members, including showing which CBOs are accepting referrals/have capacity to deliver services, languages in which services are offered, etc.
6. Indicate whether the Applicant currently has a member-facing website and/or member portal for ease of access to CBO directory, personal data, and enhanced member experience and satisfaction. If the Applicant currently does not have a member-facing website, describe approach and timeline to development.

Table 6Q: SCN Data and IT Platform Features and Functionalities ⁷

⁷ NYS acknowledges certain data and IT platform features include SCN program specific HRSN data. In these instances, NYS requests the Applicant to provide detailed information on whether a comparable

Category	Features/ functionalities	Is this an existing feature within data and IT platform? Respond with “yes/no/partial”	Additional details as needed	If not an existing feature, please describe approach to build, feasibility considerations, and estimated timeline
Member information	Display member information/profile (To include: MCO name/ID, member identifier, contact information, demographics)	[TO BE COMPLETED IN EXCEL FILE (Attachment K)]		
	Ability to display and modify eligibility status for Enhanced services <i>Note: Given this feature is dependent on additional SCN program detail, provide detail on analogous or comparable capabilities</i>			
	Obtain member consent and attestation for data sharing			
Screening	Embed Accountable Health Communities screening tool			
	Allow specific users to view latest and historical screening status and screening results, based on ability to pull current and historical data directly from SHIN- NY			
	Allow specific users to view and update screening results			
Referral and service delivery	Maintain accurate publicly available SCN CBO directory (e.g., name, location, charity registration number, TIN, services provided, contact information) and submit to NYS annually			
	Display which SCN CBOs can conduct screenings			

capability of platform exists today, as well as timeline and feasibility considerations to develop and build specific requirement into data and IT platform.

	<p>Display which SCN CBOs offer Enhanced services <i>Note: Given this feature is dependent on additional SCN program detail, provide detail on analogous or comparable capabilities</i></p>	
	<p>Conduct closed loop referrals with service details</p>	
	<p>Allow input of notes related to social care and sharing of case notes (as needed) with MCOs and providers</p>	
	<p>Track status of screening, referral, and service delivery and detail <i>Note: Given this feature is dependent on additional SCN program detail, provide detail on analogous or comparable capabilities</i></p>	
	<p>Track current and historical member service delivery experience (e.g., prior services delivered to member and associated details) <i>Note: Given this feature is dependent on additional SCN program detail, provide detail on analogous or comparable capabilities</i></p>	
	<p>Incorporate external provider directories onto website (via API with MCOs)</p>	
Payment and fiscal administration	<p>Generate social care claims and facilitate payment to CBOs</p>	
	<p>Track status of social care claims submission to MCO and process EDI transactions</p>	
	<p>Reflect fee schedule</p>	
Performance management	<p>Support generating performance reports</p>	
	<p>Generate network summary data (e.g., number of</p>	

	participating CBOs, activity by CBO, summary of services delivered, etc.)	
Compliance and user access	Authenticate data and IT platform users and ensure users have completed required training	
	Support differential views by user access type (e.g., SCN may choose to have performance data only visible to certain users)	
	Meet all compliance requirements in accordance with HIPAA and other relevant state and federal requirements	
Data exchange and interoperability	Conduct near real-time and batch bi-directional exchange of data with SHIN-NY (through subscription query capability)	

b.Data Exchange and Interoperability

1. Describe whether the Applicant has a data use agreement (DUA) in place with a regional QE to allow for bi-directional data sharing between SCNs and QEs. If Applicant does not currently have an existing DUA in place with regional QE, provide plan to secure DUA with regional QE within 90 days of the executed contract.
2. Describe the Applicant’s relevant experience in developing and/or adopting common standards for HRSN data, including participation and role in multi-stakeholder collaborative efforts.
3. Provide detail on standards used (or proposed coding standards, to be refined and aligned upon as part of a cross functional workgroup) for the following types of data (below or in an attachment): screening, referral, service delivery and case management, CBO network management, and payment.
4. Describe Applicant’s current process for invoice or claims generation today and how it may evolve to meet SCN needs and NYS requirements (i.e., HIPAA post-adjudicated claims format).
5. Describe how the Applicant will collaborate with MCOs on timely and accurate payment data submission to the State All Payer Database (APD).

6. Describe if the Applicant is currently able to meet FHIR standards for data transactions between the SCN and QE. If Applicant is currently unable to meet HL7 FHIR standards, outline plan to meet these standards within 90 days of the executed contract.
7. Describe the Applicant’s approach to aligning data quality standards and validation processes with existing federal and state data standards and/or QE standards.

c. Privacy, Security, and Compliance

1. Describe if the Applicant’s data and IT platform meet all current requirements related to the Health Insurance Portability and Accountability Act (HIPAA). If the data and IT platform does not currently meet all HIPAA requirements, describe the Applicant’s plan and timeline to ensure the data and IT platform will meet HIPAA requirements.
2. Describe if the Applicant’s organization is currently HITRUST certified. If not, what are key milestones and any anticipated challenges the SCN would consider in becoming HITRUST certified over time?
3. Describe the Applicant’s approach to authorizing users of the data and IT platform (e.g., two-factor authentication, ensuring users have completed data and IT platform and screening training requirements).
4. Describe the Applicant’s process for capturing and tracking member consent and attestation, and how the Applicant will ensure members are informed and understand how their social care needs data will be shared with other entities and for what purposes.
5. Provide any supporting documentation of privacy and security frameworks and/or standards to be adopted by the SCN data and IT platform as **Attachment M** and upload to the Pre-Submission Uploads section of the Grants Gateway online application.

Section 6:	Max Section Score	Section Weight (%)
Budget	15	20%

6. Budget

1. Applicants are instructed to fill out their Year 1 budget online within Grants Gateway.
2. Applicants are instructed to fill out “**Attachment L: Amount of Infrastructure Funding Needed During the RFA**” and describe how the Applicant plans to use allocated funds within proposed budget for infrastructure funding during the RFA period across allowable categories. Attachment L can be found in and uploaded to the Pre-Submission Uploads section of the Grants Gateway online application.
3. Both Attachment L and the Grants Gateway Year 1 budget should clearly identify:

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- a Amount of infrastructure funding needed across categories in each year and description for how it will be used across RFA period; and
- b Amount of funding that will directly support CBOs, infrastructure funding across the award period is allocated to CBOs (per allowable categories listed below) and description of how it will be used to meet the needs of the network
- c 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).

All costs must be related to the provision of the Social Care Networks as well as be consistent with the scope of services, reasonable and cost effective. Justification for each cost should be submitted in narrative form. For all existing staff, the Budget Justification must delineate how the percentage of time devoted to this initiative has been determined. THIS FUNDING MAY ONLY BE USED TO EXPAND EXISTING ACTIVITIES OR CREATE NEW ACTIVITIES PURSUANT TO THIS RFA. THESE FUNDS MAY NOT BE USED TO SUPPLANT FUNDS FOR CURRENTLY EXISTING STAFF ACTIVITIES.

Any ineligible budget items will be removed from the budget prior to contracting. The budget amount requested will be reduced to reflect the removal of the ineligible items. Administrative costs will be limited to a maximum of 10% of total direct costs.

B. Freedom of Information Law

All Applications may be disclosed or used by NYSDOH to the extent permitted by law. NYSDOH may disclose an Application to any person for the purpose of assisting in evaluating the Application or for any other lawful purpose. All Applications will become State agency records, and will be available to the public in accordance with the New York State Freedom of Information Law (FOIL). **Any portion of an Application that an Applicant believes constitutes proprietary information entitled to confidential handling, as an exception to the general rule regarding the availability to the public of State agency records under the provisions of the Freedom of Information Law, must be clearly and specifically designated in the Application.** If NYSDOH agrees with the Applicant's claim regarding the proprietary nature of any portion of an Application, the designated portion of the Application will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

C. Review & Award Process

An Application which meets ALL of the guidelines set forth above will be reviewed and evaluated competitively by the NYSDOH Office of Health Insurance Programs. 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.

In the event of a tie score, the applicant with the highest total score under Section 3. Network administration, 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.

Applications with minor issues (for example, an Application missing information that is not essential to timely review and would not impact review scores) MAY be processed and evaluated, at the discretion of the State, but any issues with an Application which are identified by the Department **must** be resolved prior to time of award. An Application with unresolved issues at the time award recommendations are made will be determined to be non-responsive and will be disqualified.

Award Methodology

There will be one (1) applicant awarded per region. 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. Region 4 (NYC) applicants may apply for an individual county/borough or submit an application for each county/borough to serve the entire region. Applicants with a weighted total score of 50% or above will be considered for an award. The applicant with the highest score in each region will be awarded. In region 4 NYC, each county/borough will be scored separately and awarded to the highest scoring applicant in each. For example, if an applicant applies for all five counties/boroughs the application will be scored individually by the county/ borough. Therefore, an applicant will only be awarded in the county/ borough in which they have the highest score. If an applicant applies for all five counties/ boroughs and gets the highest score in all five counties/ borough, the applicant will be awarded all five counties/ boroughs. NYSDOH OHIP reserves the right to resolicit unmet geographic areas, as needed.

If changes in funding amounts are necessary for this initiative or if additional funding becomes available, funding will be modified and awarded by the number or eligible Medicaid members in the region served. NYSDOH OHIP reserves the right to review and rescind all subcontracts

Applicants will be deemed to fall into one of two categories: 1) not approved, 2) not funded due to limited resources, and 3) approved and funded. Not funded Applications may be awarded should additional funds become available.

Once awards have been made pursuant to the terms of this RFA, an Applicant may request a debriefing of their own Application (whether their Application was funded or not funded). The debriefing will be limited only to the strengths and weaknesses of the Application submitted by the Applicant requesting a debriefing and will not include any discussion of ANY OTHER Applications. Requests for a debriefing must be received by the Department Office of Health Insurance Programs no later than fifteen (15) Calendar days from date of the award or non-award announcement to the Applicant requesting a debriefing.

To request a debriefing, please send an email to OHIPContracts@health.ny.gov. In the subject line, please write: Debriefing Request Social Care Networks.

Unsuccessful Applicants who wish to protest the award(s) resulting from this RFA on legal and/or factual grounds, should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found on the OSC website at <https://www.osc.state.ny.us/state-agencies/gfo/chapter-xi/xi17-protest-procedures> (Section XI. 17.)

VI. Attachments

Please note that certain Attachments to this RFA are accessed under the “Pre-Submission Uploads” section of the Grants Gateway online Application and are not included in the RFA document. In order to access the online Application and other required documents such as the Attachments, a prospective Applicant must be registered and logged into the NYS Grants Gateway in the user role of either a “Grantee” or a “Grantee Contract Signatory”.

- Attachment A: Vendor Responsibility Attestation*
- Attachment B: Minority & Women-Owned Business Enterprise Requirement Forms*
- Attachment C: Workplan*
- Attachment E: New York State Health Related Social Need Enhanced Services
- Attachment F: Accountable Health Care Communities Health Related Social Needs Screening Tool
- 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 M: Supporting Documentation in Response to Section 5: Data and IT Infrastructure, Subsection c, Item 5. under Section V. Completing the Application*
- 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 O: DOH provided SCN Regional Member Demographics*
- Attachment P: Organization Uploads (upload as one PDF)*

*These attachments are located/included in the Pre-Submission Uploads section of the Grants Gateway online application.

Attachment E

New York State Health Related Social Need Enhanced Services

Category	Service Name	Description
Screening	Screening	Social needs Screening of Medicaid Member using the CMS AHC HRSN Screening tool.
Multi Domain	Navigation Case Management	Linkages to other local, state, and federal benefits and programs.
Multi Domain	HRSN 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.
Housing	Navigation	Housing navigation services.
Housing	Community Transitional Supports	One-time transition and moving costs (e.g., security deposit, first month's rent, brokers fees, utility activation fees, movers, relocation expenses, pest eradication, inspection fees, pantry stocking, and the purchase of household goods and furniture).
Housing	Utility Set up / Assistance	Utility costs including activation expenses and back payments to secure/keep utilities. Service is limited to individuals receiving rent/temporary housing.
Housing	Rent/temporary housing for up to 6 months	Rent/temporary housing (+/-utilities) for up to 6 months. Limited to individuals transitioning out of institutional care/congregate settings or individuals who are homeless, such as nursing facilities, large group homes, congregate residential settings, IMDs, correctional facilities, and acute care hospitals; individuals who are Medicaid high utilizers who are homeless as defined by 24 CFR 91.5; and youth transitioning out of the child welfare system including foster care.

Housing	Pre-tenancy and tenancy sustaining services	Pre-tenancy and tenancy sustaining services, including tenant rights education and eviction prevention.
Housing	Home remediation	Repairs or remediation for issues such as mold or pest infestation if repair or remediation provides a cost-effective method of addressing occupant's health condition, as documented by a health care professional, and remediation is not covered under any other provision such as tenancy law.
Housing	Home accessibility and safety modifications	Medically necessary air conditioners, humidifiers, air filtration devices, and refrigeration units as needed for medical treatment and prevention. Minor medically necessary home accessibility modifications.
Housing	Medical respite	Medical respite is a temporary setting for homeless individuals that will provide lower-intensity care setting for individuals who would otherwise lack a safe option for discharge and recovery or would require a hospital stay.
Nutrition	Nutritional counseling and classes	Nutrition counseling and education, including on healthy meal preparation.
Nutrition	Home Delivered Meal	Home delivered meals, up to 3 meals a day delivered in the home or private residence, for up to 6 months.
Nutrition	Medically Tailored Meal (MTM)	Up to 3 prepared meals a day, delivered to the home or private residence, for up to 6 months. Meals approved by a Registered Dietician Nutritionist (RDN).
Nutrition	Fruit and vegetable prescription	Medically tailored or nutritionally-appropriate food prescriptions (e.g., fruit and vegetable prescriptions, protein box), delivered in various forms such as nutrition vouchers and food boxes, for up to 6 months.
Nutrition	Pantry Stocking	Pantry stocking, fresh produce and nonperishable groceries for up to 6 months. For children and Pre/Postpartum populations.
Nutrition	Cooking Supplies	Cooking supplies that are necessary for meal preparation and nutritional welfare of a beneficiary when not available through other programs (e.g., pots and pans, utensils, microwave, refrigerator).

Transportation	HRSN Public and Private Transportation	Reimbursement for HRSN Public and Private Transportation to connect to HRSN services and HRSN case management activities listed above. *A final list of services and definitions will be listed in the CMS 1115 NYHER Waiver Approval and in the SCN program manual.
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Attachment F

[Accountable Health Care Communities Health Related Social Needs Screening Tool](#)

NYS Health Related Social Needs Screening Questionnaire									
Housing/ Utilities									
1. What is your living situation today?	I have a steady place to live I have a place to live today, but I am worried about losing it in the future 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 No Already shut off								
Food Security									
4. Within the past 12 months, you worried that your food would run out before you got money to buy more.	Often true Sometimes true 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 Sometimes true Never true								
Transportation									
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 No								
Employment									
7. Do you want help finding or keeping work or a job?	Yes, help finding work Yes, help keeping work I do not need or want help								
Education									
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 No								
Interpersonal Safety 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?	<table border="0"> <tr> <td>Never (1)</td> <td>Fairly often (4)</td> </tr> <tr> <td>Rarely (2)</td> <td>Frequently (5)</td> </tr> <tr> <td>Sometimes (3)</td> <td></td> </tr> </table>	Never (1)	Fairly often (4)	Rarely (2)	Frequently (5)	Sometimes (3)			
Never (1)	Fairly often (4)								
Rarely (2)	Frequently (5)								
Sometimes (3)									
10. How often does anyone, including family and friends, insult or talk down to you?	<table border="0"> <tr> <td>Never (1)</td> <td>Fairly often (4)</td> </tr> <tr> <td>Rarely (2)</td> <td>Frequently (5)</td> </tr> <tr> <td>Sometimes (3)</td> <td></td> </tr> </table>	Never (1)	Fairly often (4)	Rarely (2)	Frequently (5)	Sometimes (3)			
Never (1)	Fairly often (4)								
Rarely (2)	Frequently (5)								
Sometimes (3)									

11. How often does anyone, including family and friends, threaten you with harm?	Never (1) Rarely (2) Sometimes (3)	Fairly often (4) Frequently (5)
12. How often does anyone, including family and friends, scream or curse at you?	Never (1) Rarely (2) Sometimes (3)	Fairly often (4) Frequently (5)